Statistical Note: Ambulance Quality Indicators (AQI)

The average Category 1 response time in England in June 2025 was slightly slower than in the previous three months, but still faster than in every other month since June 2021.

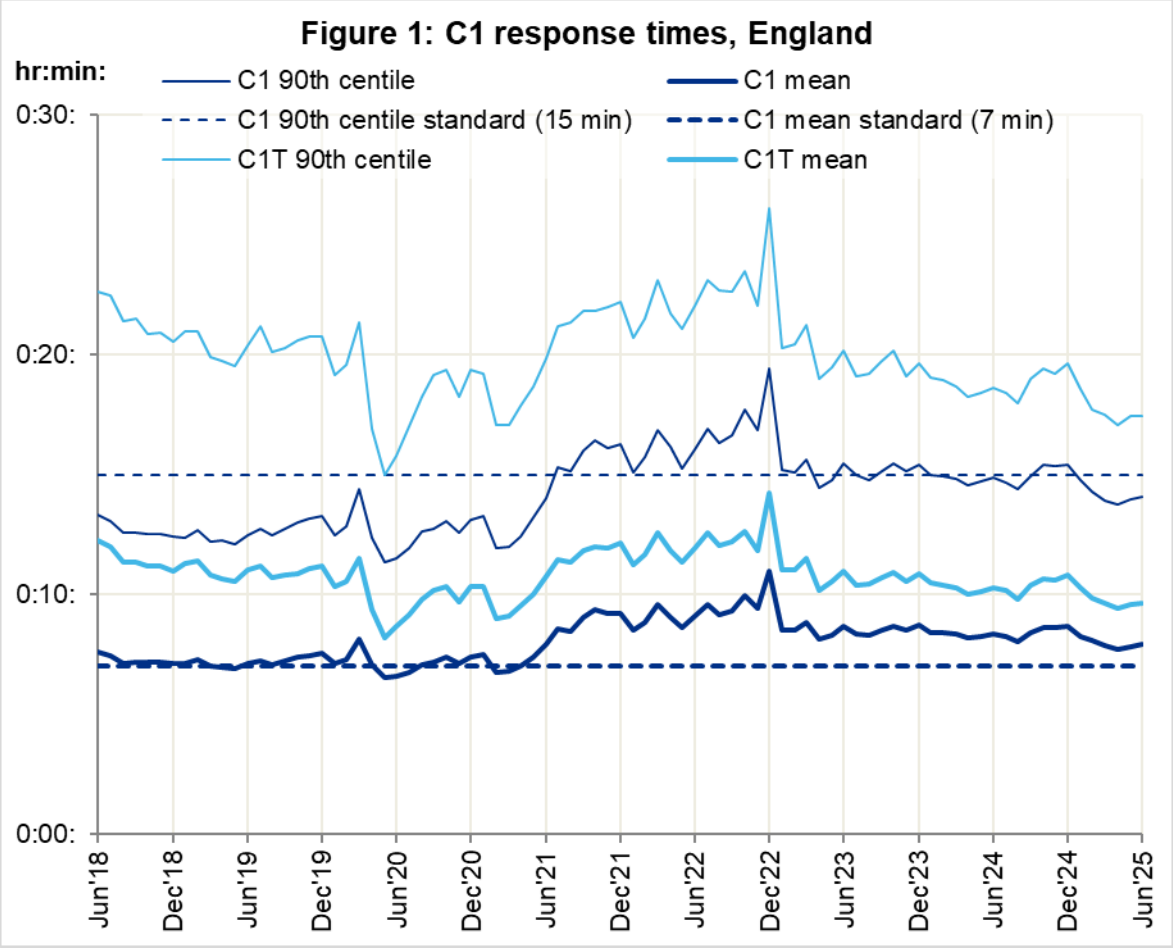
We usually only revise AQI data once every six months, but the May 2025 Hear & Treat count for Yorkshire that was missing in last month's publication is now available, so this document and all other relevant files that we publish today include revised data for May 2025 for Yorkshire.

