

Statistical Note: Ambulance Quality Indicators (AQI)

The C1, C2 and C3 mean response times in February 2026 were all quicker than in February 2025, and all four categories had the quickest mean response time since August 2025.

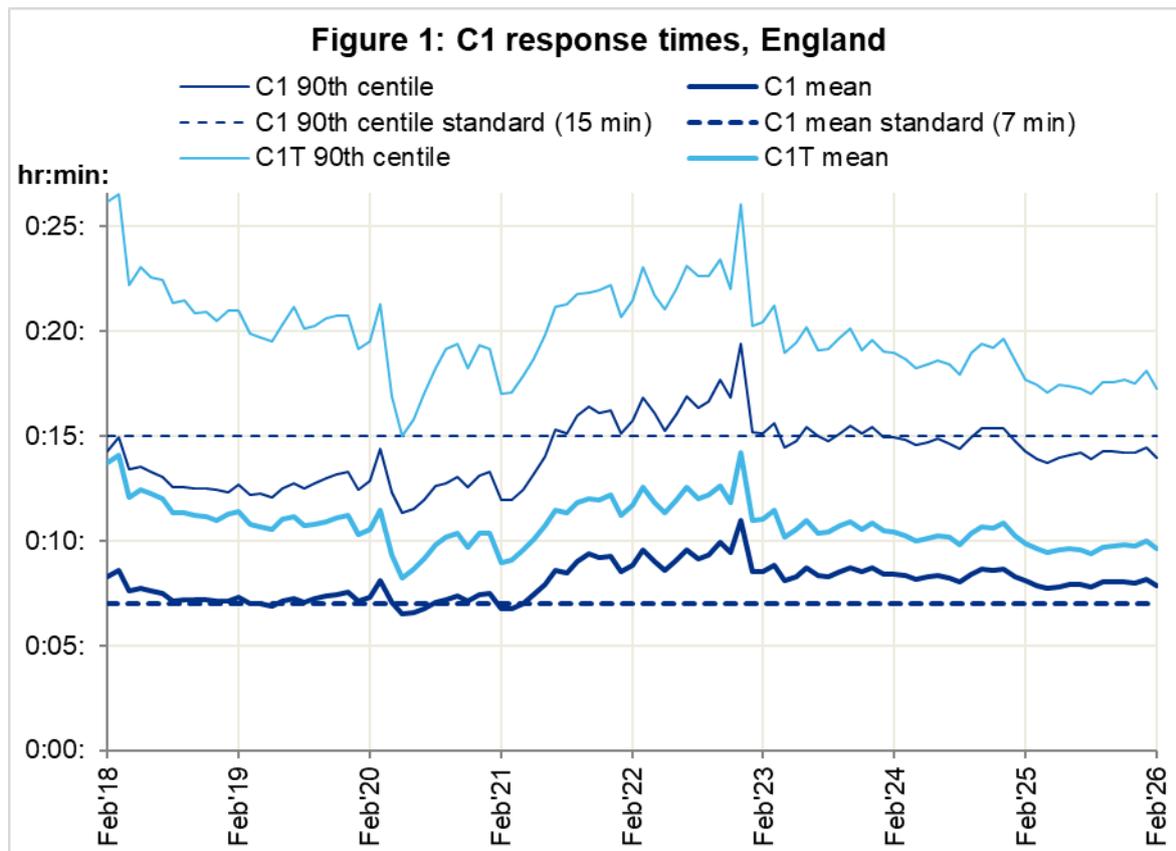
Of patients treated by Ambulance Services in October 2025 after a certain kind of heart attack, the proportion receiving the recommended care was higher than in nearly all of the last ten years.

1. Ambulance Systems Indicators (AmbSYS)

1.1 Response times

For C1 for England, the mean response time in February 2026 was 7 minutes 50 seconds, and the 90th centile was 13:59. These are both the quickest since August 2025. 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 2025/26 so far.

