



By Email Only:
[REDACTED]

Paul Carey
Managing Director
Medworth CHP Limited
By Email

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

Date: 15th November 2022

PINS ref. EN010110

Our Ref: 20033375

Dear Mr Carey

**Medworth Energy from Waste Combined Heat & Power Facility
APPLICATION REFERENCE No. EN010110**

Application by Medworth CHP Ltd for an Order Granting Development Consent for the construction, operation & decommissioning of the Medworth Energy from Waste Combined Heat & Power Facility – 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 2nd August 2022, and note the timeline for registering as an 'interested party' and the making of relevant representations by 23:59 on 15th 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 & cumulative effects of the development on EEAST's operations
- Insufficient measures are proposed to avoid, reduce, mitigate & 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 & new facilities provision, as required, to increase the capacity, response capability & Project Preparedness for EEAST's staff, vehicle fleet and estate assets to mitigate & manage the impacts arising
- Omission to include suitable Terms of Reference, Membership or a Communications Strategy for a Transport, Community Safety, Health & Wellbeing Working Group to be set up - to inform & assist the management of relevant aspects of the construction, operational and decommissioning phases of the Scheme requiring a coordinated response from health & blue light partners, including EEAST, Cambridgeshire and Peterborough Integrated Care System (CPICS) Cambridgeshire Constabulary & Cambridgeshire Fire & Rescue Service.

EEAST, together with the CPICS, Constabulary and Fire & Rescue Service, is therefore keen to work with Medworth CHP Ltd (MCL) 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 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 Fenland District Council area covering the location of the Medworth 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.

Non-Emergency Patient Transport Services (NEPTS) is a commissioned service providing an essential lifeline for people unable to use public or other transport due to their medical condition. Currently this service is provided by EEAST for Cambridgeshire & Peterborough Clinical ICS. 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.

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](#).

Medworth Scheme Proposals – Location & Overview

The Scheme is located on a 5.3 ha site at Algores Way Industrial Estate in Wisbech, Cambridgeshire, with vehicular access proposed via Algores Way and New Bridge Lane.

The proposed Scheme would recover energy in the form of electricity and steam, by processing over 500,000 tonnes of non-recyclable, non-hazardous municipal, commercial and industrial waste per annum.

It would have a generating capacity of over 50 megawatts with electricity being exported to the Grid. The Scheme would also have the capability to export steam and electricity to users on the surrounding industrial estate.

The Order Limits incorporate further land to facilitate a Grid Connection to the UK power Network substation at Broadend Road, Walsoken, a water connection at a point east of the A47, and a CHP connection at both Weasenham Lane and the nearby Nestle Purina site.

Following the issue of any DCO, the 3 - year construction phase would commence in 2023 followed by a 40 - year operational phase with decommissioning taking place after 2066.

Scheme Components Summary

In summary the scheme would comprise of the following key components;

- Access & road widening works incorporating:
 - the reconfiguration of the existing site access at Algores Way – to be utilised for non-HGV operational purposes
 - a new HGV only access to be formed to New Bridge Lane

- highway works to widen the carriageway with footpath provision from the Salters Way/ New Bridge Lane junction up to the existing rear boundary of the site adjoining New Bridge Lane
- consequential road closures & diversions affecting the A47, Weasenhall Lane & New Bridge Lane.
- Internal access roads, car parking & hardstanding areas
- An Energy from Waste Combined Heat & Power Facility incorporating:
 - A main building up to 52m in height x 177m in length x 102m in width
 - An integral tipping hall, tipping & waste bunkers, crane, incinerator & control room
 - Boiler house, switchgear building, diesel tanks (18m high) & urea tanks (15m high) building
 - Turbine hall receiving steam from the boiler house building to drive the turbine & generator to produce electricity - dimensioned 47m in length x 34m in width x 25m in height
 - Ancillary buildings & structures such as an administration building, workshop & stores, gatehouse, weighbridges, switchgear compound, air cooled condenser, water treatment plant, security & acoustic fencing
 - 2 x chimneys emitting treated flue gases with a maximum height of 90m with platform access to the main building
 - Plant silos & reactors dimensioned up to 22m in height
 - External lighting & CCTV.
- A water supply main connecting the site to an existing main east of the A47
- A foul water main connecting the site to an existing pumping station located north east of Algores Way
- A CHP connection incorporating a new dedicated pipeline & pipe bridge over the highway (exporting steam & receiving returned water) & private wire cables to a connection point south of Weasenham Lane
- A Grid connection incorporating a 132kv electrical connection using underground cable within a Grid Connection Corridor aligned with New Bridge Lane, Broadend Road & the western verge of the A147 connecting into the Walsoken Substation.

