

Statistical Note: Ambulance Quality Indicators (AQI)

The average Category 2 response time for Ambulance Services in England in March 2026 was the quickest since May 2021.

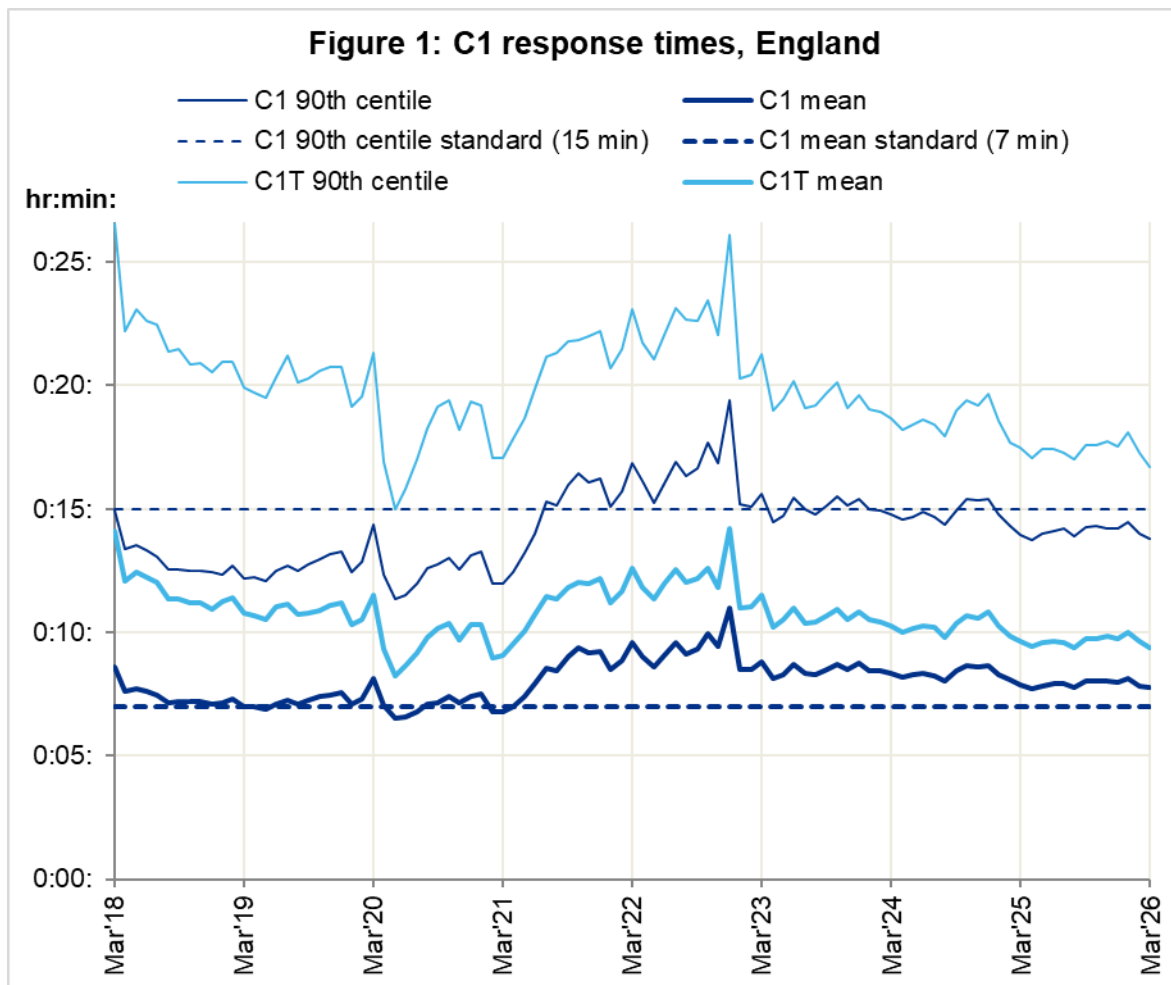
The average time they spent waiting to hand over patients in March 2026 was less than in all months of 2024.

