

## Statistical Note: Ambulance Quality Indicators (AQI)

The number of ambulance 999 calls per day in January 2021 was the largest since the early days of the COVID-19 pandemic in March 2020. For Category 1, 2, and 3 incidents, response times in January 2021 were all the longest since March 2020.

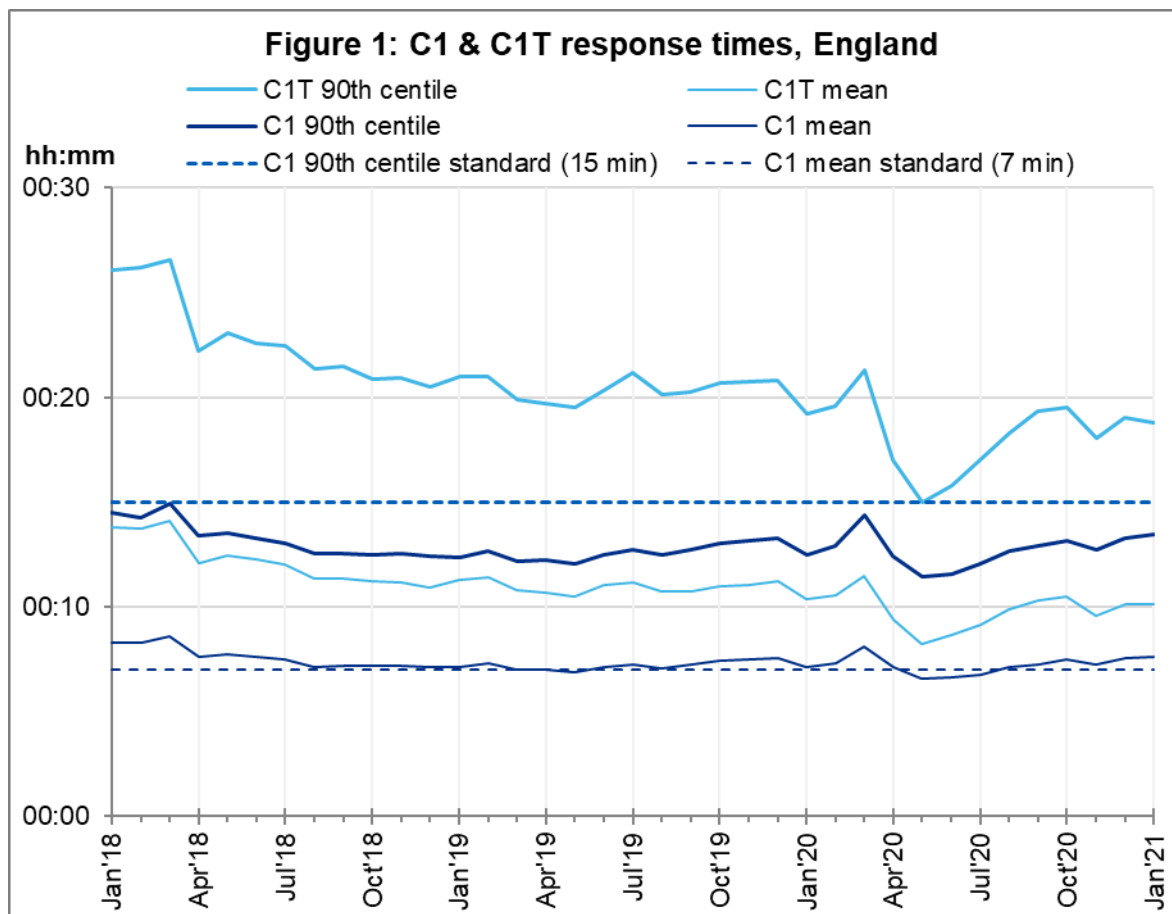
For sepsis patients transported by ambulances in England in September 2020, the proportion that received the appropriate care bundle was similar to the previous year.

