Statistical Note: Ambulance Quality Indicators (AQI)

The average and 90th centile response times across all categories for Ambulance Services in England in June 2026 were slower than in the previous 4 months.

The number of 999 calls answered per day was the most since 2024.

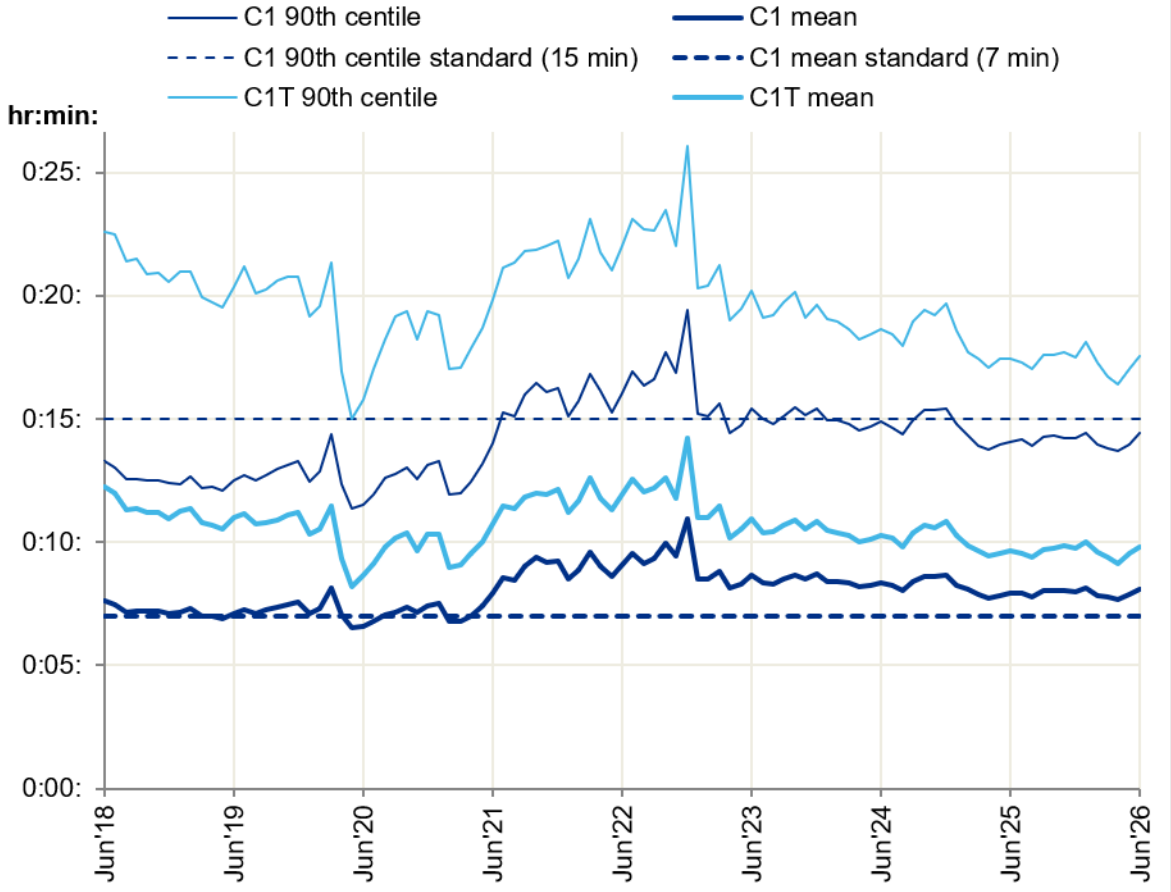
1. Ambulance Systems Indicators (AmbSYS)

1.1 Response times

For C1 for England, the mean response time in June 2026 was 8 minutes 5 seconds, and the 90th centile was 14:25. These were both slower than the previous 4 months. The average standard[1] of 7 minutes has not been met since April 2021 but the 90th centile standard of 15 minutes has been met in every month since December 2024.