1. Ambulance Systems Indicators (AmbSYS)

1.1 Response times

For C1 for England, the mean response time in March 2026 was 7 minutes 46 seconds, and the 90th centile was 13:46. These are both the quickest since April 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.

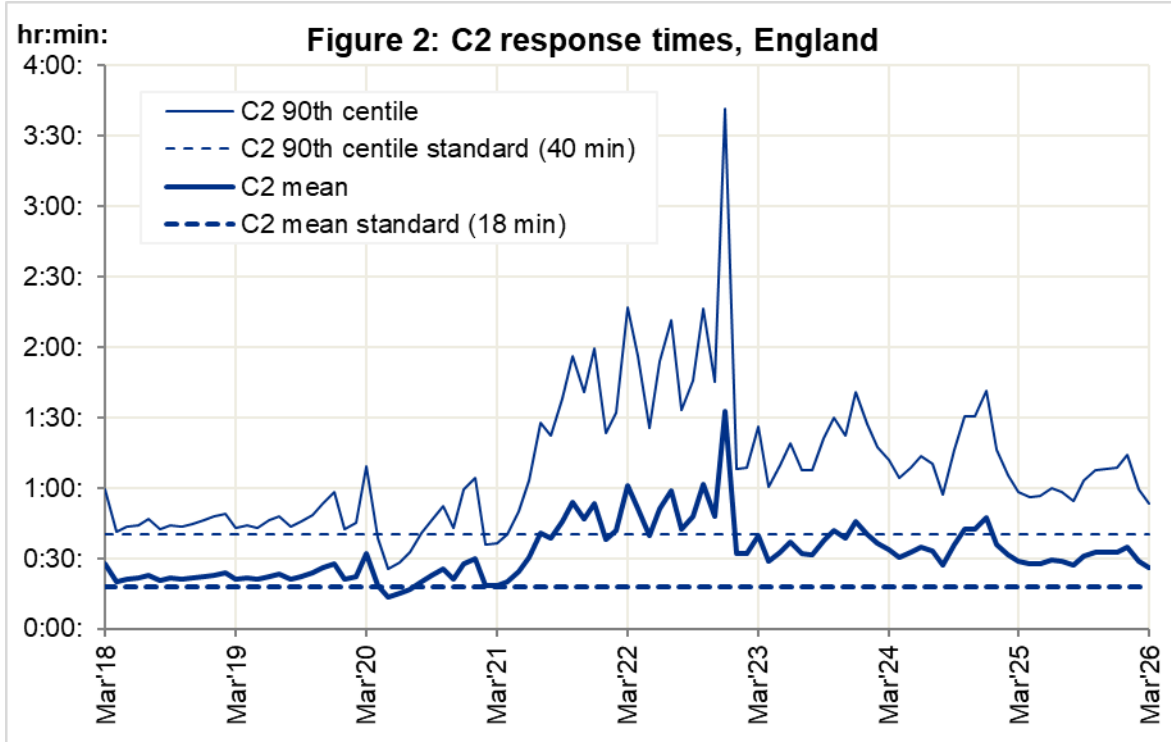
For C1T (time to the arrival of the transporting vehicle for C1 incidents), the average was 9:22, and the 90th centile was 16:42. (Figure 1)



¹ Standards in the NHS Constitution Handbook:

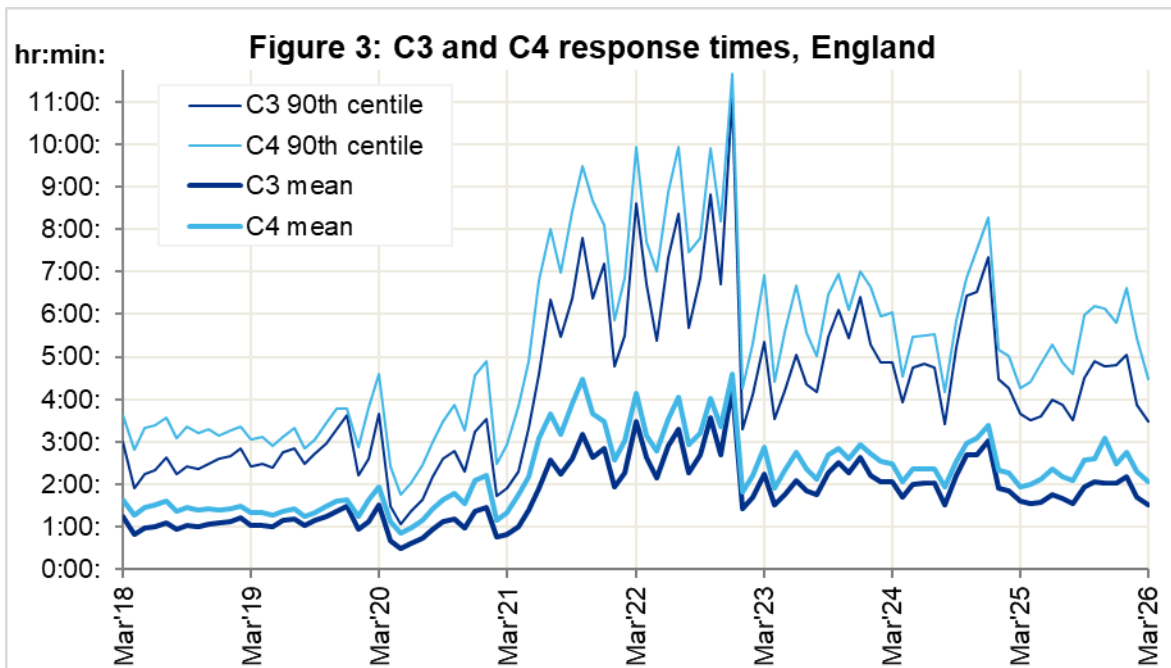
<https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england>

The March 2026 England C2 average was 26:18 and the 90th centile was 53:20, both the quickest since May 2021. (Figure 2)



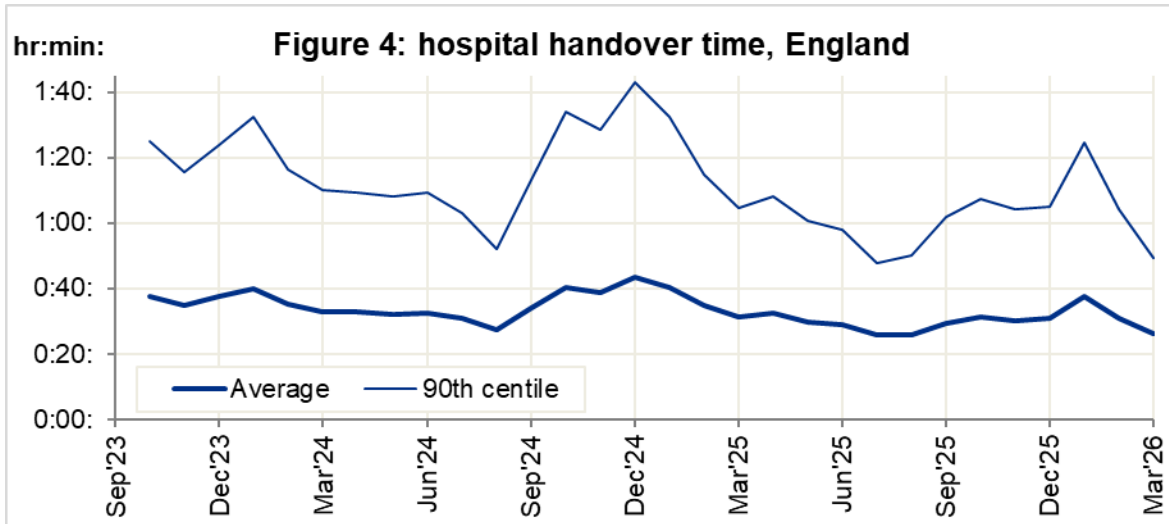
For England in March 2026, the C3 average was 1:31:50 and the 90th centile was 3:28:54, both the quickest since August 2024.