1. Ambulance Systems Indicators (AmbSYS)

1.1 Response times

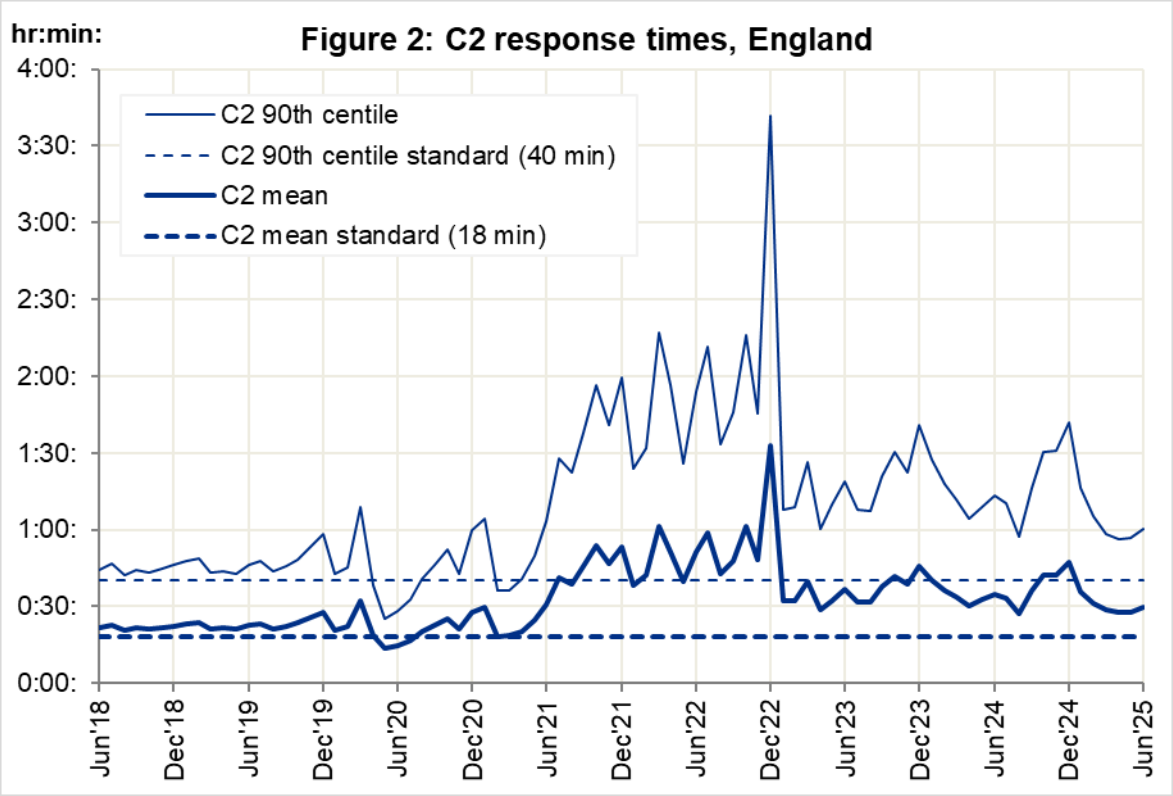
For C1 for England, the mean response time in June 2025 was 7 minutes 55 seconds and the 90th centile was 14:05. The average standard[1] of 7 minutes was not met but the 90th centile standard of 15 minutes was met for the sixth month in a row. For C1T (time to the arrival of the transporting vehicle for C1 incidents), the average was 9:39, and the 90th centile was 17:25 (Figure 1).

