Statistical Note: Ambulance Quality Indicators (AQI)

The average and 90th centile response times across all categories for Ambulance Services in England in August 2026 have improved since June 2026.

The percentage of incidents resolved on the telephone in August 2026 was the third highest proportion on record.

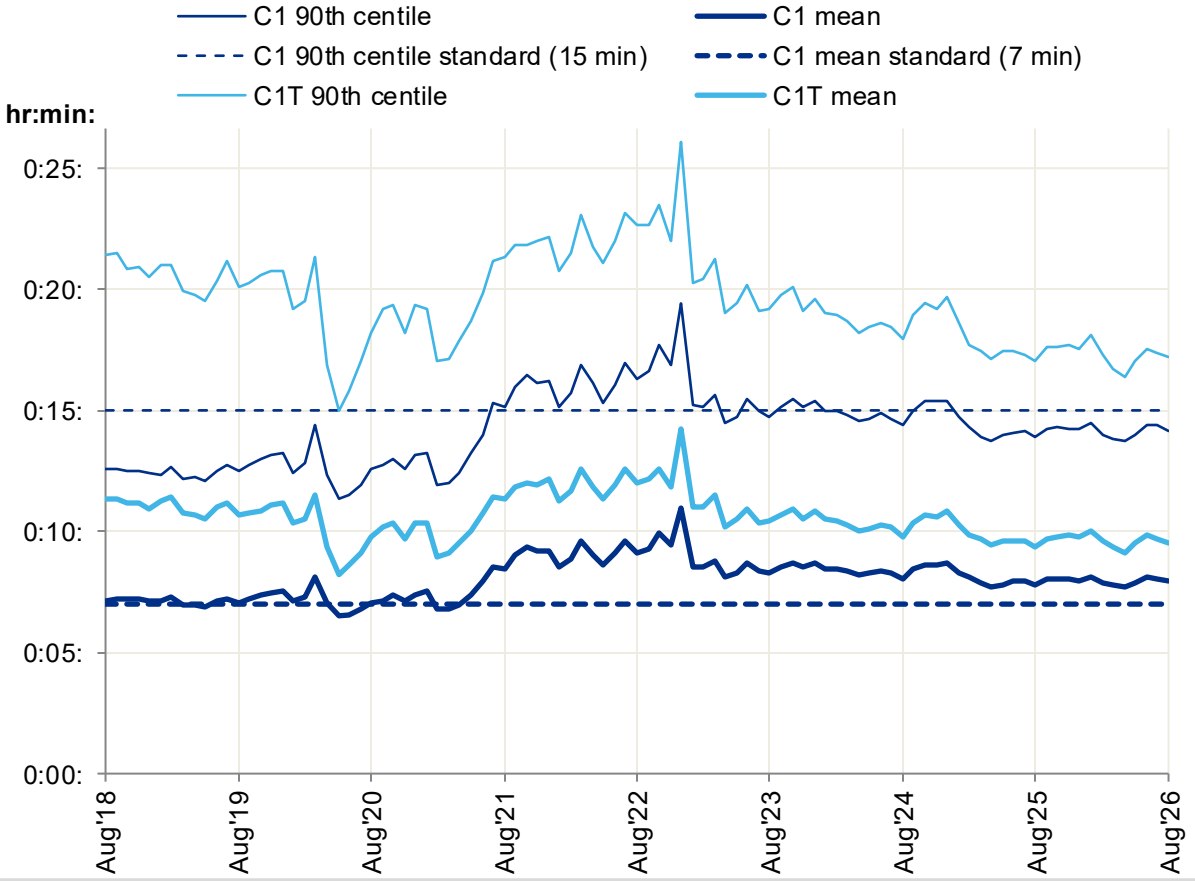
1. Ambulance Systems Indicators (AmbSYS)

1.1 Response times

For C1 for England, the mean response time in August 2026 was 7:56, and the 90th centile was 14:11. These were both faster than June and July 2026 but still slower than April and May 2026. 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.