The C4 mean was 2:02:48, and the 90th centile 4:28:11, both the quickest since April 2025. (Figure 3)

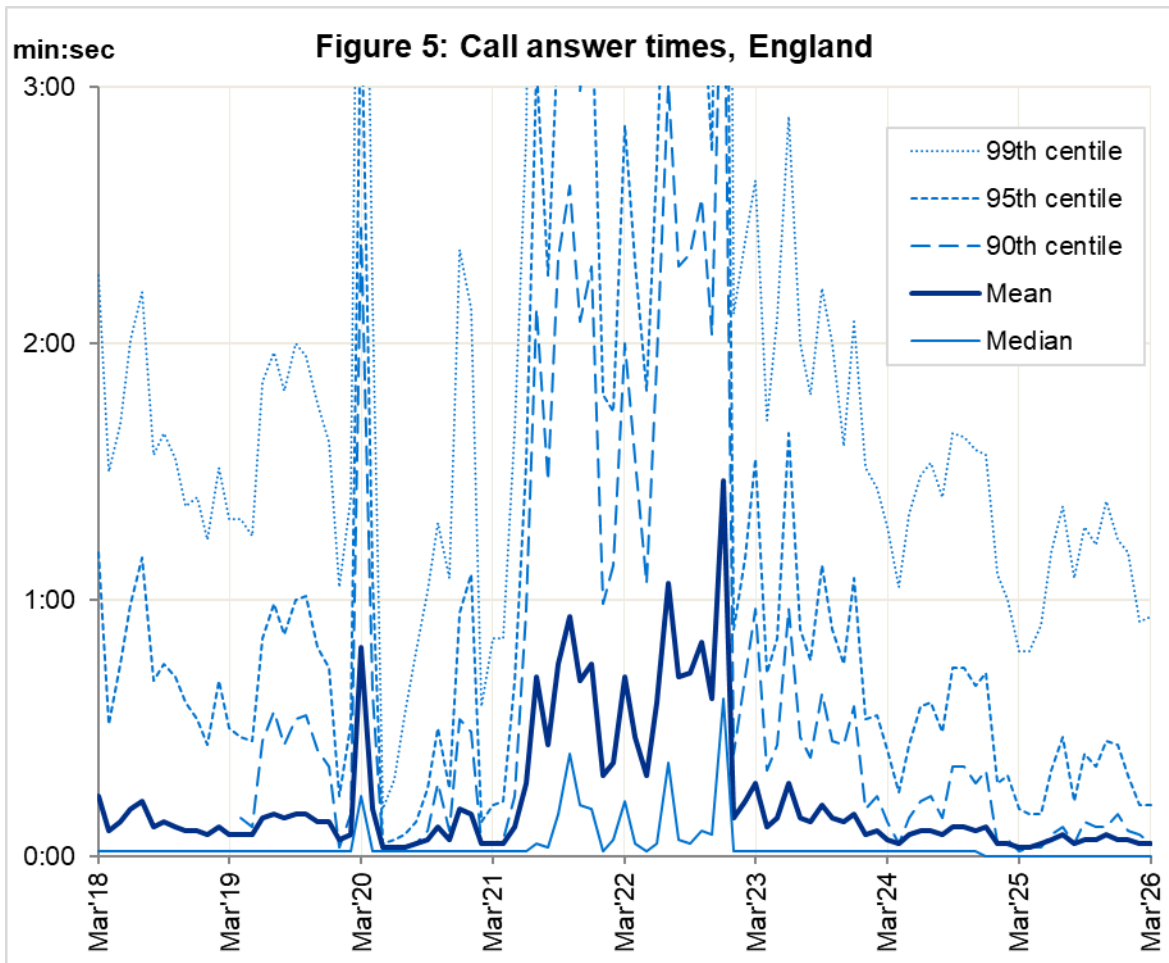


1.2 Other Systems Indicators

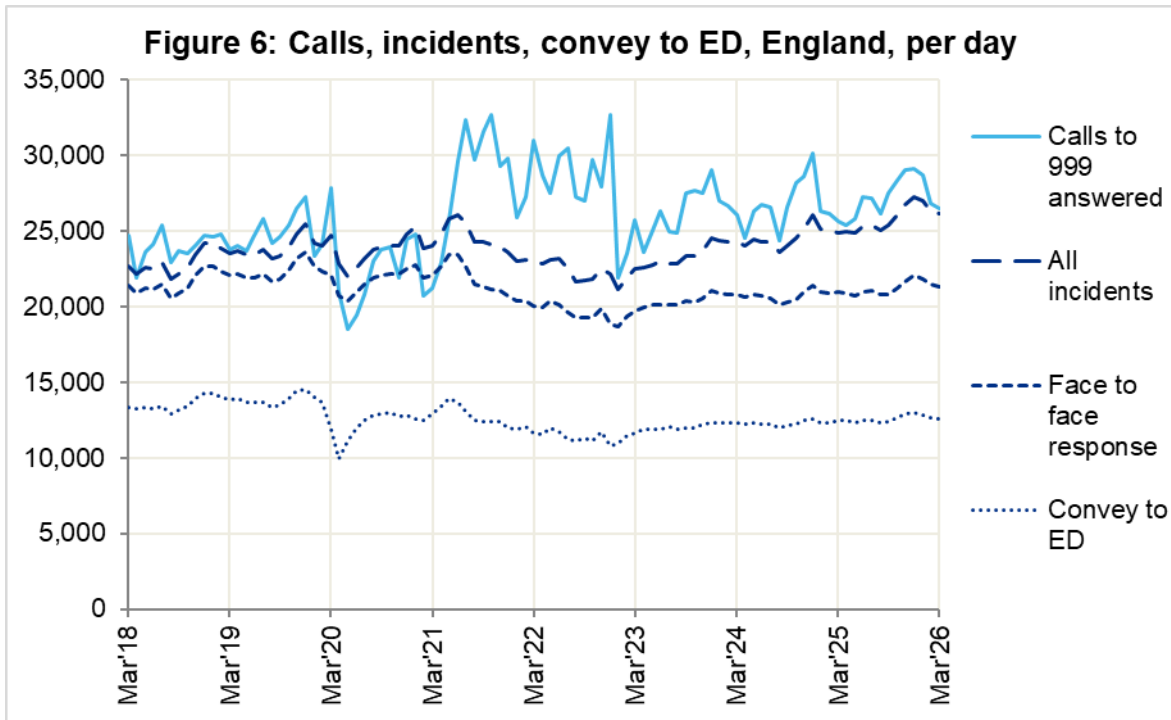
The average handover time in England in March 2026 was 26:10. This