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 applicant's Environmental Statement (ES) Chapter 3: Description of the Proposed Development, June 2022, (Document reference Vol 6.2) envisages construction commencing shortly after any consent being granted, incorporating a 3-year construction programme with completion potentially in 2026.

A 1.6 ha temporary construction compound and laydown areas would be formed within the site, along with parking facilities, offices, workshop/ stores, welfare and mess buildings.

A wide range of fixed and mobile plant and machinery would be deployed to facilitate the construction process, incorporating site preparation and demolition of existing structures, civils work, earthworks, trenching, piling, dewatering, concrete pour for foundations, the erection of new structures (including connection and pipe bridges across Weasenham Lane and the disused March to Wisbech railway) and utilities/ network connections.

Approximately 15 x cranes would be deployed at the peak of construction, including 3 x tower cranes (75m high) 6 x mobile cranes and 6 x crawler cranes.

A temporary crane extending to 95m in height overall would be required to erect the chimneys.

Construction Workforce, Hours of Work & Traffic

The applicant's ES states that the EPC Contractor for the proposed Scheme is yet to be appointed, although a variety of international, national and local subcontractors are envisaged to construct the development.

A construction workforce (staff) of 700 is envisaged fulfilling a range of disciplines, with a peak workforce of approximately 500 in Month 14.

Construction working hours would comprise 'core hours' of 07:00 to 19:00 Monday to Friday, 08:00 to 16:00 on Saturdays with no work on Sundays or Public Holidays, other than certain limited on and off-site works related to the EfW Facility, Grid and Water Connections.

Mobilisation activities (excluding HGV movements into/ out of the Construction Compound) would take place 1 hour either side of the core working hours.

The applicant has prepared an Outline Construction Environmental Management Plan to assist the construction phase.

The applicant's Environmental Statement: Chapter 6: Traffic & Transport, June 2022, (Document reference Vol 6.2) Table 6.10 outlines the forecasted total (Two-Way) traffic flows during the construction phase - for the EfW Facility & Water Connections construction traffic (and cut/ fill & demolition construction traffic) as follows:

- Traffic flows forecasted for the 36-month construction phase - commencing with 20 x two-way HGV + 20 x two-way Light Van (LV) movements = 40 x two - way movements overall in Month 1
- Peak traffic flows forecasted in Month 14 – 187 x two-way HGV + 456 x two-way Light Van (LV) movements = 643 x two-way movements overall
- Traffic flows in Month 36 at the anticipated completion point of construction - 0 x HGV's + 74 x two - way LV's = 74 x two-way movements overall.

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

Abnormal Indivisible Loads (AILs)

The applicant's Environmental Statement (ES) Chapter 6: Traffic & Transport; Appendix 6A, Outline Construction Traffic Management Plan, June 2022, (Document reference Vol 6.4) confirms a requirement for AIL's during the construction phase.

AIL's are likely to be required to convey cranes, silos, boiler and chimney elements and the turbine generator, and at this stage an unspecified number of AIL's are envisaged.

The applicant states that all AIL's are likely to originate from a key port of arrival into the UK due to the specific engineering requirements of the EfW CHP facility. Lowestoft Port has been identified as a suitable port of entry for Abnormal Load Deliveries, with the A12 and A47 forming a key part of any route to the site.

Agreement to the movement of all AIL's required to construct the Scheme would be sought from local and strategic highway authorities, as well as the relevant police force(s) before AIL's are progressed.

Targeted measures to relocate street furniture along the route, including localised highway improvement works at the Cromwell Road/ New Bridge Lane junction are envisaged.

Major Accidents & Disasters

The applicant's Environmental Statement (ES) Chapter 17: Major Accidents & Disasters, June 2022, (Document reference Vol 6.2) states that this topic has been 'scoped out' from environmental assessment, as the effects arising from the proposed development are not considered to be significant.

The ES defines a *major accident* as "an occurrence resulting from an uncontrolled event caused by a man-made activity or asset leading to serious damage to Receptors".