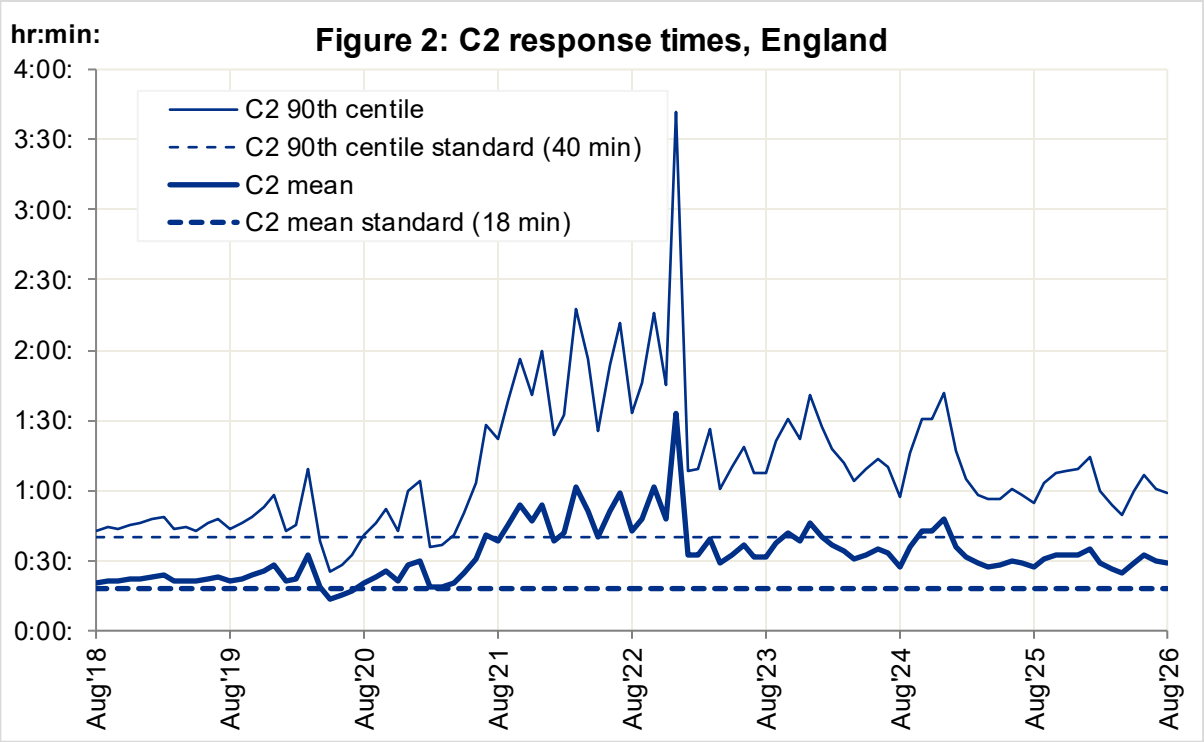
For C1T (time to the arrival of the transporting vehicle for C1 incidents), the average was 9:32, and the 90th centile was 17:13. (Figure 1)

