



East of England Ambulance Service NHS Trust

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Carly Vince
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London
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Our Ref: EEAST/SZC/DSW3

28 September 2020

Dear Ms Vince

Proposed Construction of Sizewell C Nuclear Power Plant, Leiston, Suffolk, IP16 4UR

Please accept the enclosed Representation under Section 56 of the Planning Act 2008 on behalf of the East of England Ambulance Service NHS Trust, prepared by Lawson Planning Partnership Ltd acting on behalf of the Trust.

Should you have any questions, please contact Dawn Whelan, Business and Partnerships Lead Dawn.Whelan@eastamb.nhs.uk or Tel: [REDACTED].

Yours sincerely

[REDACTED]

Kevin Smith

Director of Finance and Commissioning
East of England Ambulance NHS Trust

Carly Vince

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FAO Richard Bull

30th September 2020

Dear Madam,

Proposed Construction, Operation & Maintenance of a Generating Nuclear Power Station (Sizewell C) with Associated Development, Leiston, Suffolk, IP16 4UR: Application for a Development Consent Order (Reference EN010012) pursuant to Section 37 of The Planning Act 2008 – Relevant Representation under Section 56 of The Planning Act 2008 on behalf of The East of England Ambulance Service NHS Trust *

1. We write on behalf of **The East of England Ambulance Service NHS Trust (EEAST)** who provide accident and emergency services and non-emergency patient transport services across the East of England, including Leiston, and raise a **HOLDING OBJECTION** to this application for a development consent order (DCO), for the following reasons.
2. Review of the Environmental Statement (ES) and related DCO application documents indicates a lack of recognition of EEAST - as both a key health service provider and emergency service, who form an integral part of a 'Health & Blue Light Partnership Working Group' with the Suffolk & North East Essex CCG's, Suffolk Constabulary and Suffolk Fire Service.
3. The level of engagement and scope of joint technical work with EEAST is therefore deficient at this stage. As a result the ES is considered to be;
 - ❖ **INCOMPLETE** - as it omits any assessment of the impacts arising from a coronavirus pandemic (such as Covid-19) on health partner service capacity: The transport modelling for Abnormal Indivisible Loads (AIL's) is also insufficient from an emergency response perspective;
 - ❖ **LACK ROBUSTNESS** - as the ES assesses the risk of a pandemic as 'minor' which is not borne out by the evidence of infection, urgent care referral & health service impacts associated with the current Covid-19 context;

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- ❖ **INSUFFICIENT** - in its proposals for mitigating & managing the impacts arising on EEAST's staff, fleet & estate assets which would need to provide for increased service delivery as a result of the development;
 - ❖ **INCONSISTENT** - with aspects of Overarching National Policy Statement for Energy (EN-1), National Policy Statement for Nuclear Power Generation (EN-6), the National Planning Policy Framework, & Suffolk Coastal Local Plan;
 - ❖ **ADVERSE SOCIAL & ENVIRONMENTAL IMPACTS** - are not therefore sufficiently 'avoided' 'reduced' or 'compensated' & sustainable development is not fully delivered by the proposals at this stage;
4. In view of this, including the serious overstressing of EEAST and health partner resources, and ongoing service implications as a result of the Covid-19 pandemic, an **EXTENSION OF TIME** is required to work with you before the Preliminary Examination Meeting, to address the areas outlined above.
5. This will be sought from the Planning Inspectorate (PINS) to enable EEAST (and the CCG's) to comment on the further information necessary to supplement the ES, and to inform the following work areas;
- ❖ The scope of work required to assess how the development can avoid, reduce or compensate for the effects of a coronavirus pandemic on the health and emergency services;
 - ❖ The scope of additional AIL modelling work required to determine the likely impact on EEAST (& other health/ blue light partners) emergency & non- emergency response times;
 - ❖ The level of additional EEAST staff, fleet & estate assets required to mitigate the impacts arising from the development, including any 'Covid-19 specific' impacts;
 - ❖ The level of additional health & blue light partner additional resources required to mitigate the impacts arising from the development, including any 'Covid-19 specific' impacts, as appropriate;
 - ❖ The establishment of appropriate Terms of Reference & Membership - for a Transport, Health & Wellbeing Group to advise on the funding, resource & infrastructure measures necessary, to adequately mitigate the impact of the development (both non- Covid & Covid 19 specific) on service provision by EEAST & its health & blue light partners;
6. This engagement and work would be undertaken in conjunction with the preparation of an evidence base by EEAST, (in liaison with its health/ blue light partners) to inform the type and

level of assets required to adequately mitigate the social and environmental (transport based) effects arising from the development.