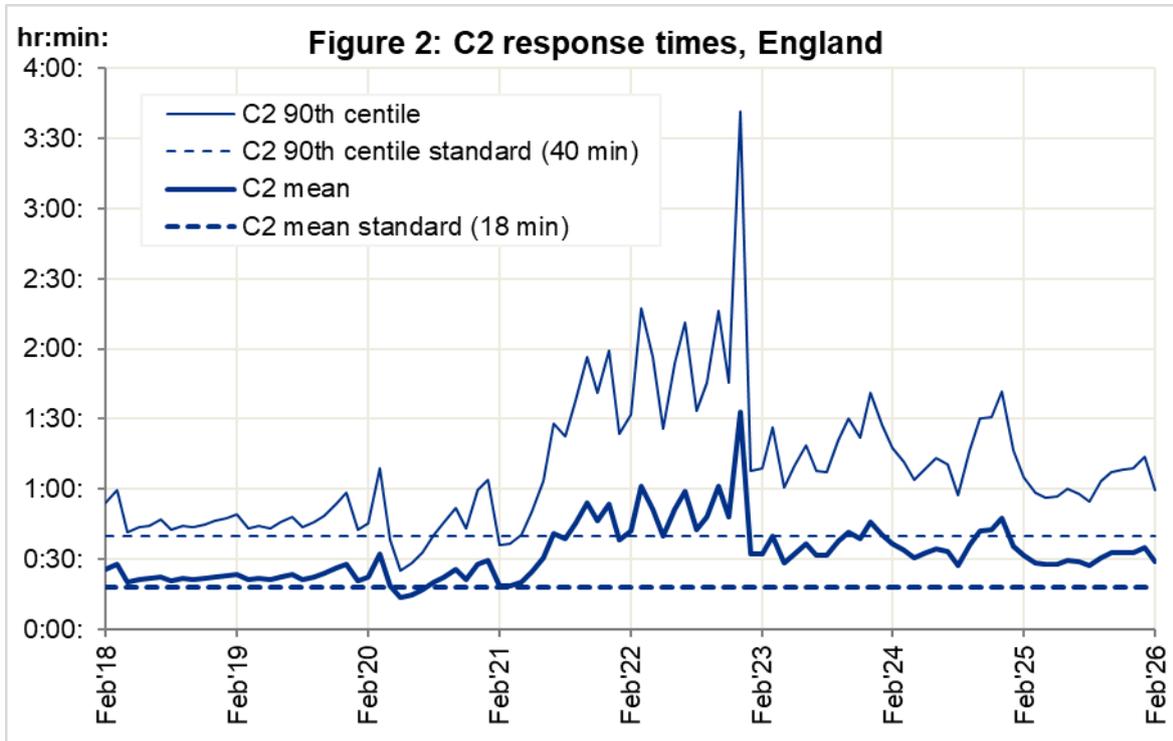
For C1T (time to the arrival of the transporting vehicle for C1 incidents), the average was 9:37, and the 90th centile was 17:17. (Figure 1)



¹ Standards in the NHS Constitution Handbook:

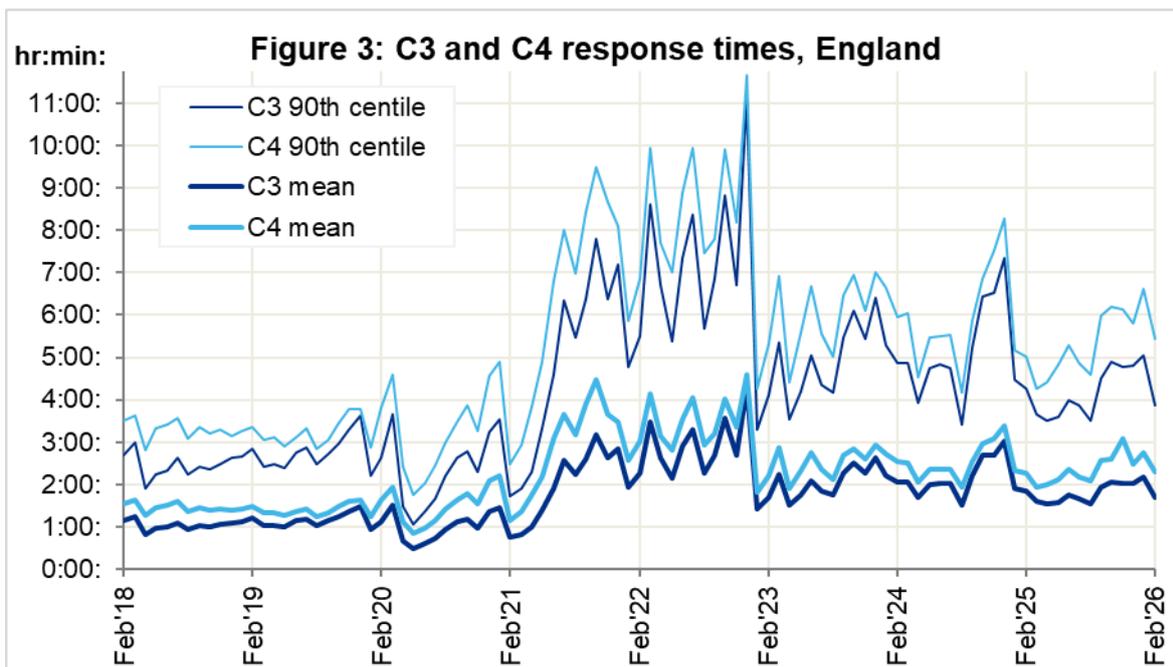
<https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england>

