GIRFT
GETTING IT RIGHT FIRST TIME

NHS England

Empowering UEC services with GIRFT metrics

A guide on how to effectively use the SEDIT, SAMIT and SAMIT 75+

December 2025

Introduction

The Summary Emergency Department Indicator Table (SEDIT), the Summary Acute Medicine Indicator Table (SAMIT) and SAMIT 75+ (for frailty) were developed by Getting It Right First Time (GIRFT) clinicians and analysts.

The dashboards focus on demand, capacity, flow and outcomes for patients, and the data can be viewed at site and system level. They are designed to help trusts to develop a deep understanding of their service and transform how they deliver urgent and emergency care (UEC).

About this guide

This guide explains how to access and use the SEDIT, SAMIT and SAMIT 75+, providing helpful descriptions and information about the different sections of the dashboards. It will support you to maximise the benefits of the dashboards by explaining how to use the data to identify where gaps exist and understand why problems are happening.

Visuals from the SEDIT, SAMIT and SAMIT 75+ are included with explanations about how to use them and understand what they are showing.

The guide is primarily aimed at clinical and operational staff in emergency and acute medicine departments and trust data leads as they are the key audience for the dashboards. It may also be useful for executive, regional and national teams.

Contents

Supporting resources

For further information about the benefits of using the SEDIT, SAMIT and SAMIT 75+ see the following links:

- SEDIT - Getting It Right First Time - GIRFT
- SAMIT and SAMIT 75+ - GIRFT
- SEDIT FutureNHS workspace
- SAMIT and SAMIT 75+ FutureNHS workspace

How to access the SEDIT, SAMIT and SAMIT 75+

Trust level access

1. **Register:** If you haven't already registered on the OKTA/NHSE Apps platform, please register at: https://apps.model.nhs.uk/register
2. **Login:** After registering, or if you already have an OKTA/NHSE Apps account, login to your account here: https://apps.model.nhs.uk/products
3. **Request access:** To request access to the SEDIT or SAMIT dashboards (including SAMIT 75+), navigate to the **Insight** home page. Scroll through the list of products or search for the application name to find the relevant dashboard and click '**request access'.**

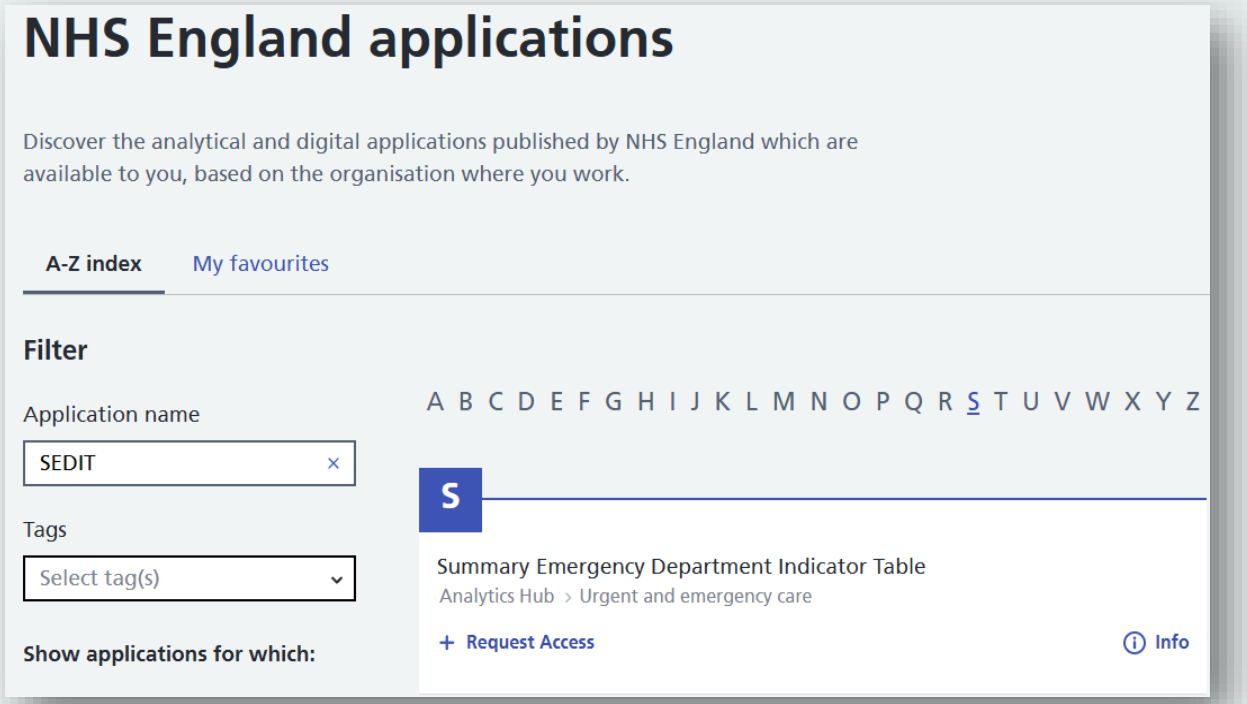
How to launch the dashboards

Once access is approved, you can access the SEDIT, SAMIT or SAMIT 75+ via the following bespoke links: SEDIT: Tableau Server and SAMIT: Tableau Server or via the OKTA/NHSE Apps platform: https://apps.model.nhs.uk/products

For any access queries please contact: **england.datavizfunction@nhs.net**

National, regional and ICB level access

If you have a **national, regional or ICB role**, to request access to the relevant dashboards please email the team: **england.datavizfunction@nhs.net**

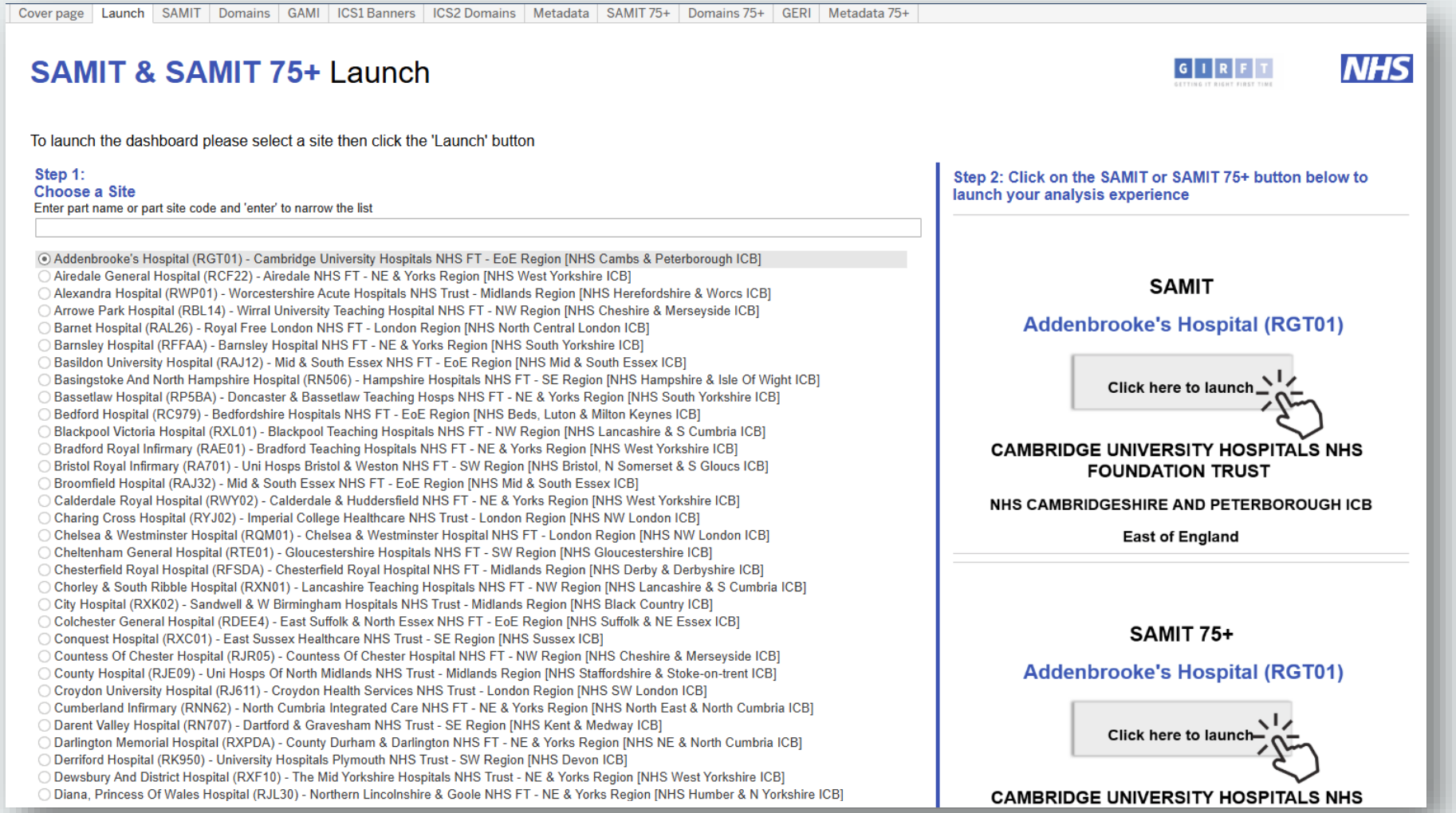


How to access the SEDIT, SAMIT and SAMIT 75+

Getting started

- When you first access the dashboards please review the cover page for important information.
- Please note that the SEDIT and SAMIT are separate dashboards, with SAMIT 75+ accessed via the SAMIT dashboard.
- Each time you access any of the three dashboards use the launch tab. This enables you to choose the site you want to view.

Tip: you may only review your local site's data unless you have a regional/national role



Key messages about the SEDIT, SAMIT and SAMIT 75+

- The dashboards are diagnostic tools showing what is happening. They are based on **RAGG rated** quartiles.
- The focus is limited to **key metrics.**
- The aim is to provide an in-depth understanding of the service, its patients, processes, behaviours and performance when compared to other EDs, Acute Medical Units (AMUs) and older people's/frailty services.
- When reviewed together the dashboards can provide a holistic view of the whole UEC service.
- The data is **refreshed monthly** and shows validated activity that was reported two months ago.
- **Regular monitoring and use of the dashboards** is essential to ensure services develop and maintain a good understanding of their service and areas for improvement.
- The dashboards recognise that EDs, acute services and geriatric medicine services operate within the wider health care system and local context. Local knowledge is required for effective interpretation of data.
- The dashboards are continually evolving to reflect the changing NHS.

Data sources and data quality

- The main source of data for the SEDIT is the Emergency Care Data Set (ECDS). However, some admissions via ED are sourced from the Secondary Uses Service admitted patient care record (SUS APC).
- For the SAMIT and SAMIT 75+ the main source of data is the SUS APC. Same Day Emergency Care (SDEC) data for some hospitals is sourced from the ECDS.
- Resource data for both the SEDIT and SAMIT comes directly from trusts. Please note that resource data is not available for the SAMIT 75+. **See the next slide for more information on providing and updating data for your site.**

Updating resource data

Resource data for the SEDIT and SAMIT

The local service must provide resource data for the dashboards by contacting the GIRFT UEC team at england.datavizfunction@nhs.net. The team will supply a resource information table with guidance notes to support accurate completion. Resource data can be updated as required when requested by staff at the hospital site.