is quicker than March 2025 and the quickest since August 2025. (Figure 4)



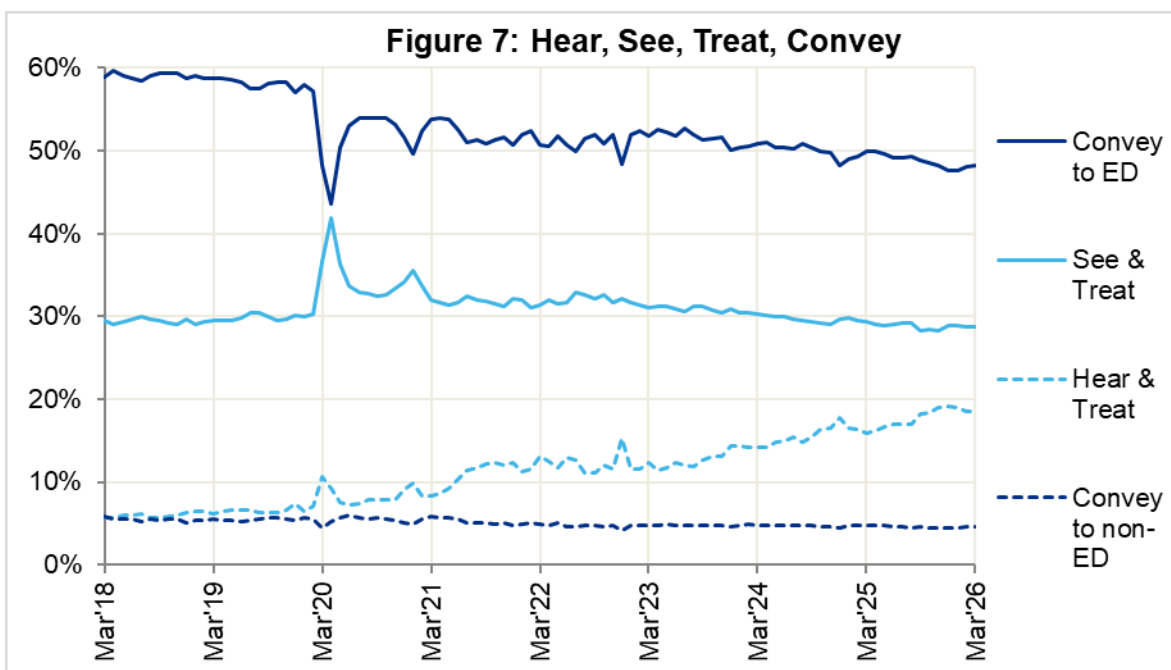
The March 2026 mean 999 call answer time was 3 seconds, similar to other months of 2025/26 so far, and quicker than all months of 2022 and 2023. (Figure 5)