Figure 1: C1 response times, England

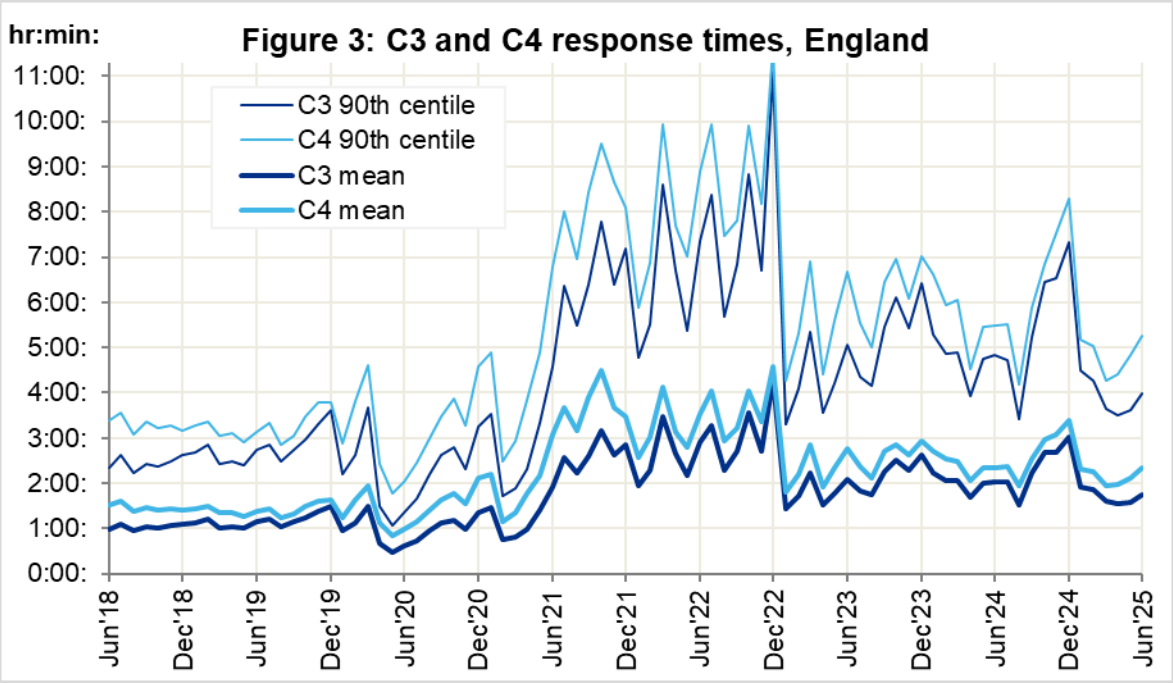


[1] Standards in the NHS Constitution Handbook: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

The June 2025 England C2 average was 29:37 and the 90th centile was 1:00:14, both slower than the previous three months, but faster than every other month since August 2024 (Figure 2).

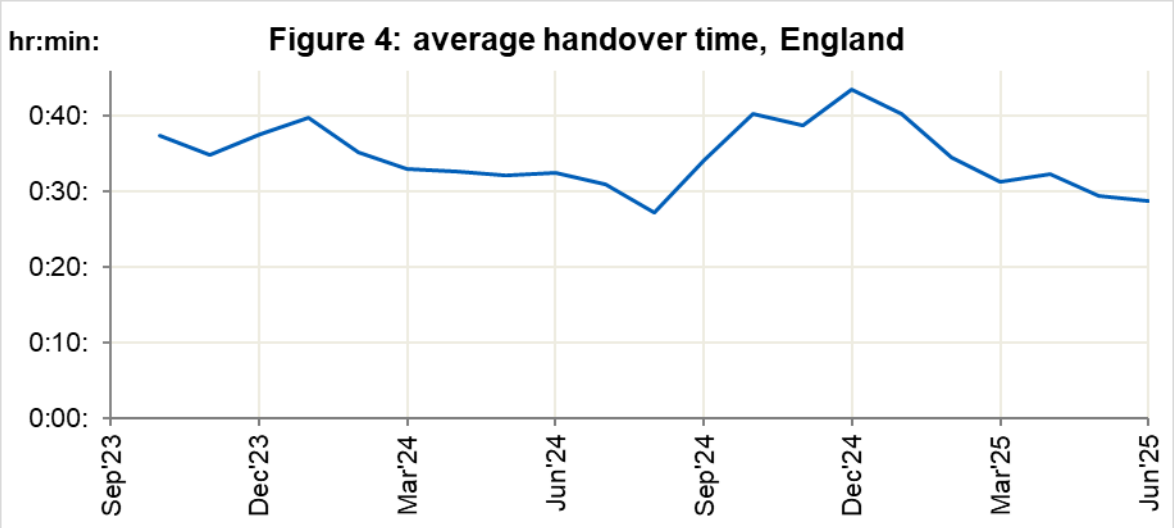


For England in June 2025, the C3 average was 1:44:56, and the 90th centile 3:59:03, both slower than the previous three months, but faster than every other month since August 2024. The latest England C4 mean was 2:20:40, with a 90th centile of 5:15:10 (Figure 3).