How to complete resource information

- **Consultant WTE** – include all the time that consultants are working for the ED/acute medical service (AMS), including both clinical and non-clinical work.
- **Nurse WTE** – include all qualified nurses, including enhanced staff (e.g. Advanced Nurse Practitioner).
- **Cubicles/beds** – this should include all Type 1 ED and AMU cubicles or beds for both adults and children.

Tip: sites should identify a central point of contact to collate, share and update the resource information.

Required resource information

SEDIT

- ED Consultant WTE
- Registered Nurse WTE
- Majors and resuscitation cubicles

SAMIT

- AMS Consultant WTE
- Nurse Bands 5 and 6 WTE
- AMU beds
- SDEC clinical assessment spaces
- Qualified Nurse to patient ratio

The SEDIT: Overview

About the SEDIT

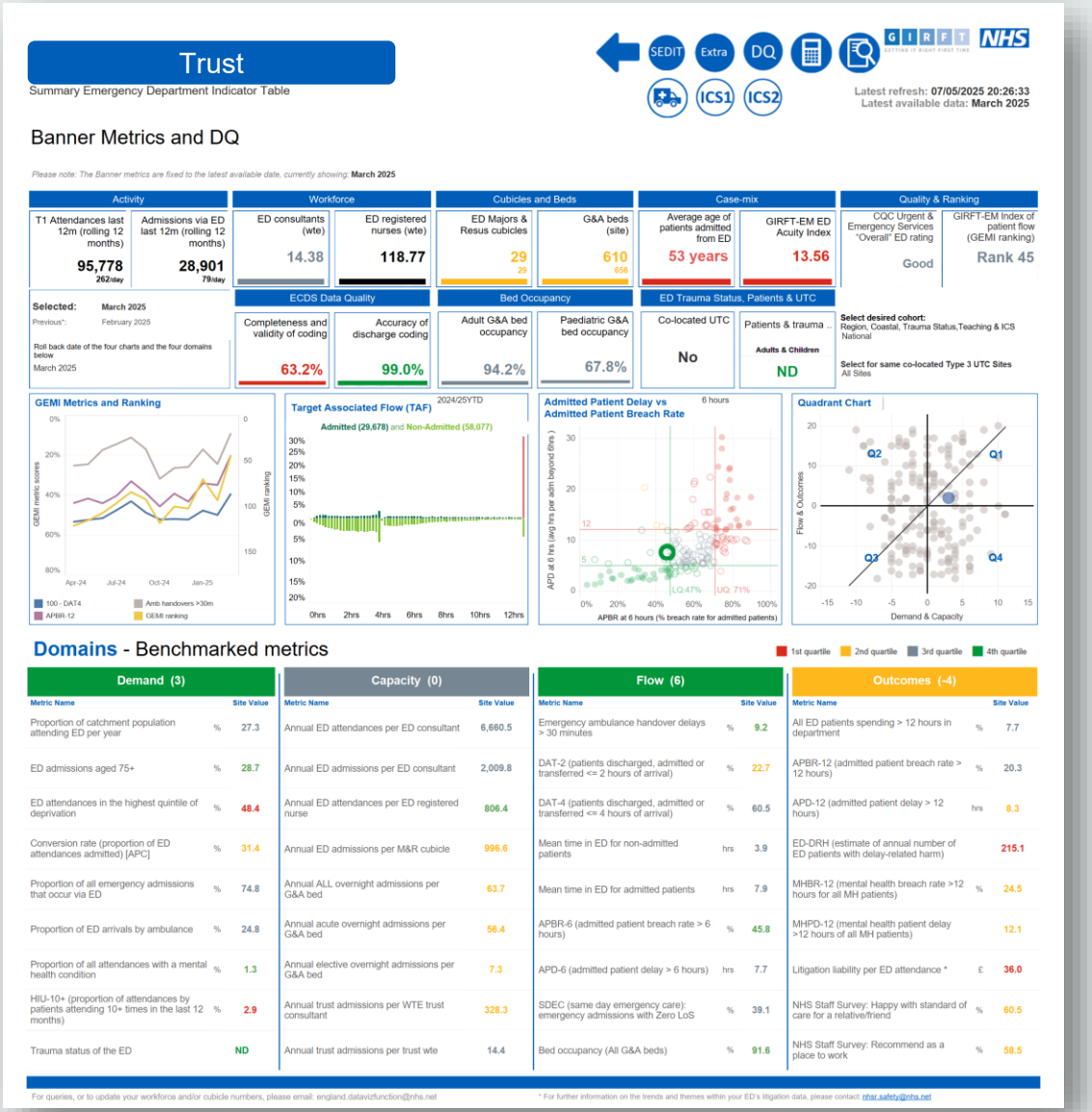
The SEDIT provides a suite of around 50 metrics that are bespoke to Type 1 EDs. The dashboard is designed to provide a detailed understanding of an ED, its patients, processes and behaviours when compared to other Type 1 EDs.

Helicopter view

Structure of the SEDIT

There are nine main components to the SEDIT:

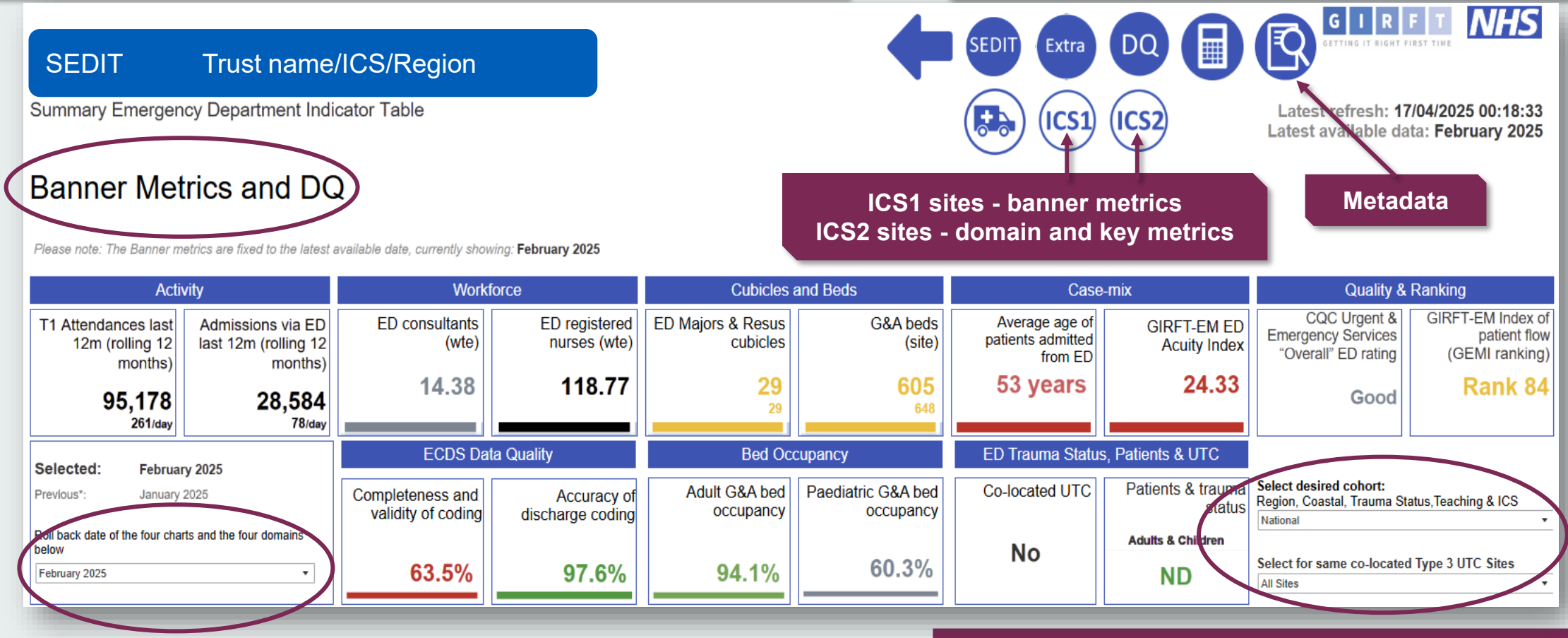
1. The banner provides the contextual information about the site.
2. Four charts – showing case mix/acuity, delays for admitted patients, ED patient flow and the demand/capacity profile. It also shows the overall ranked score – the GIRFT Emergency Medicine Index (GEMI).
3. Four domains – demand, capacity, flow and outcomes.
4. Extra – additional metrics relevant to emergency care.
5. SEA-IT – The Summary Emergency Ambulance Indicator Table.
6. ICS1 and ICS2 – overview of key ED data from all sites in the ICS.
7. DQ – data quality – completeness, validity and accuracy of ECDS data.
8. Metadata – provides the underlying detail behind each metric.
9. Productivity calculators - three tools allowing interrogation of the system to gain further information.



The SEDIT: The banner

The banner displays the headline KPIs for the latest period across four areas: activity, dominant resource constraints, ranking and CQC rating.

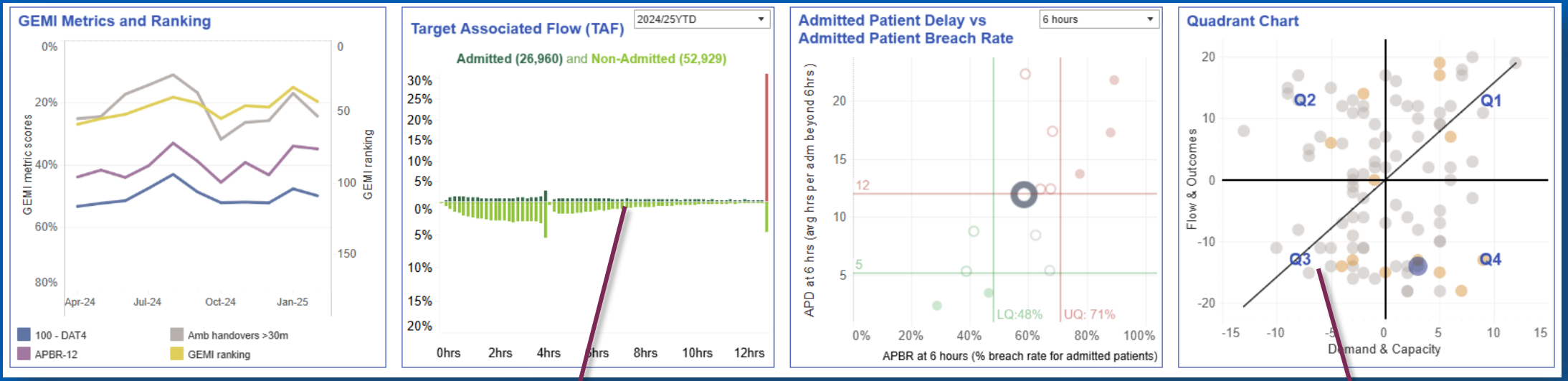
Click the icons below to change the data view to the main pages, metadata or ICS info.



Click the drop-down box to change the month and year view.

Click the drop-down boxes to change the benchmarking view.

The SEDIT: The banner charts



The four charts

The banner page in the SEDIT includes four charts. These show the:

- GEMI.
- ED patient flow.
- Delays for admitted patients.
- A quadrant chart which plots the demand/capacity profile for each site against its aggregated flow and outcomes.