In March 2026, 821,753 calls to 999 were answered in England, or 26.5 thousand per day. There were 811,827 incidents, or 26.2 thousand per day, over 1,200 more per day than there were in March 2025. Of those, 661,327 (21.3 thousand per day) had a face-to-face response, and of those, 391,020 (12.6 thousand per day) required conveyance to an Emergency Department (ED). (Figure 6)



Ambulance Services in England closed 18.5% of incidents on the telephone (Hear & Treat) in March 2026, the same as the previous month. The proportion closed on scene (See & Treat) was 28.7%. Other incidents comprised 48.2% with conveyance to ED and 4.6% with conveyance elsewhere. (Figure 7)



2. Ambulance Clinical Outcomes (AmbCO)

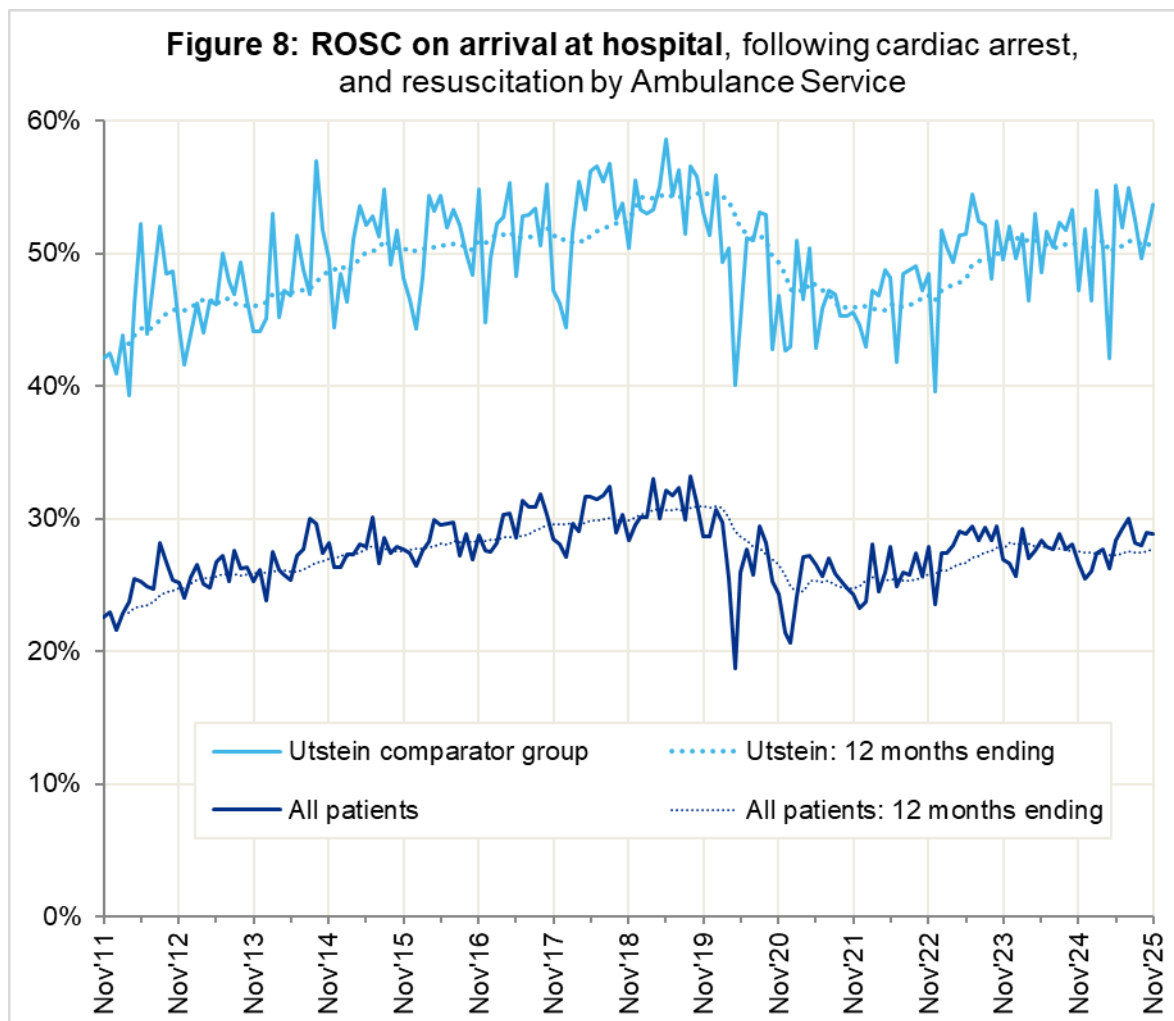
We summarise data in this Statistical Note for topics when we publish care bundle data for that topic. This commentary is on cardiac arrest data, because we collect and publish the post-ROSC (Return of Spontaneous Circulation) bundle data for cardiac arrest patients for every May, August, November, and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