The February 2026 England C2 average was 28:57, the quickest since August 2025. The 90th centile was 59:29, also the quickest since August 2025. (Figure 2)



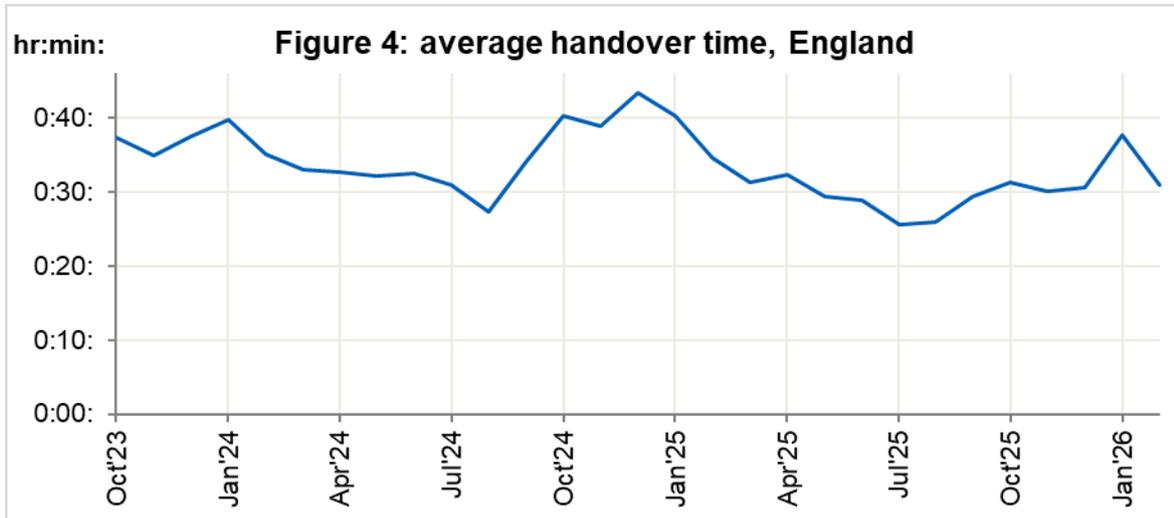
For England in February 2026, the C3 average was 1:42:24, the quickest since August 2025. The 90th centile was 3:52:29, also the quickest since August 2025.

The C4 mean was 2:18:11, and the 90th centile 5:26:52. (Figure 3)