Target Associated Flow (TAF)

Profile of admitted and non-admitted time in department in ten minute intervals
Any bars coloured in red exceed the axis

Trust (April 2024 to March 2025)
TAF Minute Range: **720+**

TAF Admitted: **38%** (100% of all patients by 720+ minutes)
TAF Non-Admitted: (100% of all patients by 720+ minutes)

Tip: hover over the boxes to display more detailed information as shown by the arrows

The SEDIT: Domains

Domains

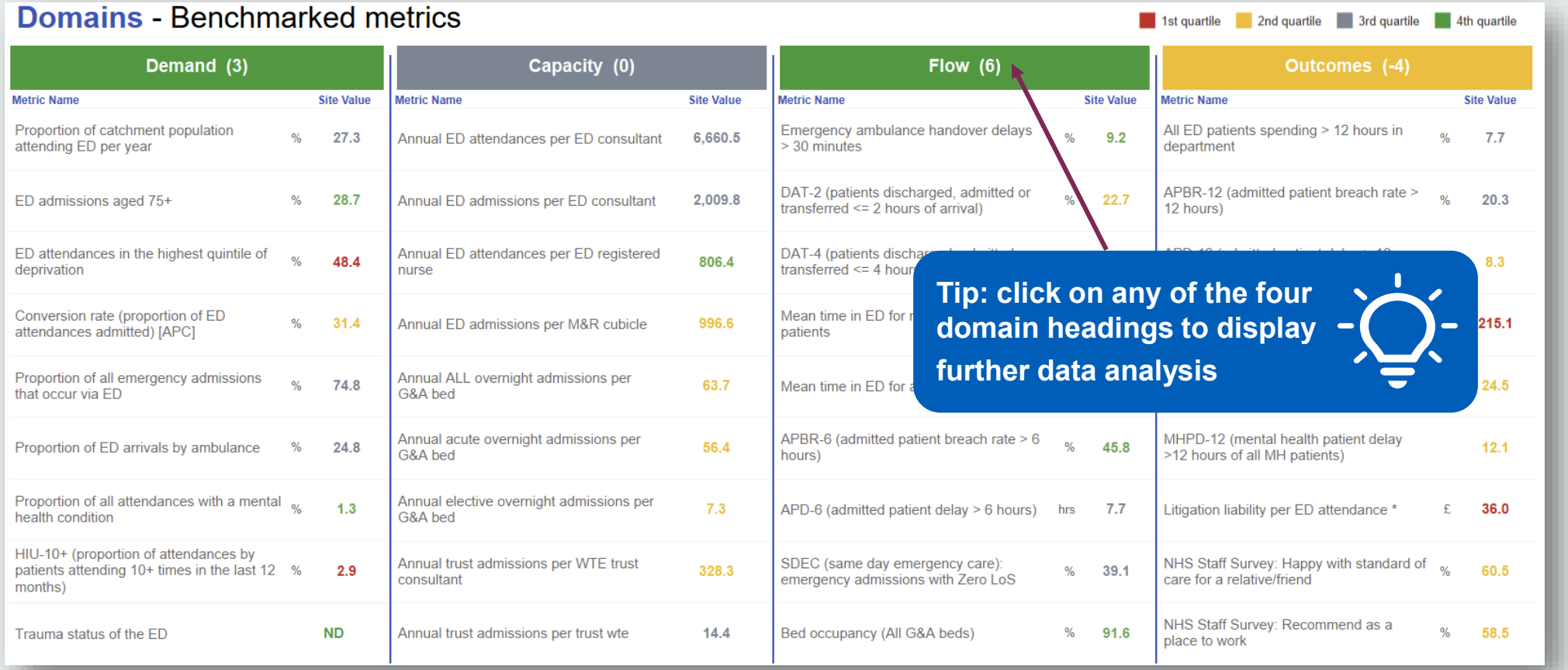
The SEDIT splits metrics across four key domains: **Demand, Capacity, Flow and Outcomes**. There are a number of **key metrics per domain,** and they are scored from -2 (worst quartile) to +2 (best quartile). The number in the brackets after the domain name is the net score from that domain. These scores drive the coordinates of the Quadrant Chart: Demand + Capacity (x-axis), Flow + Outcomes (y-axis). The figures provide the total score (position) for the quadrant chart.

Demand: the case mix of patients attending the ED.

Capacity: the resources available to treat the patients attending the ED.

Flow: the movement of patients through the ED.

Outcomes: the effect the ED activity has on patients.



Domains - Benchmarked metrics

1st quartile | 2nd quartile | 3rd quartile | 4th quartile

Demand (3)			Capacity (0)		Flow (6)			Outcomes (-4)		
Metric Name		Site Value	Metric Name	Site Value	Metric Name		Site Value	Metric Name		Site Value
Proportion of catchment population attending ED per year	%	27.3	Annual ED attendances per ED consultant	6,660.5	Emergency ambulance handover delays > 30 minutes	%	9.2	All ED patients spending > 12 hours in department	%	7.7
ED admissions aged 75+	%	28.7	Annual ED admissions per ED consultant	2,009.8	DAT-2 (patients discharged, admitted or transferred <= 2 hours of arrival)	%	22.7	APBR-12 (admitted patient breach rate > 12 hours)	%	20.3
ED attendances in the highest quintile of deprivation	%	48.4	Annual ED attendances per ED registered nurse	806.4	DAT-4 (patients discha... transferred <= 4 hour					8.3
Conversion rate (proportion of ED attendances admitted) [APC]	%	31.4	Annual ED admissions per M&R cubicle	996.6	Mean time in ED for ... patients					215.1
Proportion of all emergency admissions that occur via ED	%	74.8	Annual ALL overnight admissions per G&A bed	63.7	Mean time in ED for a					24.5
Proportion of ED arrivals by ambulance	%	24.8	Annual acute overnight admissions per G&A bed	56.4	APBR-6 (admitted patient breach rate > 6 hours)	%	45.8	MHPD-12 (mental health patient delay >12 hours of all MH patients)		12.1
Proportion of all attendances with a mental health condition	%	1.3	Annual elective overnight admissions per G&A bed	7.3	APD-6 (admitted patient delay > 6 hours)	hrs	7.7	Litigation liability per ED attendance *	£	36.0
HIU-10+ (proportion of attendances by patients attending 10+ times in the last 12 months)	%	2.9	Annual trust admissions per WTE trust consultant	328.3	SDEC (same day emergency care): emergency admissions with Zero LoS	%	39.1	NHS Staff Survey: Happy with standard of care for a relative/friend	%	60.5
Trauma status of the ED		ND	Annual trust admissions per trust wte	14.4	Bed occupancy (All G&A beds)	%	91.6	NHS Staff Survey: Recommend as a place to work	%	58.5

Tip: click on any of the four domain headings to display further data analysis

The SEDIT: Domains

Domains

Further analysis of the four key domains can be found by clicking on the domain headings.

The detail behind the **Demand domain** is shown on this page.

Tip: click on the metric names to display further data analysis, including time series benchmarking against the regional and England mean.

Select a domain to display metrics

1st quartile | 2nd quartile | 3rd quartile | 4th quartile

> Demand | Capacity | Flow | Outcomes

Click on a metric below to view further analysis.

Metric Name	Site Value		Mean	LQ	Median	UQ	Dotted lines indicate 5th and 95th percentiles. RAG rating based on quartiles	Site value per month against the mean	Previous Month	Change
Proportion of catchment population attending ED per year	%	27.4	% 29.5	26.2	29.5	34.6			% 27.3	▲0.3%
HIU-10+ (proportion of attendances by patients attending 10+ times in the last 12 months)	%	2.8	% 2.0	1.6	1.9	2.3			% 2.9	▼4.8%
ED admissions aged 75+	%	30.1	% 33.8	29.9	35.5	40.3			% 28.8	▲4.4%
ED attendances in the highest quintile of deprivation	%	48.1	% 26.4	11.1	23.5	36.0			% 48.4	▼0.6%
Conversion rate (proportion of ED attendances admitted) [APC]	%	31.7	% 28.4	22.5	27.0	33.3			% 31.2	▲1.4%
Proportion of all emergency admissions that occur via ED	%	76.4	% 76.8	70.6	80.5	91.8			% 74.8	▲2.2%
Proportion of ED arrivals by ambulance	%	26.2	% 26.6	22.5	26.2	31.9			% 24.8	▲5.6%
Proportion of all attendances with a mental health condition	%	1.4	% 3.4	2.5	3.5	4.3			% 1.3	▲6.8%
Trauma status of the ED	ND						48 ND / 103 TU / 29 MTC			

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The SEDIT: Quadrant chart

The SEDIT quadrant chart

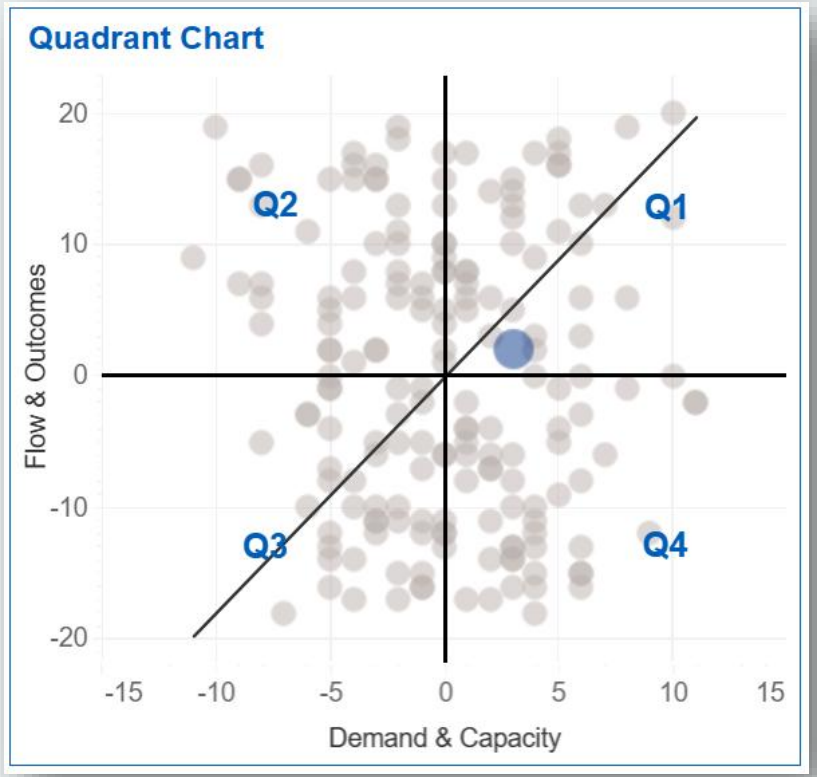
The quadrant chart plots the demand and capacity profile for each site against its flow and outcomes. A number of key metrics per domain are scored, based on their quartile position in the national data set. These scores are combined to position the site on an ED quadrant. This helps identify key performance constraints and suggest interventions for improvement. See below for an explanation of what the service's position on the quadrant means in terms of performance.

Q2

- Performance is better than expected given that the service has a challenging demand/capacity profile.
- Flow and outcomes are relatively well maintained.
- The system is likely to be vulnerable given the current profile.

