



Society for Acute Medicine Benchmarking Audit: **SAMBA26**

Dear Acute Medicine Team

Thank you for taking part in SAMBA26. Please note that the guidance included in this document includes an **updated date** for SAMBA26, which will now take place on Thursday **25th June 2026**.

Updated information:

The date of SAMBA26 has been moved due to planned industrial action from resident doctors in England. As this may affect the functioning of acute medicine services, keeping the originally planned date would make comparison of performance between years more difficult.

We have chosen to move the date to try to ensure that participating units can compare their results to previous years. We also recognise that participating units put considerable work into taking part in SAMBA, including data collection and upload; moving the date to after the planned industrial action will mean this work does not need to be completed while services may not have their usual staffing due to the industrial action. We also recognise that many resident doctors contribute to SAMBA data collection each year.

Although the industrial action is only for resident doctors in England, we are asking all sites to move the day of data collection, as SAMBA requires data to relate to the same day at all participating sites. We appreciate the support of the participating sites in the devolved nations in this, to help us ensure we can deliver comparisons between all the units that take part.

There is a checklist on the following pages to take you through the steps from start to finish. SAMBA has previously been undertaken in June each year, with the thirteenth summer SAMBA in 2025. SAMBA collects data that informs local compliance with national recommendations and allows this performance to be compared to a number of peer units.

How to get started

Firstly, you need to register to participate in SAMBA26, so that we can ensure you receive appropriate links for data upload.

All users wishing to register to take part in SAMBA26 must re-register this year.

As many of those that take part in SAMBA each year rotate, we need you to re-register to ensure we have an update to date contact list.

A link ([SAMBA26 registration – Fill in form](#)) is available on the SAM website (acutemedicine.org.uk) to register your email address, and other necessary information. Users will be contacted to confirm registration in batches.

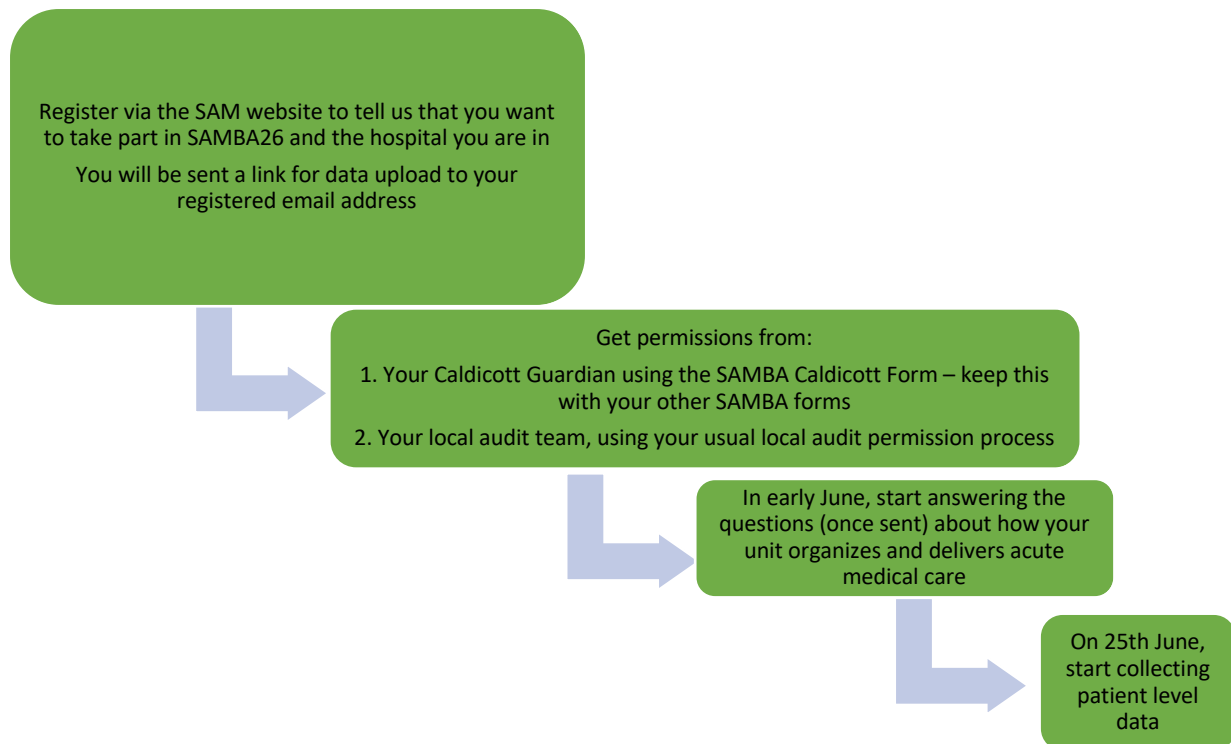
For acute trusts with several hospitals, please register each hospital separately. Also, let us know if you want to be the named lead for your unit in SAMBA26, or are a member of the clinical audit or quality team that just requires a copy of local reports, so we have a contact point if needed.

