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East of England Ambulance Service NHS Trust
Hammond Road
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Date: 19th February 2024
Our Ref: RIWMF/20047091/ZM

Dear Sir

**RIVENHALL INTEGRATED WASTE MANAGEMENT FACILITY
DCO APPLICATION REFERENCE EN010138
EEAST REGISTRATION ID NO: 20047091**

Application by Indaver Rivenhall Limited for an Order Granting Development Consent for the Rivenhall Integrated Waste Management 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 Planning Inspectorates decision to Accept this application for an Order granting Development Consent on 8 December 2023, and note the timeline for registering as an ‘Interested Party’ and the making of relevant representations by 23:59 on 19 February 2024.

EEAST is an **INTERESTED PARTY** in this planning process, operating in close association with blue light partner organisations, namely Essex Police and Essex Fire & Rescue Service.

Details of EEAST’s service remit, priorities, staff, vehicle fleet and estate assets, service targets, and 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**.

EEAST has reviewed the DCO Application documentation and acknowledges that planning permission has previously been granted for an integrated waste management facility (IWMF) with a generating output of up to 49.9 megawatts (MW) pursuant to the Town & Country Planning Act 1990, as amended, under ref ESS/34/15/BTE on 26 February 2016.

It is noted that this planning permission is currently being implemented with the aim of having the IWMF completed and commissioned by the end of 2025.

The application for a Development Consent Order (DCO) relates solely to the engineering works required to increase the generating output to over 50MW, with an indicative capacity of 60 – 65MW.

The engineering works are manifested in two ‘work options’ as follows:

- Work Option 1 – an extension to the existing generating station at the Rivenhall IWMF with the effect that once extended, the Plant would have a gross installed generating capacity above 50MW comprising the following works;
 - Mechanical modifications to the actuated steam turbine inlet control valves to allow steam capacity to be increased;
- Work Option 2 – an extension to the existing generating station at the Rivenhall IWMF with the effect that once extended, the Plant would have a gross installed generating capacity above 50MW comprising the following works;
 - Installation of unrestricted actuated steam turbine inlet control valves with a capacity above 50MW.

EEAST acknowledges that these engineering works are unlikely to have a material impact on its operations.

That said, in combination with the works consented by Planning Permission (PP) ESS/34/15/BTE, the construction phase of the IWMF is considered to give rise to impacts on EEAST’s service capacity incorporating its staff, vehicle fleet and estate assets.

It is therefore requested that Indaver Rivenhall Limited (IRL) and EEAST voluntarily adopt a set of cooperation arrangements, to address EEAST’s principal points of interest associated with the IWMF as a whole.

The site location, project overview and summary of the construction works is outlined below.

Location, Project Overview & Construction Works

The IWMF is located on the former Rivenhall Airfield approximately 5km south-east of Braintree.

It amounts to approximately 25ha in area overlapping with land associated with the Bradwell Aggregates quarrying operation, accessed from the A120 (Coggeshall Road) via a 1.7 km section of private road.

The principal components of the IWMF project as a whole as outlined in the Planning Statement (document ref EN0101038/APP/7.1) are summarised below:

- Anaerobic Digestion Plant treating mixed organic waste, producing biogas converted to electricity through biogas generators;
- Materials recovery facility for mixed dry recyclable waste to recover materials comprising paper, plastic & metals;
- Mechanical biological treatment facility for the treatment of residual municipal, commercial & industrial wastes to produce a solid recovered fuel;
- De-inking & pulping paper recycling facility to reclaim paper;
- Combined heat & power plant utilising solid recovered fuel to produce electricity, heat & steam;
- Extraction of minerals to enable buildings to be partially sunken below ground level with resulting void;
- Visitor/ education centre;
- Extension to existing access road;
- Provision of offices & vehicle parking;
- Associated building & engineering works, stack (35m high) & storage tanks;
- Landscaping, planting & bunding works.

A significant level of construction phase work involving large scale plant, equipment and specialised machinery deployment/ use, engineering operations, material arisings/ deposition, import of construction material and associated HGV movements is considered likely, leading to the potential for construction phase accidents.

In addition, the haulage required to transport the componentry associated with the large scale and specialist plant outlined on the Illustrative Plan (Document ref EN0101038/APP/2.6) is likely to require the use of Articulated Indivisible Loads (AIL's).

EEAST Principal Areas of Interest

EEAST's principal areas of interest relate to the IWMF DCO Application and implementation of the works consented by PP ESS/34/15/BTE, linked to construction

phase accidents and traffic and transport impacts associated with planned AIL movements.

Construction Phase Accidents

HSE's construction statistics and 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.

In the event of a construction phase accident or incident, 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.

Plans and contingencies are therefore required for emergency access, on-site triage, medical assessment, patient identification, stabilisation, clinical information, safe and efficient handover to EEAST responders within operationally optimal attendance times - which in urgent cases may require Helicopter Emergency Medical Services (HEMS) access.

The incidence of any potentially significant or major accident would impact on EEAST and its HEMS partner operational capacity, efficiency and resources, including EEAST hazardous area response teams – HART, as appropriate.

It is considered that such scheme impacts could be addressed by appropriate mitigation and management measures being implemented via a voluntary cooperation agreement with IRL.