Q3

- Performance is poor because demand and capacity are mismatched.
- Flow and outcomes are compromised.
- The service needs to address the mismatch between capacity and demand in order to have significant and sustainable improvement.



Q1

- The service is performing well as overall capacity is sufficient for demand but there may be some specific demand/capacity issues.
- Flow and outcomes are generally good.
- The system is relatively resilient.

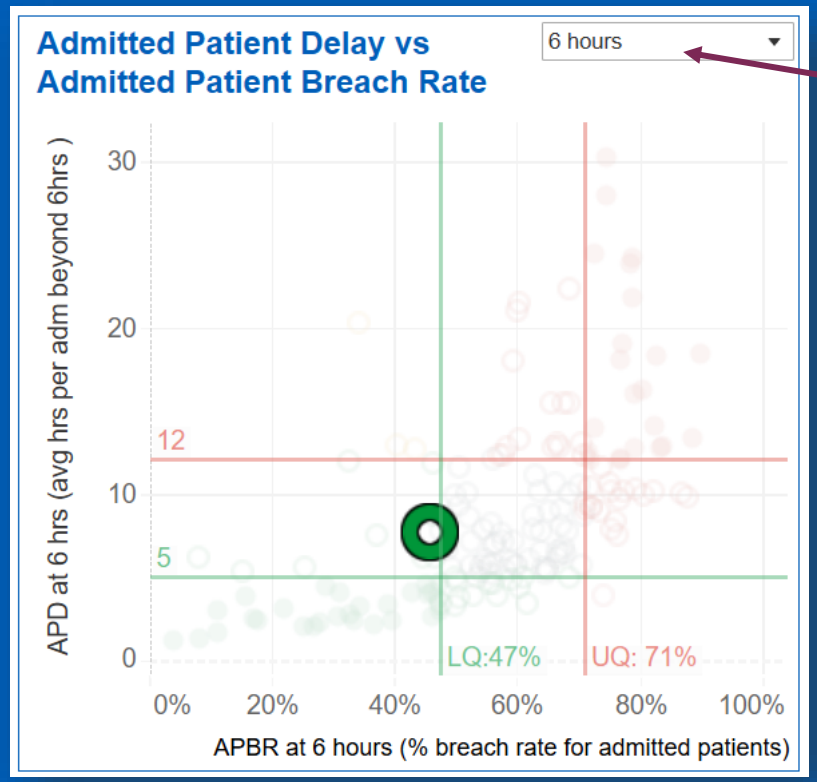
Q4

- Performance is unsatisfactory in the context of good capacity and unremarkable demand.
- Flow and outcomes are poor.
- The emergency care pathways are not efficient or effective. Key issues are usually external to the ED.

The SEDIT: Key charts

Key chart: Admitted Patient Delay (APD) vs Admitted Patient Breach Rate (APBR)

This chart, for admitted patients only, shows the relationship between the likelihood of breaching a target and the average delay once a breach occurs. APD shows the average number of hours that admitted patients wait beyond the stated threshold (e.g. 6 hours). APBR shows the percentage breach rate for admitted patients.

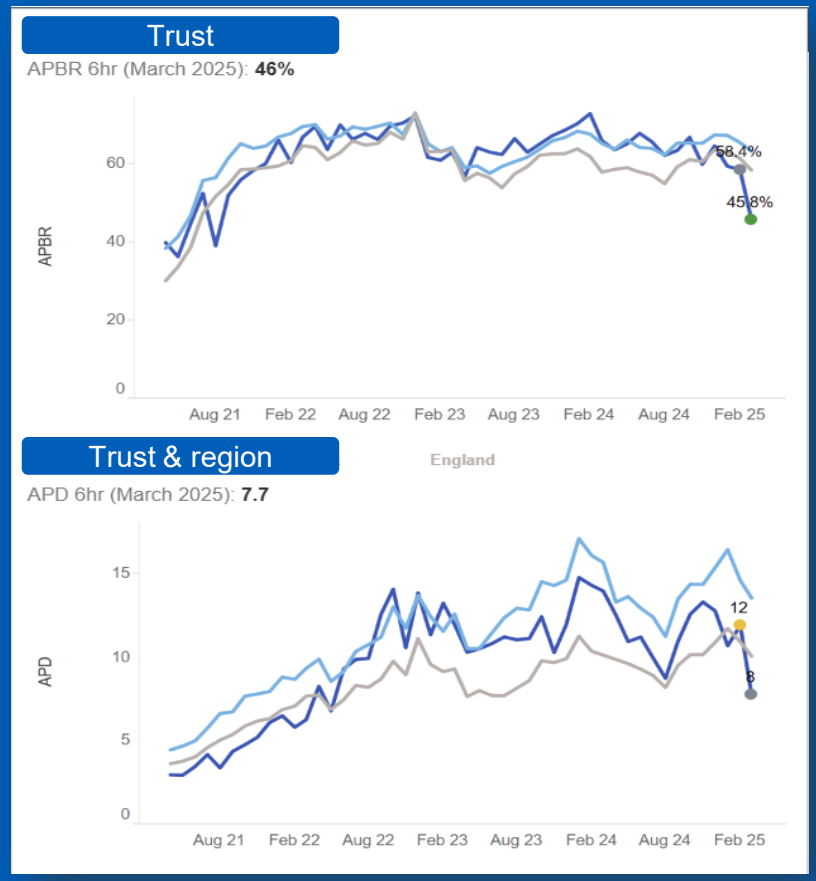


Click the drop-down box to change the target from 6 hours to 12 hours.

Sites in the top right of the chart have a high chance of breaching the target and a relatively long wait for patients afterwards.

Sites in the bottom left of the chart have a low chance of breaching the target and a relatively short wait afterwards.

Hover over the chart to see the more detailed view.



The SEDIT: Ambulance metrics

Local Emergency Ambulance Metrics

1st quartile | 2nd quartile | 3rd quartile | 4th quartile

Metric Name		Site Value		Mean	LQ	Median	UQ	Dotted lines indicate 5th and 95th percentiles. RAG rating based on quartiles	Site value per month against the mean	Previous Month	Change
Ambulance Handover Delays in ED											
Emergency ambulance handovers < 15 minutes from arrival	%		%	33.8	20.7	32.9	47.3				
Emergency ambulance handover delays > 30 minutes	%		%	27.3	12.3	23.9	37.7				
Ambulance handover delays >60 minutes	%		%	9.1	1.1	3.3	12.0				
Mean ambulance handover delay	mins		mins	11.4	1.7	4.2	12.3				
Longest ambulance handover delay	mins		mins	265.8	113.0	204.0	392.0				
Total time lost to ambulance handover delays (hours per month)				408.6	54.0	157.0	416.5				
Related Emergency Care Metrics											
Proportion of ED arrivals by ambulance	%		%	26.0	21.9	25.8	31.3				
ED conversion rate for ambulance arrivals	%		%	48.6	42.8	50.4	56.9				

Local Ambulance Service: Regional service

Select Ambulance Service Regional service

Hear & Treat rate	%	15.1	%	16.0	13.6	14.8	17.9	15.1	0.0%
See & Treat rate	%	27.2	%	29.4	27.0	28.9	31.5	27.2	▼0.1%
Conveyance rate	%	57.7	%	54.7	53.1	54.2	56.9	57.7	0.0%
See & Convey (to ED)	%	51.7	%	49.3	46.9	50.2	52.0	51.6	▲0.2%
See & Convey (to alternative facility)	%	5.9	%	5.4	3.2	5.3	6.7	6.1	▼2.2%
Average response time for Category 1 (Life Threatening) calls [Standard = 7 mins]	mins	7.3	mins	7.9	7.4	8.0	8.5	7.5	▼3.4%
Average response time for Category 2 (Emergency) calls [Standard = 18 mins]	mins	25.5	mins	28.6	23.7	27.9	31.5	28.7	▼11.0%
Average response time for Category 3 (Urgent) calls [Standard = 120 mins]	mins	97.5	mins	95.4	84.3	96.9	111.6	104.2	▼6.4%
Average response time for Category 4 (Less Urgent) calls [Standard = 180 mins	mins	104.1	mins	113.9	105.8	121.0	132.5	104.9	▼0.7%

Tip: click on the metric wording to show further analysis

Ambulance SEA-IT

The Summary Emergency Ambulance Indicator Table displays ambulance and related metrics for each site and metrics from the regional ambulance services. In addition to the default region, all other regions can be viewed.

The SAMIT: Overview

About the SAMIT

The SAMIT provides a range of key metrics that are relevant to the pathway for acute medical patients. It focuses on acute adult admissions centred around the AMS including the AMU, SDEC unit and any associated short stay wards.

Helicopter view

Structure of the SAMIT

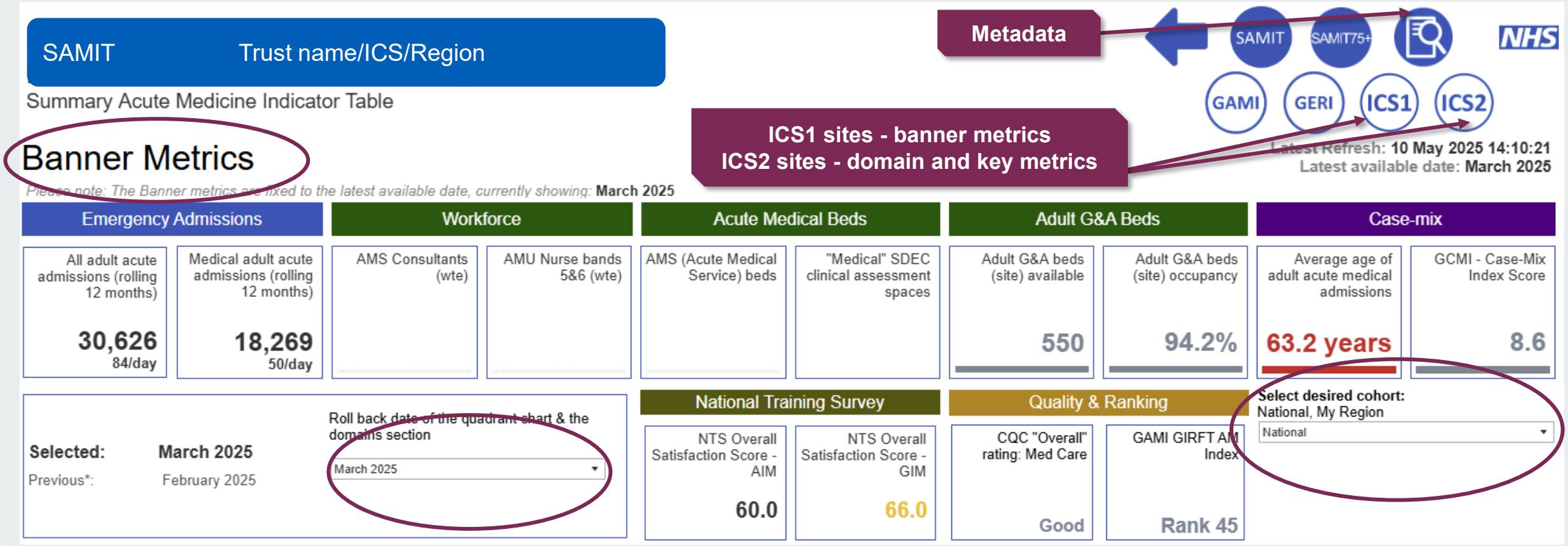
The main components of the SAMIT are:

1. The banner provides an overview of activity, resources, case mix, quality and coding metrics. It also shows the overall ranked score – the GIRFT Acute Medicine Index (GAMI).
2. Four charts – showing delays in ED for medical admissions, weekly discharges, emergency medical admissions by length of stay (LoS) and the demand/capacity profile.
3. Four domains – demand, capacity, flow and outcomes.
4. Indices of patient flow – the GAMI ranks sites regarding their performance against three key patient experience metrics.
5. ICS1 and ICS2 – overview of key data from the SAMIT for all sites in the ICS.
6. Metadata – provides the underlying detail behind each metric.

