

Statistical Note: Ambulance Quality Indicators (AQI)

In England, for all four categories, the average response times and 90th centiles in April 2024 were the shortest since April 2023.

In April 2024, the average 999 call answer time was 3 seconds, the shortest since April 2021.

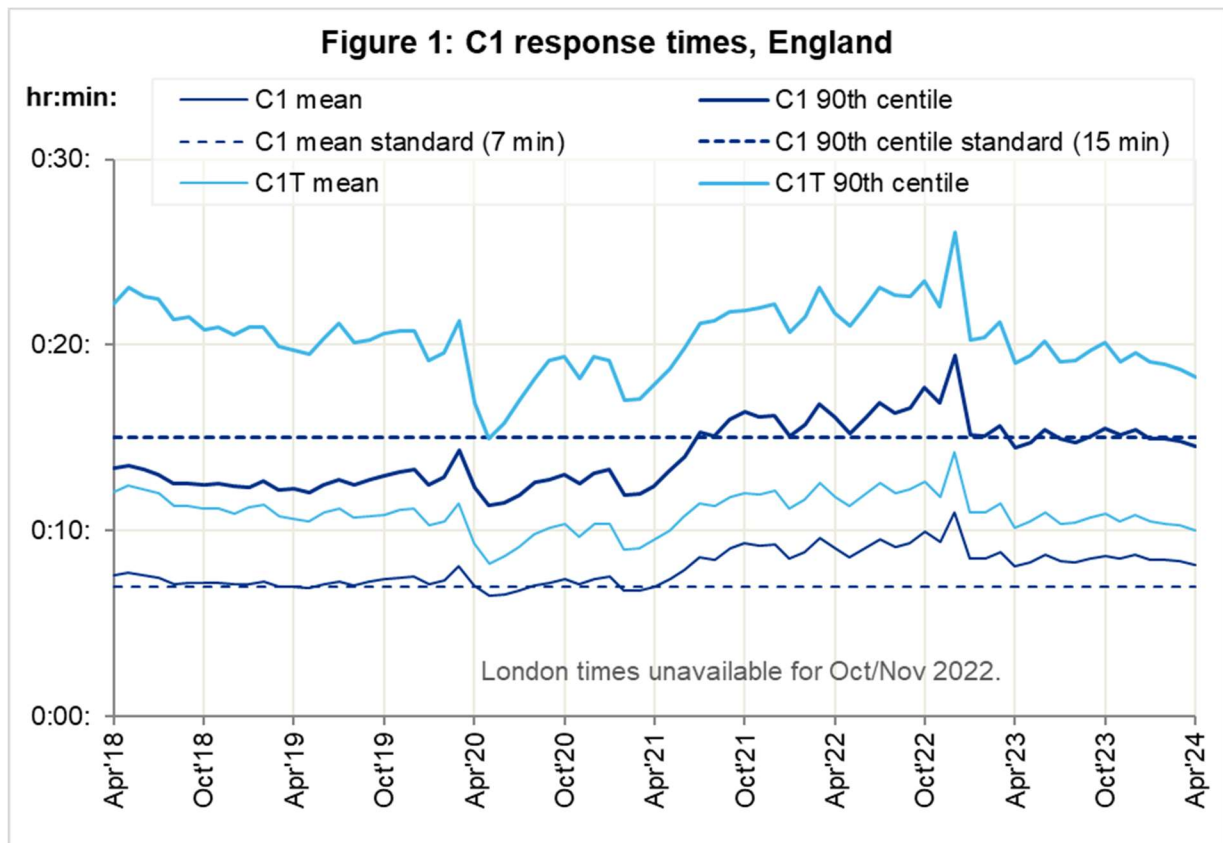
1. Ambulance Systems Indicators (AmbSYS)

1.1 Response times

For England, the mean average response time in April 2024 for C1, the most urgent category, was 8 minutes and 10 seconds, which is longer than the standard¹ of 7 minutes. However, the 90th centile time was 14:33, which is within the standard of 15 minutes.

