

To:

- Acute Trust CEOs
- Acute Trust COOs
- Acute Trust CIOs

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cc.

- Regional COOs
- Regional Communications Leads

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Dear colleagues

Changes to the ECDS supplementary analysis publication November 2025

This is to inform you of some upcoming improvements to the Emergency Care Data Set (ECDS) publication, which will come into effect for the release on **Thursday 13 November 2025**, with provisional data for October 2025.

The most significant change will be the addition of site level data (separate data will be reported for each site at a trust, rather than only for the trust as a whole), mental health stays over 24 hours in Emergency Departments, and the publication of 4 hour performance data for paediatrics, all of which is in line with the commitments in the [Urgent and Emergency Care Plan 2025/26](#).

This will result in greater transparency into service performance, support improvement and improve the quality of data submitted.

Currently, the ECDS publishes data at **Trust level** for each of the following measures:

- Number of A&E attendances (by age, gender, ethnicity, chief complaint and frailty)
- Number of admitted attendance (by age, gender, ethnicity, and chief complaint)
- Number of waits over 12 hours (for Type 1 and Type 2 Emergency Departments)

All the above metrics will now be measured and reported at **site level** through the ECDS publication. The following new metrics will also be introduced and will be published as site level data:

- 4-hour performance for Type 1 and 2 Emergency Departments (total, admitted and non-admitted)
- Number of waits over 12 hours for all ED types
- Paediatric performance (under 16)
- Mental health stays over 24 hours for Type 1 and 2
- Mean time in department (this may be delayed until December to assure the methodology)

12-hour performance

Since February 2023, we have published 12-hour performance data from arrival in Type 1 and Type 2 Emergency Departments. The move to include 12-hour attendances in all types of Emergency Department (which will be published alongside the current Type 1 and Type 2 metric to maintain consistency) will be labelled as experimental as coverage for all types is not consistent between the two data sources.

Publishing 12-hour data for all types of ED should incentivise providers to make service improvements as, currently, transferring patients from a Type 1 or Type 2 to an Urgent Treatment Centre (Type 3) makes performance at the former look worse.

4-hour performance

4-hour performance is currently reported in NHS England's monthly data, based on Trust sitreps, but from November, we will publish 4-hour performance at Type 1 and 2 EDs from the ECDS alongside these existing monthly statistics. The ECDS reporting is experimental at this stage due to data quality and coverage, for some Trusts the data will be inconsistent across the two data sources, so the existing monthly data will remain the official established source for measuring performance. The move to publishing 4-hour performance from the ECDS will be beneficial once established as it will allow us to understand more detailed information about A&E performance, such as site level figures, admitted and non-admitted performance and paediatric performance. This will support greater transparency and could also act as a catalyst for improving performance.

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