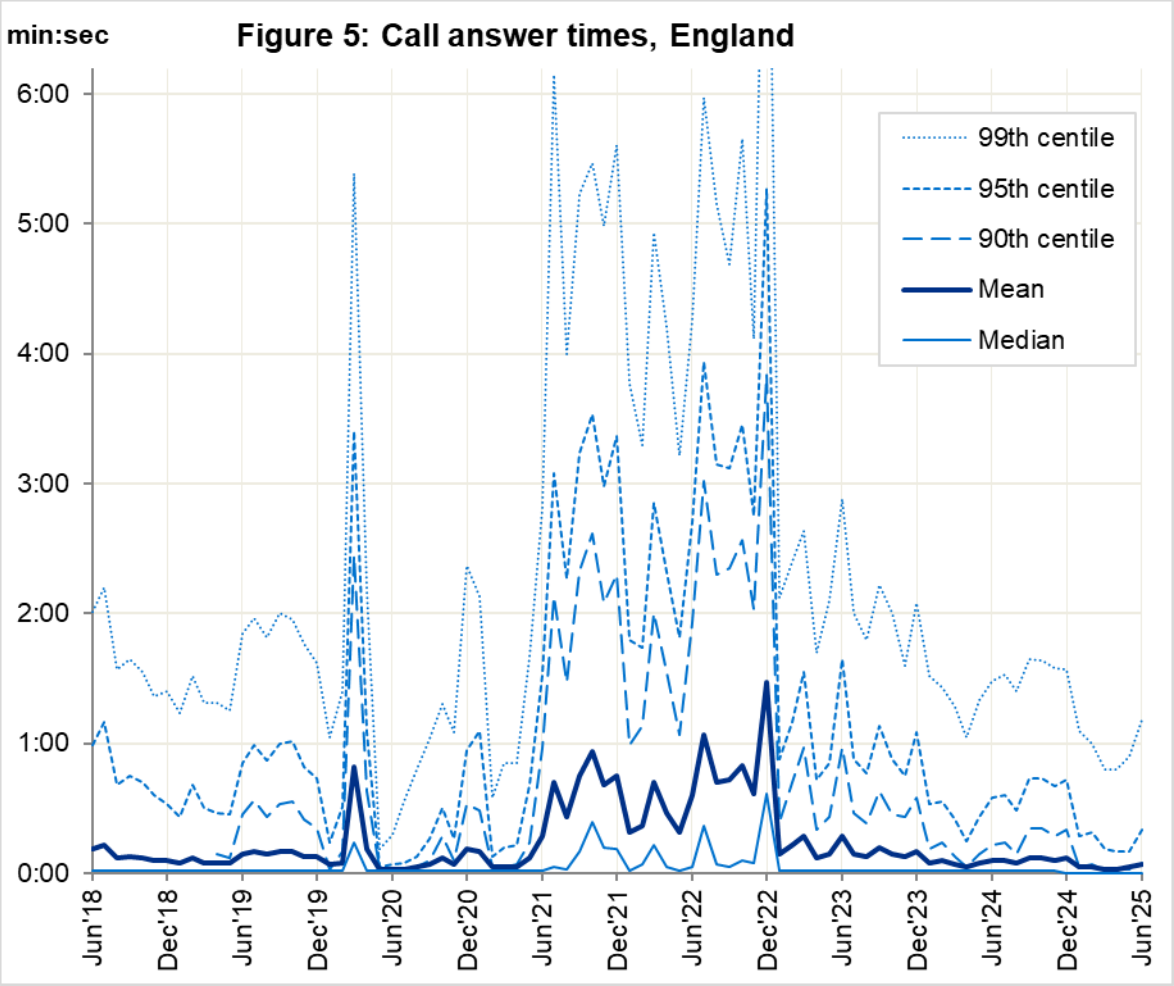


1.2 Other Systems Indicators

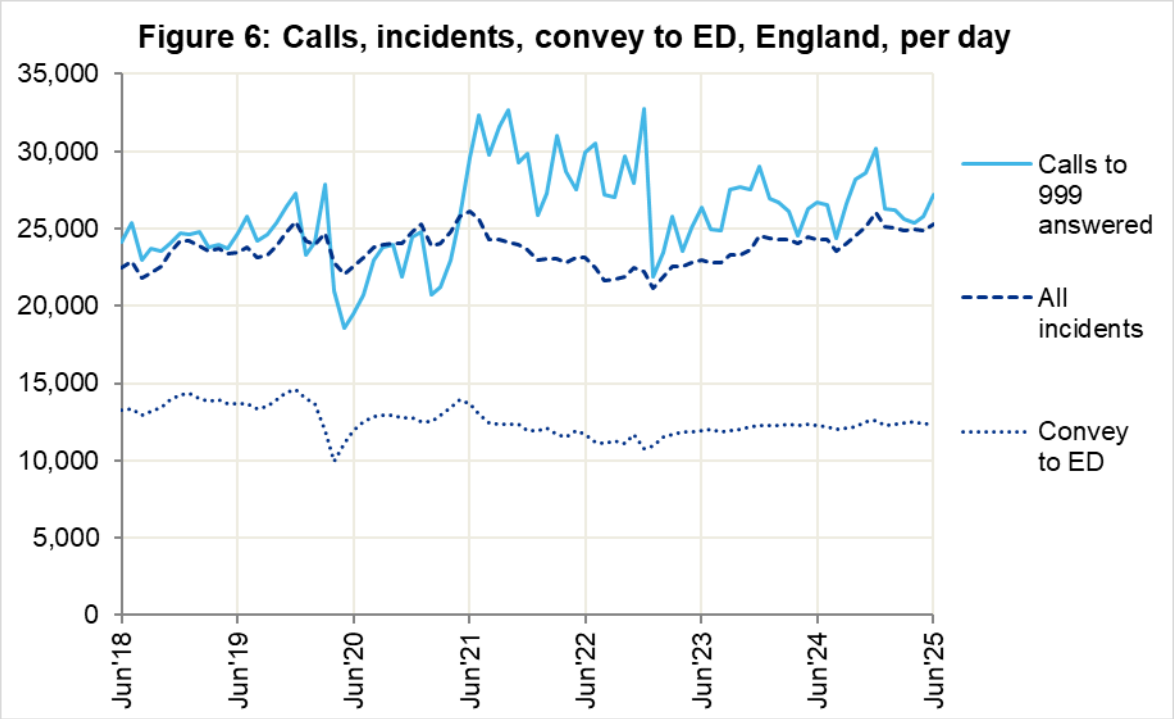
The mean handover time by in England in June 2025 was 28:51, the fastest since August 2024 (Figure 4).