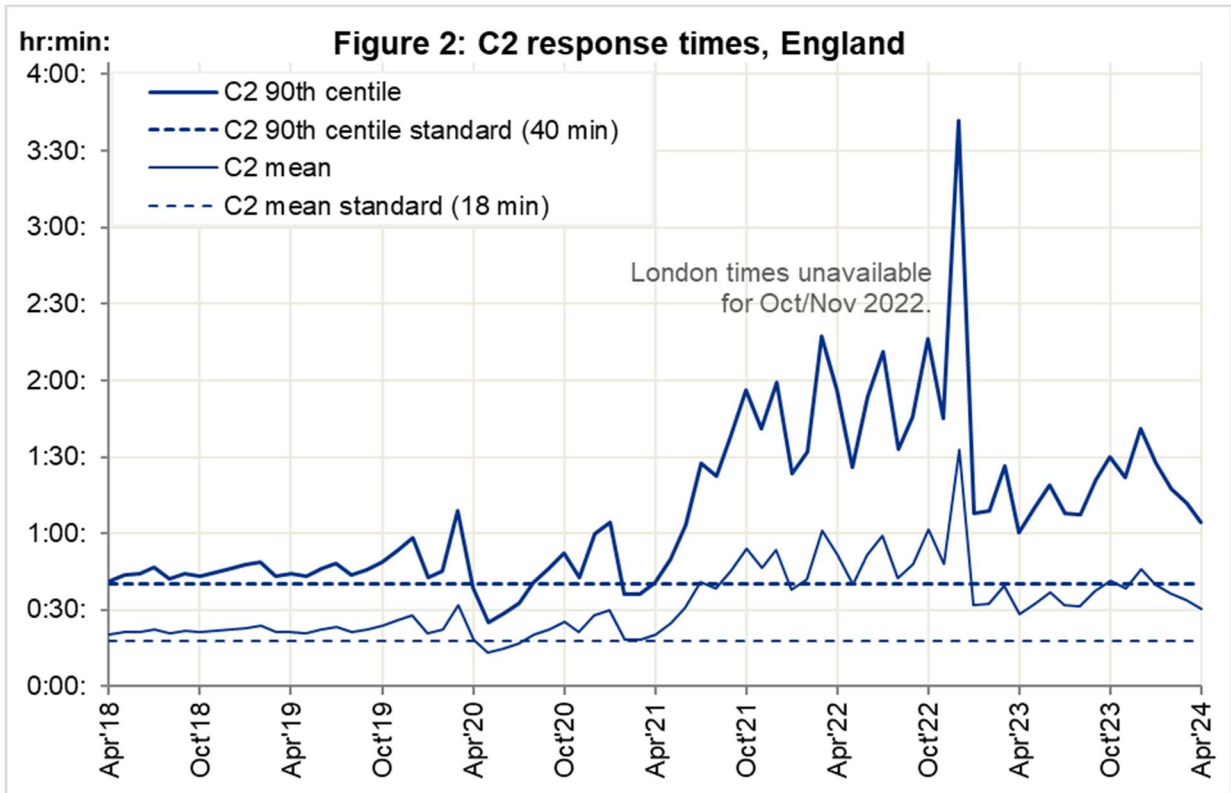
Both were shorter than in every month from May 2023 to March 2024 inclusive.

For C1T (time to the arrival of the transporting vehicle for C1 incidents), the average was 10:01, and the 90th centile was 18:15 (Figure 1).