7. This approach is also supported by EEAST's healthcare and blue light partners (Suffolk & North Essex CCG's, Suffolk Constabulary, Suffolk Fire Service) and by East Suffolk Council and Suffolk CC.
8. To assist the DCO process, key facts related to EEAST's remit, priorities, staff, fleet and estate assets, service targets and co-working relationship with other healthcare and blue light partners are set out below, and at **Annex 1**.
9. A summary of the main points raised in this representation are also set out further below.

East of England Ambulance Service NHS Trust

10. EEAST provides emergency and urgent care services throughout Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk, and transports patients to 17 acute hospitals amongst other healthcare settings, including 3 within Suffolk and North East Essex - Ipswich West Suffolk and Colchester.
11. EEAST covers an area of approximately 7,500 sq miles with a resident population of over six million people, and employs approximately 4,000 staff operating from 130 sites who are supported by dedicated volunteers.
12. The 999 service is free for the public to call and is available 24 hours a day, 7 days a week, 365 days a year, to respond to the population with a personalised contact service when patients:
 - ❖ Require rapid transportation with life threatening illness/injury or emergencies - category 1 & 2;
 - ❖ Present with lower acuity urgent and less urgent conditions - category 3 & 4 requiring clinical interventions;
 - ❖ Patients may be passed to 999 via other NHS health care systems, including NHS 111;
 - ❖ EEAST receives over 1 million emergency (999) calls per year and 800,000 calls for patients booking non-emergency transport;
13. EEAST also provides urgent and emergency responses to Healthcare Professionals requiring ambulance assistance, and inter-facility transfers between hospitals and other healthcare settings, where patients require treatment at alternative sites to their current setting.

14. Non-Emergency Patient Transport Services (NEPTS) provide an essential lifeline for people unable to use public or other transport due to their medical condition. These much-needed journeys support patients who are;
- ❖ Attending hospital outpatient clinics;
 - ❖ Being admitted to or discharged from hospital wards;
 - ❖ Needing life-saving treatments such as radiotherapy, chemotherapy, renal dialysis or DVT treatment;
15. Further details of EEAST’s service remit, priorities, staff, fleet and estate assets, service targets, and co-working relationship with other healthcare and blue light partners are set out for information at **Annex 1**.

Sizewell C Proposals

16. Sizewell C (SZC) is a nationally significant infrastructure project under the Planning Act 2008, which is understood to have a project value of £40 billion pounds.
17. With a site generating capacity of 3,340 megawatts, and following an anticipated 12-year construction phase (2023-35) it is expected to deliver electricity to 6 million homes over its operational lifetime to 2100.
18. The SZC project encompasses a ‘strategic scale’ of construction and operational phase development, comprising the site of the nuclear power station, along with other permanent and temporary development and off – site infrastructure/ facilities to support construction, as summarised below;
- ❖ A construction & operational phase site area of approximately 255 ha – significantly larger than the 117 ha area nominated for the project in National Policy Statement for Nuclear Power Generation (EN-6);
 - ❖ An indicative construction (including land reinstatement), operation & decommissioning programme (to run concurrently) of 12, 60 & 25 years respectively, with a further period for the spent fuel store;
 - ❖ A major operational area incorporating a main platform of two pressurised nuclear reactors, turbine halls, an operational service centre, cooling, waste & spent fuel storage, office, security, & storage buildings with ancillary plant, equipment & parking facilities;
 - ❖ Major on & off-shore works, incorporating hard & soft sea defences & cooling water infrastructure;

- ❖ A temporary accommodation campus & caravan site for the construction workforce, with capacity for 7,900 persons serviced by 580 staff - a further 600 construction workers would be required to develop the off-site facilities (1,080 persons in total);
- ❖ 900 full time staff during the operational phase, with 1,000 extra workers required during planned refuelling & maintenance outages every 18 months (1,900 workers);
- ❖ 1,600 car parking spaces;
- ❖ A new Sizewell link road;
- ❖ Upgrades to the primary, principal & local road (A/B class route) networks, including a new bypass for Farnham & Stratford St Andrew (A12);
- ❖ Park & ride facilities with capacity for up to 2,500 cars;
- ❖ Freight management facilities;
- ❖ A Saxmundham – Leiston Branch Line rail upgrade;
- ❖ Beach landing facilities;
- ❖ Overhead power lines & pylons;

