

Emergency Care Data Set (ECDS) Data November 2025 and December 2025 (Provisional) Statistical Commentary

Background

The [UEC Recovery Plan](#) commits to the publication of the number of attendees spending 12 hours or more in an Emergency Department (ED) from the time of arrival. The publication started in June 2023 with data from February 2023 and was revised in June 2024 as a result of the [UEC Recovery Plan Year 2](#), which placed more emphasis on reducing long stays in ED.

In June 2025, the [Urgent and Emergency Care Plan 2025/26](#) committed to expanding the publication of data to allow greater transparency on ambitions made in the plan, and on the distribution of ED waiting times.

This includes the publication of the following measures:

- Site level data,
- 12 hours for all attendance types,
- 4 hour performance for type 1 & 2 sites,
- Paediatric performance,
- Mental Health stays over 24 hours.
- Admitted/Non-Admitted 4 hour performance

The expansion of the Emergency Care Data Set (ECDS) publication contains experimental data and is published as it is received from providers.

This data is sourced from the Emergency Care Dataset (ECDS) which is separate from the data published as part of the Monthly A&E Attendances and Emergency Admissions Official Statistics.

ECDS is a patient-level dataset and contains a high level of patient information, including clinical condition and patient demographics. This enables us to understand capacity and demand and improve patient care.

This publication contains ECDS data as an official statistic in development for providers alongside the current published statistics, including the proportion of attendees in A&E spending over 12 hours in ED from arrival. The data published monthly from the A&E Attendances and Emergency Admissions Monthly Return, remains the official source for the 4-hour performance and activity data.

Two months of data are present here: finalised November 2025 and provisional December 2025. The provisional data should be treated as an indicative position and will be superseded by a final version next month.

Main findings

Attendances

Type 1 & 2

- In November 2025 the total number of attendances at type 1 & 2 emergency departments was 1,487,216 – 49,574 per day.
- In December 2025 the total number of attendances at type 1 & 2 emergency departments was 1,444,358 – 46,592 per day.

All Types

- In November 2025 the total number of all attendances at accident and emergency departments was 2,189,580 – 72,986 per day.
- In December 2025 the total number of all attendances at accident and emergency departments was 2,101,819 – 67,801 per day.

Performance

Four Hour Performance

- In November 2025;
 - there were 1,487,216 attendances at Type 1 and Type 2 departments. Of these, 20.6% resulted in hospital admission, while 62.8% were discharged from A&E.
 - For patients admitted to hospital, 30.1% were admitted within 4 hours of arrival at A&E.
 - For patients who were not admitted to hospital and discharged from A&E, 68.1% were within 4 hours of arrival.
 - Overall, 61.2% of patients treated at a type 1 or 2 A&E department were admitted, transferred or discharged within 4 hours.
- In December 2025;
 - there were 1,444,358 attendances at Type 1 and Type 2 departments. Of these, 21.1% resulted in hospital admission, while 62.2% were discharged from A&E.
 - For patients admitted to hospital, 29.6% were admitted within 4 hours of arrival at A&E.
 - For patients who were not admitted to hospital and discharged from A&E, 67.4% were within 4 hours of arrival.
 - Overall, 60.3% of patients treated at a type 1 or 2 A&E department were admitted, transferred or discharged within 4 hours.

Twelve Hour Delays

- Of the total attendances at Type 1 and Type 2 A&E departments in November 2025, 152,351 spent over 12 hours from arrival in A&E (10.2%), an average of 5,078 per day.

- Of the total attendances at Type 1 and Type 2 departments in December 2025, 151,724 spent over 12 hours from arrival at A&E (10.5%), an average of 4,894 per day.
- Of all attendances recorded in ECDS (All Types) in November 2025, 2,189,580 for sites with over 100 attendances per day, a total of 158,706 patients spent over 12 hours from arrival at A&E (7.2%), 5,290 per day.
- Of all attendances recorded in ECDS (All Types) in December 2025, 2,101,819 for sites with over 100 attendances per day, a total of 157,889 patients spent over 12 hours from arrival at A&E (7.5%), 5,093 per day.

Patient Characteristics - December 2025 (Provisional)

Age

Type 1 & 2

- 26.6% of type 1 & 2 attendances were for patients aged 65 years or older, with 11.7% of attendances being for patients 80 years or older.
- Children under five years old made up 12.8% of type 1 & 2 attendances, and ages 5 to 14 years were 8.1%.
- 50.7% of type 1 & 2 attendances resulting in an admission were for patients aged 65 years or older, with 26.1% being for patients 80 years or older.
- Type 1 & 2 attendances resulting in an admission for all other age groups was 49.4% with the lowest percentage being for those aged 5 to 14 years old (4.9%).

All type attendances

- 22.9% of all type attendances were for patients aged 65 years or older, with 9.3% of attendances being for patients 80 years or older. Children under five years old made up 12.5% of all type attendances, and ages 5 to 14 years 9.3%.
- 50.0% of all type attendances resulting in an admission were for patients aged 65 years or older, 25.7% for patients 80 years or older.
- 32.8% of all type attendances resulting in an admission were for patients aged between 25 and 64.
- 0 to 14 year olds accounted for 12.2% of the total number of attendances that resulted in an admission from all types.

Gender

Gender is taken from the PERSON STATED GENDER CODE field within ECDS, further guidance can be found in the [Enhanced Technical Output Specification](#).

