East of England Ambulance Service NHS Trust

By Email Only:
SARC@equinor.com

Sarah Chandler
Equinor New Energy Limited
1 Kingdom Street
London
W2 6BD

East of England Ambulance Service NHS Trust
Hammond Road
Bedford
MK41 0RG

Date: 14th November 2022

Our Ref: PIN 20033303

Dear Ms Chandler

Sherringham Shoal & Dudgeon Offshore Wind Farm Extension Projects
APPLICATION REFERENCE No. EN010109

Application by Equinor New Energy Ltd for an Order Granting Development Consent for the Sheringham & Dudgeon Offshore Wind Farm Extension Projects – Relevant Representation by The East of England Ambulance Service NHS Trust (EEAST) Pursuant to Section 56 of The Planning Act 2008

We write in response to the Secretary of State for Levelling Up, Housing & Communities decision to Accept the above application for an Order granting development consent on 3rd October 2022, and note the timeline for registering as an 'interested party' and the making of relevant representations by 23:59 on 14th November 2022.

EEAST has reviewed the DCO application documentation and raises a non-statutory **HOLDING OBJECTION** on the following basis:

- Insufficient scoping work has been undertaken to date - to determine a suitable study area, baseline assessment & approach to identify the likely environmental, social and cumulative effects of the development on EEAST's operations

- Insufficient measures are proposed to avoid, reduce, mitigate and compensate for the likely Scheme impact on EEAST's operations (summarised below) during the construction phase of the development

- Omission to include suitable DCO Requirements &/or Heads of Terms of Agreement, either via a Section 106 planning obligation or Deed of Obligation - to provide funding

and new facilities provision, as required, to increase the capacity, response capability and Project Preparedness for EEAST's staff, vehicle fleet and estate assets to mitigate and manage the impacts arising

- Omission to include suitable Terms of Reference, Membership or a Communications Strategy for a Transport, Community Safety, Health and Wellbeing Working Group to be set up - to inform and assist the management of relevant aspects of the construction, operational and decommissioning phases of the Projects requiring a coordinated response from health & blue light partners, including EEAST, NHS Norfolk and Waveney Integrated Care Board, Norfolk and Suffolk Constabulary and Norfolk Fire and & Rescue Service.

EEAST, together with the Norfolk and Waveney ICB, Norfolk Constabulary and Norfolk Fire & Rescue Service, is therefore keen to work with Equinor New Energy Ltd (ENEL) to address these omissions and agree and secure suitable mitigation and management measures either as a DCO Requirement and/or a Section 106 planning obligation (or Deed of Obligation) and reflect this position within a Statement of Common Ground by commencement of (or at an early stage during) the forthcoming Examination.

East of England Ambulance Service NHS Trust

EEAST is commissioned by Suffolk and North East Essex Integrated Care System (ICS) on behalf of all ICSs to provide 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 within the Broadland DC, North Norfolk DC, Norwich CC and South Norfolk DC areas covering the location of the 'on – shore' Order Limits of the Sherringham and Dudgeon Scheme.

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.

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 and 2

- Present with lower acuity urgent and less urgent conditions - category 3 and 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.

Details of EEAST's service remit, priorities, staff, vehicle fleet and estate assets, service targets, co-working relationship with other healthcare and blue light partners, along with its operational standards and thresholds, are set out for information at **Annex 1 & Annex 2**.

Sherringham & Dudgeon Extension Project Proposals – Location & Overview

The Sherringham Shoal Offshore Windfarm Extension Project (SEP) and Dudgeon Offshore Windfarm Extension Project (DEP) would each have a maximum export capacity greater than 100 megawatts (MW), and are located 15.8 km and 26.5 km from the North Norfolk Coast at their respective points.

SEP and DEP would be connected to shore by offshore export cables installed to the landfall at Weybourne on the North Norfolk Coast. From there, the onshore export cables are routed approximately 60 km inland to a new high voltage alternating current onshore substation near to the Norwich Main Substation.

The construction programme retains flexibility for SEP and DEP to be constructed either at the same time or at different times, as follows:

- 4 years if constructed at the same time;
- 4 years for each Project if constructed at different times;
- 2 to 4 - year duration between each project if constructed at different times, with a maximum construction period of 8 years.

Following the issue of any DCO, and once constructed, the operational lifetime of each project is expected to be 40 years, following which decommissioning would take place.