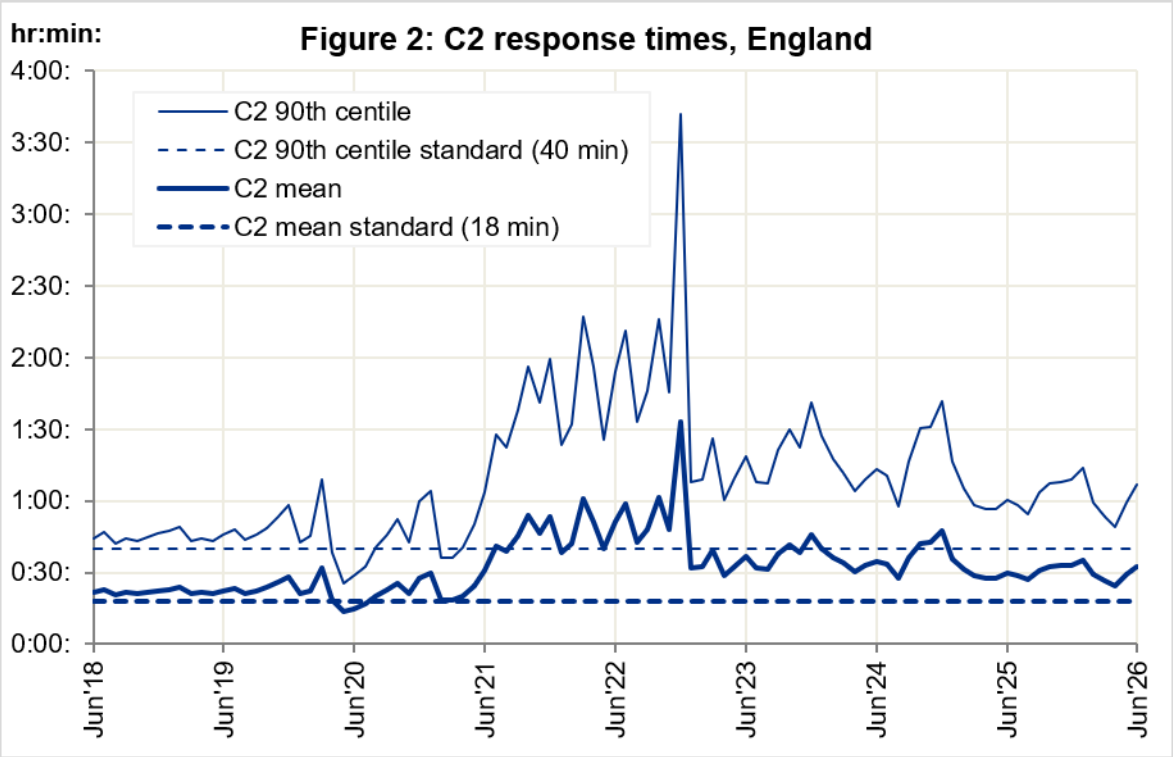
For C1T (time to the arrival of the transporting vehicle for C1 incidents), the average was 9:49, and the 90th centile was 17:32. (Figure 1)

