

Statistical Note: Ambulance Quality Indicators (AQI)

Ambulance Services in England dealt with the largest ever number of incidents per day in December 2025 and closed the largest ever proportion on the telephone.

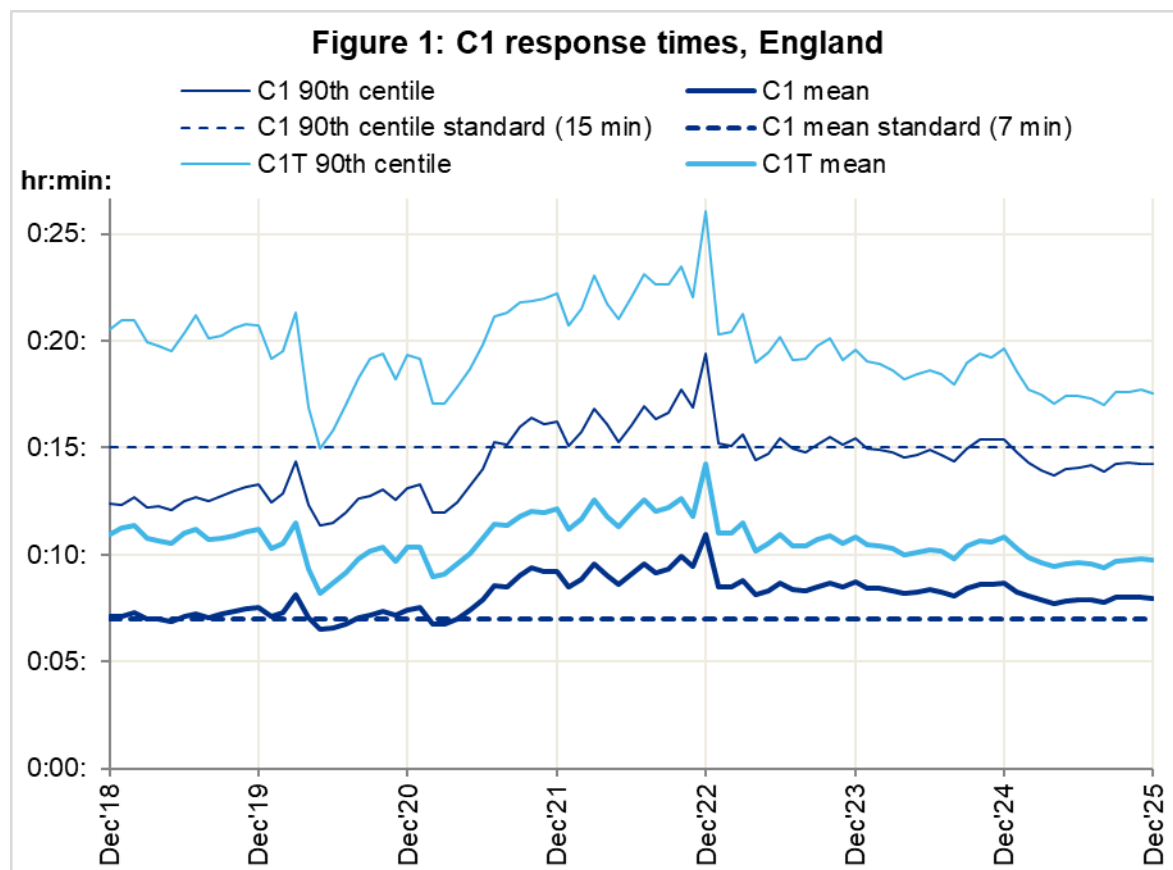
For ST-segment elevation myocardial infarction (STEMI) patients in August 2025, the times from ambulance call to clinical intervention were as quick as they have been in the last four years.

1. Ambulance Systems Indicators (AmbSYS)

1.1 Response times

For C1 for England, the mean response time in December 2025 was 7 minutes 59 seconds, slightly quicker than the 8 minutes 1 second seen in the previous three months, and the 90th centile of 14:14 was the same as in November. The average standard¹ of 7 minutes has not been met since April 2021 but the 90th centile standard of 15 minutes has been met in every month of 2025 so far.