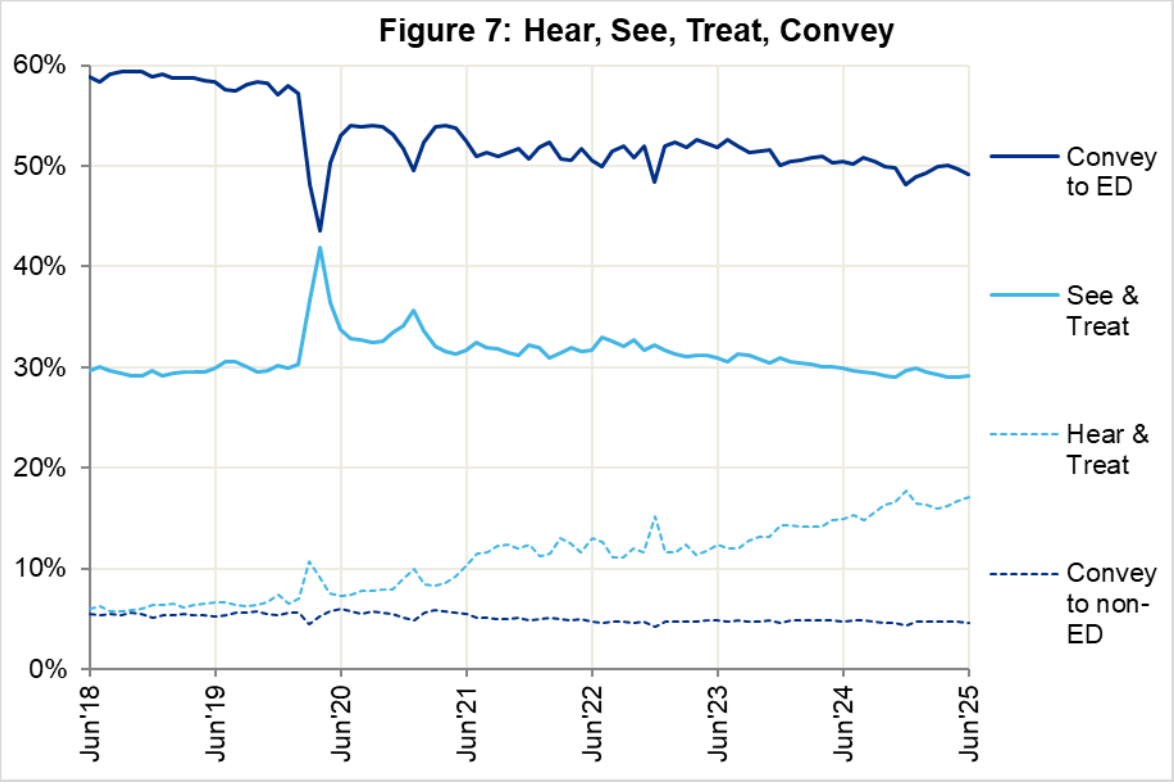
The June 2025 mean 999 call answer time was 4 seconds, the slowest in any month of 2025, but faster than every month from May 2021 to February 2024. (Figure 5).