Figure 1: C1 response times, England

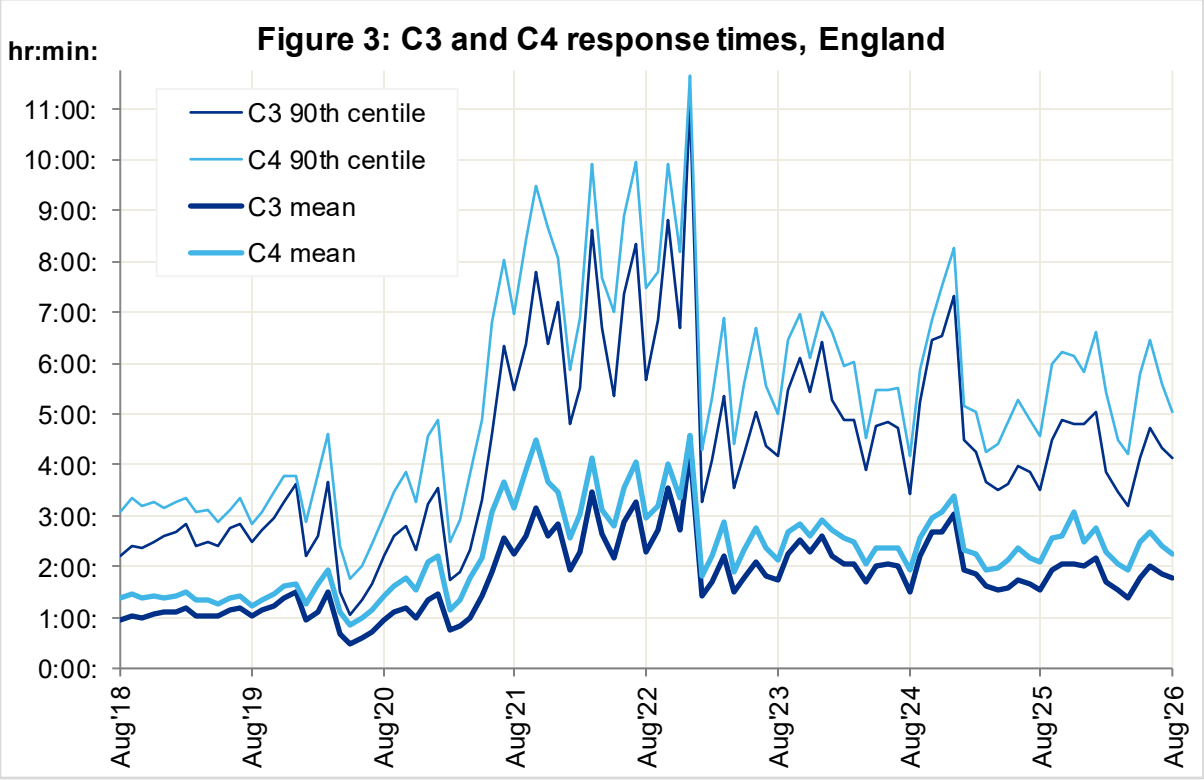


[1] Standards in the NHS Constitution Handbook: https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

The August 2026 England C2 average was 28:52 and the 90th centile was 58:37, both faster than May, June and July 2026, but slower than April 2026. (Figure 2)

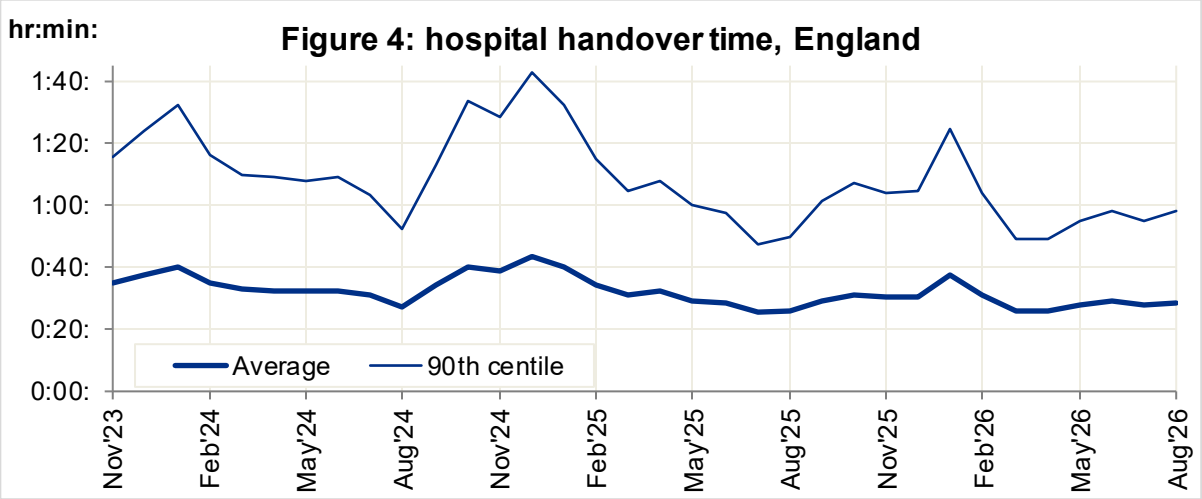


For England in August 2026, the C3 average was 1:47:29 and the 90th centile was 4:09:10. The C4 mean was 2:14:32, and the 90th centile 5:02:28. (Figure 3)