### 1. Systems Indicators

#### 1.1 Response times

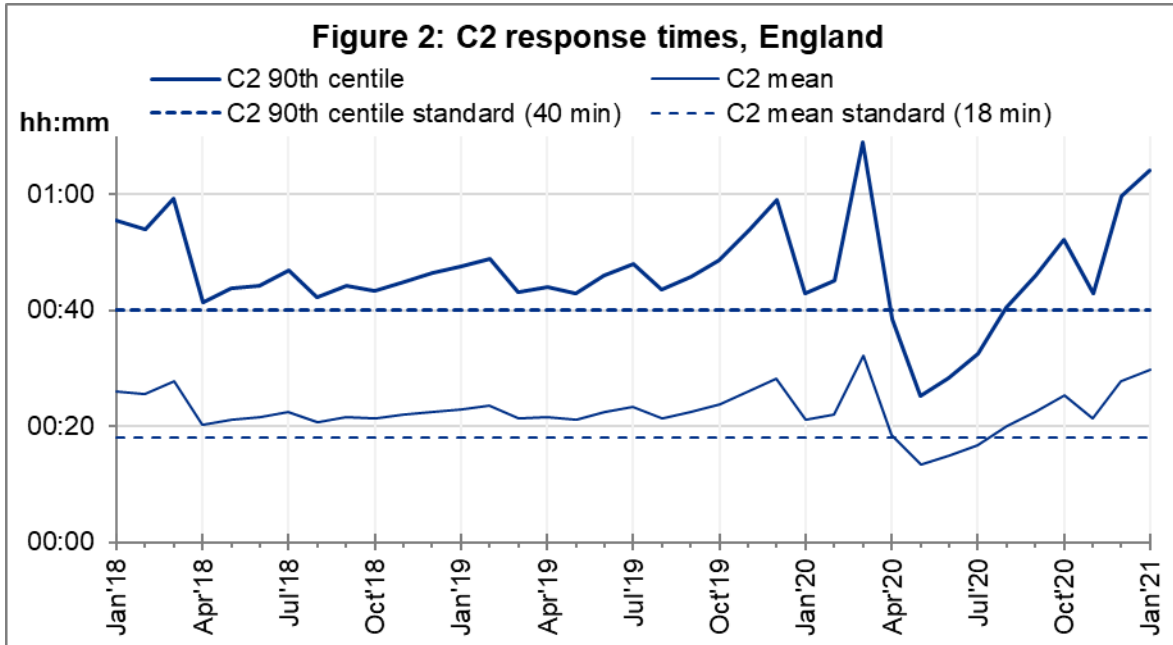
In January 2021, the mean average C1 response time England was 7 minutes 38 seconds, so the 7-minute standard in the NHS Constitution<sup>1</sup> was not met; but the C1 90th centile response times averaged 13:26 across England, so the 15-minute standard was met.

For C1T (response times for arrival of transporting vehicle, for C1 patients transported), the mean was 10:09, and the 90th centiles averaged 18:49.



