SAMBA

Society for Acute Medicine Benchmarking Audit

SAMBA25

Thursday 19th June 2025

Protocol for Participating Units

IMPORTANT

For SAMBA25 you must:

1. Register with your local audit office
2. Inform your Trust / Hospital Caldicott Guardian that you are participating in SAMBA25 and obtain permission for anonymized data transfer. Keep the signed permission form with your other SAMBA25 forms.
3. Inform the SAMBA team that you wish to take part by filling out the details on the SAMBA sign up page www.acutemedicine.org.uk/samba/ or email samba@acutemedicine.org.uk.

   You will then be contacted (around 2 weeks before the audit date) with links to upload data.

Thank you

Supporting Documents

These are available from the Society for Acute Medicine website (https://www.acutemedicine.org.uk)

1. Protocol for SAMBA25
2. How to Guide for SAMBA25
3. Caldicott Approval for SAMBA25
4. Masterlist for SAMBA25
5. Patient Data Collection for SAMBA25 – The paper tool for data collection

For any queries, please email samba@acutemedicine.org.uk

Contents

What is SAMBA?

The Society for Acute Medicine (SAM) Benchmarking Audit (SAMBA) is a national benchmark audit of acute medical care. The aim of SAMBA is to describe the severity of illness of acute medical patients presenting to Acute Medicine, the speed of their assessment, their pathway and progress at seven days after admission and to provide a comparison for each participating unit with the national average (or 'benchmark').

SAMBA normally takes place at least once a year. Data are collected for patients admitted over a 24-hour period, with follow up of clinical outcomes. The first summer audit was undertaken in 30 UK units on 20 June 2012; it has subsequently been repeated on an annual basis in June. In September 2016, a national report was published for the first time.[1] The results of SAMBA have been published SAM's journal, Acute Medicine, and other peer reviewed journals.[2-9]

The audit is run by SAM. The data collected pertains to:

- Unit structure and staffing levels
- SAM's clinical quality indicators[10]
- National guidance or recommendations (e.g. from NICE, NHS England, NHS Improvement)
- Patient demographics
    - Age
    - Gender
- Severity of illness at presentation using an early warning score (e.g. NEWS2)
- Frailty
- Pathway of care through the hospital

As the title suggests, the audit compares the performance and structure of acute medical services and acute medical units. A national report will be published with the results. Each participating unit will receive a bespoke report of their performance against other participating units; to maintain confidentiality, participating units will only be able to access their own data, all other units will be anonymised.

Anonymised data (i.e. hospitals will not be identifiable) will be analysed within the Health Data Research UK Digital Innovation Hub for Acute Care (PIONEER), based at University Hospitals Birmingham NHS Foundation Trust, as agreed by members of SAM council. HRA approval has been granted for this analysis.

We will never release identifiable unit data to a third party, unless required to do so by law. We have never been asked or challenged to release data. Public bodies are obliged to release data under the freedom of information act. We have been advised that an individual patient can ask for access to their data, for example if they were making a complaint or legal challenge regarding their care.

Individual units will not be identified, or their data shared with anyone, without your permission, unless required to do so by law and as per the caveats outlined in the paragraph above. Participating units will be credited in the SAMBA25 report. The pooled database will be the intellectual property of the Society for Acute Medicine. Participating units are free to share their own data with other

organisations. Important findings from the audit may also be written-up for submission to peer reviewed journals and individual units will not be identified.

Background to SAMBA25

SAMBA25 will collect data pertaining to quality and performance indicators which are relevant to acute medical care and based on recommendations by national bodies. The audit is designed to look at acute medical care using a method that makes data collection feasible across acute medical care settings (AMUs, Same Day Emergency Care (SDEC, previously known as Ambulatory Emergency Care), Emergency Departments).

Data will be collected for the same quality and performance indicators as were used in 2019-2024 to allow comparison over time.

What Hasn't Changed in SAMBA25

SAMBA25 will use a data collection tool distributed to registered email addresses, hosted on the REDCap database used since 2022.

The same indicators will be assessed as have been used since SAMBA19. The design of SAMBA19 was informed by a SAMBA Academy meeting in December 2018 as well as from a session at SAMontheTyne on 3rd May 2019. The new SAM/RCPE Standards in Ambulatory Care were incorporated (https://www.rcpe.ac.uk/sites/default/files/ambulatory_care_report.pdf). The design was most recently reviewed within a SAMBA Academy meeting in March 2025.