The SAMIT: The banner

The banner displays the headline KPIs for the latest period across four areas: activity, dominant resource constraints, ranking and CQC rating.

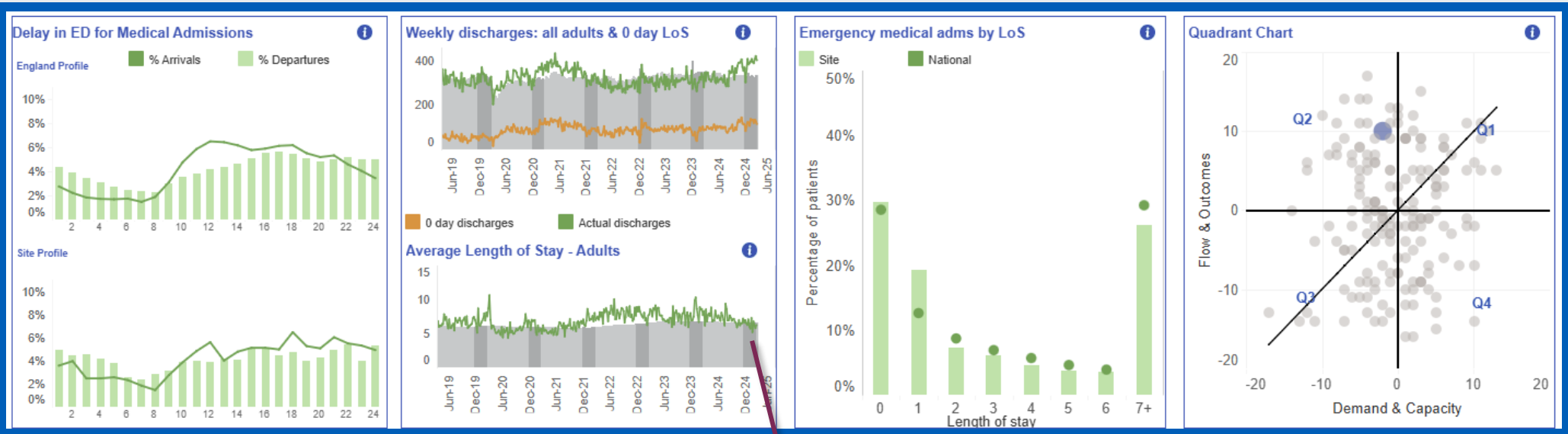
Click the icons below to change the data view to the main pages, metadata, GAMI/GERI or ICS info.



Click the drop-down box to change the month and year view.

Click the drop-down box to change benchmarking view.

The SAMIT: The banner charts



The four charts

The banner page in the SAMIT includes four charts. These show:

- The time of day of delay in ED for medical admissions.
- Weekly discharges average LoS.
- Emergency medical admissions by LoS.
- A quadrant chart which plots the demand/capacity profile for each site against its aggregated flow and outcomes.

Trust

Light grey colour indicates summer months (Mar-Nov), dark grey colour indicates winter months (Dec-Feb).

Average weekly length of stay: **5.772**

Expected weekly length of stay: **6.64**

Tip: hover over the boxes to display more detailed information as shown by the arrows

The SAMIT: Domains

Domains

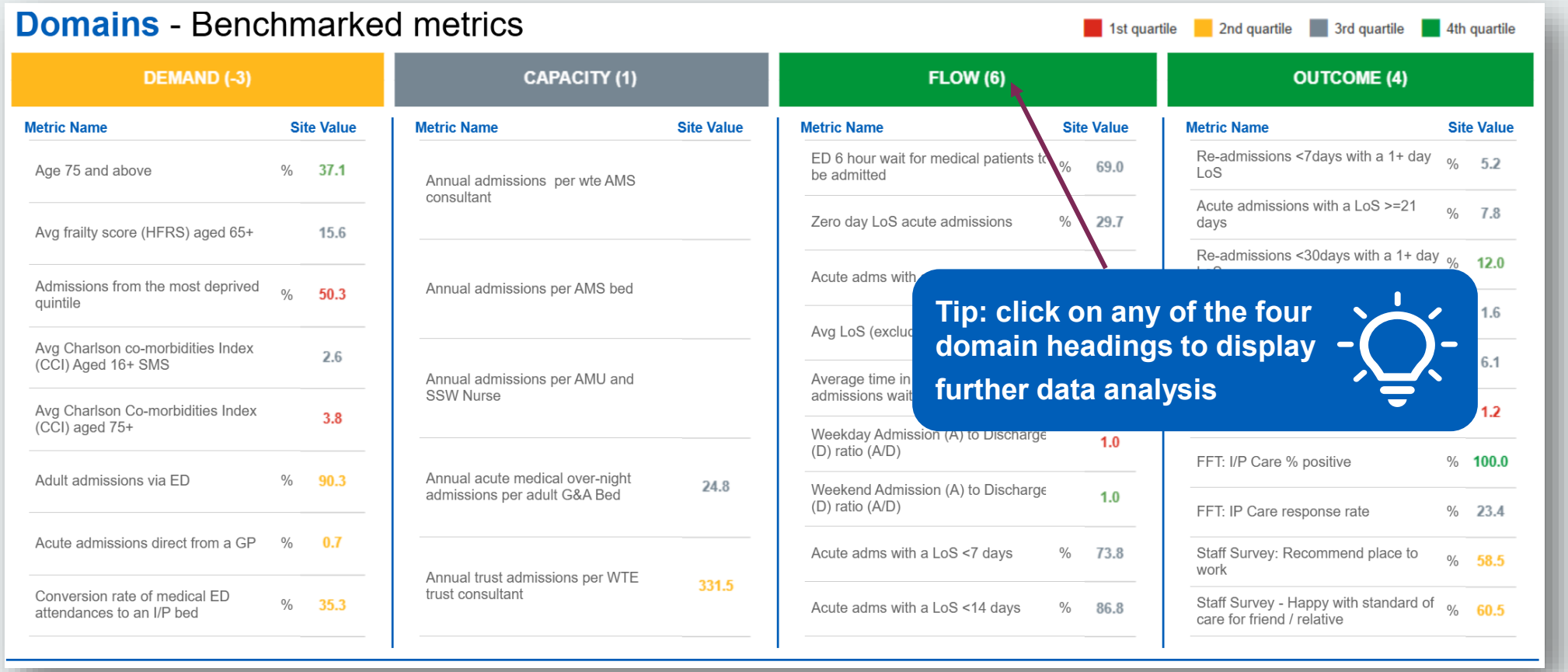
The SAMIT splits metrics across four key domains: **Demand, Capacity, Flow and Outcomes**. There are a number of **key metrics per domain,** and they are scored from -2 (worst quartile) to +2 (best quartile). The number in the brackets after the domain name is the net score from that domain. These scores drive the coordinates of the Quadrant Chart: Demand + Capacity (x-axis), Flow + Outcomes (y-axis). The figures provide the total score (position) for the quadrant chart.

Demand: the work the AMU is required to do, including case mix.

Capacity: the resources available to the AMS.

Flow: the movement of patients through the acute medical pathway.

Outcomes: the effect the acute medical activity has on patients.



The SAMIT: Domains

Domains

Further analysis of the four key domains can be found by clicking on the domain headings.

The detail behind the **Flow domain** is shown on this page.

Tip: click on the metric names to display further data analysis, including time series benchmarking against the regional and England mean.

The SAMIT: Quadrant chart

The SAMIT quadrant chart

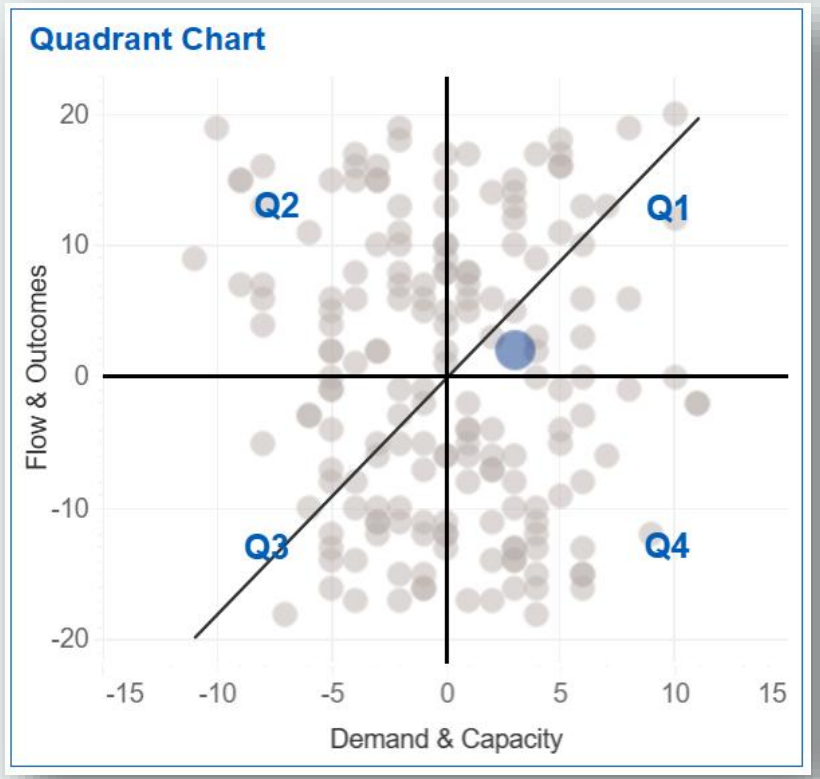
The quadrant chart plots the demand and capacity profile for each site against its flow and outcomes. A number of key metrics per domain are scored, based on their quartile position in the national data set. These scores are combined to position the site on an acute medicine quadrant. This highlights key performance constraints and suggests the interventions for improvement. See below for an explanation of what the service's position on the quadrant means in terms of performance.

Q2

- Performance is better than expected given that the service has a challenging demand/capacity profile.
- Flow and outcomes are relatively well maintained.
- The system is likely to be vulnerable given the current profile.

Q3

- Performance is poor because demand and capacity are mismatched.
- Flow and outcomes are compromised.
- The service needs to address the mismatch between capacity and demand in order to have significant and sustainable improvement.



Q1

- The service is performing well as overall capacity is sufficient for demand, but there may be some specific demand/capacity issues.
- Flow and outcomes are generally good.
- The system is relatively resilient.