Scheme Components Summary

The applicant's Environmental Statement (ES) Volume 1, Chapter 4 – Project Description, August 2022, (Document Reference 614) outlines the key offshore and onshore components, which are summarised below;

Offshore

- SEP – between 13 & 23 wind turbines, each with a maximum rotor tip height above the highest astronomical tide of 330m, a rotor diameter of up to 300m & with an overall rated electrical capacity of between 15MW & 26MW;
- DEP – between 17 & 30 wind turbines, each with a maximum rotor tip height above the highest astronomical tide of 330m, a rotor diameter of up to 300m & with an overall rated electrical capacity of between 15MW & 26MW;
- Subsea cables linking the offshore substation platforms (OSP's) to the landfall, along with interlink cables, infield cables, external cable protection & fibre optic communications cables;

- Temporary working areas.

Onshore/Landfall

- Up to two ducts installed under the cliff;
- Up to two transition joint bays to house the connection between the offshore & onshore cables;
- Ducts installed underground to house the electrical cables along the onshore cable corridor;
- Onshore cables installed within ducts;
- Joint bays & links boxes installed along the cable corridor;
- Trenchless crossing zones at relevant road, railway & sensitive wildlife habitat locations;
- Temporary construction compounds & accesses;
- An onshore substation & onward 400kV connection to the existing Norwich Main substation;
- Permanent operational substation access.

The Scheme has three distinct phases incorporating construction, operation and decommissioning, and the principal development and associated activities arising at each stage are summarised below:

Construction Phase

The ES, as noted above, envisages a 4 to 8-year construction programme with commencement by 2025 at the earliest and completion in either 2029 or 2033 depending on the approach adopted.

The maximum offshore windfarm site areas are 97 km2 for SEP and 114.75 km2 for DEP with a combined area of 211.75 km2.

It is evident that implementation of SEP and DEP would involve major construction processes, incorporating complex and specialised activities and equipment working at offshore and onshore locations, including during hours of darkness.

Following the site survey stages the ‘offshore work’ would (in summary) incorporate seabed preparation, dredging, pile driving, pile drilling, rock installation for scour protection, erection of the main turbine, platform and substation structures, cable trenching and laying, cable crossings, materials and bulk flammable liquids handling and transportation on land and sea.

A range of construction vessels would be required, including jack-up barge vessels with excavators for excavations and cable laying, crane, rock bulk, foundation installation, scour, commissioning and accommodation vessels, with a total of 1,196 vessel movements envisaged in conjunction with SEP and DEP implementation.

At the 'landfall' location in Weybourne a series of construction activities would be required including (in summary) installation of cables in beach and inter-tidal locations by non-displacement plough and drilling rigs.

For the 'onshore work' a main construction compound along with a further 8 x secondary construction compounds are envisaged. A further 2 x compounds for the landfall compound and substation are also envisaged.

The principal activity associated with the onshore work relates to the construction of the cable corridor which would be 60m in width extending to100m for trenchless crossings, with parallel haul roads.

Trenches would be up to 2m in depth x 3m in width, with major and minor road, rail and river crossings envisaged in order to implement the work. Up to 396,000m3 of trench arisings are envisaged in connection with SEP and DEP.

The onshore substation is proposed to be located in arable land south of the existing Norwich Main Substation, with a permanent access road installed.

Construction Workforce, Hours of Work & Traffic

The applicants Environmental Statement (ES) Volume 1, Chapter 27 – Socio-Economics & Tourism, August 2022, (Document Reference 614) states that a construction workforce of 670 is envisaged for implementing SEP and DEP.

Approximately 330 workers (50%) are likely to be non-East Anglia based and would require accommodation.

Onshore construction within the area defined as 'landward of mean low water' would take place between 0700 hours & 1900 hours Monday to Friday, and 0700 hours to 1300 hours on Saturdays with no activity on Sundays or bank holidays.

Outside of these hours onshore construction work may be required for essential activities such as

- Continuous periods of operation, such as concrete pouring, Horizontal Directional Drilling (HDD) & pulling cables through ducts;

- Delivery of abnormal indivisible loads that may otherwise cause congestion on the local road network.

For offshore construction activities (seaward of mean low water) 24 hours/ day and 7 days/ week working patterns are envisaged.