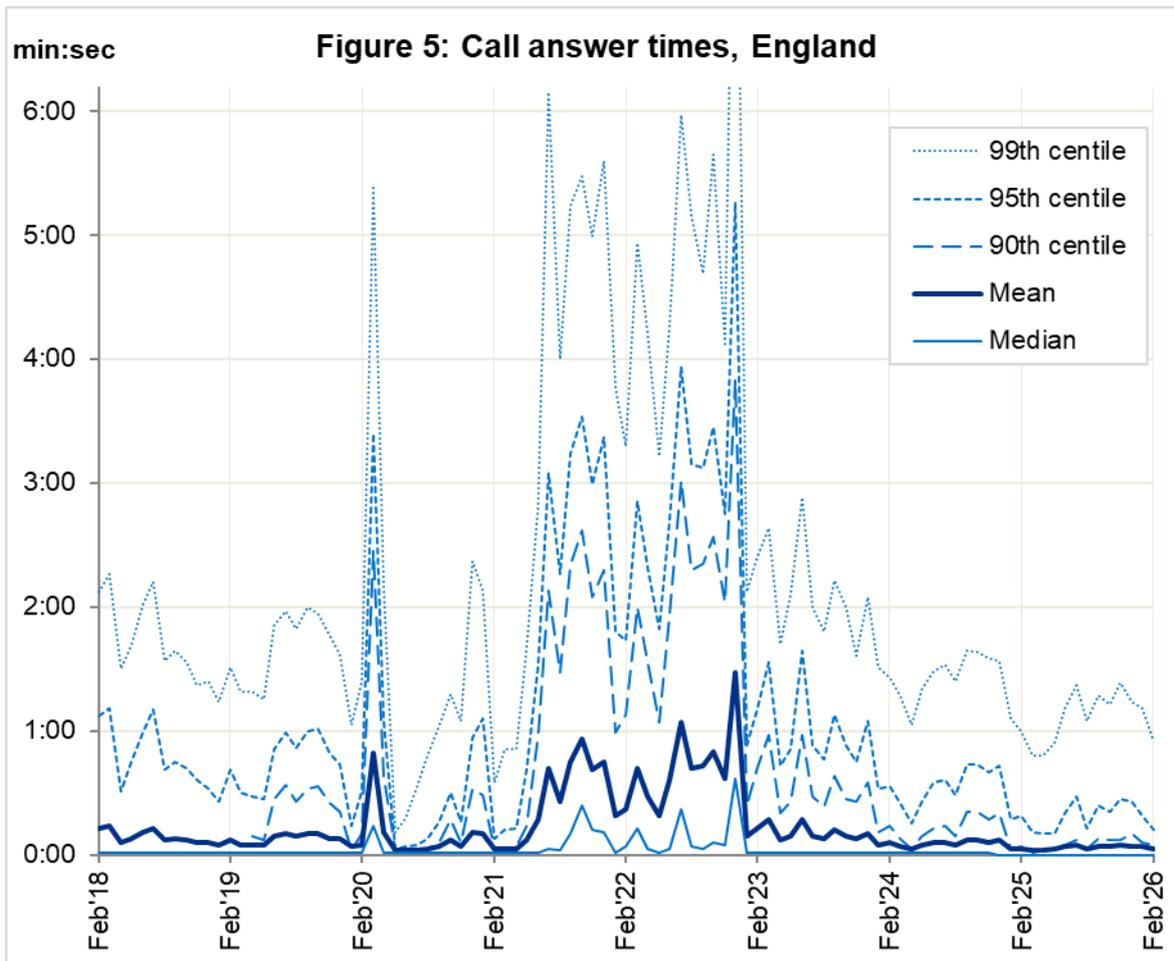


1.2 Other Systems Indicators

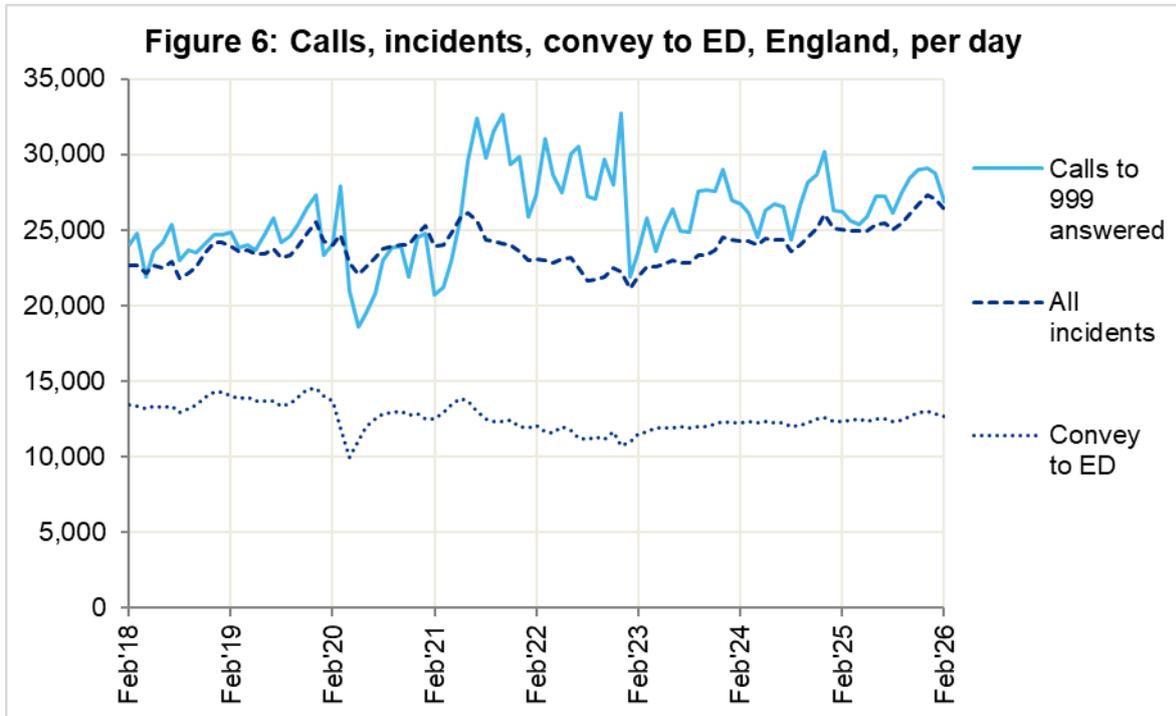
The average handover time in England in February 2026 was 31:02. This is quicker than January 2026 but slower than November and December 2025. (Figure 4)