Figure 1: C1 response times, England

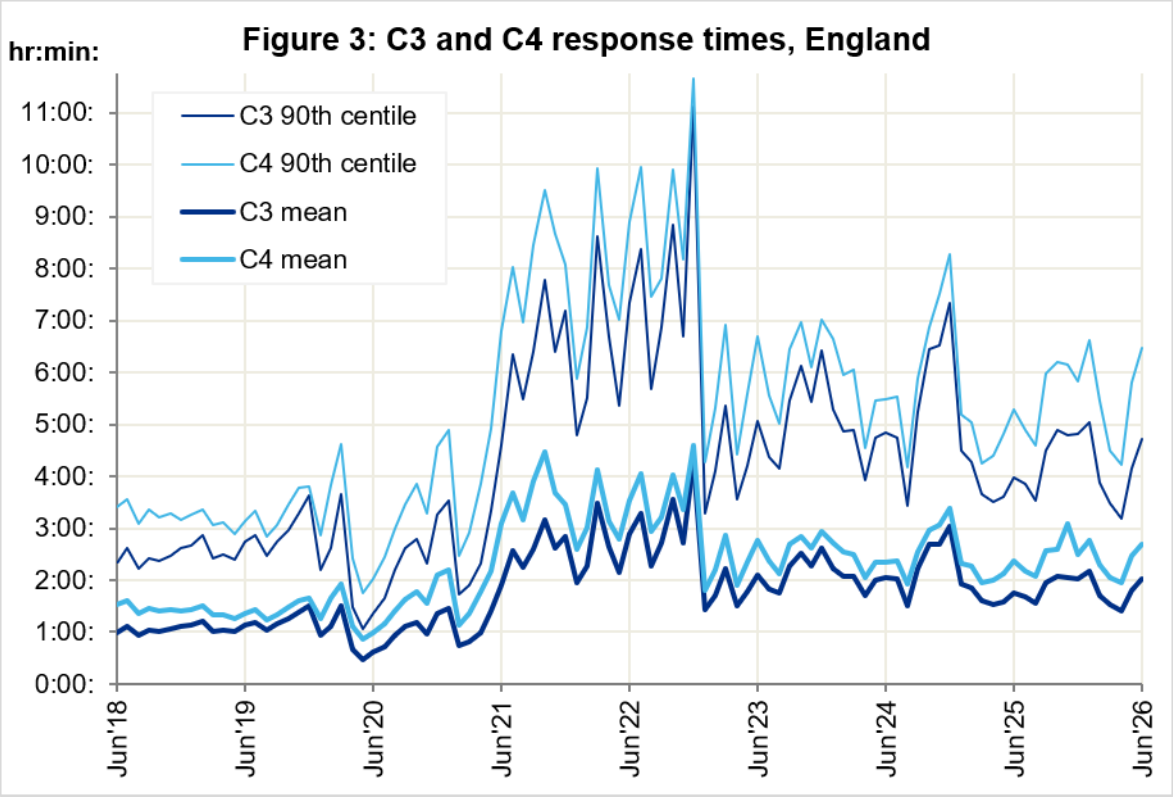


[1] Standards in the NHS Constitution Handbook: https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

The June 2026 England C2 average was 32:31 and the 90th centile was 1:06:58, both slower than the previous 4 months and June 2025. (Figure 2)

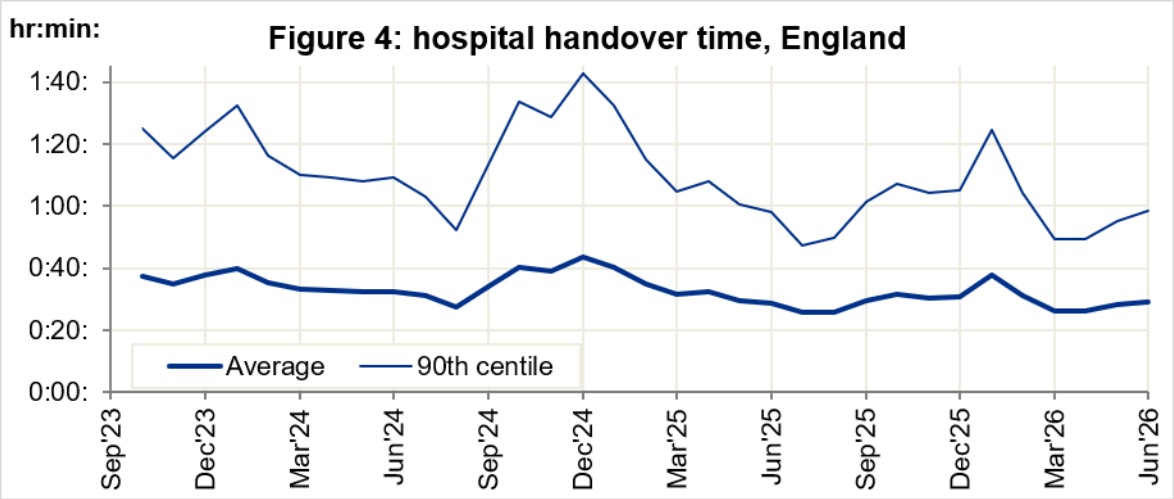


For England in June 2026, the C3 average was 2:01:03 and the 90th centile was 4:43:29. The C4 mean was 2:41:21, and the 90th centile 6:28:24. (Figure 3)