The SAMBA team will then use your registered email address to send links for data upload, for:

- The unit questionnaire, to be circulated in advance on SAMBA day
- The patient questionnaires, to upload SAMBA day data and 7-day follow-up data

Secondly, you will need to get permission from your Caldicott Guardian – we have provided a form for them to sign. This can be kept locally at your trust. If this form is completed, then this also provides permission for any further rounds of SAMBA in the next 12 months. Your local audit team should also be made aware of SAMBA and your local audit approval processes should be completed and local permission obtained.

The figure below shows the process of registration - we are happy to provide advice if there are problems or questions about data entry. Just email us samba@acutemedicine.org.uk



Data upload access

Multiple users can be registered for each site, allowing each site to have several people uploading data.

We can provide a copy of your data for you to check after upload if you think there have been any upload errors. Alternatively, if you realise any submitted data is incorrect, please contact us at samba@acutemedicine.org.uk

All patient data upload forms **must** be completed with the unit code and the patient code given by the Masterlist (a number that is not patient identifiable data), and which will allow matching of SAMBA day forms to outcome forms.

Paper forms

Please note, we still provide paper forms and recommend keeping a paper master list for initial data collection, but you could use an electronic spreadsheet. The master list is vital for the collection of the 7 day data.

Data Collection

Some units find that the most efficient way of collecting the data is to do as much as possible in real-time. For these units, on the 25th of June you should aim to have at least 2 data

collectors available. They should be free from clinical duties if possible. Data collection should begin in the morning (to catch those patients admitted from midnight) but also arrange cover in the afternoon and evening when the flow is likely to be greater. Collection of admission data should be completed on the morning of the 26th June and most outcome data should be available by the morning of the 3rd of July.

Other units find it easier to collect data retrospectively from their electronic records. For these units, the most important thing on the 25th June will be making sure that you identify the patients that need to be included.

A link will be sent to upload patient data collected for 25th June. It is **vital** that all forms include your unit code and your local patient identifier number (the anonymised number assigned by the Masterlist), or we will not know which patients belong to your unit.

All data should be uploaded to the database by 23:59 on 21st August 2026.

Please note that the Master list and approvals should be stored locally for one year.

Many thanks for your help and support for SAMBA26.

The SAMBA Team

Workforce definitions for 'grade of person' questions in patient questionnaire:

'Registrar' level: This includes higher specialty trainees (ST4+), and is likely to include IMT3 trainees, depending on the level at which your hospital considers IMT3s to be working (e.g. if they are treated as a registrar at your hospital, then they fall in this group). There may be locally employed doctors working at this level in your service; these doctors can have a variety of titles, including Higher Junior Specialty Doctor and Senior Clinical Fellow.

'Core trainee' level is equivalent to 'SHO' level doctors: We recognise that both 'core trainee' and SHO are not the preferred term for resident doctors working at this level; these are Tier 1 clinical decision makers. This level of doctor reflects a broad group, with a wide range of backgrounds, experience, and career goals. It includes doctors in deanery training posts, rotating within and between hospitals, and those that are employed locally, and may work in the department for prolonged periods. These doctors include: IMT1 or IMT2, FY2, GPVTS, ACCS, 'core trainee', junior clinical fellow, junior specialty doctor or equivalent, and your hospital might use specific names for this level of doctor. This example list is not meant to be exhaustive.