It is assumed that an Outline Construction Environmental Management Plan would be a DCO Requirement to inform the approach to the construction phase.

The applicants Environmental Statement (ES) Volume 1, Chapter 24 – Traffic & Transport, August 2022, (Document Reference 6124) outlines the potential impacts arising from the onshore construction phase from traffic.

The approach is based on an assessment of the volume of traffic associated with construction activities and magnitude of effect. Whilst peak and total traffic flows are not presented for each month of the construction phase (unlike some other NSIP Schemes) forecasts are provided for an identified number of highway links based on an uplift on their Annual Average Daily Traffic (AADT) flows.

It is evident from the 153 x highway links assessed, that a significant number of links (including existing sensitive links) exceed the screening threshold Guidelines for the Environmental Assessment of Road Traffic (GEART) when forecast traffic flows from the concurrent SEP/ DEP schemes are factored in.

A selected summary from the ES findings is outlined below:

- 63 of the 153 links assessed exceed the GEART threshold;
- Link ID 84 The Broadway/unnamed Road, is impacted in the peak hours by 97 HGV's & 185 traffic movements overall, leading to an increase of 4560%;
- Link ID 128 (Mangreen Lane) is impacted in the peak hours by 287 HGVS's & 667 traffic movements overall, leading to an increase of 2316%;
- Link ID's 147-149 (Breck Road/Weston Green Road/Unnamed Road) are impacted by 79 HGV's & up to 178 traffic movements overall, leading to an increase of 1494%.

The ES states that the implementation of SEP/DEP would also lead to driver delay caused by capacity constraints, highway constraints and road closures of up to 2 weeks in duration.

In view of this mitigation is proposed via an Outline Construction Traffic Management Plan which envisages the following approach;

- Caps on the number of vehicles that can use up to 13 x links;
- Provision of passing places & escort vehicles;
- Minibus transit & car sharing.

This position is noted and referred to further below - in the light of the Project impact on EEAST's operations.

Abnormal Indivisible Loads (AILs)

The applicant's Environmental Statement Volume 3, Appendix 24.2 Abnormal Indivisible Load (AIL) Study, August 2022 (Document reference 6.3.24.2) considers the feasibility of delivering substation transformers to the Norwich Main Substation in Norfolk.

The Report states that the delivery of transformers would require Special Order movements of above 150te gross loads, and the potential transport weight of the transformers required at the new substation is considered at this stage to be 224te nett.

Whilst the scope of the Report is principally focused on 'route planning feasibility' from Kings Lynn Port to Norwich, which remains unresolved at present due to highway structure and land constraints, it is evident that AIL's are likely to be a key highway network impact requiring appropriate mitigation and management.

It is noted that the Transport Chapter of the ES does not seem to address the issue of AIL's, and information is therefore required on the forecasted number, type, route selection, timing and duration of these highway related impacts.

Major Accidents & Disasters

The applicants Environmental Statement (ES) Volume 1, Chapter 4 – Project Description, August 2022, (Document Reference 614) includes a section on Major Accidents & Disasters.

The ES cites the Control of Major Accident Hazards (COMAH) Regulations 2015 (as amended) which defines a **major accident** as "*an occurrence (including in particular, a major emission, fire or explosion) resulting from uncontrolled developments in the course of operation of any establishment and leading to serious danger to human health or the environment, immediate or delayed, inside or outside the establishment and involving one or more dangerous substances*".

A **disaster** is not defined in the ES.

The ES states that offshore wind developments have an intrinsically low risk of causing major accidents, wherein turbine performance is constantly monitored, with any issues quickly detected and addressed through pre-prepared Safety Management Action Plans.

Offshore cables would be buried where feasible to minimise any 'snagging risk' from vessels. Offshore and onshore cables are designed to 'trip out' automatically should any failure in insulation be detected and are considered to pose little risk to the public.

Whilst the risk of substation fires are considered to be historically low, the highest appropriate levels of fire protection and resilience are to be specified for the onshore substation to minimise fire risk.

Lubricants, fuel and cleaning equipment required by the Projects would be stored in suitable facilities designed to meet the relevant regulations and policy guidance.

A small number of construction and operational phase worker fatalities are acknowledged by the offshore wind industry, which has been minimised by the use of controlled construction sites onshore, and vessel safety zones offshore.