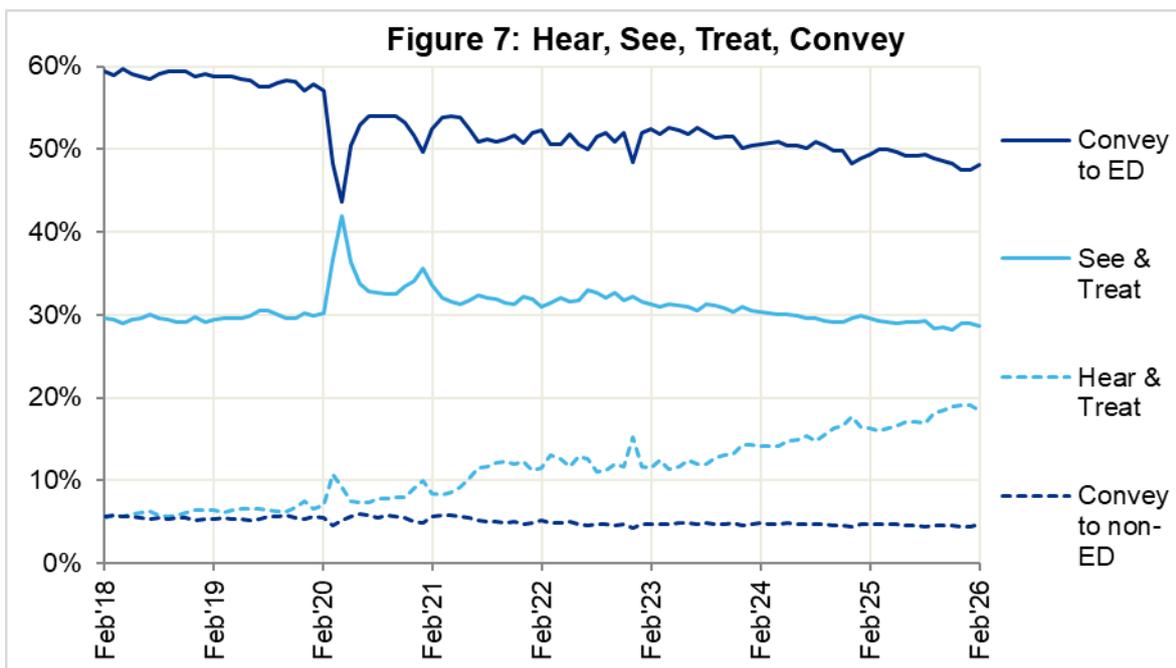
The February 2026 mean 999 call answer time was 3 seconds, similar to other months of 2025/26 so far, and quicker than all months of 2022 and 2023. (Figure 5)