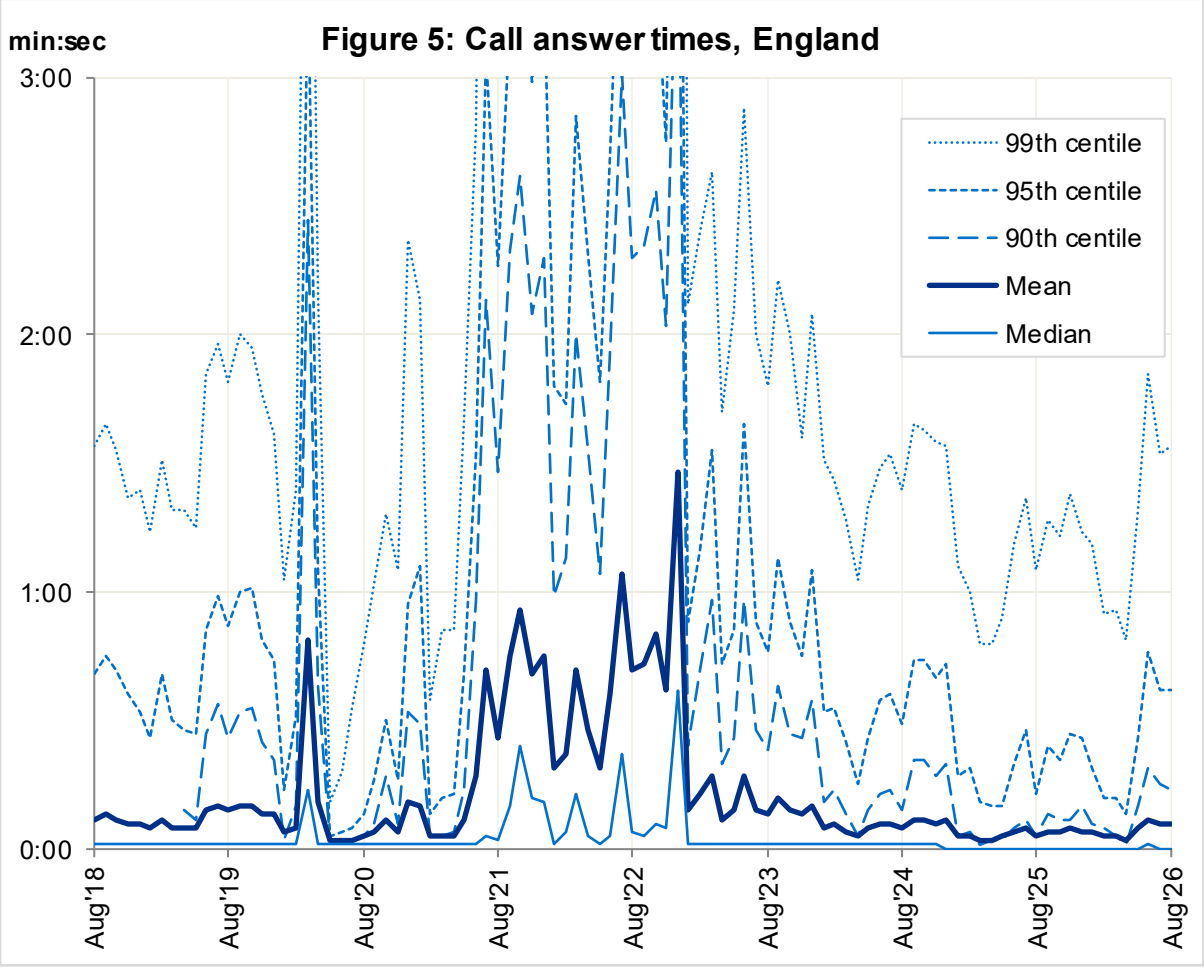


1.2 Other Systems Indicators

The average handover time in England in August 2026 was 28:45. This is slower than July 2026 but faster than June 2026. (Figure 4)