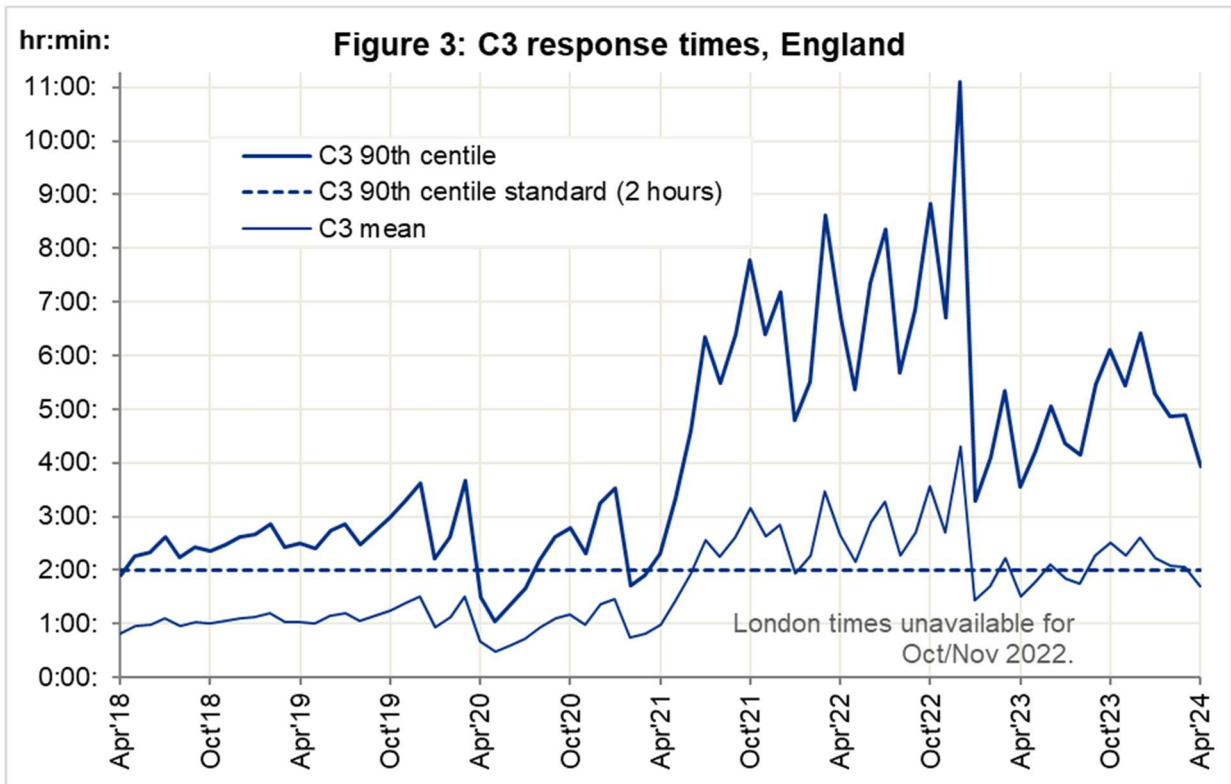


¹ Standards in the NHS Constitution Handbook: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

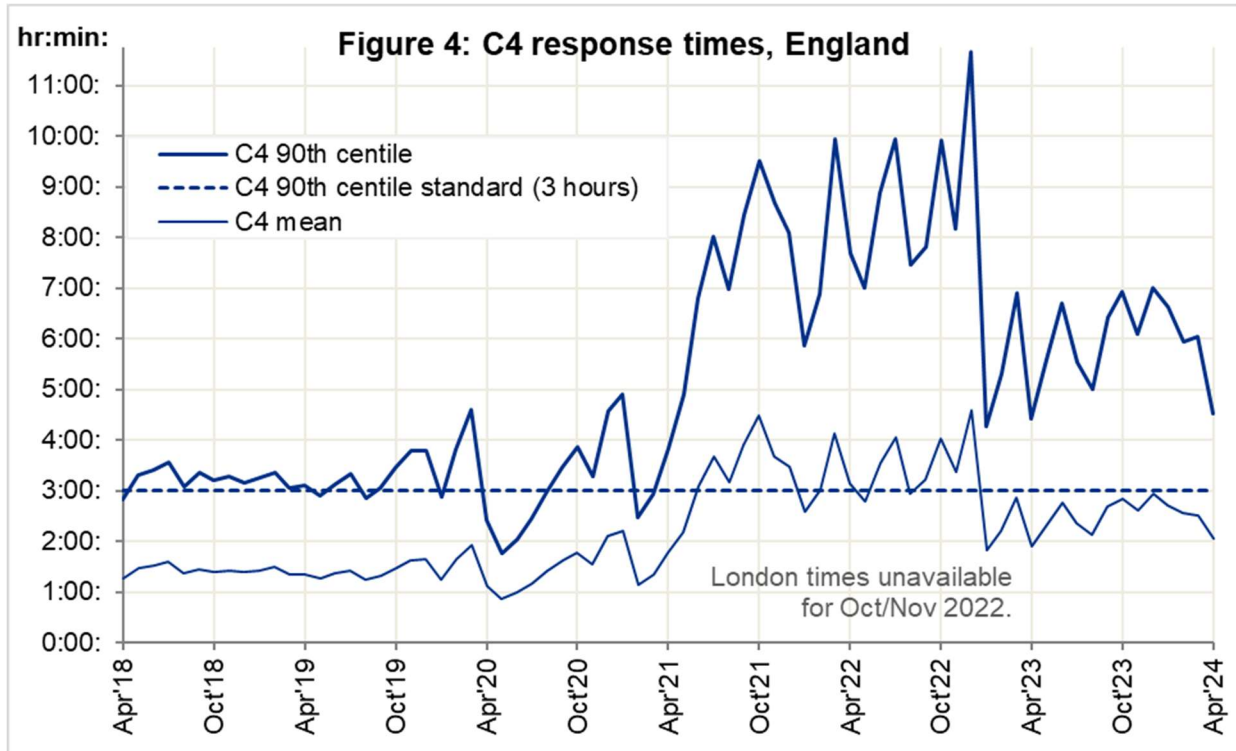
The England C2 average in April 2024 was 30:22 and the 90th centile was 1:04:12. Both of these were shorter than in every month of 2023, except April. (Figure 2)