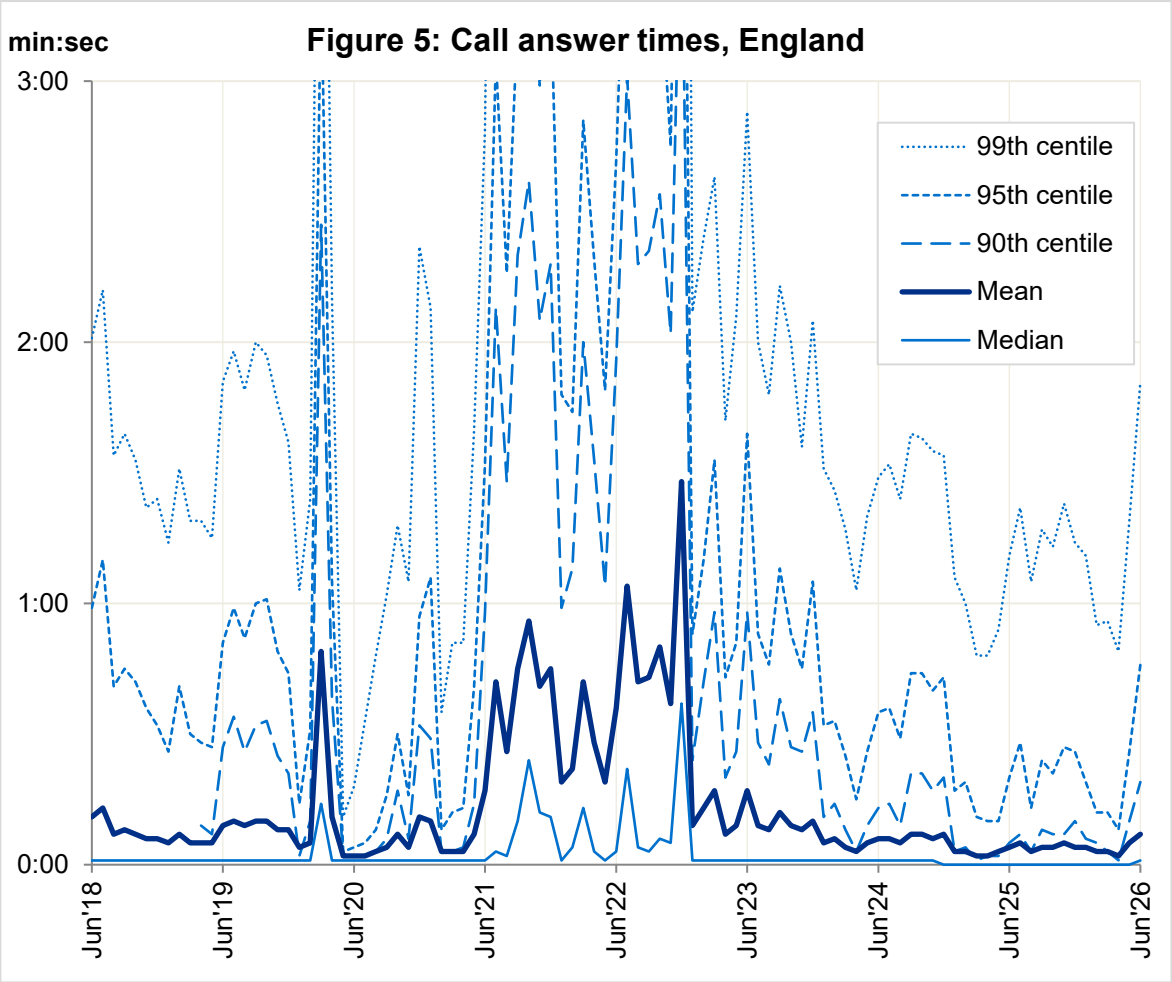


1.2 Other Systems Indicators

The average handover time in England in June 2026 was 29:11. This is slower than the previous three months and June 2025. (Figure 4)