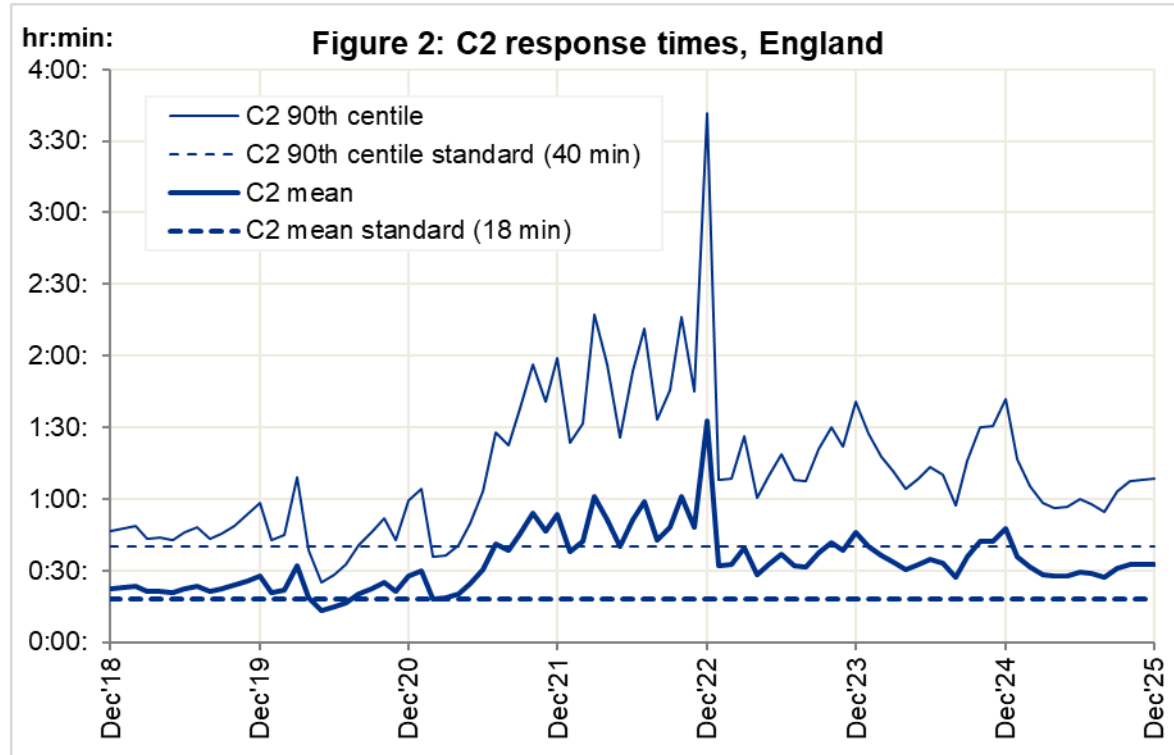
For C1T (time to the arrival of the transporting vehicle for C1 incidents), the average was 9:44, and the 90th centile was 17:31. (Figure 1)



¹ Standards in the NHS Constitution Handbook:

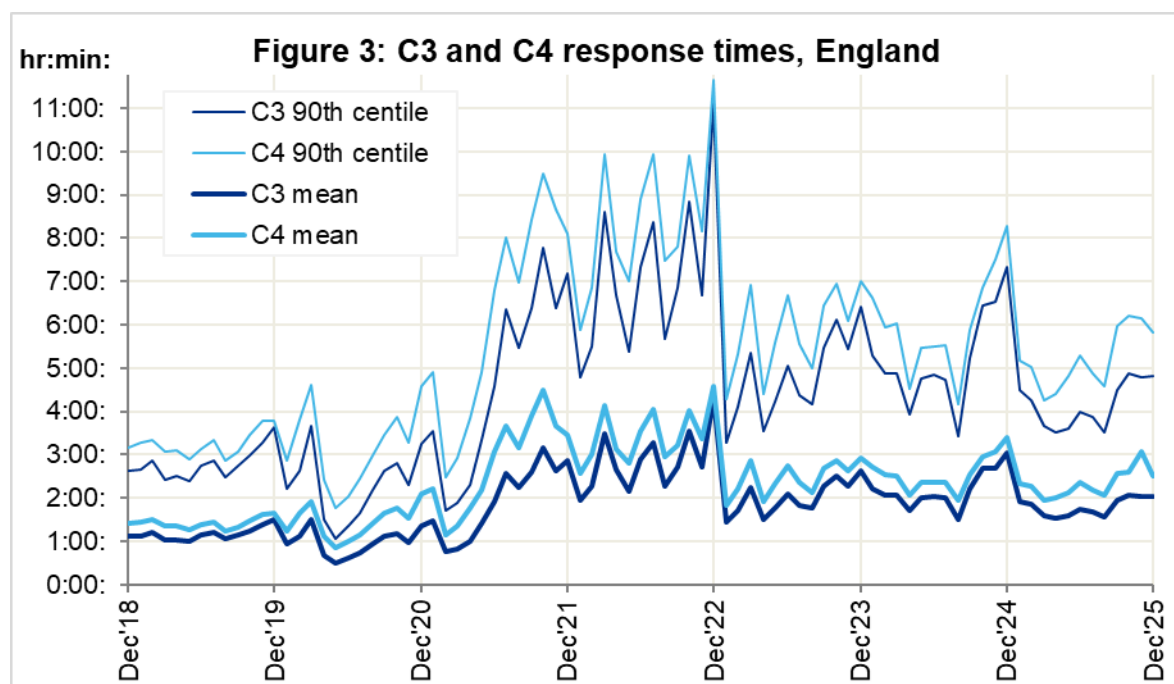
<https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england>

The December 2025 England C2 average was 32:43, slightly quicker than last month. The 90th centile was 1:08:48, the slowest since January 2025, though quicker than December 2024. (Figure 2)



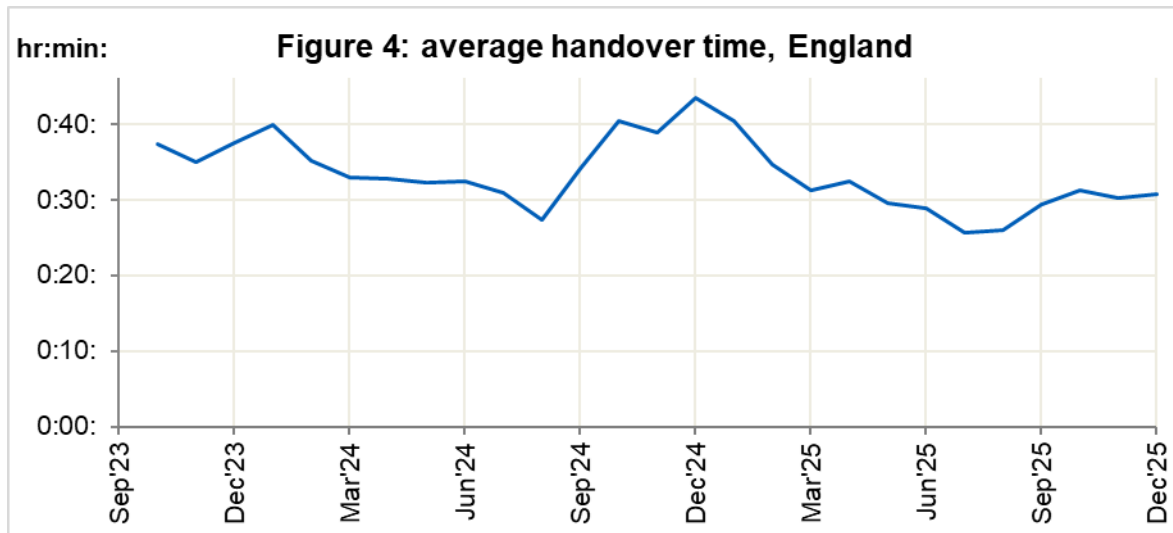
For England in December 2025, the C3 average was 2:01:17, slightly quicker than last month and the 90th centile 4:48:28, slightly slower than last month.