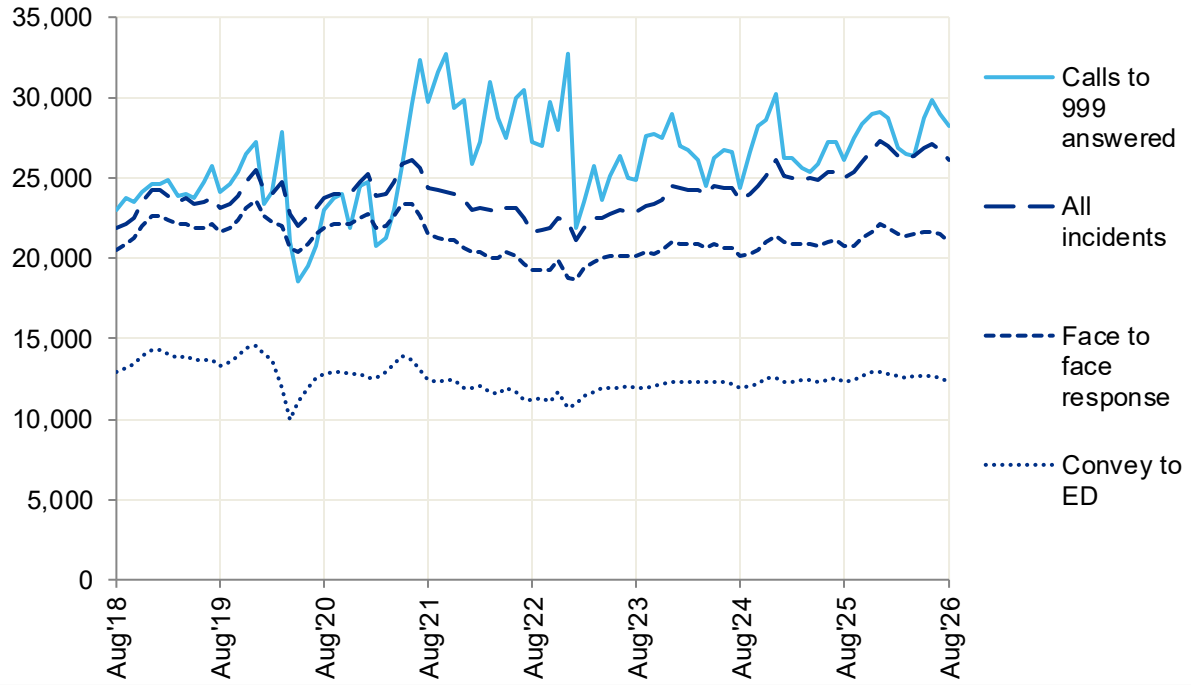


The August 2026 mean 999 call answer time was 6 seconds, faster than June 2026 but still the second slowest since December 2024 (Figure 5). The number of 999 calls answered per day was lower than in the previous 3 months. (Figure 6).



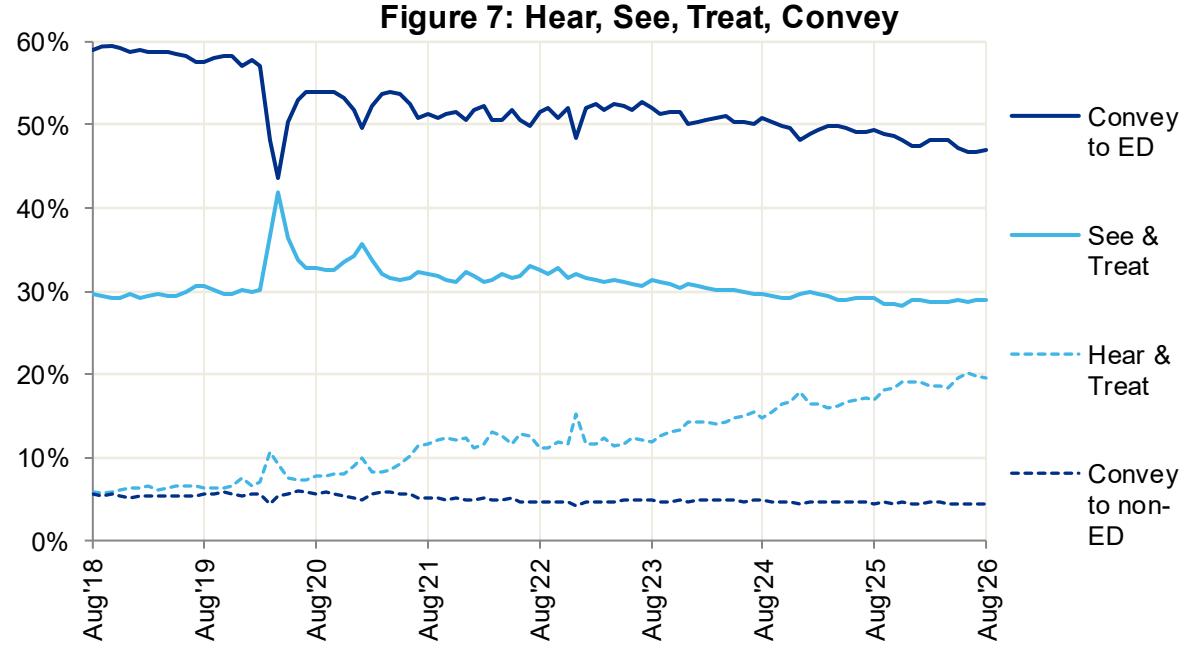
There were 811,031 incidents in August 2026, which was 26.2 thousand per day, the lowest since October 2025. Of those, 652,148 (21.0 thousand per day) had a face-to-face response, and of those, 380,234 (12.3 thousand per day) required conveyance to an Emergency Department (ED). (Figure 6)