Q4

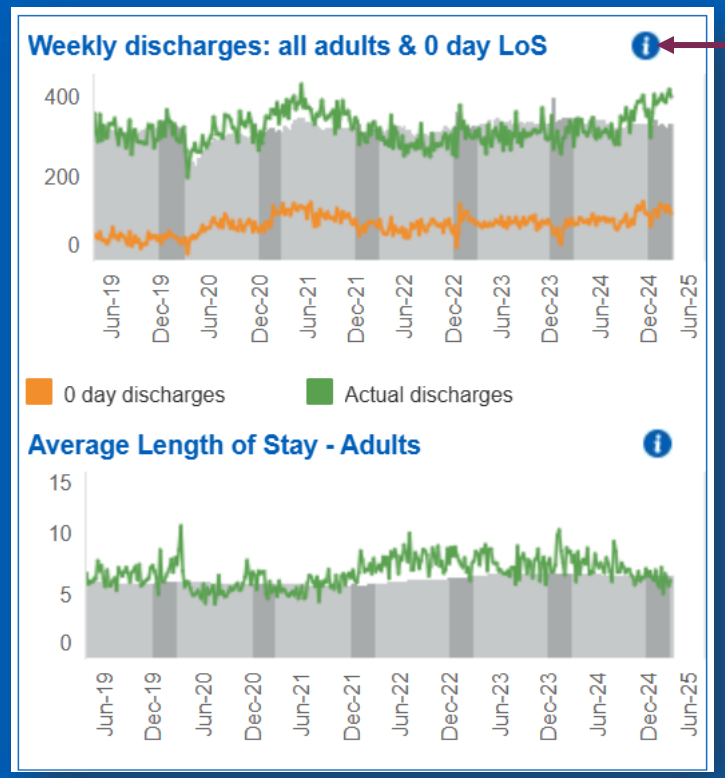
- Performance is unsatisfactory in the context of good capacity and unremarkable demand.
- Flow and outcomes are poor.
- The emergency care pathways are not efficient or effective. Key issues are usually external to the AMS.

GETTING IT RIGHT FIRST TIME

The SAMIT: Key charts

Key chart: Weekly discharges and Average Length of Stay: adults

The two charts present time series data. The weekly discharge chart indicates the number of discharges per week, distinguishing between **actual discharges** and **zero-day** discharges. The average LoS chart displays the site's **average** weekly LoS alongside the **expected** LoS. Therefore, on the chart below both zero length of stay and overall discharges are increasing whereas the average LoS is decreasing.



Hover over this button for more information about the metric (as shown below).

Weekly discharges: all adults & 0 day LoS

Trust

Time series chart to indicate the number of weekly discharges for actual discharges and zero day discharges.

Light grey blocks indicate summer months (Mar-Nov) and dark grey blocks indicate winter months (Dec-Feb).

Hover over the chart to see specific numbers for the time period.

Weekly discharges - Trust

Light grey colour indicates summer months (Mar-Nov), dark grey colour indicates winter months (Dec-Feb).

All discharges: 548

Expected discharges: 330

The SAMIT 75+: Overview

About the SAMIT 75+

The SAMIT 75+ provides key metrics that are relevant to the pathway for acute medical patients, focusing on acute adult admissions of patients aged 75+ and/or those with frailty (65+). The severity of frailty is derived for patients aged 65+ using the hospital frailty risk score (HFRS). Please note: variation exists between trusts in whether community hospitals are included in acute hospital returns, which may affect benchmarking.

Helicopter view

Structure of the SAMIT 75+

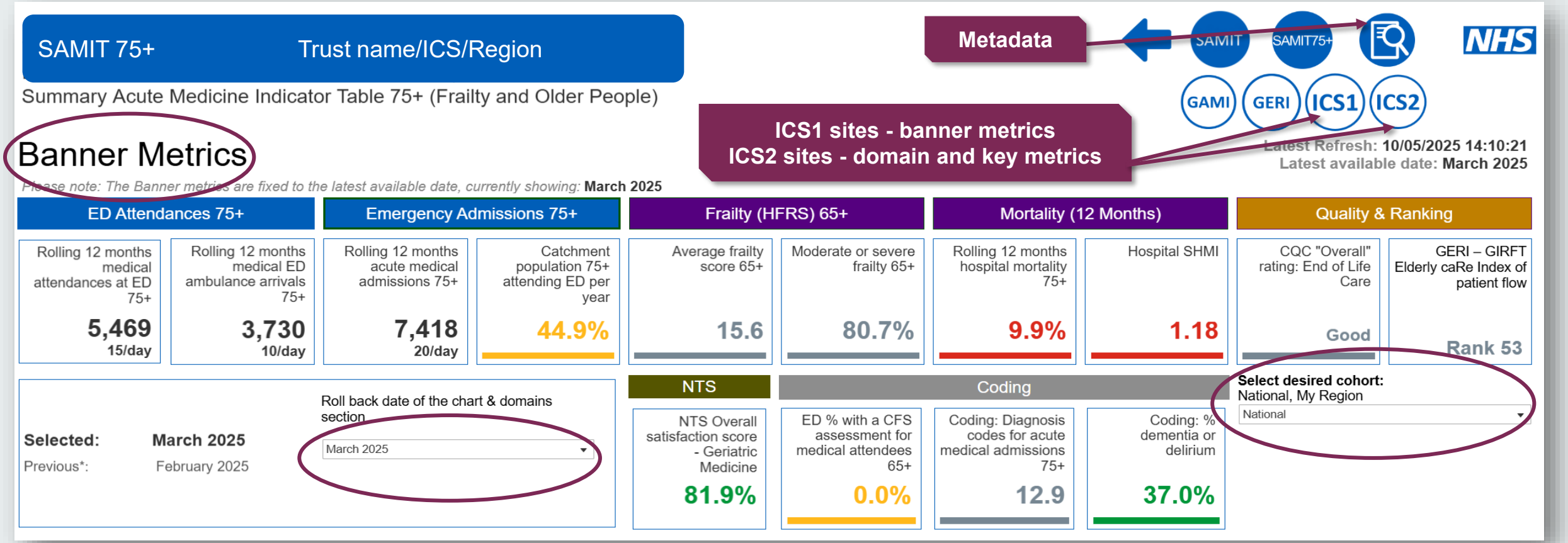
The main components of the SAMIT 75+ are:

1. The banner provides an overview of activity, case mix, quality and coding. metrics. It also shows the overall ranked score – the GIRFT Elderly care Index (GERI) of patient flow.
2. Four charts – showing discharges, admission information and bed days for patients living with frailty 65+ and deaths in hospital for patients aged 75+.
3. Three domains – demand, flow and outcomes. Please note that capacity data is not available for the SAMIT 75+.
4. Indices of patient flow – the GERI ranks sites regarding their performance against three key discharge metrics for frail patients.
5. Metadata – provides the underlying detail behind each metric.

The SAMIT 75+: The banner

The banner displays the headline KPIs for the latest period across three areas: activity, ranking and CQC rating.

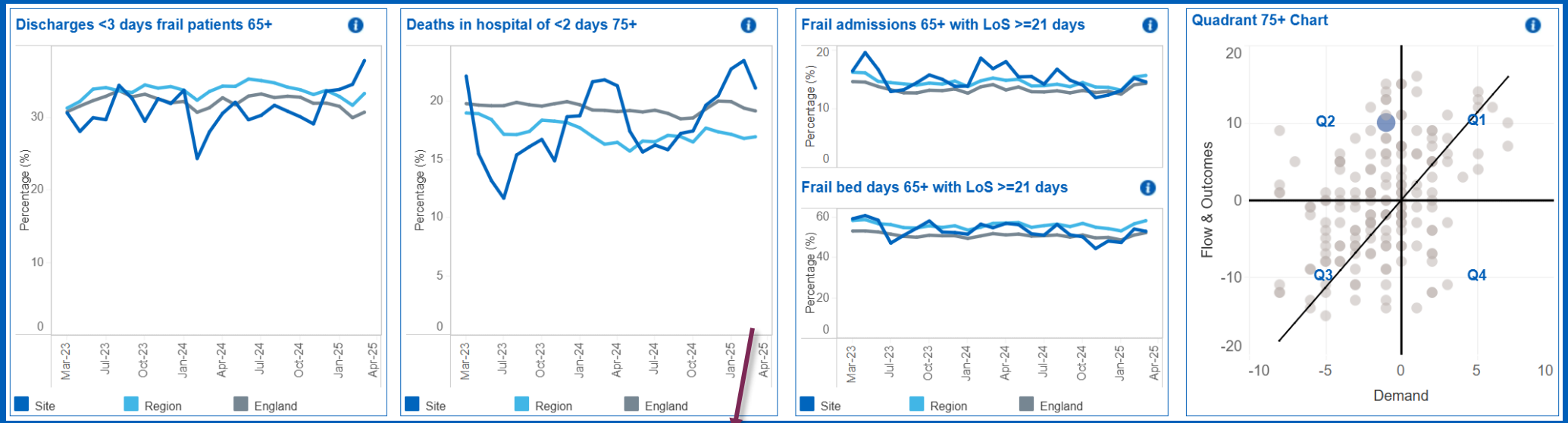
Click the icons below to change the data view to the main pages, metadata, GAMI, GERI or ICS info.



Click the drop-down box to change the month and year view.

Click the drop-down box to change the benchmarking view.

The SAMIT 75+: The banner charts



The four charts

The banner page in the SAMIT 75+ includes four charts.

These show metrics relating to:

- Discharges <3 days for frail patients 65+.
- Bed days for frail patients 65+ with LoS >21 days.
- Deaths in hospital in the first 48 hours/less than two days.
- A quadrant chart which plots the demand profile for each site against its aggregated flow and outcomes.

Discharges <3 days frail patients 65+

Proportion of acute, medical, frail, older people (65+) with a length of stay <3 days

Numerator: **267** (Number of acute, medical (SMS), frail (moderate or severe frailty (HFRS)), older (65+) people's admissions with a length of stay (LoS) < 3 days)
Data Source: **APC**

Denominator: **707** (Number of acute, medical (SMS), Frail (moderate or severe frailty (HFRS), older (65+) people's admissions)
Data Source: **APC**

Trust
March 2025: 37.8%

Tip: hover over the boxes to display more detailed information as shown by the arrows

The SAMIT 75+: Domains

Domains

The SAMIT 75+ splits metrics across three key domains: **Demand, Flow and Outcomes**. There are a number of **key metrics per domain,** and they are scored from -2 (worst quartile) to +2 (best quartile). The number in the brackets after the domain name is the net score from that domain. These scores drive the coordinates of the Quadrant Chart: Demand (x-axis), Flow + Outcomes (y-axis). The figures provide the total score (position) for the quadrant chart. Please note: a separate Capacity domain is not included for SAMIT 75+ as there is no consistent definition of frailty or geriatric medicine beds.

Demand: the number of older (age 75+) and frail (aged 65+) patients attending ED and the acute medical unit.

Flow: the movement of patients through the acute medical pathway for older and frail patients.

Outcomes: the effect the acute medical activity has on patients.