The C4 mean was 2:29:38, and the 90th centile 5:48:57, both measures being the quickest since August 2025. (Figure 3)

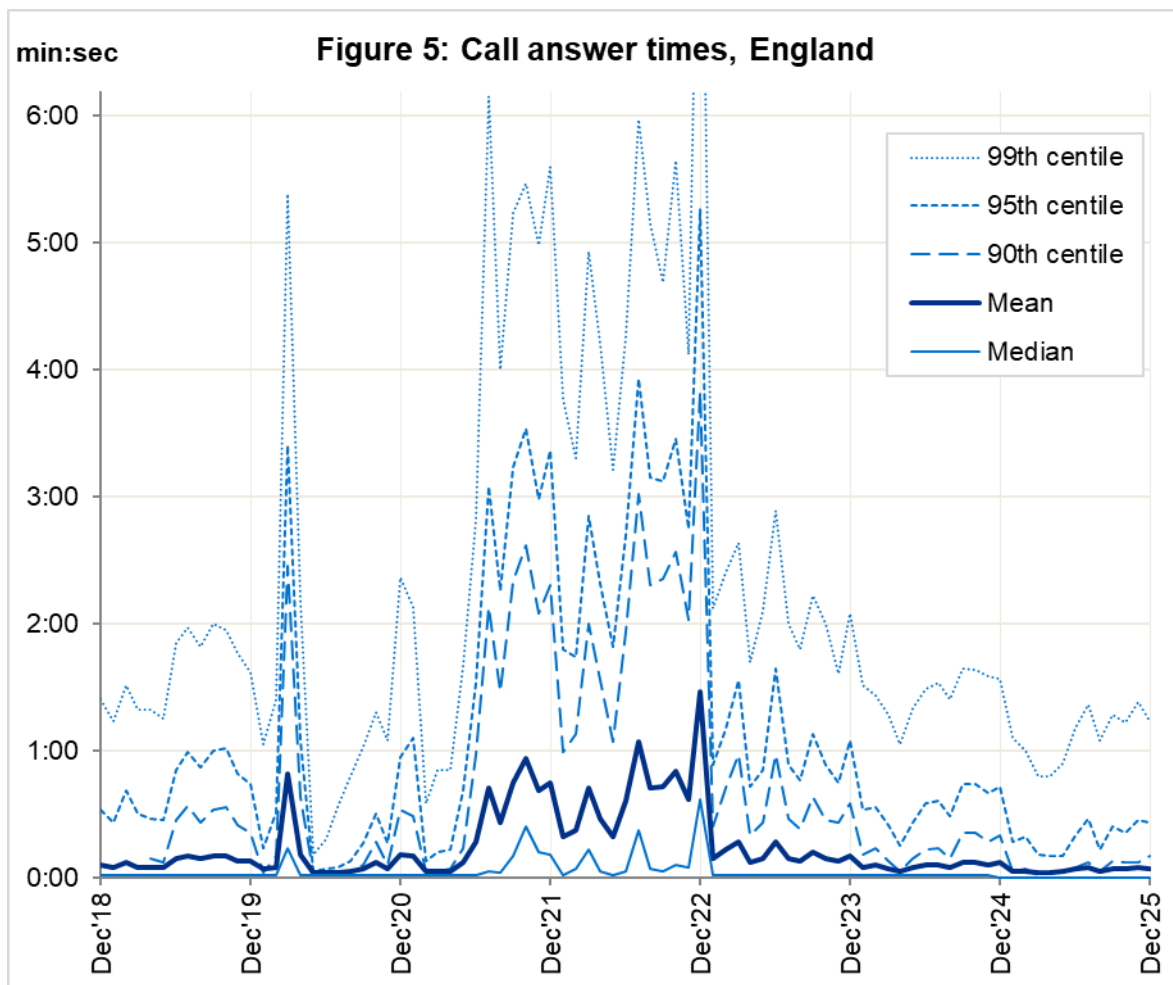


1.2 Other Systems Indicators

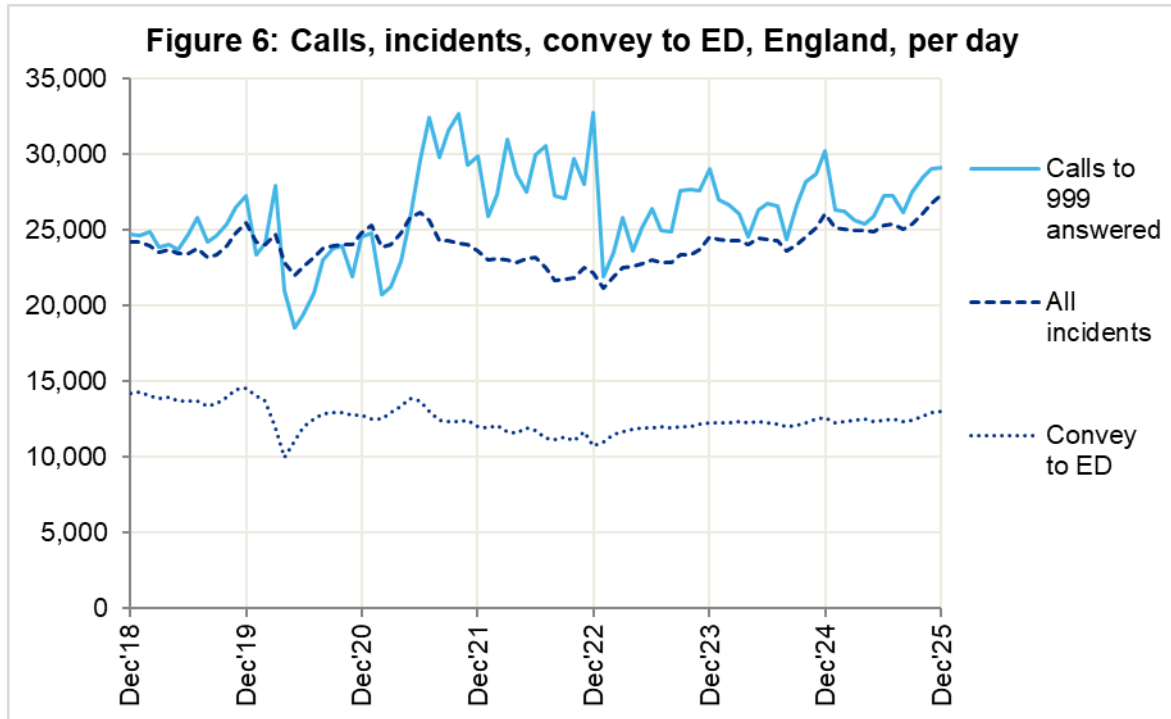
The average handover time in England in December 2025 