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



Ambulance Services in England closed 19.6% of incidents on the telephone (Hear & Treat) in August 2026, the third highest on record. The proportion closed on scene (See & Treat) was 29.0%. Other incidents comprised 46.9% with conveyance to ED, and 4.5% with conveyance elsewhere. (Figure 7)

Figure 7: Hear, See, Treat, Convey



2. Ambulance Clinical Outcomes (AmbCO)

Alongside the latest data for April 2026, we publish spreadsheets today with revisions to AmbCO data back to January 2025 for OHCAO, October 2025 for SSNAP (plus a couple of updates to October 2024 and November 2024), April 2025 for MINAP and October 2025 for SDCS.

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

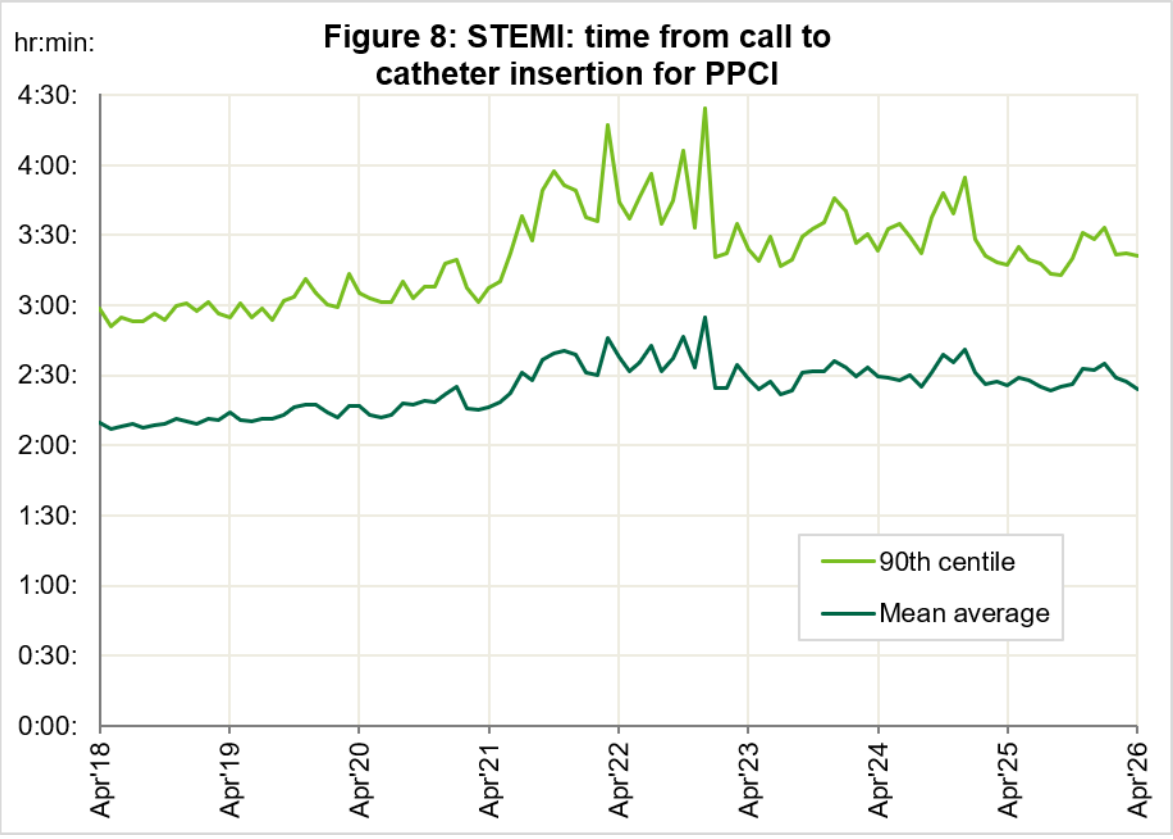
2.1 ST-segment elevation myocardial infarction (STEMI)