A *disaster* is used to describe "a natural occurrence leading to serious damage to Receptors".

In both cases the ES states that the effects could either be immediate or delayed.

The applicant is proposing a range of embedded and procedural measures and legislative compliance, to address the potential for major accidents and disasters occurring at the construction and operational phases of the development, with key provisions summarised below:

- All construction activities to comply with the Construction (Design & Management) Regulations 2015
- An Integrated Management System (IMS) to be implemented to ensure compliance with all UK Health & Safety & Environmental Legislation
- IMS to be tailored to suit the proposed development & will achieve certification to ISO 9001, ISO 14001, ISO 50001 & ISO 45001
- IMS to incorporate risk assessment processes, including inspection, maintenance, safe systems of work, management of visitors & emergency response procedures, along with an Accident Management Plan & regular audits
- Development to comply with the Dangerous Substances & Explosive Atmospheres Regulations 2002.

The ES states that the relevant measures would be secured in the DCO.

Human Health

The applicant's Environmental Statement (ES) Chapter 16: Health, June 2022, (Document reference Vol 6.2) states that this topic has been 'scoped out' from environmental assessment, as the effects arising from the proposed development are not considered to be significant.

The ES focuses on the likely Scheme effects in relation to physical and mental health, and the proposed development has been screened using a framework principally agreed with Public Health England.

The Framework considers a range of factors that influence health and wellbeing, including the following:

- Access to key services & facilities
- Physical security
- Access to green infrastructure
- Employment & training opportunities
- Noise & air quality
- Community perceptions of risk have also been considered.

Table 16.14 in the ES outlines a range of environmental measures related to health which are embedded in the Scheme, and which are proposed to be secured as Requirements of the DCO and/ or via an Environmental Permit.

The measures incorporate Scheme design features, liaison with the local community, an employment & skills strategy, construction environmental management plan, implementing the Considerate Contractors Scheme initiatives, integrated management system and a construction transport & management plan.

Potential Impacts on EEAST Service Areas & Capacity

Scheme Environmental & Social Effects

Review of the Medworth CHP Ltd (Applicant's) environmental statement and related DCO documentation, indicates that the Scheme's potential effects (impacts) on EEAST's operational capacity, efficiency and resources (namely staff, vehicle fleet and estate assets) have not been baselined or sufficiently assessed 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 Scheme 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 new and reconfigured existing access arrangements, localised road widening measures, road closures and route diversions along with significant HGV, LV (and an unspecified number of additional/ AIL led) traffic movements are envisaged, as part of the major 36 - month construction phase to implement the proposed Energy from Waste Combined Heat & Power proposals (the Scheme).

Information to determine the effects arising from the construction phase of the Scheme and its 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 large-scale plant, heavy and specialist machinery/ equipment, producing noise, vibration and dust (with work carried out during potentially adverse weather conditions) is likely to present construction site hazards and dangers.

Working on 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 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.

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 MCL, and any outsourced construction organisations, should refer to legislation and technical guidance which places a duty on MCL 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 MCL, 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) access, 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) 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 3-year construction period, a significant number of 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 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 Scheme requiring a coordinated response from 'health and blue light partners', incorporating representatives from EEAST, CPICS Cambridgeshire Constabulary and Cambridgeshire Fire and Rescue Service.

Concluding Remarks

EEAST is pleased to respond to the Medworth Energy from Waste Combined Heat & Power Scheme 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 Scheme is 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 Medworth Scheme to date.

The Scheme is 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 Medworth CHP Ltd to satisfactorily address the points raised above, which would enable EEAST to lift its holding objection.

Yours sincerely



Zoë May
Head of Business Relationships

cc:

Iain Green, Cambridgeshire County Council
Peter Catchpole, Fenland District Council
David Parke, Cambridgeshire & Peterborough Integrated Care System
Jackie Golby, Strategic Director of Estates, Cambridgeshire Constabulary
Cambridgeshire Fire & Rescue

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 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 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) 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) (volunteers)
- 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 Medworth Scheme area are:

Peterborough (Hub)
Wisbech
March
Downham Market
Kings Lynn (Hub)

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 North Essex Integrated Care System (ICS) to deliver emergency and urgent care and are key stakeholders in supporting wider healthcare initiatives.

Within Cambridge and Peterborough, 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 90 th 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 90 th 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 90 th 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