was 30:43. This is slower than last month but quicker than October 2025. (Figure 4)



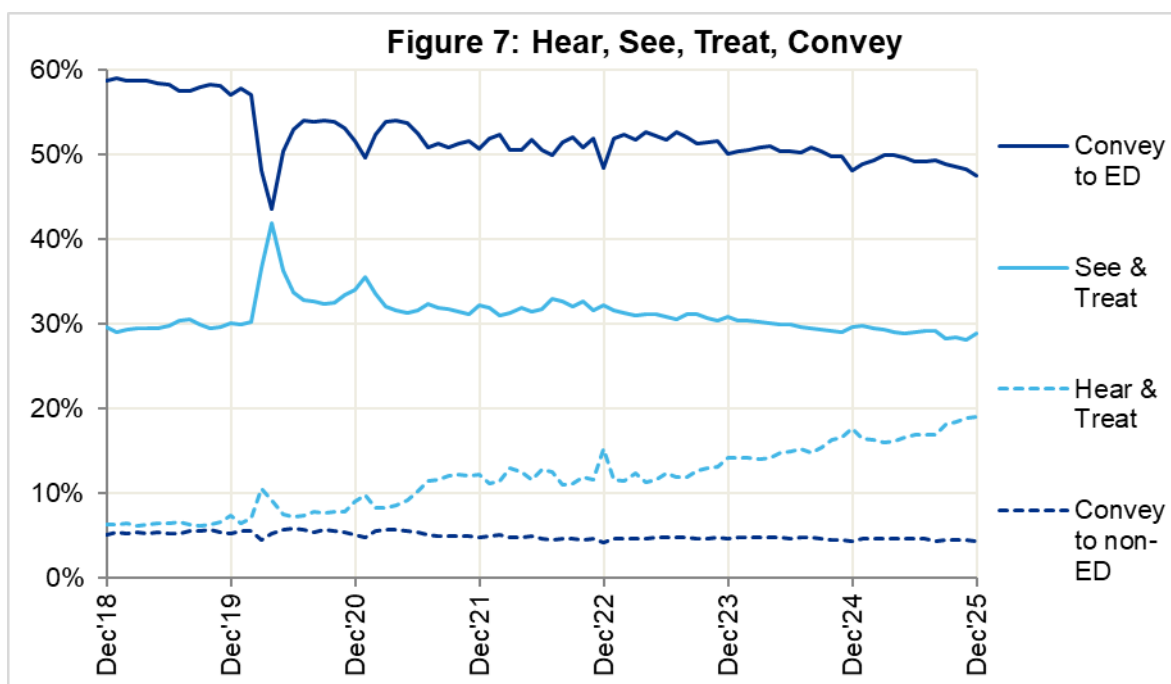
The December 2025 mean 999 call answer time was 4 seconds, similar to other months of 2025 so far, and quicker than in all months of 2022 and 2023. (Figure 5)