A Code of Conduct would be enacted for suppliers, contractors and subcontractors, with necessary health & safety training provided.

Although not stated, it is assumed that the relevant Code of Conduct and Health & Safety measures would be secured as Requirements of the DCO.

Human Health

The applicant's Environmental Statement (ES) Chapter 28 – Health, August 2022 (Document reference 6.1.28) states that the topic of health has been assessed in the light of policy guidance contained in the following documents;

- Overarching NPS for Energy (EN-1);
- NPS for Renewable Energy Infrastructure (EN-3);
- NPS for Electricity Networks Infrastructure (EN-5).

In light of the above, the remit of 'health effects' covered in the ES has focused on noise, air quality, ground & water contamination, physical activity, journey times and reduced access, employment, socio-economics and tourism.

The ES states that the impacts would not be significant in EIA terms, and 'minor beneficial' for population health overall.

Potential Impacts on EEAST Service Areas & Capacity

Project Environmental & Social Effects

Review of the Equinor New Energy Ltd (Applicant's) environmental statement and related DCO documentation, indicates that the Projects potential effects (impacts) on EEAST's operational capacity, efficiency and resources (namely staff, vehicle fleet and estate assets) have not been baselined, sufficiently assessed or mitigated to date.

EEAST is therefore keen to work with the Applicant to ensure this omission is addressed by further information being prepared to inform a robust DCO Application for examination.

In particular, EEAST wishes to agree and secure suitable mitigation and management measures as part of the DCO Requirements and/ or via a Section 106 planning obligation (or Deed of Obligation) and reflect this position within a Statement of Common Ground by commencement (or at an early stage) of the forthcoming Examination.

EEAST's principal areas of interest and concern are summarised below.

EEAST Principal Areas of Interest & Concern

Information for Inclusion Within Scope of the DCO Application Documents & Related Mitigation & Management Measures

The principal areas of Project interest which are likely to significantly impact on EEAST's operational capacity, efficiency and resources requiring necessary and appropriate mitigation and management measures are outlined below - in light of the information and assumptions presented in the DCO Application.

Highways, Traffic, Transport & AIL's

It is evident that a major level of onshore construction works incorporating cable corridors, trenchless crossings, haul roads and works compounds, requiring localised road widening measures, road closures and route diversions - along with significant HGV (and an unspecified number of additional/ AIL led) traffic movements are envisaged.

This would take place as part of an extensive 4 to 8 - year construction phase program, required to implement the Sherringham and Dudgeon Offshore Windfarm Extension Projects.

Information to determine the effects arising from the construction phase of the Projects and the likely impact on EEAST's operational capacity, efficiency and resources (including the likely highway disruption and delay) is currently absent from the DCO documentation and its related mitigation measures.

This information therefore needs to be presented and assessed, with any necessary mitigation and management measures secured and implemented through DCO Requirements, and/ or via a Section 106 planning obligation or Deed of Obligation, as part of any Development Consent Order approval.

Major Accidents & Disasters

It is evident that a significant level and duration of construction phase work reliant on the use of sea-based construction vessels, large-scale heavy lift plant and specialist machinery/ equipment, producing noise, heat, vibration and dust (with work carried out during potentially adverse weather conditions) is likely to present construction site hazards and dangers both at sea and on land.

Working on sea platforms, coastal, cliff edge and uneven ground, with moving machinery lifting and transporting materials, and working at depth, including the potential for trench collapse, for example, underlines the risks associated with the construction related activities – requiring both urgent and other medical interventions and transport conveyance (including specialised airborne tasking/ conveyance) to be appropriately planned for and provided.

Indeed, HSE's construction publications (for Great Britain) indicate that work related incidents involving serious injury and fatalities, are statistically significantly higher for the construction industry as compared to the 'all industry' rate.

Information to determine the effect of the construction phase and its impact on EEAST's operational capacity, efficiency and resources is currently absent from the DCO documentation, and its related mitigation measures however.

In the event of a construction phase accident, appropriate procedures would need to be put in place for emergency access, on-site triage, medical assessment and patient identification, stabilisation and transfer to an appropriate healthcare setting.

The processes and procedures developed by Equinor, and any outsourced construction organisations, should refer to legislation and technical guidance which places a duty on Equinor to have its own response and medical mitigation to take the patient to a place of 'normal access' and handover to EEAST crews.