In June 2025, 816,767 calls to 999 were answered in England, or 27.2 thousand per day. There were 759,635 incidents, or 25.3 thousand per day. 374,004 incidents had conveyance to ED, or 12.5 thousand per day (Figure 6).



In England in June 2025, 29% of incidents were closed on scene (See & Treat), 49% had conveyance to an Emergency Department (ED), and 5% had conveyance to non-ED, with Hear & Treat the remainder (Figure 7).



2. Ambulance Clinical Outcomes (AmbCO)

We summarise data in this Statistical Note for topics when we publish care bundle data for that topic. This commentary is on cardiac arrest data, because we collect and publish the post-ROSC (Return of Spontaneous Circulation) bundle data for cardiac arrest patients for every May, August, November, and February.

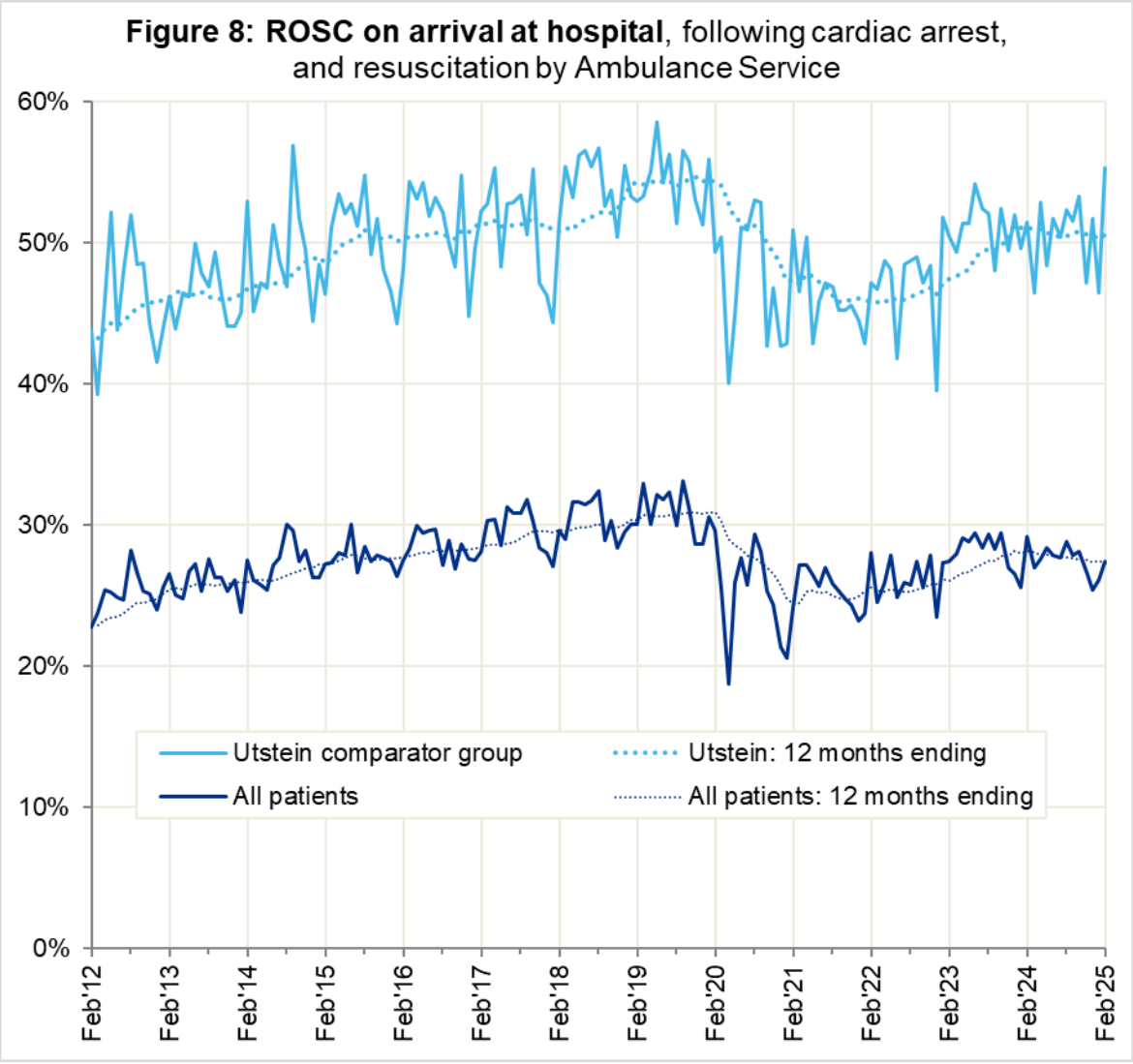
2.1 Cardiac arrest: ROSC on arrival at hospital (Figure 8)

In England, 2,671 patients had resuscitation by an ambulance service with a known outcome after cardiac arrest in February 2025, of which 733 (27%) had ROSC on arrival at hospital, slightly less than the 2023-24 average (28%).