The April 2024 C3 average was 1:42:13 and the 90th centile was 3:55:40. Both of these were shorter than the averages for 2021-22, 2022-23 and 2023-24.

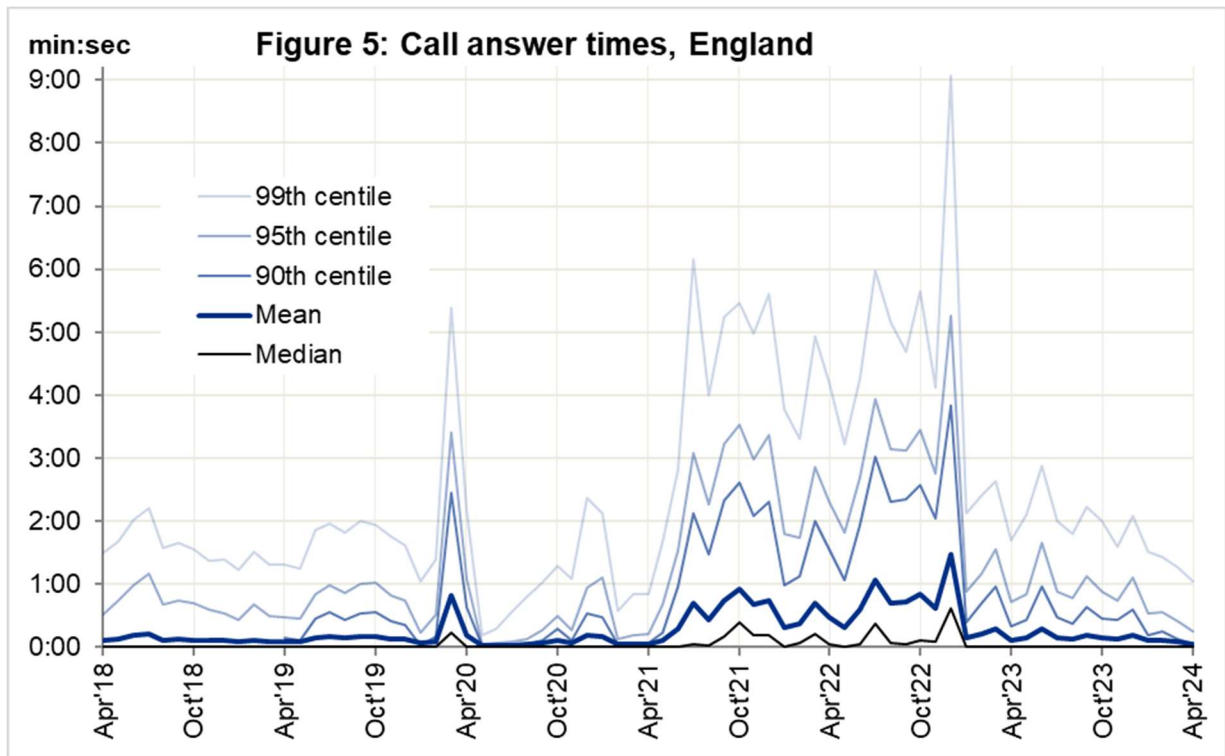


The C4 average was 2:03:16 and the 90th centile was 4:31:31 (Figure 4).