Sizewell C Impacts Summary – Transportation

19. The proposed ‘transportation impacts’ are set out in Book 6, Chapter 10, Volume 2 of the ES. These are considered to have implications of a strategic scale encompassing the following construction phase impacts, in summary;
- ❖ 10.1 million tonnes of construction phase material to be delivered to the site by road and rail, excluding the abnormal loads to be delivered to the site by sea via the proposed beach landing facility;
 - ❖ During peak construction, up to 650 two-way lorry movements are anticipated each day rising to 1,000 two-way HGV movements on the busiest days.
 - ❖ Estimates for the Abnormal Indivisible Loads (AIL’s) including loads requiring a police escort, are currently awaited;
20. In the absence of sufficient information on AIL’s, the ES has assessed the adverse effects arising during the peak construction phase on driver and passenger delay (requiring traffic to divert onto less suitable routes) as ‘minor adverse’.

21. The ES has not, however, adequately assessed the likely impacts arising on EEAST's emergency and urgent care services, particularly category 1 and 2 tasking related to life threatening illness/ injury or emergencies, or on health and blue light partner organisations.
22. This aspect of the transportation chapter is therefore considered to be deficient, and requires further work (to incorporate AIL modelling) in liaison with EEAST and partner organisations to identify the likely impacts, severity of impact and appropriate mitigation.

Sizewell C Impacts Summary – Major Accidents & Disasters

23. The proposed 'major accidents & disasters impacts' are set out in Book 6, Chapter 27, Volume 2 of the ES. These are considered to have implications above a strategic scale incorporating potential disease pandemics.
24. The ES has assessed the outbreak of an influenza pandemic at the construction and operational phases of the development as 'not significant', with mitigation to be provided by the proposed (on – site) Sizewell Health facility at the construction phase, and via NSL compliance at the operational phase.
25. The ES has not, however, adequately assessed the likely impacts arising on EEAST's emergency and urgent care services (or on health and blue light partner organisations) in relation to potential influenza pandemics at the construction and operational phases of the development, and is therefore considered to be deficient.
26. The ES has not assessed the impacts arising at the construction and operational phases of the development from a Coronavirus type pandemic – which covers a number of respiratory virus strains which can be differentiated from influenza (such as Covid-19) which is considered to be a key omission.
27. As a consequence, the ES has not assessed the likely impacts arising on EEAST's emergency and urgent care services (or on health and blue light partner organisations) in relation to potential coronavirus pandemics at the construction and operational phases of the development, and is therefore considered to be deficient.
28. Further work is therefore required in liaison with EEAST, (and partner organisations) to identify the likely impacts, severity of impact and appropriate mitigation for influenza and coronavirus type pandemics.
29. At this stage it is considered that the ES is 'incomplete', and not therefore sufficiently robust to demonstrate that 'potentially major adverse' transportation and major accident & disaster effects (impacts) have been avoided, reduced or otherwise compensated for as part of the proposed design process, or through mitigation strategies as set out in the proposed Section 106 Heads of Terms of Agreement.

Inconsistency with National Policy Statement, National Planning Policy Framework & Development Plan Document Policy & Guidance

30. As a result of the insufficient engagement and joint working with EEAST (and its partner organisations), and its deficiency in content, the ES is considered to be incomplete, as necessary assessment and mitigation of key transportation and major accident and disaster effects (impacts) is absent.
31. The proposals are therefore considered to be inconsistent with a number of national policy statement, national planning policy framework and development plan document objectives as summarised below.
- ❖ Overarching National Policy Statement for Energy (EN-1) 2011 – Part 4 Assessment Principles & Part 5 Generic Impacts;
 - ❖ National Policy Statement for Nuclear Power Generation (EN-6) 2011 – Part 1 Introduction, Part 2 Assessment Principles, Part 3 Impacts & General Siting Principles;
 - ❖ National Planning Policy Framework (NPPF) 2019 – Section 8, Paragraph 92 for promoting healthy & safe communities;
 - ❖ Suffolk Coastal Local Plan, 2020 – Paragraphs 3.52, 3.55, Table 3.6, Policy SCLP3.4 (Proposals for Major Energy Infrastructure Projects) & Policy SCLP 3.5 (Infrastructure Provision);