The Utstein comparator group comprises patients with an out-of-hospital cardiac arrest of presumed cardiac origin, where the initial rhythm was Ventricular Fibrillation or Ventricular Tachycardia, and the arrest was bystander witnessed. This group therefore have a better chance of survival.

In February 2025, of the 2,671 cardiac arrest patients, 394 met these criteria, of which 218 (55%) had ROSC on arrival at hospital, greater than the 2023-24 average (51%).

Figure 8: ROSC on arrival at hospital, following cardiac arrest, and resuscitation by Ambulance Service

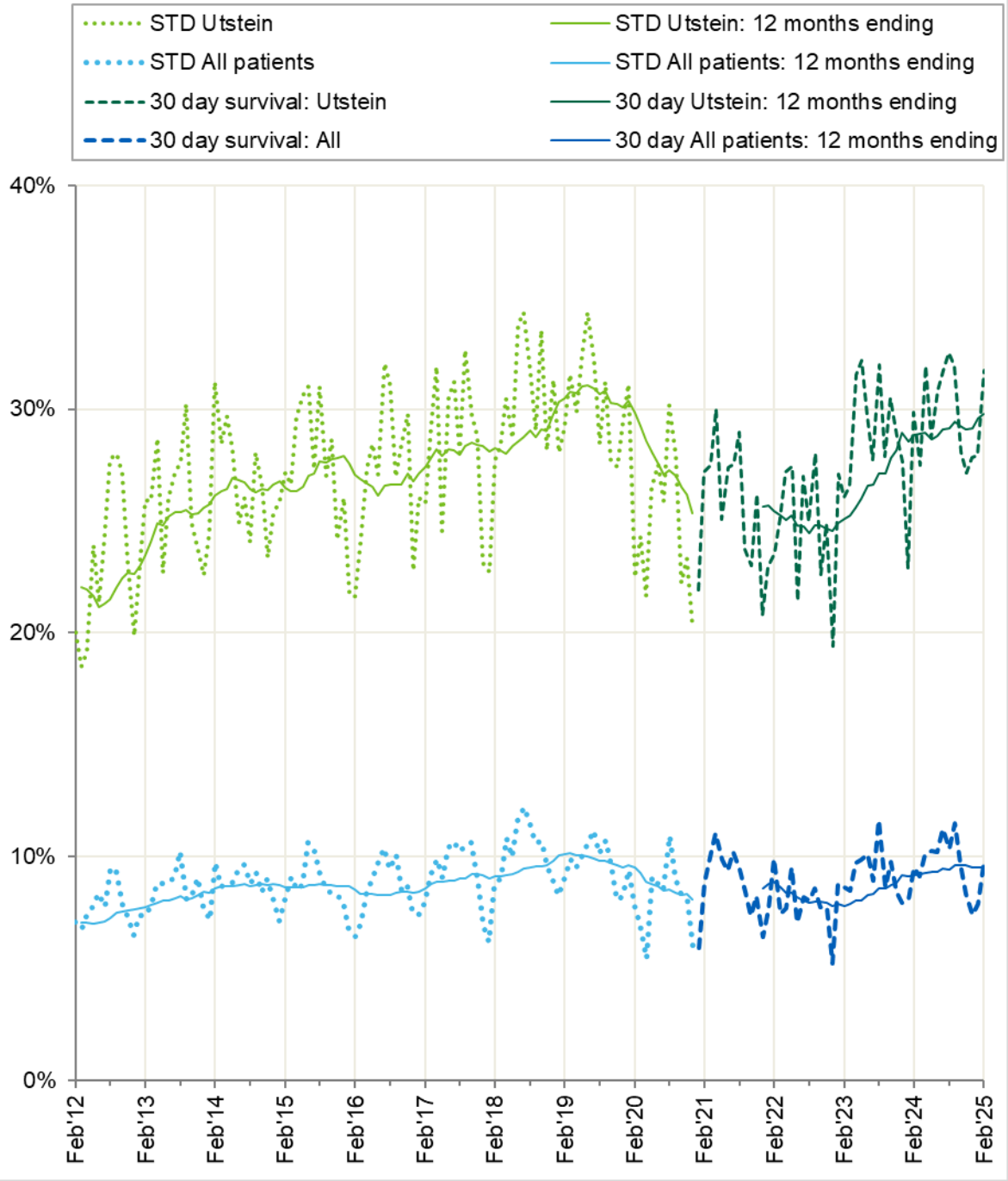


2.2 Survival following cardiac arrest (Figure 9)

For the 2,656 resuscitated cardiac arrest patients in England in February 2025 where survival at 30 days is known, 10% (255) survived, similar to the 2023-24 average of 9%. For the Utstein comparator group, 32% (124 of 391) survived for 30 days, 3 percentage points greater than the 2023-24 average.

Figure 9 shows these survival rates usually peak in summer.

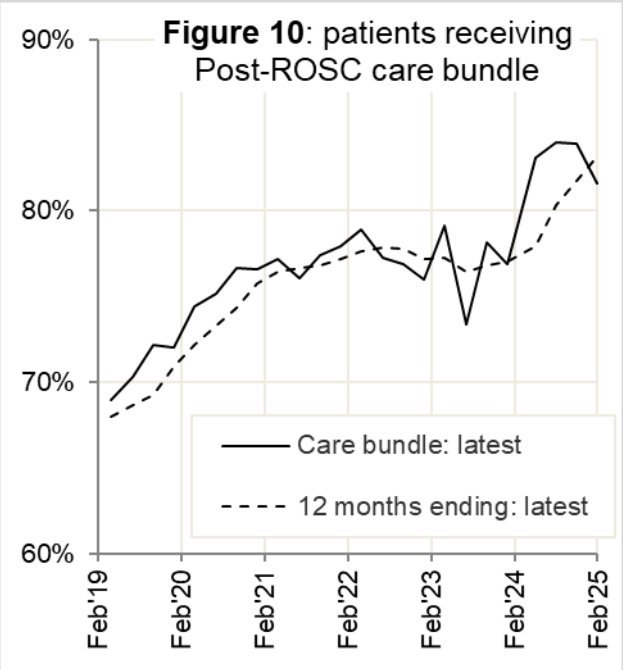
Figure 9: Survival to discharge (STD) and 30 day survival
following cardiac arrest and resuscitation by Ambulance Service



2.3 Cardiac arrest care bundle

In February 2025, there were 942 cardiac arrest patients resuscitated by an ambulance service in England who had ROSC on scene (not necessarily on arrival at hospital).

Of these, data show that 82% (769) received the appropriate care bundle, greater than the 2023-24 average of 77%. (Figure 10).



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, 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 3.5 below).

Publication dates are also at 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 Centiles

The centile data for England in this publication are not precise centiles calculated from national record-level data, but from each individual trust's record-level data, weighted by their incident count, and averaged across England. So, if England only had two trusts, with centiles of 7:10 and 7:40, and the former had twice as many incidents as the latter, the England centile would be 7:20.