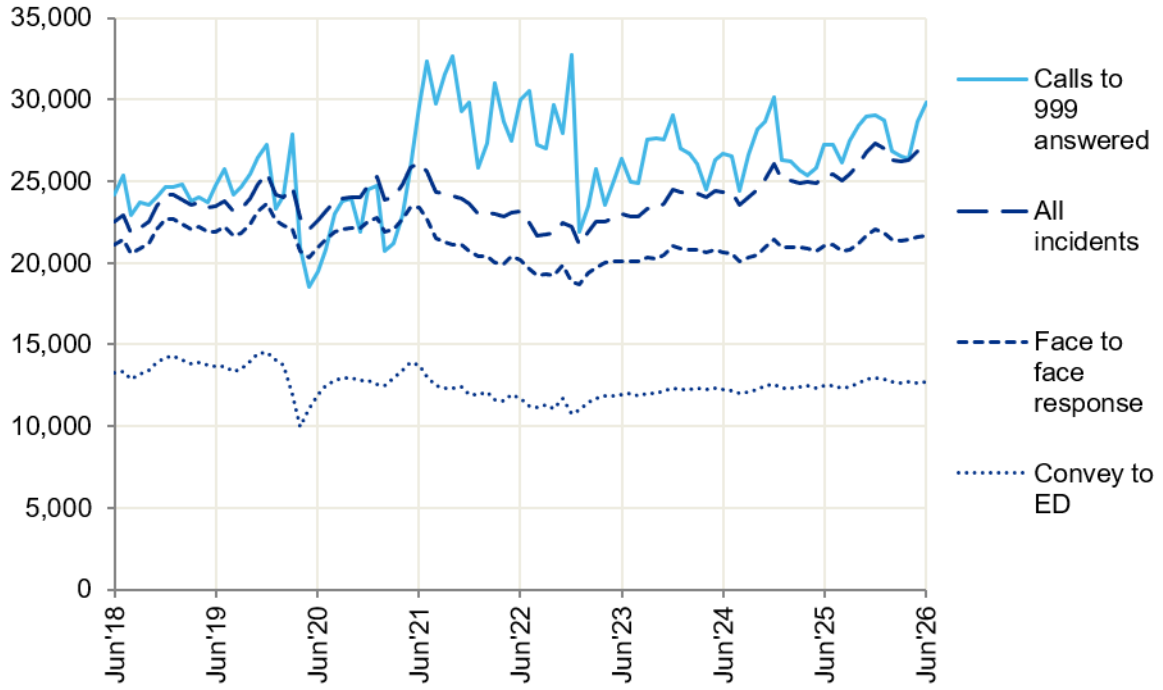


The June 2026 mean 999 call answer time was 7 seconds, the slowest since December 2024 (Figure 5), while the number of 999 calls answered per day was the most since December 2024 (Figure 6).