Concluding Remarks

32. The East of England Ambulance Service NHS Trust (EEAST) raise a **HOLDING OBJECTION** to this application for a development consent order, as to date, an insufficient level of engagement and joint working has taken place with EEAST, and its partner organisations.
33. As a result, key impacts related to the transportation and major accidents and disasters effects have not been assessed (or mitigated), and the ES is currently considered to lack robustness and be incomplete.
34. An extension of time is required to provide for an effective level of engagement and joint working with you (and will be sought from PINS) in order to identify the nature of these outstanding impacts and devise and agree appropriate forms of mitigation.
35. This is likely to require the funding, and/ or direct provision of additional EEAST staff, fleet and estate assets, to be secured through an appropriate Section 106 Head of Term(s) of Agreement.

36. At the current time the proposals are therefore considered to be inconsistent with a number of national policy statement, national planning policy framework and development plan document objectives, as they do not adequately avoid, reduce or compensate for all the likely transportation, major accident and disaster effects arising, and do not deliver sustainable development.
37. That said, EEAST and its partner organisations are keen to work with you in order to identify and agree suitable strategies, funding and asset provision in order to address the outstanding impacts arising.
38. EEAST shall therefore be in touch at any early stage in order to progress these matters with you expeditiously.
39. It would be appreciated if you could please acknowledge receipt of this submission and we look forward to hearing from you.

Yours faithfully



James Lawson
Lawson Planning Partnership Ltd

Cc PINS, East Suffolk Council & EEAST

ANNEX 1

EEAST KEY FACTS & SERVICE INFORMATION

This section summarises EEAST's service remit, priorities, staff, fleet & estate assets (within Suffolk & NE Essex), & co-working relationship with other healthcare & blue light partners & service targets

Service Remit & Priorities

The East of England Ambulance Service NHS Trust provide accident and emergency services and non-emergency patient transport services across the East of England,

The Trust Headquarters is in Melbourn, Cambridgeshire and there are Ambulance Operations Centres (AOC) at each of the three locality offices in Bedford, Chelmsford and Norwich who receive over 1 million emergency calls from across the region each year, as well as 800,000+ calls for patients booking non-emergency transport.

The 999 service is part of the wider NHS system providing integrated patient care. Provision of 999 services is aligned closely with national and regional initiatives driven by:

- ❖ Sustainability and Transformational Partnerships;
- ❖ Integrated Care System;
- ❖ Integrated Urgent Care systems - i.e. NHS 111, Clinical Assessment Services, Urgent Treatment Centres, GP Out of Hours Services;

Additionally, regional Ambulance Trusts may collaborate closely with other ambulance services, the wider emergency services or wider system providers to deliver appropriate patient care.

To support the service transformation agenda, the key requirements are:

- ❖ To deliver the core response and clinical outcome standards as defined by the Ambulance Response Programme;
- ❖ To fulfil statutory duties relating to emergency preparedness, resilience and response (EPRR);
- ❖ Optimisation of call handling and appropriate responses through virtual alignment of NHS 111/999 and call/ CAD transfer between ambulance services;

- ❖ Increase the percentage of lower acuity calls managed through “hear and treat” and “see and treat” options;
- ❖ Utilise a virtual delivery model to support wider workforce integration for paramedics, call handlers and specialist staff with local urgent care delivery models;
- ❖ Facilitate cross boundary working and the flexible use of ambulance service resources to support the development of regional Sustainability and Transformational Plans and Integrated Care Systems.

The 999 service is free for the public to call and is available 24 hours a day, 7 days a week, 365 days a year, to respond to the population with a personalised contact service when patients:

- ❖ Require rapid transportation with life threatening illness/injury or emergencies -category 1 & 2;
- ❖ Present with lower acuity urgent and less urgent conditions -category 3 &4 requiring clinical interventions;
- ❖ Patients may be passed to 999 via other NHS health care systems, including NHS 111;
- ❖ EEAST receives over 1 million emergency (999) calls per year and 800,000 calls for patients booking non-emergency transport;

EEAST also provides urgent and emergency responses to Healthcare Professionals requiring ambulance assistance, and inter-facility transfers between hospitals and other healthcare settings, where patients require treatment at alternative sites to their current setting.