Domains - Benchmarked metrics

1st quartile | 2nd quartile | 3rd quartile | 4th quartile

DEMAND 75+ (-1)

Metric Name		Site Value
Catchment population 75+ attending ED per year	%	44.9
Acute medical admissions 75+	%	37.1
Average frailty score (HFRS) for acute medical admissions 65+		15.6
Deprivation: % acute medical adms 75+ from lowest quintile	%	38.9
Average Charlson Co-morbidity Index (CCI) 75+		3.8
Acute medical admissions via ED 75+	%	93.3
Conversion rate - medical attendances 75+ (ECDS)	%	65.7
Ambulance arrivals medical patients 75+	%	71.0
Acute medical admissions from care homes 75+	%	0.0
Acuity Index 75+		32.4

FLOW 75+ (7)

Metric Name		Site Value
Discharges <3 days 75+	%	40.4
Discharges <3 days frail patients 65+	%	37.8
Zero day LoS medical admissions 75+	%	19.8
Average LoS (excluding 0 days) medical admissio		
Average LoS (excl. 0 days) frail medical admission		
Average time in ED for medical admissions going t inpatient bed 75+		
APBR-6 (admitted patient breach rate > 6 hours) 75		
APD-6 (admitted patient delay beyond 6 hours) 75+	hrs.	8.8
Frail medical admissions with LoS <7 days 65+	%	55.9
Discharge ratio - Weekday to Weekend (frail, 65+)		1.6
Discharges to usual place of residence 75+	%	84.4

OUTCOME 75+ (3)

Metric Name		Site Value
Bed days for frail patients 65+ with 3+ admissions per year	%	43.2
Re-admissions <=30 days with 1+LoS - 75+	%	16.0
Re-admissions <=30 days with 1+LoS - Frail 65+	%	15.9
	%	40.0
	hrs.	8.2
	%	21.1
	%	52.6
Admissions from home discharged to a care home 75+	%	2.8
Estimated litigation cost per occupied bed day 75+		11.6
Bed days in last 90 days of life 75+	%	17.5
Short stay re-admissions <=14 days with 1+ day LoS 75+	%	12.4

Tip: click on any of the three domain headings to display further data analysis

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The SAMIT 75+: Domains

Domains

Further analysis of the three key domains can be found by clicking on the domain headings. The detail behind the **Outcome domain** is shown on this page.

Tip: click on the metric names to display further data analysis, including time series benchmarking against the regional and England mean.

DEMAND 75+ | **FLOW 75+** | **> OUTCOME 75+**

Click on a metric below to view further analysis

Metric Name		Site Value	Eng Mean	LQ	Median	UQ	Dotted lines indicate 5th and 95th percentiles. RAG rating based on quartiles	Site value per month against England mean		Previous month	Change
Bed days for frail patients 65+ with 3+ admissions per year	%	44.0	44.1	38.2	43.8	47.6			%	45.0	▼2.1%
Re-admissions <=30 days with 1+LoS - 75+	%	15.9	14.4	12.2	13.9	15.9			%	16.7	▼4.6%
Re-admissions <=30 days with 1+LoS - Frail 65+	%	16.5	15.2	13.3	15.0	16.6			%	16.6	▼0.6%
APBR-12 (admitted patient breach rate > 12 hours) 75+	%	56.1	46.1	22.3	45.9	66.0			%	40.0	▲40.2%
APD-12 (admitted patient delay beyond 12 hours) 75+	hrs.	11.3	10.6	4.7	7.0	11.2			hrs.	8.2	▲37.6%
Mortality in hospital < 2 days	%	20.7	18.9	15.3	18.9	21.9			%	20.7	▼0.2%
Frail medical bed days with a LoS>=21 days 65+	%	52.2	51.7	44.9	50.8	57.9			%	52.5	▼0.6%
Admissions from home discharged to a care home 75+	%	3.7	3.9	1.2	3.2	5.8			%	2.8	▲33.9%
Estimated litigation cost per occupied bed day 75+		11.6	6.6	3.6	6.3	10.0				11.6	0.0%
Bed days in last 90 days of life 75+	%	18.6	19.3	16.4	18.6	22.0			%	17.9	▲3.5%
Short stay re-admissions <=14 days with 1+ day LoS 75+	%	6.6	8.5	6.2	7.7	10.1			%	13.2	▼49.8%

The SAMIT 75+: Quadrant chart

The SAMIT 75+ quadrant chart

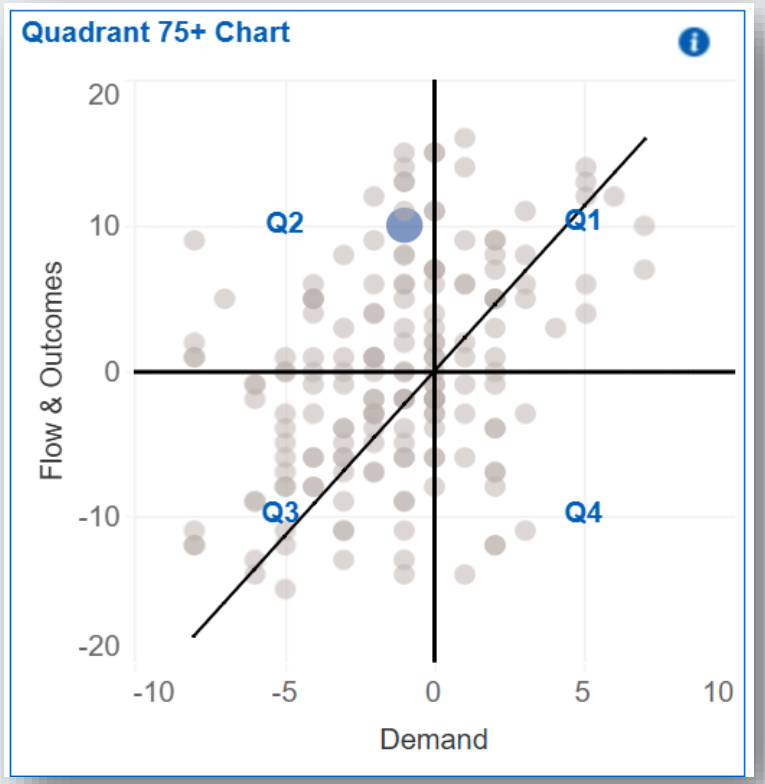
The quadrant chart plots the demand profile for each site against its flow and outcomes. A number of key metrics per domain are scored, based on their quartile position in the national data set. These scores are combined to position the site on an acute medicine quadrant. This highlights key performance constraints and suggests interventions for improvement. Please note separate capacity metrics aren't displayed as there is no consistent definition of frailty or geriatric medicine beds. See below for an explanation of what the position on the quadrant means in terms of performance.

Q2

- Performance is better than expected given that the service has a challenging demand profile.
- Flow and outcomes are relatively well maintained.
- The system is likely to be vulnerable given the current profile.

Q3

- Performance is poor due to a challenging demand profile.
- Flow and outcomes are compromised.



Q1

- The service is performing well overall.
- Demand is largely manageable.
- Flow and outcomes are generally good.
- The system is relatively resilient.

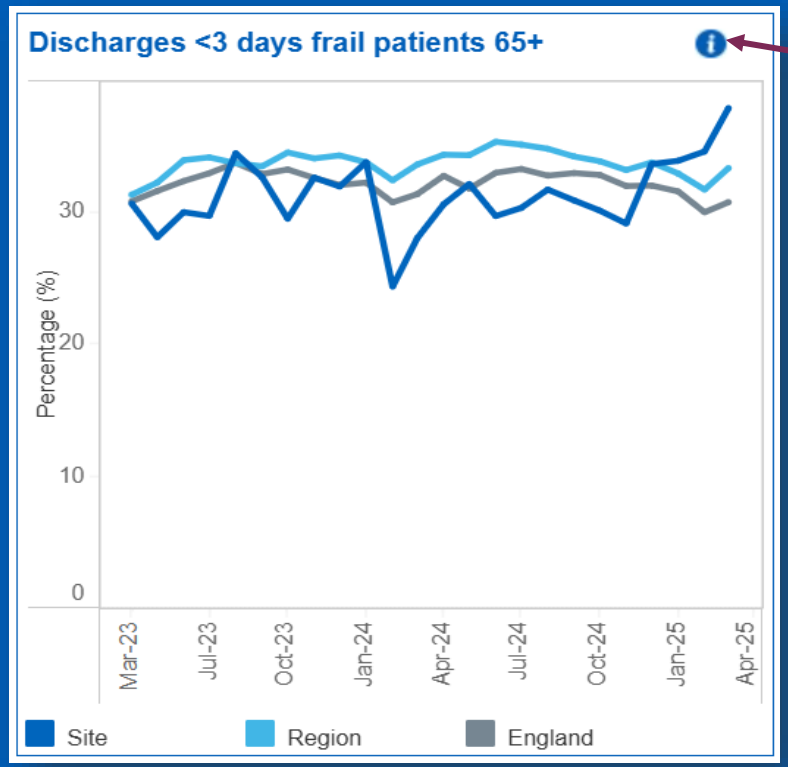
Q4

- Performance is unsatisfactory in the context of unremarkable demand.
- Flow and outcomes are poor.
- The emergency care pathways are not efficient or effective. Key issues are usually external to the AMS.

The SAMIT 75+: Key charts

Key chart: Discharges <3 days frail patients 65+

This chart shows the proportion of acute, medical, frail, older people (aged 65 and over) who are admitted for less than three days. It is a time series chart that compares the selected site with the local region and England over the last 12 months.



Hover over this button for more information about the metric as shown below.

Discharges <3 days frail patients 65+

Proportion of acute, medical, frail, older people (65+) with a length of stay <3 days

Numerator: **267** (Number of acute, medical (SMS), frail (moderate or severe frailty (HFRS)), older (65+) people's admissions with a length of stay (LoS) < 3 days)
Data Source: **APC**

Denominator: **707** (Number of acute, medical (SMS), Frail (moderate or severe frailty (HFRS), older (65+) people's admissions)
Data Source: **APC**

Trust

March 2025: 37.8%

Hover over the chart to see the specific no.s for the time period.

Discharges <3 days frail patients 65+

Site Name: Trust
Region: Region

Mar-25

Site Value: 37.8%

The GIRFT Emergency Medicine Index (GEMI), GIRFT Acute Medicine Index (GAMI) and GIRFT Elderly care Index (GERI)

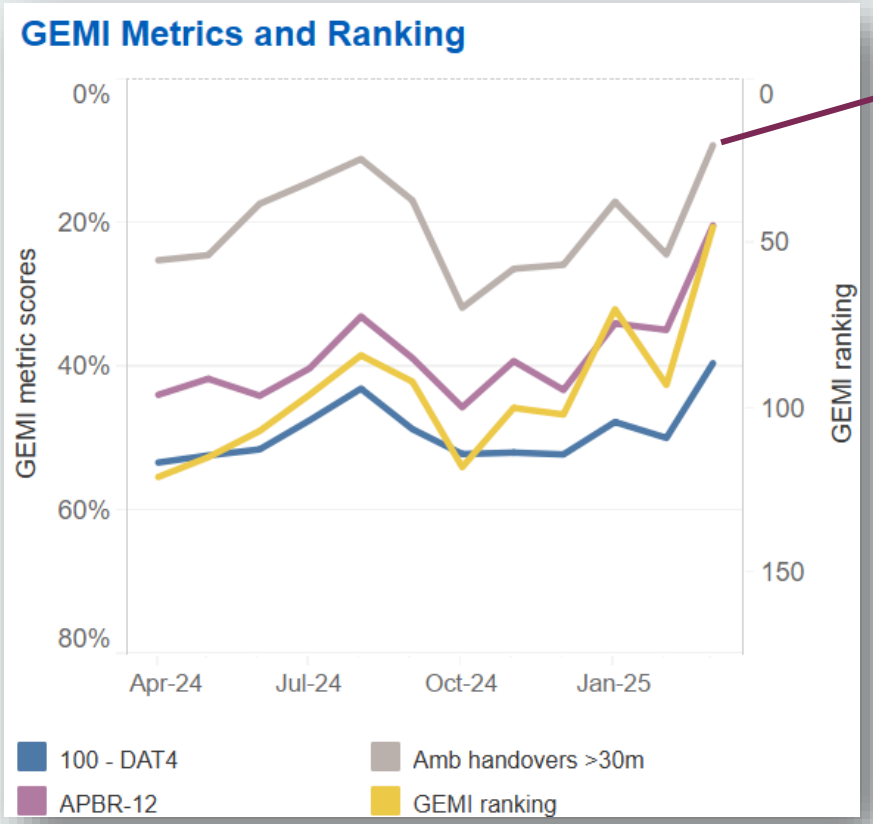
The GEMI

The GEMI ranks sites on their performance against three key metrics. The scores from each metric are combined to derive a total which is then ranked against all other sites nationally. The ideal approach is to review the GEMI, GAMI and GERI to develop a comprehensive understanding of the whole UEC service.