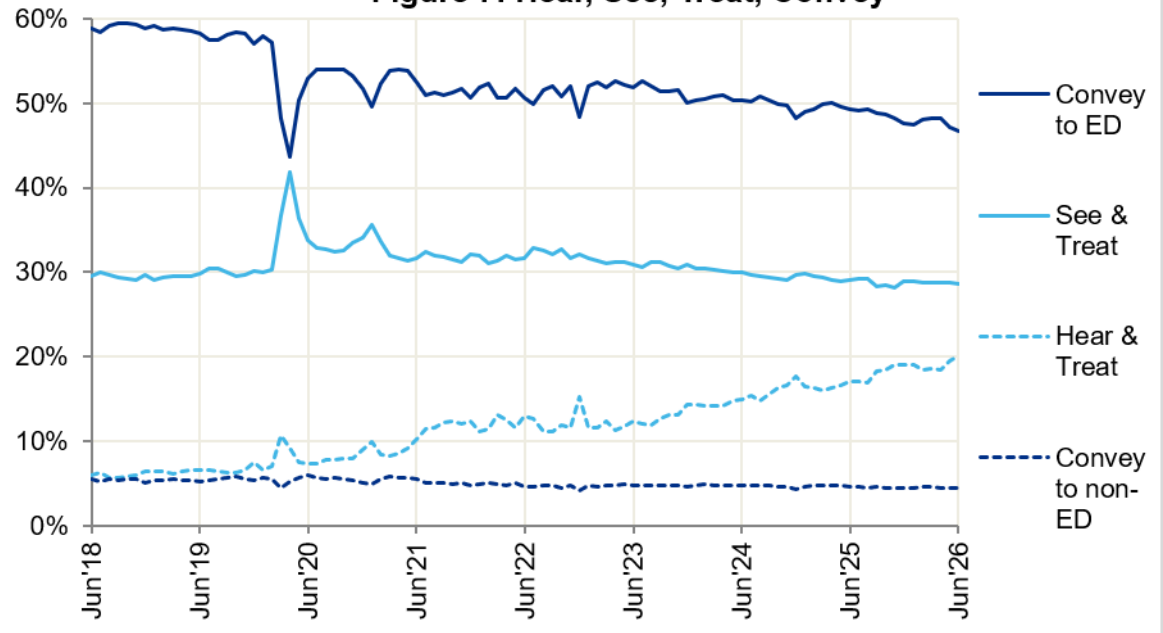
There were 815,127 incidents, or 27.1 thousand per day, over 1,800 more per day than there were in June 2026. Of those, 650,770 (21.7 thousand per day) had a face-to-face response, and of those, 381,106 (12.7 thousand per day) required conveyance to an Emergency Department (ED). (Figure 6)

Figure 6: Calls, incidents, convey to ED, England, per day



Ambulance Services in England closed 20.2% of incidents on the telephone (Hear & Treat) in June 2026, the highest on record. The proportion closed on scene (See & Treat) was 28.6%. Other incidents comprised 46.8% with conveyance to ED – only April 2020 had fewer – and 4.5% with conveyance elsewhere. (Figure 7)

Figure 7: Hear, See, Treat, Convey



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)