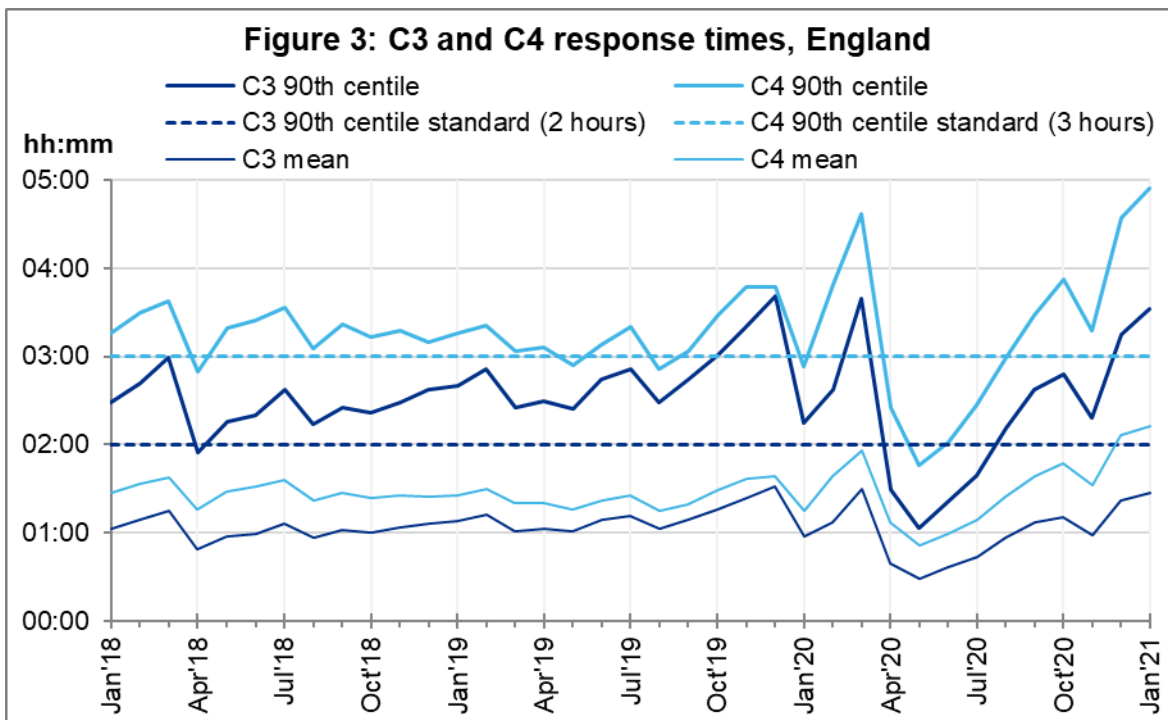
<sup>1</sup> Standards for Ambulance Services: [www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england](http://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england)

For C2 in January 2021, the mean average response time was 29:40 for England, and the 90th centiles averaged 1:04:12 across England (Figure 2). Only March 2020 had longer C2 response times.



For C3 in January, the mean average response time was 1:27:33. The C3 90th centile times averaged 3:32:03, so the two-hour standard was not met (Figure 3). Only December 2019 and March 2020 had longer C3 response times.

For C4 in January, the mean average response time was 2:12:08. The C4 90th centile times averaged 4:53:52, the longest since the C4 measure was introduced, so the three-hour standard was not met (Figure 3).



## 1.2 Other Systems Indicators

In January 2021, the 95th centile call answer time across England averaged 66 seconds, the longest since March 2020. However, the January 2021 mean, 90th and 99th centile times of 10, 28, and 130 seconds respectively were actually shorter than in the previous month.

In January 2021, per day, there were (Figure 4):

- 25.1 thousand calls to 999 answered, 2.2% more than in December 2020;
- 25.2 thousand incidents that received a response (whether on the telephone or on the scene) from an ambulance service, 1.9% more than in December;
- 12.5 thousand incidents where a patient was transported to an Emergency Department (ED), 2.2% less than in December.

