



Department
of Health &
Social Care

██████████
Minister of State for Health (Secondary Care)

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HM Coroner Melanie Sarah Lee
Inner North London
St Pancras Coroner's Court
Camley Street
London
N1C 4PP

09 March 2025

Dear Ms Lee,

Thank you for the Regulation 28 report of 14th January, 2026 sent to the Secretary of State / the Department of Health and Social Care about the death of Dorothy Margaret Hoyberg. I am replying as the Minister with responsibility for Care.

Firstly, I would like to say how saddened I was to read of the circumstances of Dorothy's death and I offer my sincere condolences to their family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention. In preparing this response, my officials have made enquiries with NHS England and the Care Quality Commission to ensure I can address your concerns.

NHS England and the Department of Health and Social Care recognise the significant pressures across urgent and emergency care services, including ambulance services. I recognise that this falls below the standards that patients need, expect and deserve. The Government is committed to turning this around and setting out clear actions which improve the quality and responsiveness of ambulance services.

To prioritise and improve the quality and timeliness of patient care, the Department of Health and Social Care and NHS England published the *2025/26 Urgent and Emergency Care Plan* (June 2025) and the *10Year Health Plan for England: Fit for the Future* (July 2025). The Urgent and Emergency Care Plan commits to reducing mean ambulance response times for Category 2 patients by over 14%, to 30 minutes and improving the clinical validation of Category 3 and 4 calls. To achieve this, we recognise we will need to make improvements to patient flow through the whole system, and the plan outlines a set of priority actions to support systems to maximise patient flow, including:

- continuing to reduce wait times for patients requiring an ambulance
- eliminating prolonged handover delays, ensuring no hospital handover exceeds 45 minutes
- improving timeliness of care in hospitals

- tackling delays in patient discharge
- expanding access to urgent care in primary, community, and mental health settings

More than £370 million of capital funding has been allocated nationally to support implementation, including £250 million of capital budget to continue the expansion of co-located urgent treatment centres and same day emergency care, and £75 million capital funding for new ambulances. The 10 Year Plan for England also sets a clear trajectory towards shifting from treatment to prevention, reducing overall demand for urgent care.

NHS England actions

NHS England continues to work closely with commissioners, Integrated Care Boards, acute providers, and ambulance services, including London Ambulance Service, to support delivery of stretching but achievable plans aligned with operational priorities. The risks associated with community waits for ambulances have been discussed at national forums to support shared understanding and coordinated action across urgent and emergency care pathways on measures such as implementing the 45-minute maximum handover requirement; expanding urgent community care provision; reducing length of stay; and supporting timely patient discharge. These measures are designed to maintain patient flow, reduce emergency department crowding and facilitate prompt ambulance handovers.

In 2025/26, all ambulance services received national growth funding to support activity levels and incentivise service improvement. Performance improvements have been observed in LAS, between January 2025 and January 2026:

- the average Category 1 response time improved from 07:20 to 07:02,
- the 90th centile Category 1 response time improved from 12:42 to 12:01,
- the average Category 2 response time improved from 35:28 to 32:23,
- the 90th centile Category 2 response time improved from 01:18:25 to 01:09:43,

In October 2025, NHS England published the Medium-Term Planning Framework – Delivering Change Together 2026/27 to 2028/29. This framework sets out further ambitions for ambulance response times, including improving average Category 2 response times to 25 minutes in 2026/27, and achieving by the end of 2028/29 the constitutional standard of an 18minute average Category 2 response time, with 90% of calls responded to within 40 minutes.

London Ambulance Service Trust Actions

The LAS has introduced multiple processes to mitigate the issue of hospital handover delay for example: directing crews conveying patients towards hospitals with greater capacity and cohorting patients at hospitals (two or three staff taking responsibility for additional patients, so that other crews can become available for calls more quickly) where necessary.

The Trust is currently in the middle of its five-year strategy (2023-2028). This strategy aims to forge closer links between Primary and Acute care sectors and Local Authorities, ensuring the right care is provided at the right time, including the development and referral to alternative care pathways avoiding the need to convey to hospital when appropriate. It is intended to align with the priorities of these organisations to improve the care, health and wellbeing of the populations served, focusing on outcomes and quality. The LAS recognises the risk to patient safety caused by response delays and is committed to reducing delays.

The LAS maintains a performance recovery plan, which is regularly updated in response to changes in the demand profile and system pressures. This includes the implementation of dedicated clinical support linked to dispatch to identify incidents where allocation of a clinical resource may need to be prioritised.

Care Quality Commission Actions

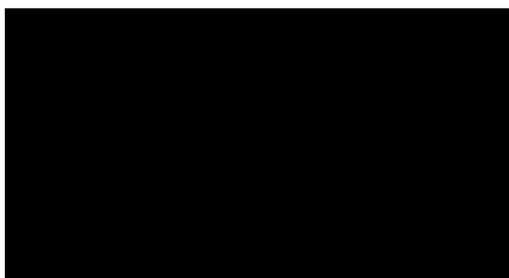
The Care quality Commission (CQC) are sorry to hear of the death of Ms Hoyberg. CQC have added discussion of this Regulation 28 report to the agenda for the next quarterly engagement meeting with the trust for discussion and follow up of any action taken by the trust.

CQC have quarterly engagement meetings with London Ambulance Service NHS Trust. The CQC have noted to me that the Trust are proactive and transparent in their engagement with them, reaching out to the local inspection team when they become aware of any inspections of urgent and emergency care departments to share information about partnership working. CQC have a key named contact at the Trust.

CQC are aware of the pressures ambulance trusts across the country are experiencing. As reported in their 2024/25 State of Care Report, demand for ambulances grew 2.2% in comparison with 2023/24 data. We recognise that in an emergency, waiting a long time can be extremely frustrating and distressing for people, and can potentially affect their outcomes

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,



MINISTER OF STATE FOR HEALTH