In February 2026, 752,407 calls to 999 were answered in England, or 26.9 thousand per day. There were 737,526 incidents, or 26.3 thousand per day, over 1,300 more per day than there were in February 2025. Of those, 354,764 (12.7 thousand per day) required conveyance to Emergency Department (ED). (Figure 6)



Ambulance Services in England closed 18.5% of incidents on the telephone (Hear & Treat) in February 2026, lower than the previous 3 months but higher than every other month this decade. The proportion closed on scene (See & Treat) was 28.7%. Other incidents comprised 48.1% with conveyance to ED and 4.7% with conveyance elsewhere. (Figure 7)



2. Ambulance Clinical Outcomes (AmbCO)

Alongside the latest data for October 2025, we publish spreadsheets today with revisions to AmbCO data back to October 2024, which mainly affect stroke data, which we will describe next month.

We continue to summarise data for topics in this Statistical Note when we publish care bundle data for that topic, which this month is STEMI, for which revisions only go back to April 2025.

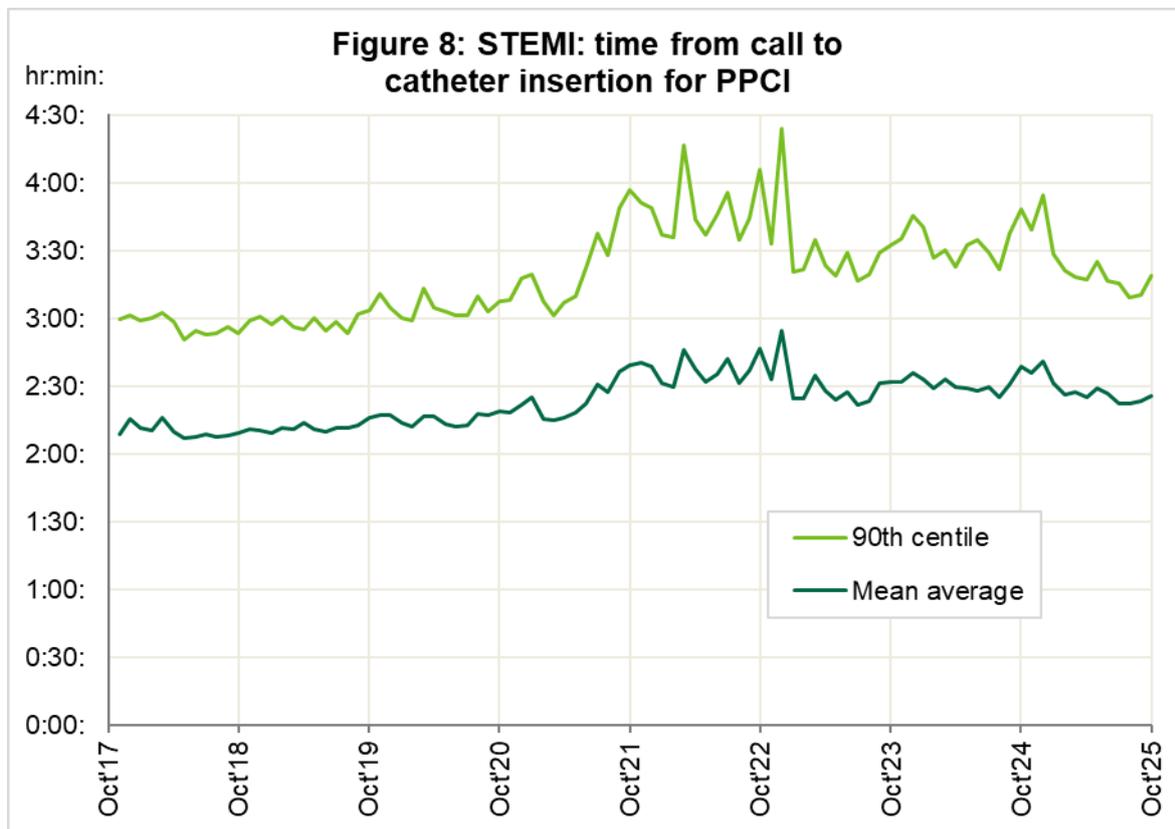
2.1 ST-segment elevation myocardial infarction (STEMI)

STEMI is a type of heart attack, determined by an electrocardiogram (ECG) test. Early access to reperfusion, where blocked arteries are opened to re-establish blood flow, and other assessment and care interventions, are associated with reductions in STEMI mortality and morbidity.