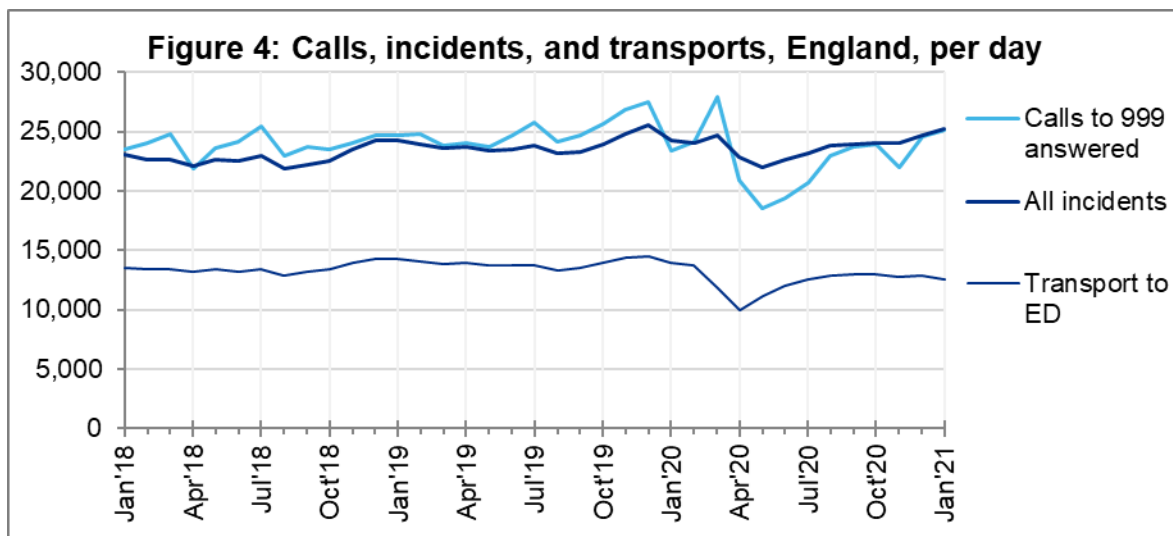
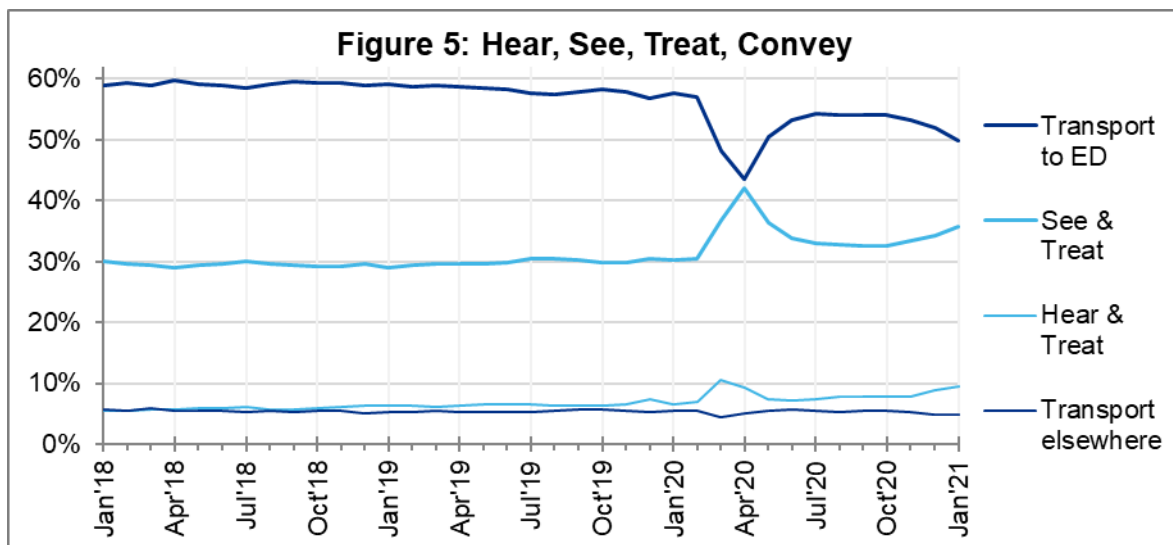


Figure 5 shows that in January 2021, 9.6% of incidents were resolved on the telephone (Hear & Treat); Since this measure began three years ago, only March 2020 had more. In January 2021, 35.8% of incidents were closed at the scene (See & Treat), and 49.8% (the least since April 2020) featured transport to ED, with the other 4.8% featuring transport to destinations other than ED.



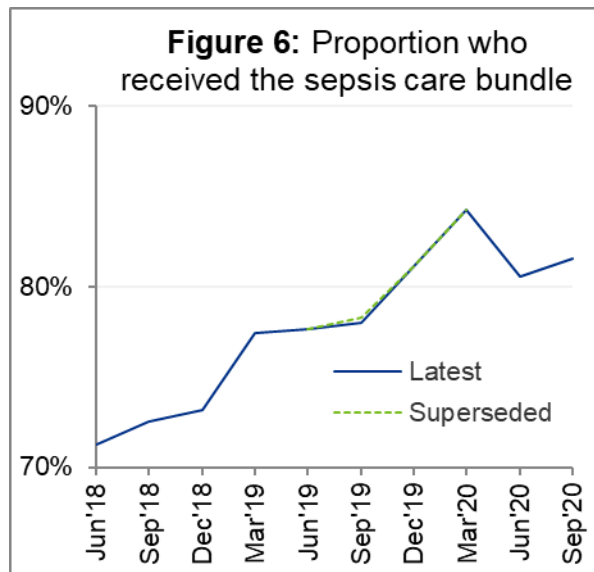
## 2. Ambulance Clinical Outcomes (AmbCO)