In December 2025, 902,698 calls to 999 were answered in England, or 29.1 thousand per day. There were 846,263 incidents, or 27.3 thousand per day, the largest ever number and the largest ever number per day. Of those, 402,486 (13.0 thousand per day) required conveyance to Emergency Department (ED). (Figure 6)



Ambulance Services in England closed 19.1% of incidents on the telephone (Hear & Treat) in December 2025 which, for the fourth month in a row, was the highest proportion during this decade. The proportion closed on scene (See & Treat) was 29.0%. Other incidents comprised 47.6% with conveyance to ED and 4.4% with conveyance elsewhere. (Figure 7)



2. Ambulance Clinical Outcomes (AmbCO)

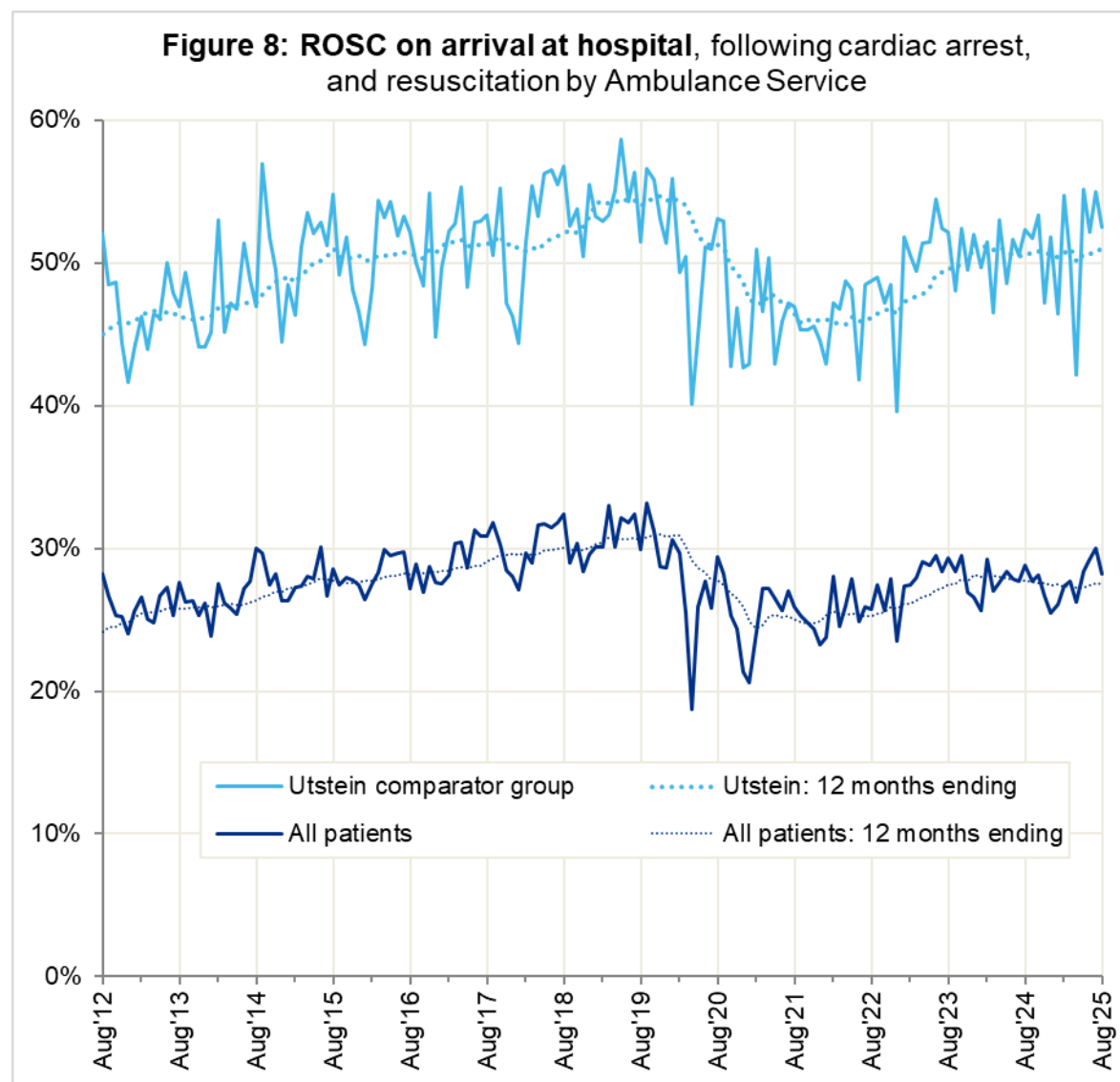
We summarise data in this Statistical Note for topics when we publish care bundle data for that topic. This commentary is on cardiac arrest data, because we collect and publish the post-ROSC (Return of Spontaneous Circulation) bundle data for cardiac arrest patients for every May, August, November, and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