EEAST would expect any trench collapse to fall under the confined space regulations and Equinor, the construction company and/or contractor(s) should have access to a confined space trained team that could extricate a casualty safely.

Plans and contingencies for facilitating emergency access, on-site triage, medical assessment, patient identification, stabilisation, clinical information, safe and efficient handover to EEAST responders, whilst sustaining operationally optimal attendance times (noting the likely delay factors above) which in urgent cases may require Helicopter Emergency Medical Services (HEMS) and/or Air-Sea Rescue access eg National Lifeboat Institution (RNLI), is therefore considered to be necessary.

The incidence and impact of major accidents (and disasters) on EEAST and its HEMS partner operational capacity, efficiency and resources, including EEAST hazardous area response teams – HART, (which may also require co-ordination and joint tasking with the Maritime & Coastguard Agency) needs to be presented and assessed, with any necessary mitigation and management measures secured and implemented through DCO Requirements, and/ or via a Section 106 planning obligation or Deed of Obligation, as part of any Development Consent Order approval.

Population Increase, Health & Wellbeing

It is evident that during the anticipated 4 to 8 - year construction period, a significant number of construction workers are required to implement the components of the Scheme.

Information to determine the nature of the construction workforce, their home origin, health status, clinical dependencies, location of any temporary accommodation, which are factors likely to directly impact on EEAST's operational capacity, efficiency and resources, including its co-ordinated response with healthcare and blue light partners, is currently insufficiently dealt with in the DCO documentation.

This information therefore needs to be presented and assessed, with any necessary mitigation and management measures secured and implemented through DCO Requirements, and/ or via a Section 106 planning obligation or Deed of Obligation, as part of any Development Consent Order approval.

Joint Working With EEAST, Health & Blue Light Partners

Transport, Community Safety, Health & Wellbeing Working Group

In the light of the above, EEAST recommend that appropriate Terms of Reference, Membership and a Communications Strategy for a Transport, Community Safety, Health and Wellbeing Working Group is established, potentially in advance of the Examination.

This would help to inform and assist the management of relevant aspects of the Projects requiring a coordinated response from 'health and blue light partners', incorporating representatives from EEAST, NHS Norfolk and Waveney ICS, Norfolk & Suffolk Constabulary and Norfolk Fire and Rescue Service as well as organisations such as Royal National Lifeboat Institution.

Concluding Remarks

EEAST welcomes the opportunity to respond to the Sheringham & Dudgeon Offshore Wind Farm Extension Projects which has been Accepted for Examination, and following review of the DCO documentation raises a non-statutory **HOLDING OBJECTION,** due to its omission to address EEAST's principal areas of interest and concern outlined above.

EEAST considers that the Projects are likely to give rise to significant effects on its operational capacity, efficiency and resources (incorporating its staff, vehicle fleet and estate assets) which have not been baselined or sufficiently assessed by the Sherringham & Dudgeon Extension Projects to date.

The Projects are therefore considered to adversely affect EEAST's ability to meet and deliver its targets and priorities (statutory duties) as a key healthcare and emergency services provider.

Identified impacts arising from the development should therefore be addressed by employing appropriate mitigation and management measures - to be secured and implemented through DCO Requirements, and/ or via a Section 106 planning obligation or Deed of Obligation, as part of any Development Consent Order approval.

This approach ought to be reflected in a Statement of Common Ground to clarify the position reached and inform the forthcoming Examination process.

The measures ought to include a process to assist EEAST and its health and blue light partners to plan for and implement co-ordinated responses to construction phase (and any operational and decommissioning phase) Scheme impacts and incidents, to optimise patient outcomes.

We trust this is of assistance, and look forward to working with Equinor to satisfactorily address the points raised, which would enable EEAST to lift its holding objection.