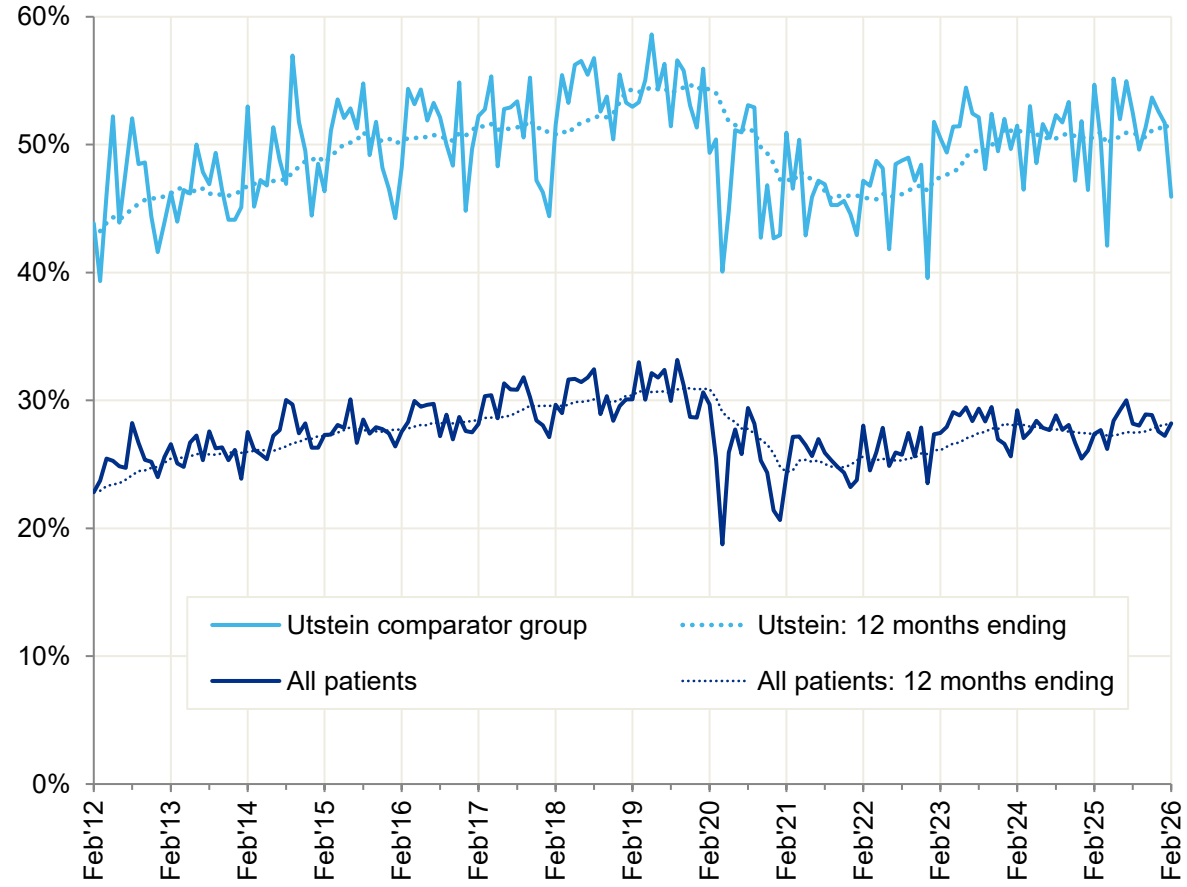
In England, 2,442 patients had resuscitation by an ambulance service with a known outcome after cardiac arrest in February 2026, of which 689 (28%) had ROSC on arrival at hospital, one percentage point higher than the January 2026 proportion and the same as the 2025-26 average so far.

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 February 2026, of the 2,442 cardiac arrest patients, 357 met these criteria, of which 164 (46%) had ROSC on arrival at hospital, the lowest since April 2025.

Figure 8: ROSC on arrival at hospital, following cardiac arrest, and resuscitation by Ambulance Service