Non-Emergency Patient Transport Services (NEPTS) provide an essential lifeline for people unable to use public or other transport due to their medical condition. These much-needed journeys support patients who are;

- ❖ Attending hospital outpatient clinics;
- ❖ Being admitted to or discharged from hospital wards;
- ❖ Needing life-saving treatments such as radiotherapy, chemotherapy, renal dialysis or DVT treatment;

Service Assets

EEAST clinicians:

- ❖ Emergency Care Support Workers;

- ❖ Emergency Medical Technicians;
- ❖ Paramedics;
- ❖ Specialist Paramedics;
- ❖ Critical Care Paramedics;

Types and models of response:

- ❖ Patient Transport Service (PTS);
- ❖ CRF, Community First Responder (CFR);
- ❖ Clinical Hear and Treat, telephone triage;
- ❖ Early Intervention Team (EIT);
- ❖ Rapid Response Vehicle (RRV);
- ❖ Double Staff Ambulance (DSA);
- ❖ Hazardous Area Response Team (HART);
- ❖ Specialist Operations Response Team (SORT);
- ❖ Helicopter Emergency Medical Service (HEMS) EEAST utilise 3 x HEMS aircrafts within the region;

Ambulance Operations Centre (AOC) staff;

- ❖ 999 Call Handlers;
- ❖ Emergency Medical Dispatchers;
- ❖ Tactical Operations Staff;

EEAST support services staff cover all other corporate and administrative functions across the region.

Estates – Suffolk & NE Essex

Operational ambulance stations within Suffolk and North East Essex locality:

Table 1 – EEAST Operational Standards Thresholds

Suffolk	North East Essex	Education Centres
Saxmundham	Halstead	Newmarket Education Centre
Martlesham Heath	Colchester	Barton Mills Driver Education Centre and Workshops
Ipswich	Weeley	
Stowmarket	Greenstead	
Felixstowe	Harwich	
Sudbury	Frinton-on-Sea	
Bury St Edmunds	Clacton-on-Sea	
Bury St Edmunds (Parkway)		
Mildenhall		
Newmarket		
Thetford		

A number of bulk fuel sites are located across this geographical area.

Fleet:

The Trust has 535 Double Staffed Ambulances (DSAs) / Rapid Response Vehicles (RRVs) and 2 x Hazardous Area Response Team (HART) bases with a number of specialist vehicle resources.

Workforce & Equipment

Approximately 4,000 staff and dedicated volunteers.

Each resource has equipment specific to the operational function of the vehicle and skill level of the staff.

Specialisms

EEAST works collaboratively across our blue light partners and have joint working groups with Police and Fire Services across the region, working in partnership managing responses to incidents and

undertaking joint exercises with our dedicated resources to prepare for specialist rescue, major incidents and mass casualty incidents.

EEAST is a Category 1 Responder under the Civil Contingencies Act, 2004, playing a key role in developing multi-agency plans against the county and national risk registers. EEAST also works closely with the Military, US Air Force, Royal Protection Service and the Port of Felixstowe Police, Fire and Ambulance services.

EEAST's Emergency Preparedness Resilience Response (EPRR) team lead on the Joint Emergency Services Interoperability Principles (JESIP) working in close partnership with all blue light agencies, the Coastguard and Local Authorities. Specialist resources work with the Police in counter terrorism and developing response plans in the event of a major incident.

EEAST are an integral part of the locality's resilience response sitting on a number of safety advisory groups, east coast flood working groups and hospital emergency planning groups.

Co-working Relationship with other Blue-Light & Healthcare Partners

EEAST is an integral part of the wider healthcare system working closely with Suffolk and North East Essex Integrated Care System (ICS) and Clinical Commissioning Groups (CCGs) to deliver emergency and urgent care and are key stakeholders in supporting wider healthcare initiatives.

Within Suffolk and North East Essex, EEAST work with the CCGs in delivering additional care pathways focussing on hospital admission avoidance, this is a partnership with the local acute providers and local authorities. EEAST operate 2 x Early Intervention Response vehicles in North East Essex and a Rapid Intervention Vehicle in Suffolk. These resources work collaboratively within the system to offer holistic care to patients whilst reducing pressure on Emergency Departments.