### 2.1 Sepsis

Sepsis is a time-critical condition. Early recognition and management of sepsis in the pre-hospital setting can reduce mortality and improve the health and well-being of patients. Making a diagnosis quickly and ensuring early transport of a patient to an appropriate Emergency Department capable of providing further tests, treatment and care (including appropriate antibiotics for those who are eligible) represents a standard of ambulance care.

In September 2020, of patients with suspected sepsis and a NEWS2 (National Early Warning Score 2) of 7 or more, the proportion who received the sepsis care bundle was 81.5% (Figure 6), similar to the average for the year ending September 2020 (82.0%).

The revisions to sepsis data in our 14 December 2020 publication were only for London and North West Ambulance Services, and changed the England proportions in September and December 2019 by less than 0.3 percentage points.



## 3. Further information on AQI

### 3.1 The AQI landing page and Quality Statement

[www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators](http://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators), or <http://bit.ly/NHSAQI>, is the AQI landing page, and it holds:

- a Quality Statement for these statistics, which includes information on relevance, accuracy, timeliness, coherence, and user engagement;
- the specification guidance documents for those who supply the data;
- timetables for data collection and publication;
- time series spreadsheets and csv files from April 2011 up to the latest month;
- links to individual web pages for each financial year;
- contact details for the responsible statistician (also in section 3.4 below).

Publication dates are also at

[www.gov.uk/government/statistics/announcements?keywords=ambulance](http://www.gov.uk/government/statistics/announcements?keywords=ambulance).

The web pages for each financial year hold:

- separate spreadsheets of each month's data;
- this Statistical Note, and equivalent versions from previous months;
- the list of people with pre-release access to the data.

### 3.2 AQI Scope

The AQI include calls made by dialling either the usual UK-wide number 999 or its international equivalent 112. As described in the specification guidance mentioned in section 3.1, incidents resulting from a call to NHS 111 are included in all Systems Indicators the except call data items, A1 to A6 and A114.

### 3.3 Related statistics

Ambulance handover delays of over 30 minutes at each Emergency Department are published by NHSEI during winter 2012-13, 2013-14, 2014-15, 2017-18, 2018-19, and 2019-20, at [www.england.nhs.uk/statistics/statistical-work-areas/winter-daily-sitreps](http://www.england.nhs.uk/statistics/statistical-work-areas/winter-daily-sitreps).

The Quality Statement described in section 3.1 includes information on:

- the “Ambulance Services” publications by NHS Digital <https://digital.nhs.uk/data-and-information/publications/statistical/ambulance-services>, with data from before 2000, to 2014-15;
- a dashboard with an alternative layout for AQI data up to April 2016;
- the comparability of data for other countries of the UK:

Wales: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Performance/Ambulance-Services>

Scotland: See Quality Improvement Indicators (QII) documents at [www.scottishambulance.com/TheService/BoardPapers.aspx](http://www.scottishambulance.com/TheService/BoardPapers.aspx)

Northern Ireland: [www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics](http://www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics)

### 3.4 Contact information

Media: NHSEI Media team, [nhsengland.media@nhs.net](mailto:nhsengland.media@nhs.net), 0113 825 0958.

The person responsible for producing this publication is Ian Kay; Performance Analysis Team; Finance, Performance and Planning Directorate; NHS England and NHS Improvement; [england.nhsdata@nhs.net](mailto:england.nhsdata@nhs.net); 0113 825 4606.

### 3.5 National Statistics

The UK Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.