SAMBA25 aims to measure adherence to standards for acute medical care and AMUs. As with any audit, it will serve as a reference point for future audits and inform service improvement initiatives.

AMUs work 24-hours per day and 365 days a year. They are the single largest point of entry for acute hospital admissions and most patients are at their sickest within the first 24-hours of admission. When assessing their individual reports in the benchmarking process, units will need to compare their structure and activity against their peers in order to accurately evaluate their performance. In this regard, several dimensions of AMUs and acutely unwell medical patients need to be documented:

- The total number of patients assessed by acute medicine across ED, AMU and SDEC.
- Severity of illness
- Timeliness in processes of care
- Clinical outcomes at 7 days after admission

Approval to Participate

Being Caldicott Compliant

It is very important that SAMBA25 complies with Caldicott Principles. Previously, SAM has sought the help of independent experts (pH Associates Ltd) to ensure that the process of SAMBA is fully compliant.

We have also worked with our new database provider (REDCap hosted at the University of Birmingham) to ensure that data is collected and stored securely.

We have limited SAMBA to routine healthcare data i.e. there are no additional questions or tests outside routine healthcare provision. Collection of routine healthcare data by clinical treating teams for audit or assessing performance against recommendations from national guidelines does not require ethical review. The North-West Wales Ethics Committee confirmed that the process for SAMBA described above does not need formal ethical review.

No confidential patient identifiable data is submitted to the SAMBA team.

If you have any concerns about Caldicott approval, please contact us at samba@acutemedicine.org.uk.

Your Responsibilities

We have taken every effort to make your participation in SAMBA25 as easy as possible. However, to fully comply with the regulations we need you to do three simple things before taking part:

1. Inform the SAMBA team that you wish to take part by filling out the details through the link on the SAM website (www.acutemedicine.org.uk/samba) or emailing the SAMBA team at samba@acutemedicine.org.uk if the website link is not working. Links for data upload will be sent around 2 weeks before the audit date.
2. Register with your Trust audit office
3. Inform your Trust / Hospital Caldicott Guardian that you are participating in SAMBA25 and obtain their permission for you to upload data to the SAMBA25 database (an electronically signed SAMBA25 Caldicott Form should be kept locally with your other SAMBA forms).

   The Caldicott form provided for SAMBA25 provides permissions for any further similar SAMBA audits performed within the next 12 months. You should retain the form locally.

Maintaining Patient Confidentiality

All data uploaded to the SAMBA25 database must be anonymous. The only demographic information uploaded will be age within age bands, and gender.

You will upload information for each patient with a study code. You will need to keep a secure log of each patient's study code so that **you** know who you have included in the audit. The study code is ***vital*** to ensure that the information uploaded regarding SAMBA day can be matched to the 7 day follow-

up data. This log will form the Masterlist which must be stored securely and in a **different** place to the SAMBA25 data collected on any paper forms. You should keep the Masterlist and data collected on paper for one year. We will never ask you for any information about the patients you include in SAMBA25 in addition to the audit data items and we will never ask for any information which could identify your patients.

No patient identifiable data is uploaded to the SAMBA database, including NHS numbers or hospital numbers. Sites in England should ensure they are following their local process regarding use of healthcare data in relation to the NHS Digital Data Opt Out.

Methods

Considerations

Acute Medicine is strategically important in planning frontline NHS services, although there is no dedicated external funding available to run SAMBA. The audit is therefore designed to allow clinicians to collect data for selected quality and performance parameters in a timely and efficient way. All participating units will fill in online questionnaires about the patients included in the audit. Each unit may wish to use their local electronic systems to aid data collection if able. While we provide paper data collection forms, these do not need to be used if local processes would allow electronic data collection.

Date and Time

SAMBA25 will take place on Thursday June 19th 2025. The audit will last for 24-hours. Patient recruitment will start at 00:00 (midnight) and finish at 23:59. All patients assessed by acute medicine who arrive within these time points will be included in SAMBA25 irrespective of their route into the hospital (e.g. Emergency Department, Same Day Emergency Care unit (or equivalent), Acute Medical Unit).

Setting

Hospitals in the UK participating in an acute unselected take of patients to Internal Medicine (mainly Acute Medicine). The sites will include district general hospitals, teaching hospitals and university hospitals. Community hospitals or hospitals without resident physicians are excluded.