SEDIT – GEMI key metrics

- Ambulance handovers >30 minutes.
- Four Hour Target (100 – DAT4 so a high number is "poor").
- Admitted Patient Breach rate at 12 hours (APBR 12).

Tip: hover over the lines on the chart to show specific data for the time period



Data presentation

Please note that for the GEMI, GAMI and GERI zero is positioned at the top of both axes for the metric scores and the ranking. A lower rank, e.g. close to zero and higher on the chart, reflects good overall performance. Therefore, upwards movement indicates improvement, while downwards movement suggests performance is declining.

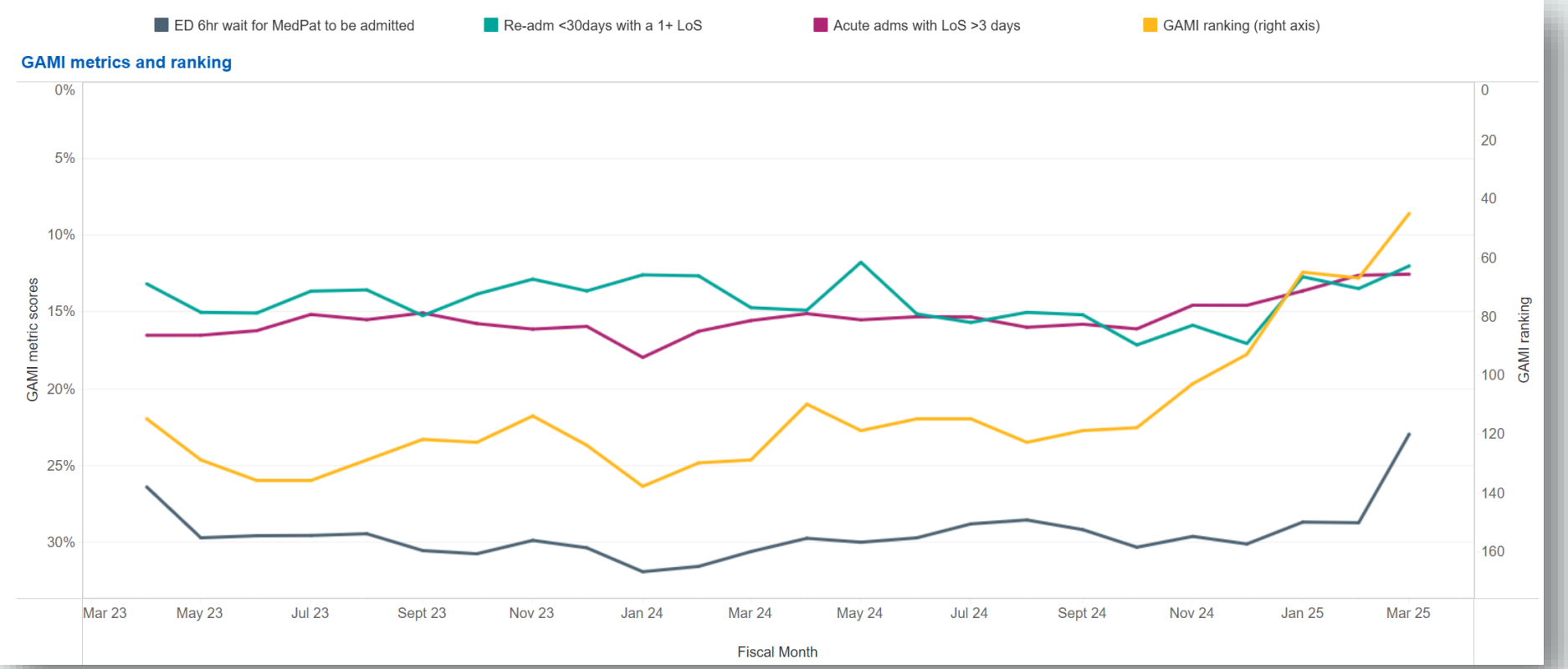
The GIRFT Emergency Medicine Index (GEMI), GIRFT Acute Medicine Index (GAMI) and GIRFT Elderly care Index (GERI)

The GAMI

The GAMI ranks sites regarding their performance against three key metrics. The scores from each metric are combined to derive a total which is then ranked against all other sites nationally. Low individual metric scores and a low combined score indicates that performance is good. In the below graph the line showing the GAMI ranking is going up (the score is lowering) meaning performance is improving.

SAMIT – GAMI Key Metrics

- Admissions from ED for medical adults who waited >6 hours.
- Proportion of patients discharged within four days (72-hour acute pathway).
- Readmissions within 30 days (with LoS >0) for acute medical adult admissions.



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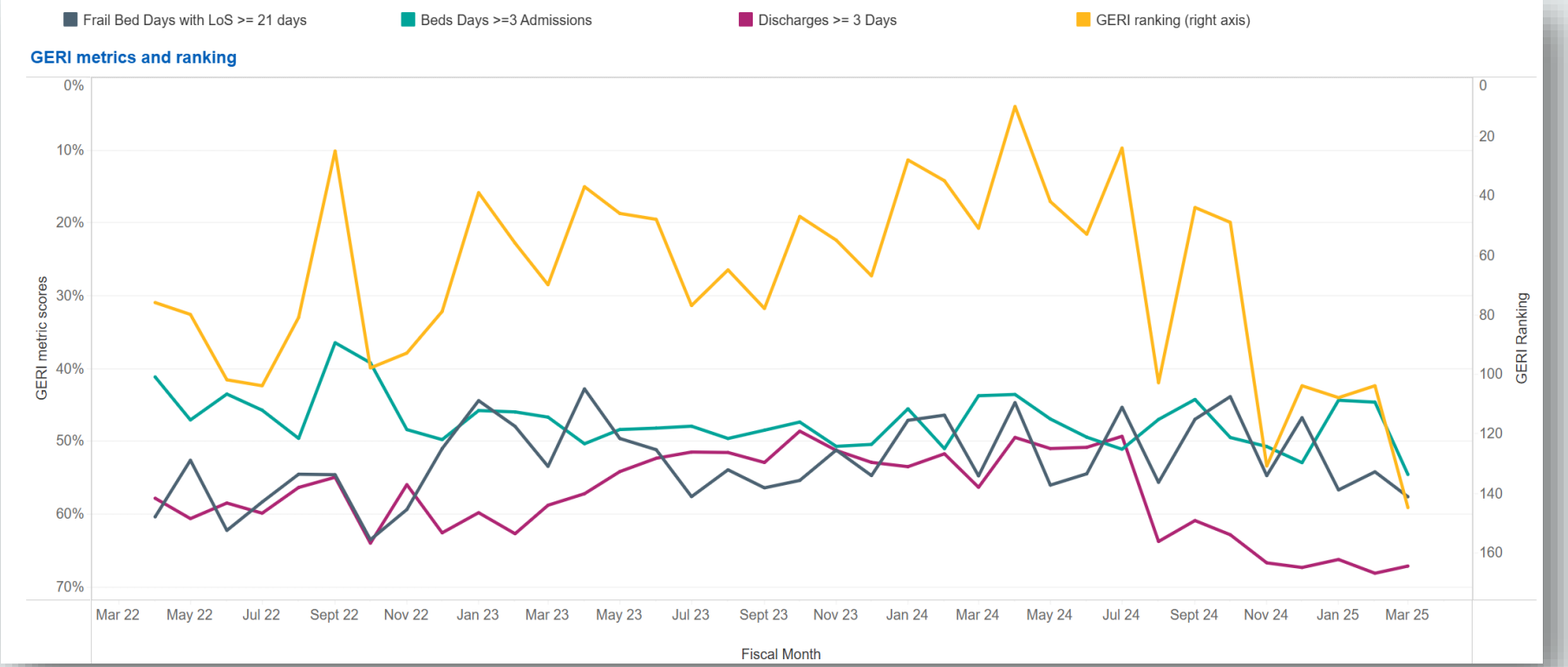
The GIRFT Emergency Medicine Index (GEMI), GIRFT Acute Medicine Index (GAMI) and GIRFT Elderly care Index (GERI)

The GERI

The GERI ranks sites regarding their performance against three key metrics. The scores from each metric are combined to derive a total which is then ranked against all other sites nationally. For each metric, a high individual score and a high combined score indicates that performance is poor. In the graph below the line showing the GERI ranking is going down (the score is increasing) meaning performance is deteriorating.

SAMIT 75+ - GERI Key metrics

- Bed days for acute frail (aged 65+) medical (SMS) patients who had 3 or more admissions in the last 12 months.
- Proportion of bed days for frail patients aged 65+ with a LoS >21 days.
- Discharges within three days for frail patients aged 65+.



Future developments and top tips

Future developments

The GIRFT UEC team is currently developing a version of the dashboards that provides access to more timely data. This will help support prompt decision-making by offering timely insights into local service delivery and operational pressures. Furthermore, the team are exploring the option of expanding access by providing a regional view and open-access to the dashboards. This would enable all sites to view and compare UEC service performance across the country, supporting greater transparency, benchmarking and shared learning across systems. See the UEC Portfolio or sign up to the GIRFT newsletter for updates.

Top tips for maximising the benefits of the SEDIT, SAMIT and SAMIT 75+

- In various places on the dashboards, you can hover over graphs for more information or click on the domain name/metric wording to show further analysis.
- Children's EDs can be selected on the SEDIT launch tab. Only a very small number currently report their data separately from adults. This is decided by trusts rather than GIRFT under current reporting mechanisms.
- Local knowledge is required to interpret the GIRFT data effectively and there is a need to triangulate data rather than reviewing individual metrics in isolation.
- Ensure the data for each site is as accurate as possible by updating the GIRFT team if anything changes. This includes if the recording and submission of SDEC activity is moving from SUS to ECDS.
- It is only possible to review data for your own site unless you have an ICB, regional or national role.
- Only measurable and accurate data is recorded, which limits the number of workforce metrics available.
- If the dashboard times out due to inactivity, return to the launch page and reselect your site to reload the data.
- For queries that haven't been answered in this guide please contact: england.datavizfunction@nhs.net

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GIRFT is part of an aligned set of programmes within NHS England