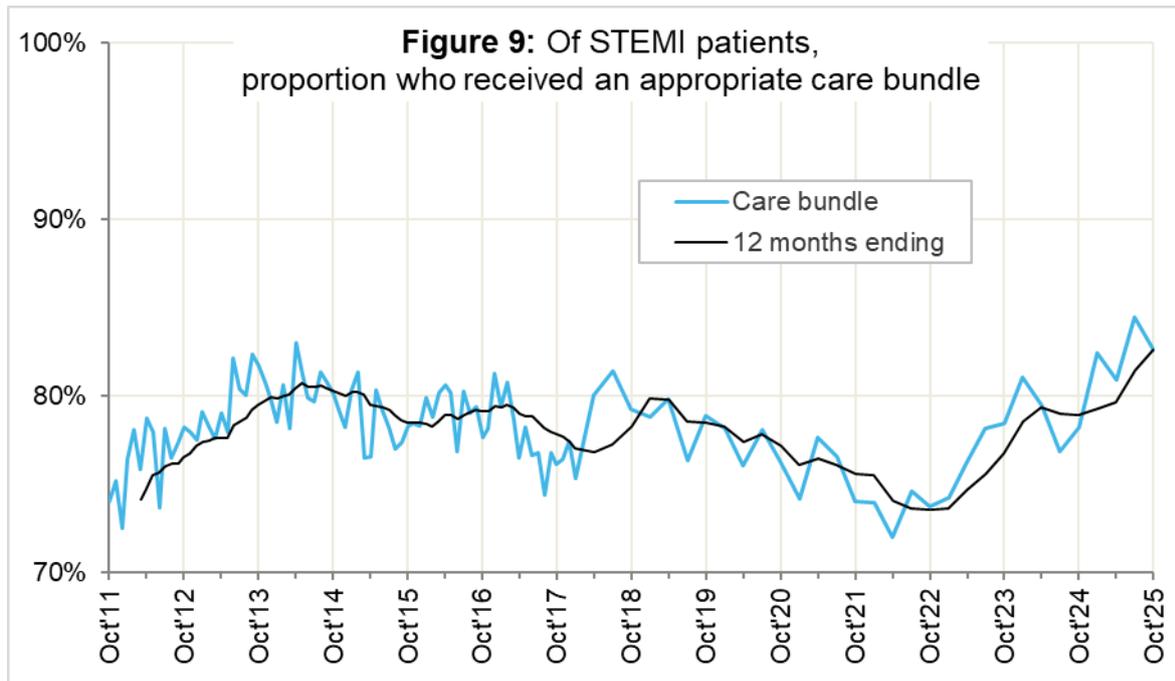
For STEMI patients, the Myocardial Ischaemia National Audit Project (MINAP) collects the time from ambulance call to insertion of a catheter for primary percutaneous coronary intervention (PPCI): inflation of a balloon inside a blood vessel to restore blood flow to the heart.

For 855 such patients in England in October 2025, the mean time from 999 call to catheter insertion was 2 hours 26 minutes, and the 90th centile time was 3 hours 19 minutes (Figure 8).

Revisions increased the number of incidents counting towards this measure by about 100 each month, but did not change the mean time by more than two minutes.



Ambulance Services also report on a recommended bundle of care for patients with an acute STEMI that they convey. There were 1,796 such patients in England in October 2025, of which 1,483 (82.6%) received the appropriate bundle. Other than in July 2025, this was higher than in all of the previous ten years (Figure 9). Revisions to this measure only affected the April 2025 proportion, which is now 1 percentage point larger.



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”.