In some hospitals, the AMU is a virtual space in the ED with the Acute Medical Team operating side-by-side with the Emergency Physicians. Centres who operate from the ED, or who feel they have a different configuration and would like advice, are encouraged to contact the SAMBA Team to discuss data collection at samba@acutemedicine.org.uk

We welcome participation from international sites. In some countries, admissions to internal medicine follow different routes and have different physical locations. In these cases, feel free to contact us to discuss how to record your locations in the data collection sheets.

Patients

Inclusion: Patients aged 16-years or above who are seen for admission or assessment as part of the general medical take or same day emergency care (or equivalent) service.

Exclusion: Elective patients

Data collection

Data is collected as early as possible (preferably within 12-hours of admission) from clinical records and patient administration systems (PAS). Follow-up and discharge data will be extracted from PAS or electronic health records. Each unit may wish to use their local electronic systems to aid data collection if able. Based on previous experience, we recommend that the data collector(s) have no other clinical duties for the time-period of the audit to allow real time data collection.

Audit Standards

Clinical Quality Indicators[10,16,17]

Clinical quality care indicators for acute medical care were recommended by SAM in 2011.[10] The standards build on previous recommendations from the Royal College of Physicians of London and the 2008 RCPE (Royal College of Physicians of Edinburgh) UK Consensus Statement on Acute Medicine and NICE Guideline NG94 (Emergency and Acute Medical Care in >16s: Service delivery and organisation).[16,17,18]

The clinical quality indicators included in SAMBA25 are:

1. All patients (admitted to the AMU) should have an early warning score measured upon arrival on the AMU[11]
    - Data items: Date and time of arrival, physiological parameters required to calculate a NICE CG 50 compliant early warning score[12]
2. All patients should be seen by a competent clinical decision maker within 4 hours of arrival (on the AMU).
    - Data items: Date and time of medical review.
    - For the purpose of SAMBA25 a Competent Clinical Decision maker includes tier 1 professionals as defined by the Royal College of Physicians: an FY1 with supervision, FY2, CMT, Specialist Registrar, Staff Grade, Clinical Fellow and other Trust Grade doctors, Advanced Nurse Practitioner or Advanced Clinical Practitioner, any other Nurse Practitioner with enhanced skills who is able to clerk patients and Physician Associate.

      If in doubt contact the SAMBA Team at samba@acutemedicine.org.uk.
3. Patients to be seen and management plan reviewed by the admitting consultant physician within 6 hours for patients admitted to the hospital between 08:00 and 20:00 and within 14-hours between 20:00 and 08:00 (NICE Quality Standards http://allcatsrgrey.org.uk/wp/download/governance/clinical_governance/quality_standards/emergency-and-acute-medical-care-in-over-16s-pdf-75545660907205.pdf)
    - Data items: Date of time of first review by a consultant acute physician.

4. Regular monitoring of key performance indicators in acute care
    - Data items: Hospital mortality, readmission rates within 7 days

The initial assessment, investigation and treatment of all acute medical patients presenting in an unscheduled manner should be consistent with the 'four hour standard' regardless of their place of treatment (ED, AMU, SDEC). As stated, the clinical quality indicators in SAMBA25 are being assessed from arrival to hospital, as the majority of patients are receiving their initial assessment by the medical team while in settings other than the (physical) AMU. The indicators will be considered to have two components: time to assessment, and location of assessment.

Performance Indicator[10,17]

The following performance indicators are selected from the UK Consensus Statement:

1. Mortality rates for patients admitted through AMUs
    - Data items: Death within 7 days of admission
2. Direct discharge rates
    - Data items: Pathway steps in care within 7 days
3. Readmission rates
    - Data items: Pathway steps in care within 7 days.

NICE CG 50[12]

1. A full set of observations is taken on admission including blood pressure, heart rate, temperature, oxygen saturations, respiratory rate, level of consciousness.
    - Data items: Early Warning Score Result

Organisation of the National Audit

The Society for Acute Medicine coordinates the audit. The audit will be promoted in an e-mail and via twitter to all SAM members.

Local Organisation of the Audit

Organisation of the audit will be supported with detailed guidance on how to run SAMBA25 and how to collect data, details at www.acutemedicine.org.uk/samba/

April 2025

Dr Cat Atkin, SAMBA lead, Assistant Clinical Professor in Acute Medicine, University of Birmingham

On behalf of the SAMBA Steering Committee of the Society for Acute Medicine

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