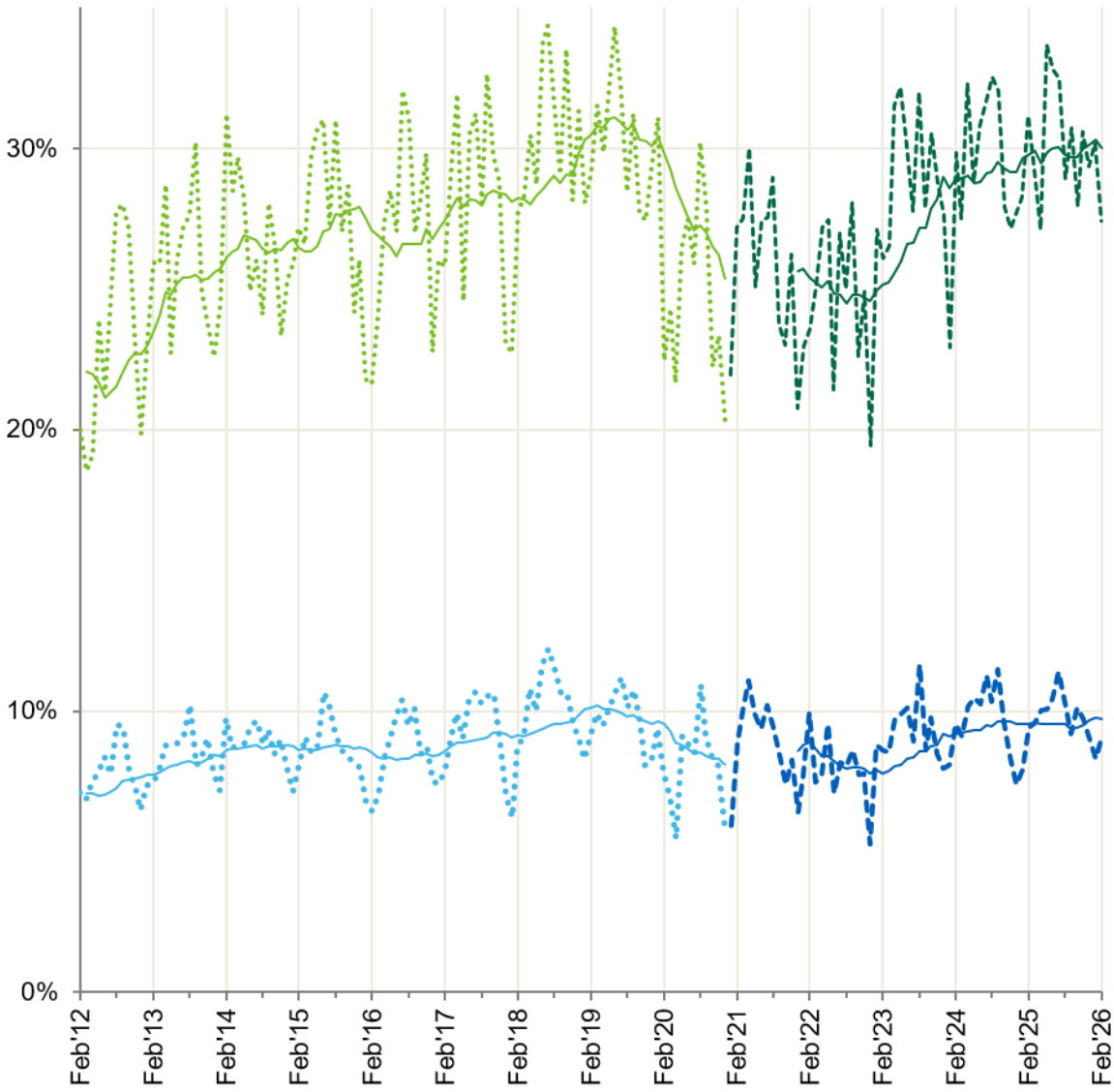


2.2 Survival following cardiac arrest (Figure 9)

For the 2,424 resuscitated cardiac arrest patients in England in February 2026 where survival at 30 days is known, 221 (9%) survived. December 2025 to February 2026 have returned the three lowest months in 2025/26 so far. For the Utstein comparator group, February's figure of 27% (97 of 354) who survived for 30 days, was the lowest return since April 2025 and around three percentage points lower than the 2025-26 average so far (30%).

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

Figure 9: Survival to discharge (STD) and 30 day survival
following cardiac arrest and resuscitation by Ambulance Service

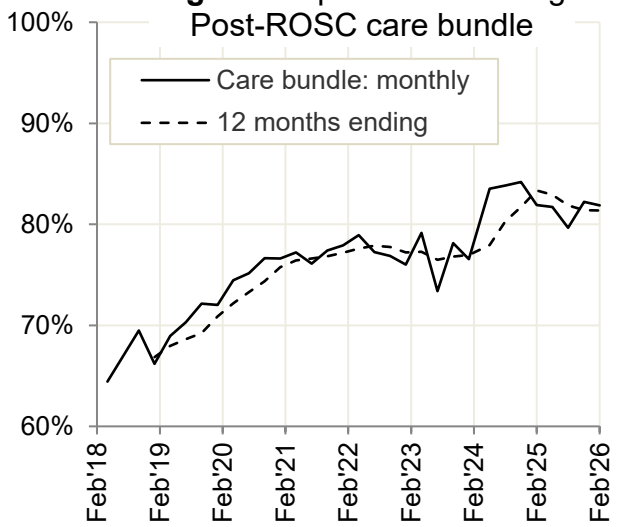


2.3 Cardiac arrest care bundle

In February 2026, there were 883 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 723 (82%) received the appropriate care bundle, matching the proportion at the same time last year. (Figure 10).

Figure 10: patients receiving Post-ROSC care bundle



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) 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 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".