Articulated Indivisible Loads

AIL movements have the potential to impact on EEAST's operational capacity, efficiency and resources.

Advanced Notification concerning the nature, frequency, route management, reliance on police escort and expected time delays associated with AIL movements, would assist EEAST in managing these impacts.

It is considered that such scheme impacts could be addressed by appropriate mitigation and management measures being implemented via a voluntary cooperation agreement with IRL.

Voluntary Cooperation Arrangements

EEAST's principal points of interest arising from the IWMF DCO Application and implementation of the consented works (PP ESS/34/15/BTE) relate to construction phase accidents, and traffic and transport impacts associated with planned AIL movements.

Whilst it is acknowledged that the consented works fall outside the remit of the DCO Application and could not validly form part of a 'DCO Requirement', it is requested that

'voluntary cooperation arrangements' are instigated between IRL and EEAST - in order to mitigate and manage any such impacts arising on EEAST's service capacity.

Drawing on EEAST's engagement experience with other Nationally Significant Infrastructure Projects (NSIP's) the following measures are therefore sought;

- An Emergency Plan to be prepared by the Construction Works Main Contractor in liaison with EEAST, as part of a Code of Construction Practice, as appropriate, incorporating the following:
 - A Protocol &/or checklist Procedure for construction phase accidents/ injuries requiring EEAST or Air Ambulance tasking - with plans & contingencies for emergency access, on-site triage, medical assessment, patient identification, stabilisation & transfer to an appropriate healthcare setting via land/air ambulance;
 - This would also assist any coordinated response required from health & blue light partners, incorporating the Essex Police & Essex Fire & Rescue Service;
- Advanced Notification procedures for Articulated Indivisible Loads;
- Inclusion on the mailing list for information/ minutes arising from the quarter year meetings of the Rivenhall IWMF Site Liaison Group.

EEAST consider that it would be helpful for reference to Voluntary Cooperation Arrangements to be made in a **Statement of Common Ground** to assist the DCO Examination process.

Concluding Remarks

EEAST is an **INTERESTED PARTY** in this planning process, operating in close association with blue light partner organisations such as Essex Police and Essex Fire & Rescue Service.

EEAST is pleased to respond to the Rivenhall Integrated Waste Management Facility DCO Application which has been Accepted for Examination.

The Application in combination with the implementation of works consented by Planning Permission ESS/34/15/BTE, are considered to give rise to impacts on EEAST's service capacity incorporating its staff, vehicle fleet and estate assets.

Whilst the consented works fall outside the remit of the DCO Application and could not validly form part of a 'DCO Requirement', it is requested that **Voluntary Cooperation Arrangements** are instigated between IRL and EEAST - in order to mitigate and manage impacts arising on EEAST's service capacity.

EEAST consider that it would be helpful for reference to Voluntary Cooperation Arrangements to be made in a **Statement of Common Ground** to assist the DCO Examination process.

We trust this is of assistance and look forward to working with IRL to satisfactorily address the points raised above and have suitable mitigation and management measures instigated on a voluntary basis.

Yours sincerely



Zoë May
Head of Business Relationships

CC

Carly Vince – Senior Director, Quod (Lead Consultant to Indaver Rivenhall Limited)



ANNEX 1

EEAST KEY FACTS and SERVICE INFORMATION

This section summarises EEAST's service remit, priorities, staff, 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, 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) 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 Braintree area are currently located at:

Braintree	Chelmsford	Maldon	Witham
Great Notley, Braintree	Colchester		

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 and 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 and the Stansted Airport, port authorities, 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 the Mid and South Essex Integrated Care Board (MSE ICB) to deliver emergency and urgent care and are key stakeholders in supporting wider healthcare initiatives.

Within the Braintree area, EEAST work with the ICB 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 (see next page for summary details).

Annex 2

NHS Standard Contract National Quality Requirement Ambulance Service Response Times

National Quality Requirement	Threshold
Category 1 (life-threatening) incidents – proportion of incidents resulting in a response arriving within 15 minutes	Operating standard that 90th centile is no greater than 15 minutes
Category 1 (life-threatening) incidents – mean time taken for a response to arrive	Mean is no greater than 7 minutes
Category 2 (emergency) incidents – proportion of incidents resulting in an appropriate response arriving within 40 minutes	Operating standard that 90th centile is no greater than 40 minutes
Category 2 (emergency) incidents – mean time taken for an appropriate response to arrive	Mean is no greater than 30 minutes
Category 3 (urgent) incidents – proportion of incidents resulting in an appropriate response arriving within 120 minutes	Operating standard that 90 th centile is no greater than 120 minutes
Category 4 (less non-urgent “assess, treat, transport” incidents only) – proportion of incidents resulting in an appropriate response arriving within 180 minutes	Operating standard that 90 th centile is no greater than 180 minutes

For above 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
Period over which the Standard is to be achieved	Quarterly for all indicators

National Quality Requirement E.B.S. 8	Threshold
Following handover between ambulance and A+E, ambulance crew should be ready to accept new calls within 15 minutes and no longer than 30 minutes	>0

For above Indicator:

Method of Measurement:	See Contract Technical Guidance Appendix 2 at https://www.england.nhs/nhs-standard-contract
Period over which the Standard is to be achieved	Ongoing