Type 1 & 2

- 51.2% of type 1 & 2 attendances were female and 51.2% of type 1 & 2 attendances resulting in an admission were female.

All type attendances

- 51.3% of all type attendances were female and 51.3% of all type attendances resulting in an admission were female.

Ethnicity

Type 1 & 2

- 67.7% of type 1 & 2 attendances and 75.6% of type 1 & 2 attendances resulting in an admission were from any white background.

All type attendances

- 64.8% of all type attendances and 75.4% of all type attendances resulting in an admission were from any white background.

Chief Complaint

- As a result of the switch to the SNOMED MAX, the majority of attendances and admissions are recorded under an “unknown” chief complaint. Work is ongoing to ensure appropriate reporting in future.

Frailty

In the ECDS Publication this is being derived from the initial Clinical Coded Assessment that relates to the Rookwood Clinical Frailty Score. We are aware of providers also recording frailty in Clinical Coded Observations and are currently looking at how we can incorporate these scores into the publication.

Type 1 & 2

- 93.8% of type 1 & 2 attendances for patients aged 65 and over had no clinical frailty score recorded in the Emergency Care Data Set (ECDS).
- 91.8% of type 1 & 2 attendances resulting in an admission for patients aged 65 and over had no clinical frailty score recorded.

All type attendances

- 93.5% of all type attendances for patients aged 65 and over had no clinical frailty score recorded in the Emergency Care Data Set (ECDS).
- 91.4% of all type attendances resulting in an admission for patients aged 65 and over had no clinical frailty score recorded.

Missing data

Starting with November 2025 publication of provisional data (published in November 2025), we are no longer applying the data quality criteria previously applied to the ECDS data. All sites with at least 100 attendances per month are included in the publication. Site level data showing fewer than 8 attendances in any breakdown have been suppressed. Rounding to the nearest 5 is done at each geographical level, so the sum of a trust's sites may not equal the trust total published. We do not round data at a national level.

Methodology

Record-level data is submitted to the Emergency Care Dataset (ECDS) via the SUS+ service. This data is then aggregated by NHS England to produce these data. Data is extracted approximately 5 to 6 weeks post month-end for finalised data and approximately 5 to 10 days post month-end for provisional data.

Data is presented at site-level, which is aggregated to Trust, ICB and Region-level using Organisation Data Service (ODS) mapping of site to ICB.

For the full methodology of this publication please see the ECDS technical definitions document (<http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>).

Data availability

These data are published to a pre-announced timetable, usually every second Thursday of the month. The data is published on the NHS England website here:
<http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>

Data revisions

These data are published as provisional statistics. A final version will be published following year-end (date tbc).

Data comparability

These data can be compared to the Monthly A&E Attendances and Emergency Admissions data published by NHS England (<http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>). A summary of the comparability between these sources is available here: (<http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>)

These data can also be compared to A&E data for Wales collected by the Welsh Government, data for Scotland collected by the Information Services Division (ISD) Scotland, and data for Northern Ireland collected by the Department of Health, Social Services and Public Safety.

A summary of the comparability of A&E data from the four administrations can be found here: [Accident and Emergency wait times across the UK - Office for National Statistics](#)

The Welsh Government publishes monthly data on A&E attendances and 12-hour from arrival performance. Data can be found here:
<https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/emergency-department>

ISD Scotland publishes weekly data on A&E attendances and 12-hour from arrival performance. Data can be found here:

<http://www.isdscotland.org/Health-Topics/Emergency-Care/Publications/index.asp?ID=1251>

The Department of Health, Social Services and Public Safety publishes quarterly data on A&E attendances and 12-hour from arrival performance. Data can be found here:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes-emergency.htm>

12-hour from arrival performance data were published as part of a joint NHS England and NHS Digital Annual A&E Report (<https://digital.nhs.uk/data-and-information/publications/statistical/hospital-accident--emergency-activity/2021-22>).

Glossary

A&E Attendance

The presence of a patient in an A&E service seeking medical attention.

A&E Type

Collectively the term All Types includes the following department types:

Type 1) Major A&E Departments (also referred to as Emergency Departments (EDs))

Type 2) Single Specialty A&E services (e.g. ophthalmology, dental)

Type 3) Other types of A&E such as Urgent Treatment Centres (UTCs), Urgent Care Centres (UCCs), Minor Injury Units (MIUs) and Walk-in Centres (WICs)

Emergency admission via A&E (also referred to as an Admitted A&E Attendance)

Admission to a hospital bed as an emergency via an A&E Department.

Provider

An organisation that provides NHS treatment or care, for example, an NHS acute trust, mental health trust, community provider, or an independent sector organisation.

Type 1 A&E

A major A&E or emergency department which provides a consultant-led, 24 hour service with full resuscitation facilities and designated accommodation for the reception of emergency patients.

Type 2 A&E

A consultant led single specialty accident and emergency service or Emergency Department (e.g. ophthalmology, dental) with designated accommodation for the reception of patients.

Waiting Time

The time of arrival until the time of admission, transfer, or discharge.

Feedback welcomed

We welcome feedback on the content and presentation of the data within this report and those published on the NHS England website. If anyone has any comments on this, or any other issues regarding A&E data and statistics, then please email

england.aedata@nhs.net.

Additional Information

Full details of A&E and emergency admissions data for individual organisations are available at:

<http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>

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