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

In England, 2,723 patients had resuscitation by an ambulance service with a known outcome after cardiac arrest in November 2025, of which 786 (29%) had ROSC on arrival at hospital, the same as the October 2025 proportion but slightly higher than the 2025-26 average so far (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.

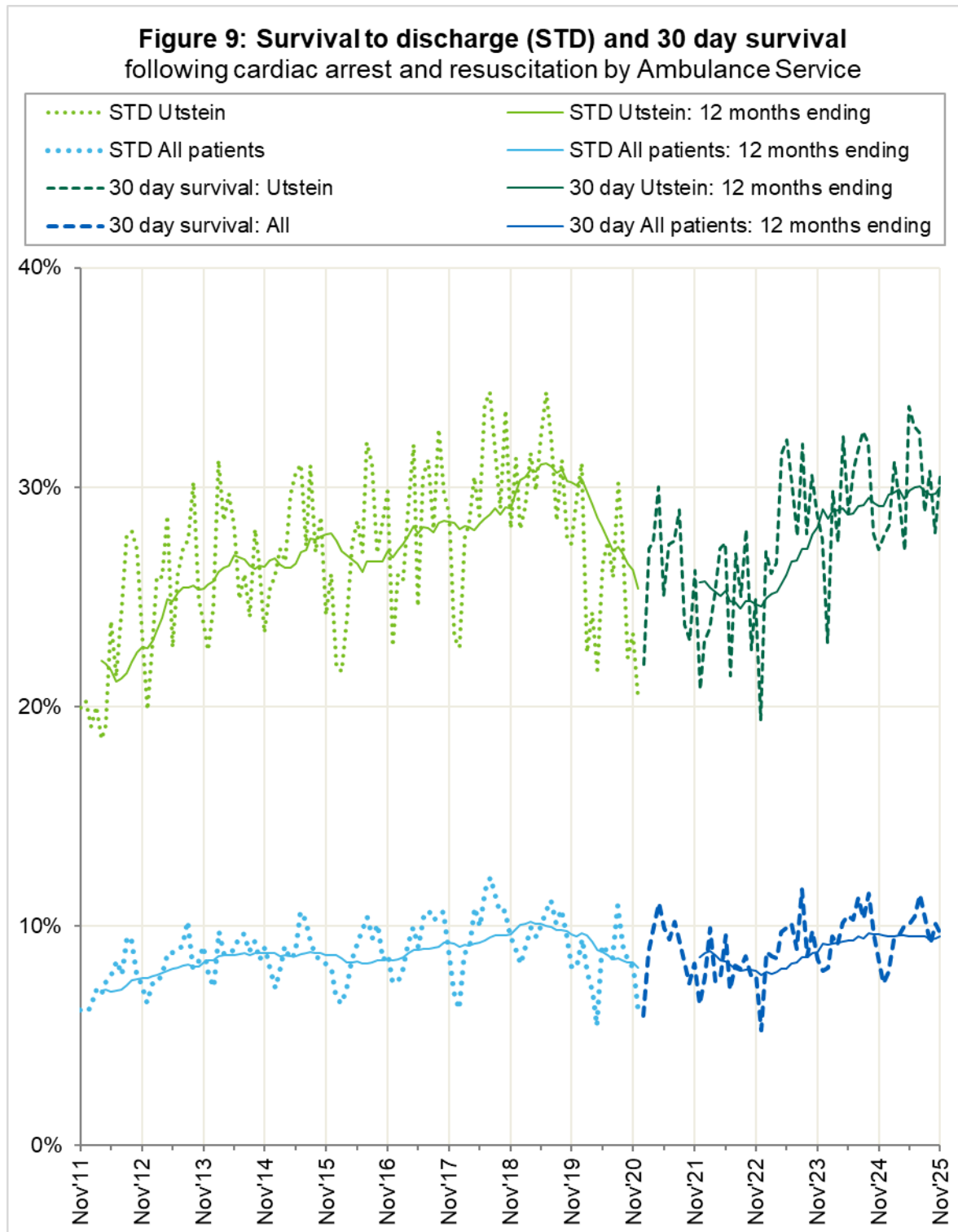
In November 2025, of the 2,723 cardiac arrest patients, 380 met these criteria, of which 204 (54%) had ROSC on arrival at hospital, the highest since July 2025.



2.2 Survival following cardiac arrest (Figure 9)