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

In England, 2,422 patients had resuscitation by an ambulance service with a known outcome after cardiac arrest in August 2025, of which 683 (28%) had ROSC on arrival at hospital, similar to the 2024-25 average (27%).

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.

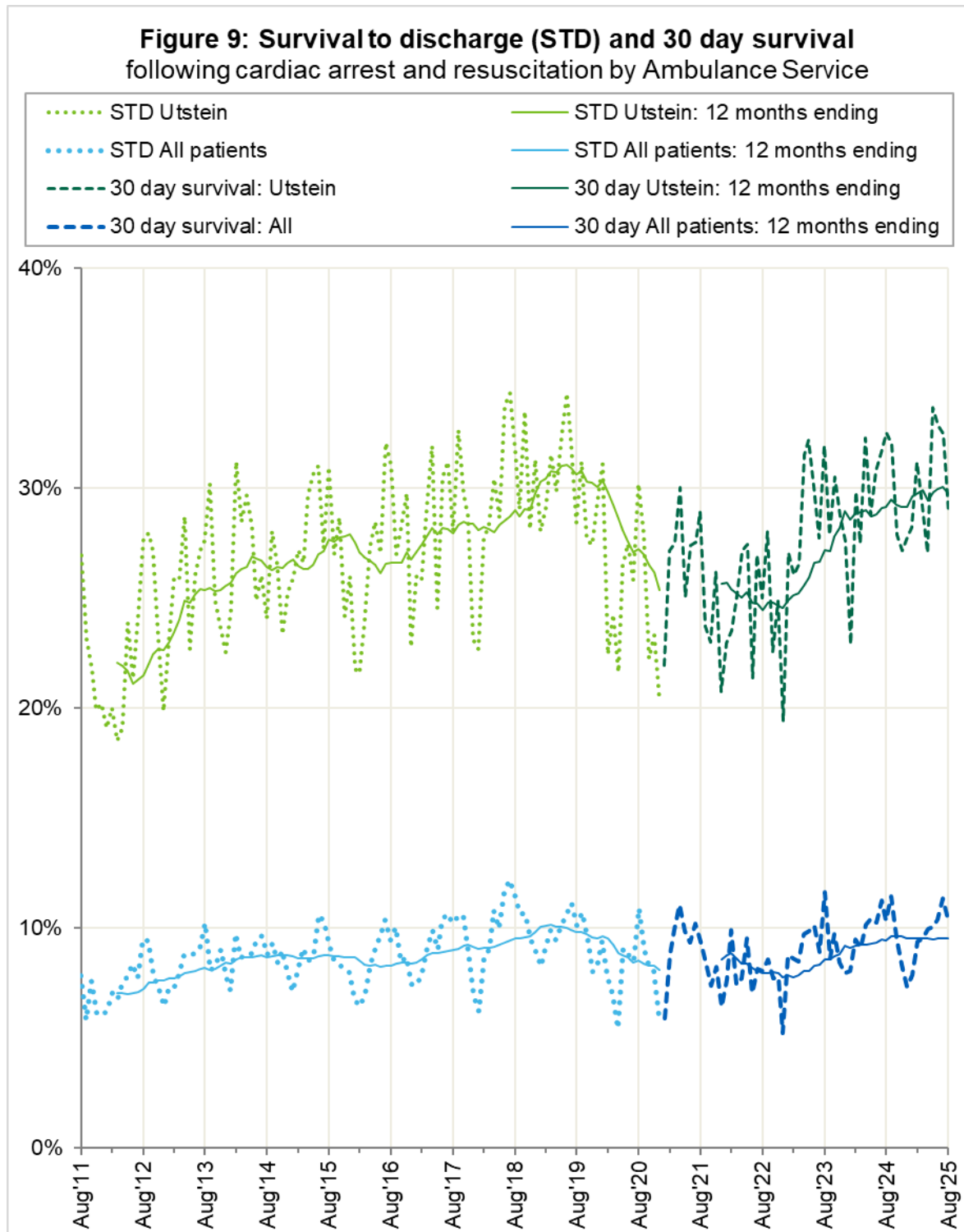
In August 2025, of the 2,422 cardiac arrest patients, 322 met these criteria, of which 169 (52%) had ROSC on arrival at hospital, similar to the 2024-25 average (51%).