FY1 doctors: Foundation Year 1 level doctors. We have separated these Tier 1 doctors out from the others, as FY1s do not yet have full GMC registration, and they may be on different rotas or have different roles to other Tier 1 doctors, depending on the hospital.

ACP (Advanced Clinical Practitioner) or ANP (Advanced Nurse Practitioner): ACPs may be from a variety of professional backgrounds; ACPs and ANPs may have different training and experience. They have been grouped here for analysis. Further information, including links to national documents, are available at: <https://www.acutemedicine.org.uk/advanced-clinical-practitioners/>

Physician associates (PAs): Further reading can be found at: <https://www.acutemedicine.org.uk/physician-associates/>

Preparation before 25th June			
	Yes	No	Comments
Have you signed up? acutemedicine.org.uk/samba			
Has the Caldicott Guardian signed the data transfer agreement?			Please use the form available from the SAM website. This can be kept locally in your trust.
Has a local lead been identified?			
Have at least two local data collectors been identified for the 25th June and have they been freed up from clinical duties?			Data collectors should be part of the multi-disciplinary clinical team caring for patients on the AMU/SDEC/ED in order to allow data collection as part of this benchmarking audit. In some hospitals, the audit team support data collection. Registrars from Specialties have to undertake an Audit in General Internal Medicine. They might be interested in taking part in the audit. They should be free from clinical duties
Have you printed a copy of the master list? Have the data collectors been briefed about the role of the master list?			The master list contains the study numbers and identification of the patients. Without the master list the 7 day outcomes cannot be collected
Has the unit questionnaire been filled in using the data collection tool emailed to participants?			The questionnaire tells us about your unit. You might find it helpful to talk to the nurse in charge or staff who attend bed meetings for some of the questions.
Have patient data collection forms been printed?			
Have the teams on AMU and SDEC been informed of the audit?			Team members might be usefully reminded of the need to document timing of patient reviews and vital signs
Has the audit been approved by the local audit office?			The normal local registration process should be followed.
Do those collecting the data know where to find the information in the patient record?			

25th June			
	Yes	No	Comments
Are master-lists and data collection forms available?			
Is there a mechanism to identify all patients referred or admitted to the Acute Medical Unit and Same Day Emergency Care service?			This might be from a master list, the patient administration system or a bed management resource.
Data Collector 1 starting time agreed?			Data collection might have to start early on 19th June for all patients arriving between 00:00 and the beginning of the morning shift. We suggest starting with the post-take ward round.
Data Collector 2 starting time agreed?			Data collection is likely to require two data collectors between 14:00 and 22:00
Has a data collector for outstanding items been identified?			Data from the late evening period of the 25th might be best collected on the morning of the 26th June.
26th June			
	Yes	No	Comments
Have data from all admissions been collected?			
Has a mechanism for missing data been identified?			
3 rd July			
	Yes	No	Comments
Have discharges, transfers and readmissions been identified from Patient Administration System? Please upload data about outcomes with a cut off time of 23:59 on 3 rd July			A friendly ward clerk might help you with this. You can collect the data on readmissions at the same time.
Has ICU been questioned about medical admissions from the cohort admitted on the 25th June?			Please check with your local unit to make sure no transfer from the medical department has been missed.

Has a mechanism for missing data been identified?			If you are happy that you have found all data that you will be able to submit you can start uploading data to the website. Most units load up data within 2 days
21 st August			
	Yes	No	Comments
Have you checked data for completeness?			
Have you submitted all data from SAMBA day questionnaires? Have you submitted all data from 7-day follow-up questionnaires?			Last possible date for submission is the 21st August. This is when we close the database and start the analysis! We plan to present the results at the next SAM meeting
Many thanks for your help and thank you to all team members from SAM!			