For the 2,711 resuscitated cardiac arrest patients in England in November 2025 where survival at 30 days is known, 263 (10%) survived, the same as in most months of 2025 so far. For the Utstein comparator group, 31% (116 of 379) survived for 30 days, slightly higher than the 2025-26 average so far (30%).

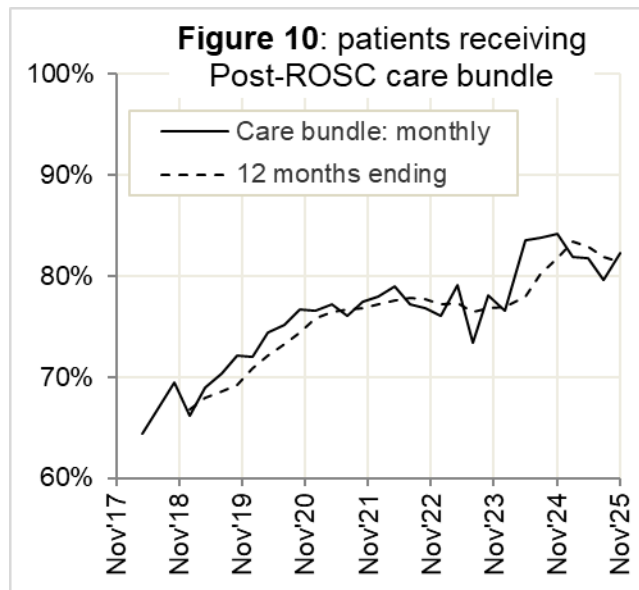
Figure 9 shows that these survival rates usually peak in summer.



2.3 Cardiac arrest care bundle

In November 2025, there were 962 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 791 (82%) received the appropriate care bundle, the highest proportion since November 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 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).

3.3 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.

3.4 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”.