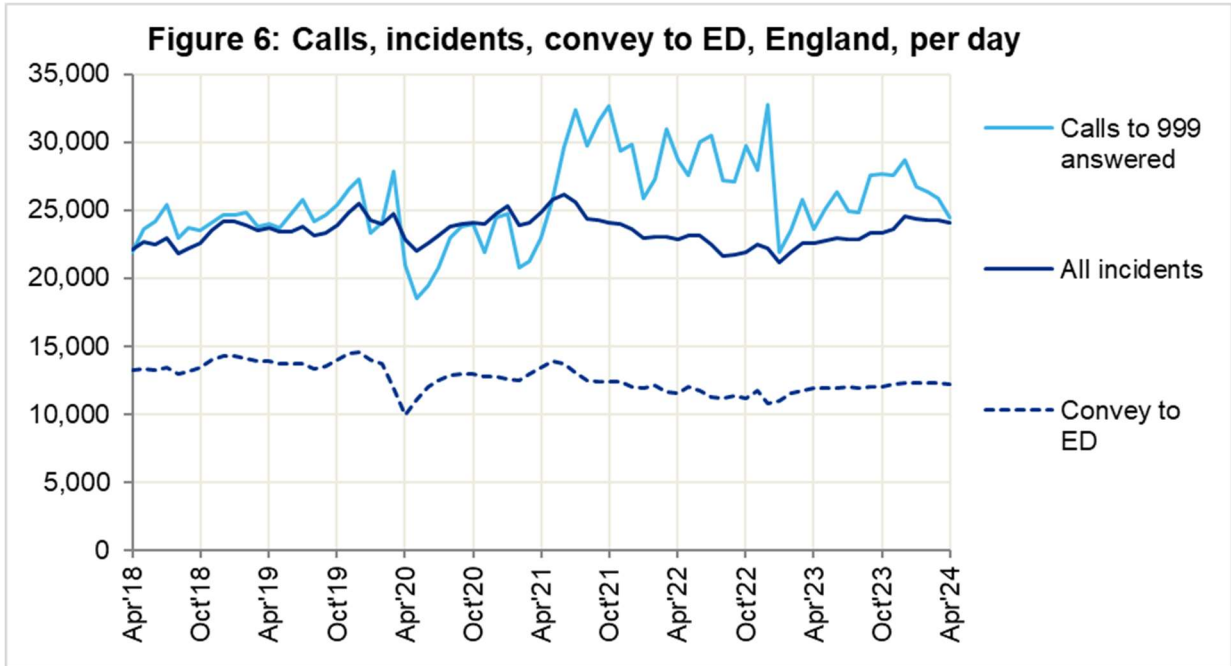
1.2 Other Systems Indicators

In April 2024, the average 999 call answer time was 3 seconds, shorter than the average of 9 seconds for 2023-24, and the shortest since April 2021 (Figure 5).