Yours sincerely

[redacted]

Zoë May
Head of Business Relationships

cc:
Tom Clare, Norfolk & Waveney Integrated Care Board [redacted]
Tracey Broadwater Norfolk & Suffolk Constabularies [redacted]
Joanne Desborough, [redacted]

ANNEX 1

EEAST KEY FACTS & SERVICE INFORMATION

This section summarises EEAST's service remit, priorities, staff, vehicle fleet and estate assets, and co-working relationship with other healthcare and blue light partners and service targets

Service Remit & Priorities

The East of England Ambulance Service NHS Trust provide accident and emergency 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, ie 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 and 2
- Present with lower acuity urgent and less urgent conditions - category 3 and 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) is an ICS commissioned service 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 or other healthcare location
- 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:

- Community First Responder (CFR)
- Patient Transport Service (PTS)
- Clinical See and Treat
- 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 5 aircraft across 3 charities within the region

    - Magpas – 1 x aircraft from RAF Wyton
    - East Anglian Air Ambulance – 2 x aircraft form Cambridge and Norwich Airport
    - Essex and Herts Air Ambulance – 2 x aircraft form North Weald and Earls Colne

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

The Trust is rolling out a Hub and Spoke network with up to 18 hubs to provide regional premises for delivery of operational responses to calls, flow of ambulance preparation via the Make Ready function (cleaning and restocking of ambulances) and despatch of ambulances to local spokes (reporting posts/response posts/standby locations). Support services such as workshop facilities, clinical engineering (medical equipment store and workshop), consumable product stores and support office accommodation are also provided from Hubs.

- Ambulance Station Central Reporting Post - A 24/7 - Permanent reporting base for staff and primary response location for one or more vehicles. Provision of staff facilities.
- Ambulance Station Response Post - A primary response location, which includes staff facilities but is not a reporting base for staff.
- Standby Location - Strategic locations where crews are placed to reach patients quickly. Facilities used by staff are provided on an informal basis only by agreement with the relevant landowner.

Ambulance Stations in the Sherringham & Dudgeon Extension Projects area are:

Sherringham	Longwater
Cromer	Norwich (N&N)
Fakenham	Norwich (Trowse)
North Walsham	Norwich (Earlham)
Dereham	Norwich Office & AOC (Hellesdon)
Attleborough	Sprowston

Vehicle Fleet

- 387 front line ambulances
- 178 rapid response vehicles
- 175 non-emergency ambulances (PTS and HCRTs vehicles)

- 46 HART/major incident/resilience vehicles located at 2 x Hazardous Area Response Team (HART) bases with a number of specialist vehicle resources.

Workforce & Equipment

Approximately 4,000 staff and 800+ volunteers across 120 sites. 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, Stansted Airport 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 and Healthcare Partners

EEAST is an integral part of the wider healthcare system working closely with the Norfolk and Waveney Integrated Care System (ICS) to deliver emergency and urgent care and are key stakeholders in supporting wider healthcare initiatives.

Within Norfolk and Waveney, EEAST work with the ICSs in delivering additional care pathways focussing on hospital admission avoidance, this is a partnership with the local acute providers and local authorities. EEAST operate Early Intervention Response vehicles and a Rapid Intervention Vehicle. 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.

ANNEX 2

EEAST Operational Standards & Thresholds
Ambulance Service Response Times

Operational Standards	Threshold	Consequence of Breach
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	Issue of a Contract Performance Notice and subsequent process in accordance with GC9. For each second by which the Provider's actual 90th centile performance exceeds 15 minutes, £2.50 per 1,000 Category 1 calls received in the Quarter
Category 1 (life-threatening) calls – mean time taken for a response to arrive	Mean is no greater than 7 minutes	Issue of a Contract Performance Notice and subsequent process in accordance with GC9
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	Issue of a Contract Performance Notice and subsequent process in accordance with GC9. For each second by which the Provider's actual 90th centile performance exceeds 40 minutes, £2.50 per 1,000 Category 2 calls received in the Quarter
Category 2 (emergency) calls – mean time taken for an appropriate response to arrive	Mean is no greater than 18 minutes	Issue of a Contract Performance Notice and subsequent process in accordance with GC9
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	Issue of a Contract Performance Notice and subsequent in process accordance with GC9. For each second by which the Provider's actual 90th centile performance exceeds 120 minutes, £2.50 per 1,000 Category 3 calls received in the Quarter
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	Issue of a Contract Performance Notice and subsequent process in accordance with GC9. For each second by which the Provider's actual 90th centile performance exceeds 180 minutes, £2.50 per 1,000 Category 4 calls received in the Quarter

For All Indicators:

Method of Measurement:	See AQI System Indicator Specification at: https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ Review of Service Quality Performance Reports
Timing of Application of Consequence	Quarterly for all indicators
Application	AM