2.2 Survival following cardiac arrest (Figure 9)

For the 2,406 resuscitated cardiac arrest patients in England in August 2025 where survival at 30 days is known, 250 (10%) survived, the same as 2024-25 average. For the Utstein comparator group, 29% (91 of 315) survived for 30 days, similar to the 2024-25 average (30%).

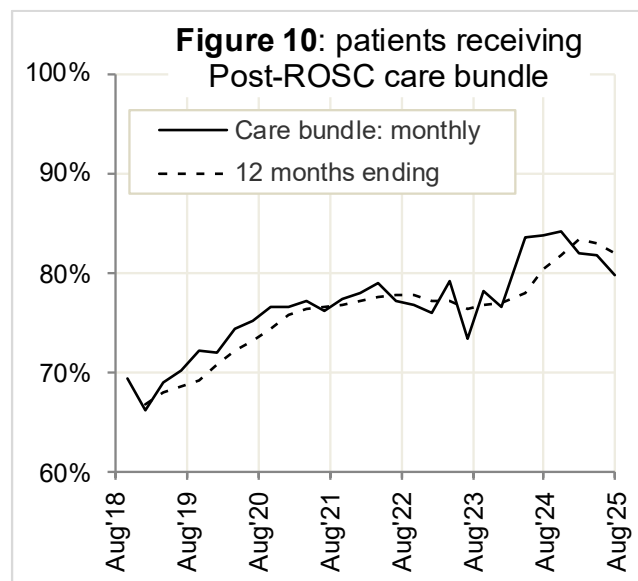
Figure 9 shows that these survival rates usually peak in summer.



2.3 Cardiac arrest care bundle

In August 2025, there were 899 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 717 (79%) received the appropriate care bundle, the lowest proportion since January 2024 (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 centiles, weighted by their incident count, and averaged across England. So, if England only had two trusts, with centiles of 7 minutes and 8 minutes, and the former had twice as many incidents as the latter, the England centile would be 7 minutes 20 seconds.

3.3 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).

3.4 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.

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: Data for Welsh Ambulance Services published by NHS Wales Joint Commissioning Committee at <https://jcc.nhs.wales/insighthub/asi>

N. Ireland: www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics

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”.