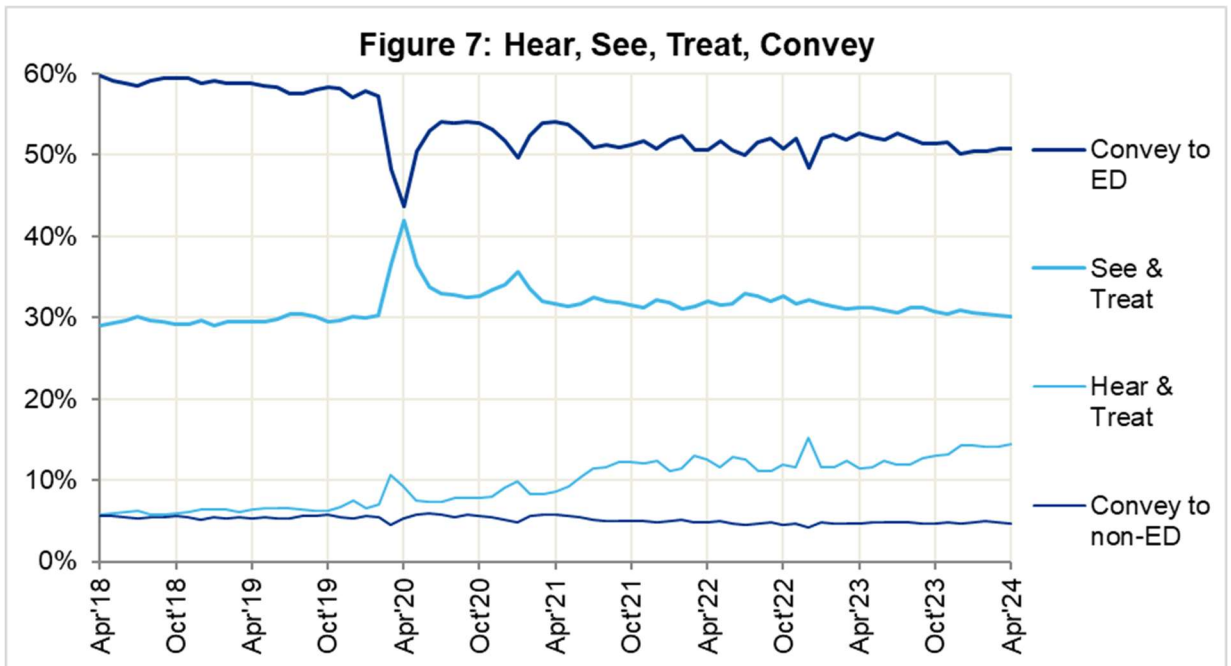


The count of 999 calls answered was 732,239 in April 2024. This was 24,408 per day, lower than the averages for 2021-22, 2022-23 and 2023-24.

There were 722,034 incidents in April 2024, of which 367,031 had conveyance to ED. Per day, these are 24,068 and 12,234 respectively, both higher than the averages for 2022-23 and 2023-24. (Figure 6)



Of incidents in England in April 2024, 14.4% were resolved on the telephone (Hear & Treat), 30.0% were resolved on the scene (See & Treat), 50.8% had conveyance to an Emergency Department (ED), and 4.7% had conveyance to non-ED. All these changed less than 0.3 percentage points from March 2024.



2. Ambulance Clinical Outcomes (AmbCO)

In these Statistical Notes, we continue to summarise data for STEMI (a type of heart attack) and cardiac arrest when we publish January, April, July, or October data, and stroke data in the months following. Today's publication includes AmbCO data for December 2023, so there is no summary this month.

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 answer times (A2 to A6 and A114).

3.3 Centiles

The centile data for England in this document, also published in spreadsheets alongside this document, are not precise centiles calculated from national record-level data. Instead, they are the centiles calculated from each individual trust's record-level data, weighted by their incident count, and averaged across England. So, if England only had two trusts, with centiles of 7:10 and 7:40, and the former had twice as many incidents as the latter, the England centile would be 7:20.

3.4 Related statistics

NHS England publishes monthly data on ambulance handover delays by acute trust at www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-

[indicators/ambulance-management-information](#) starting from October 2023, and at www.england.nhs.uk/statistics/statistical-work-areas/uec-sitrep for individual days during winter from 2017-18.

The Quality Statement described in section 3.1 includes information on:

- the “Ambulance Services” publications by what became NHS Digital <https://digital.nhs.uk/data-and-information/publications/statistical/ambulance-services>, 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:

Wales: <https://easc.nhs.wales/asi>

Scotland: See Quality Improvement Indicators (QII) documents at www.scottishambulance.com/TheService/BoardPapers.aspx

Northern Ireland: www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics

3.5 Contact information

Media: NHS England Media team, nhsengland.media@nhs.net, 0113 825 0958.

The person responsible for producing this publication is Ian Kay, Operational Insights, Transformation Directorate, NHS England, 0113 825 4606, england.nhsdata@nhs.net.

3.6 Accredited official statistics

These accredited 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”.