This is EEAST's response to the requirements of the NHS Long Term Plan, with the clear narrative that in order to bring the NHS into financial balance all NHS providers must find mechanisms to treat patients in the community and out of the most expensive care setting, which are acute hospitals. This not only saves the NHS critical funding, but it also improves patient outcomes.

EPRR and Specialist Operations teams routinely train with other blue light agencies in preparedness for major incidents such as terrorist attacks and major incidents with statutory training obligations to respond to local and national incidents.

In continuing to respond to the COVID-19 Pandemic, EEAST is working collaboratively with Private Ambulance providers, the Military, volunteer Ambulance Services (such as St John Ambulance and

British Red Cross) and local Fire and Rescue Services, to increase its capacity and maintain service delivery to meet the additional demand.

EEAST Service Targets

All NHS organisations are required to report against a set of Core Quality Indicators (CQIs) relevant to their type of organisation. For ambulance trusts, both performance and clinical indicators are set as well as indicators relating to patient safety and experience.

NHS organisations are also required to demonstrate their performance against these indicators to both their commissioners and Regulators (NHS England / Improvement).

It is important to note that EEAST is also measured on how quickly a patient is transported to an appropriate location for definitive care, often in time critical circumstances.

Failure to deliver against these indicators will result in a Contract Performance Notice and could result in payment being withheld, as prescribed in NHS Standard Contract 20/21 General Conditions (Full Length) GC9 9.15

Table 2 – EEast Operational Standards Thresholds

Operational Standards	Threshold	Method of Measurement	Consequence of Breach	Timing of Application of Consequence	Application
Ambulance Service Response Times					
Category 1 (life-threatening) calls – proportion of calls resulting in a response arriving within 15 minutes **	Operating standard that 90th centile is no greater than 15 minutes	See AQI System Indicator Specification at: ██████████ ██████████ ██████████ ██████████ Review of Service Quality Performance Reports	Issue of a Contract Performance Notice and subsequent process in accordance with GC9. For each second by which the Provider's actual 90 th centile performance exceeds 15 minutes, £2.50 per 1,000 Category 1 calls received in the Quarter	Quarterly	AM
Category 1 (life-threatening) calls – mean time taken for a response to arrive **	Mean is no greater than 7 minutes	See AQI System Indicator Specification at: ██████████ ██████████ ██████████ ██████████ Review of Service Quality Performance Reports	Issue of a Contract Performance Notice and subsequent process in accordance with GC9	Quarterly	AM
Category 2 (emergency) calls – proportion of calls resulting in an appropriate response arriving within 40 minutes **	Operating standard that 90th centile is no greater than 40 minutes	See AQI System Indicator Specification at: ██████████ ██████████ ██████████ ██████████ Review of Service Quality Performance Reports	Issue of a Contract Performance Notice and subsequent process in accordance with GC9. For each second by which the Provider's actual 90 th centile performance exceeds 40 minutes, £2.50 per 1,000 Category 2 calls received in the Quarter	Quarterly	AM
Category 2 (emergency) calls – mean time taken for an appropriate response to arrive **	Mean is no greater than 18 minutes	See AQI System Indicator Specification at: ██████████ ██████████ ██████████ ██████████ Review of Service Quality Performance Reports	Issue of a Contract Performance Notice and subsequent process in accordance with GC9	Quarterly	AM
Category 3 (urgent) calls – proportion of calls resulting in an appropriate response arriving within 120 minutes **	Operating standard that 90th centile is no greater than 120 minutes	See AQI System Indicator Specification at: ██████████ ██████████ ██████████ ██████████ Review of Service Quality Performance Reports	Issue of a Contract Performance Notice and subsequent in process accordance with GC9. For each second by which the Provider's actual 90 th centile performance exceeds 120 minutes, £2.50 per 1,000 Category 3 calls received in the Quarter	Quarterly	AM
Category 4 (less non-urgent "assess, treat, transport" calls only) – proportion of calls resulting in an appropriate response arriving within 180 minutes **	Operating standard that 90th centile is no greater than 180 minutes	See AQI System Indicator Specification at: ██████████ ██████████ ██████████ ██████████ Review of Service Quality Performance Reports	Issue of a Contract Performance Notice and subsequent process in accordance with GC9. For each second by which the Provider's actual 90 th centile performance exceeds 180 minutes, £2.50 per 1,000 Category 4 calls received in the Quarter	Quarterly	AM