3.3 Related statistics

NHS England publishes C2 response times for each Integrated Care Board (ICB) from April 2023 monthly at www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-management-information, and ambulance handover data by acute trust from October 2023 on the same page.

Data on patients handed over to each Acute Trust are available for whole months from October 2023 at that same webpage, and also for individual days during winter from 2017-18 at www.england.nhs.uk/statistics/statistical-work-areas/uec-sitrep.

The Quality Statement described in section 3.1 includes information on:

- the "Ambulance Services" publications https://digital.nhs.uk/data-and-information/publications/statistical/ambulance-services by NHS Digital and predecessor organisations 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:

Scotland:	See Quality Improvement Indicators (QII) documents at www.scottishambulance.com/TheService/BoardPapers.aspx
Wales:	https://jcc.nhs.wales/insighthub/asi
N. Ireland:	www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics

3.4 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 in section 3.1, incidents resulting from a call to NHS 111 are included in all AmbSYS indicators, except the counts of 999 calls (indicators A1, A124, and A125) and call answer times (A2 to A6 and A114).

3.5 Contact information

For media enquiries: nhsengland.media@nhs.net, 0113 825 0958.

The person responsible for this publication is Ian Kay, england.999iucdata@nhs.net, Operational Insights, Transformation Directorate, NHS England, 07918 336050.

3.6 Accredited official statistics

These official statistics were independently reviewed by the Office for Statistics Regulation in May 2015. They comply with the standards of trustworthiness, quality and value in the Code of Practice for Statistics and should be labelled "accredited official statistics".