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.

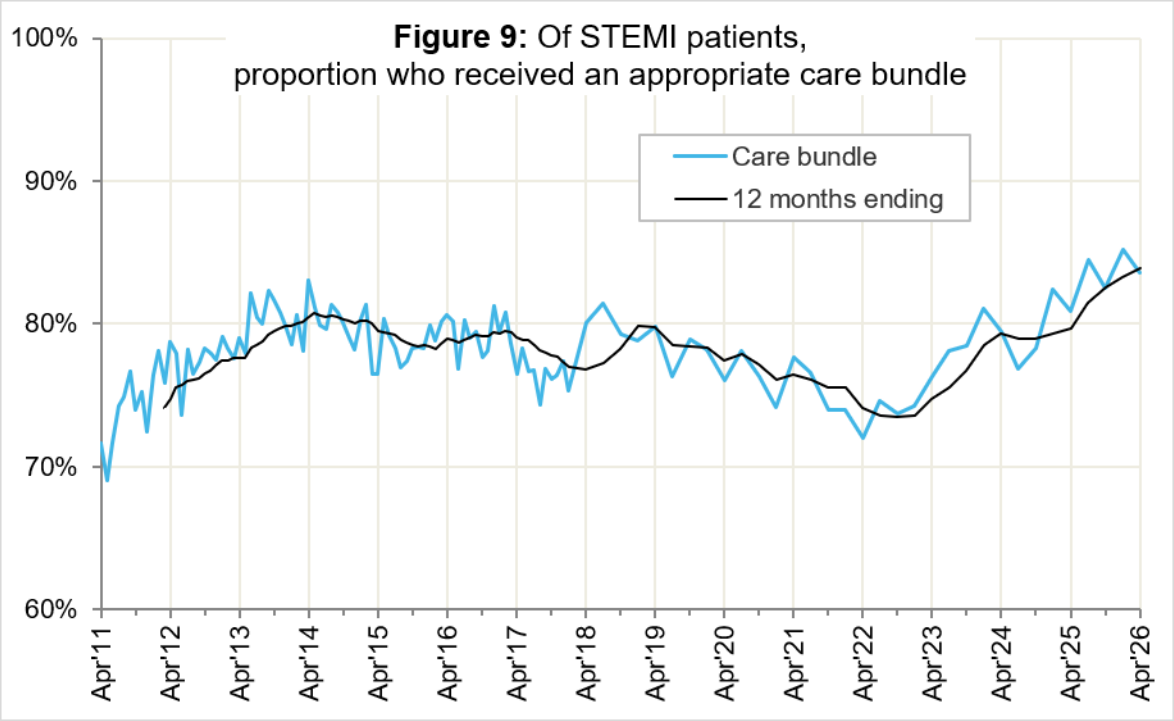
In England in April 2026, the mean time from 999 call to catheter insertion was 2 hours 24 minutes, and the 90th centile time was 3 hours 21 minutes (Figure 8). These are quicker than the times for 2025-26 as a whole.

Revisions did not change the mean time by more than two minutes and the 90th centile time by more than four minutes.



Ambulance Services also report on a re commended bundle of care for patients with an acute STEMI that they convey. There were 1,661 such patients in England in April 2026, of which 1,389 (83.6%) received the appropriate bundle, the third highest proportion since the collection started in 2011 (Figure 9).

Revisions to this measure only affected the proportion by decreasing it by 0.1 percentage point for October 2025 and January 2026.



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".