NHS
East of England Ambulance Service
NHS Trust

By Email Only:
LutonAirport@planninginspectorate.gov.uk

FAO: Sian Evans
Case Manager
The Planning Inspectorate
National Infrastructure Planning
Temple Quay House
2 The Square
Bristol, BS1 6PN

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

Date: 23rd June 2023
Our Ref: LLA/ZM/RI 20038171

Dear Madam

LONDON LUTON AIRPORT EXPANSION PROJECT
APPLICATION REFERENCE TRO20001

Application by London Luton Airport Limited for an Order Granting Development Consent for the London Luton Airport Expansion Project – 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 the above application for an Order granting development consent on 27 March 2023, and note the timeline for registering as an 'interested party' and the making of relevant representations by 23:59 on 23 June 2023.

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 Project 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, Bedfordshire, Luton and Milton Keynes Integrated Care System (BLMKICS) (or successor organisations) Bedfordshire Police and Bedfordshire Fire & Rescue Service.

EEAST, together with the BLMKICS, Police and Fire & Rescue Service is therefore keen to work with London Luton Airport Ltd (LLA) 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 Luton area covering the location of the LLA Project.

EEAST covers an area of approximately 7,500 sq miles with a resident population of over six million people and employs approximately 4,000 staff operating from 130 sites who are supported by dedicated volunteers.

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 Bedford, Luton and Milton Keynes ICS covering Bedfordshire and Luton. 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, 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.**

London Luton Airport Proposals – Location & Project Overview

Location

LLA is located approximately 45 km northwest of London, and lies to the east of Luton town centre.

The site proposed for expansion amounts to 428 ha in area, and incorporates land associated with the existing airport, the existing business park to the north and north west of the airport, Wigmore Valley Park and arable land to the east.

The site boundary encompasses land within Luton Borough Council and North Hertfordshire District Council administrative areas.

Following the issue of any DCO, the three phase construction process would commence in 2025 and finish in 2041, incorporating a 5 year period of no construction activity from 2028-2032.

Project Overview – Scheme Components Summary

It is noted following review of the LLA Environmental Impact Assessment (EIA) and associated documentation that the Project aims to increase the capacity of The Airport from 18 to 32 million passengers per annum (mppa).

This would be achieved by carrying out a wide range of development and associated major works as summarised below:

- Demolition of specified existing buildings, structures & hardstandings

- Major earthworks including land raising, land recontouring operations & landfill remodelling - to create an extension to the current airfield platform

- Extension & remodelling of the existing passenger terminal (Terminal 1) to increase the capacity

- Provision of a new terminal building & boarding piers (Terminal 2)

- Airside facilities, including new taxiways, aprons, relocated engine run-up bay, fire training, fuel storage & pipeline facilities

- Landside facilities, including new buildings to support the operational, energy & servicing needs of the airport, including aircraft hangars, warehouses, hotel, coach station expansion, police station & waste recycling centre

- Surface access network improvements, including a proposed dual carriageway road accessed via a new junction on the existing New Airport Way (A1081) serving the new passenger terminal, along with forecourt & short/ long stay surface & multi – storey car parking facilities

- Enabling off - site highway & drainage works

- Extension of the Luton Direct Air to Rail Transit (DART) system with a new station serving Terminal 2

- Landscape & ecological improvements, including the reprovision of existing open space

- Further infrastructure works to facilitate a net zero airport operation by 2040, including public transport facilities, electric vehicle charging, on-site energy generation/ storage, new aircraft fuel pipeline connection, fuel storage facilities & foul/ surface water management installations

Project Phasing & Impacts

In the light of the above, the EIA and associated DCO documentation makes the following project design and construction assumptions in relation to the construction programme, construction workforce, construction traffic, bulk earthwork volumes and waste management quantities, plant and machinery, construction traffic routeing, off site highway works locations and major accident & disaster considerations:

- Project implementation stretching over 18 years (2025 – 2043) requiring a phased construction programme, considered as assessment phases, as follows:

    - Assessment Phase 1: construction period 2025 – 2027 - passenger capacity increase from 18 mppa to 21.5 mppa

- Assessment Phase 2a: construction period 2033-2036 – passenger capacity increase to 27 mppa (by 2029)

- Assessment Phase 2b: construction period 2037-2041 - passenger capacity increase to 32 mppa (by 2043)

- Up to 2,435 construction workers over the course of the implementation programme distributed as follows:

    - Assessment Phase 1 – up to 325 site workers

    - Assessment Phase 2a – up to 1,410 site workers

    - Assessment Phase 2b – up to 700 site workers

- Assumed that 48% of the construction workers would be 'home based' & living within a 60 – minute drive of the site

- Construction traffic estimates as follows:

    - Assessment Phase 1 (10 x duration quarters) – 57,866 vehicles/ 43,477 HGV's, with a peak of 8,127 vehicles/ 5,933 HGV's in a quarter

    - Assessment Phase 2a (16 x duration quarters) – 145,887 vehicles/ 106,309 HGV's, with a peak of 15,333 vehicles/ 9,966 HGV's in a quarter

    - Assessment Phase 2b (16 x duration quarters) – 71,896 vehicles/ 54,199 HGV's , with a peak of 9,687/7,072 HGV's in a quarter

    - Total for all Assessment Phases (42 x duration quarters) – 275,649 vehicles/ 203,985 HGV's

- An unspecified number of Abnormal Indivisible Loads (AIL's) are proposed to transport major items including steel, plant, prefabricated buildings, machinery & other materials/ equipment to the site, requiring articulated low loaders - the lead contractor to:

    - notify the police, highways authorities & bridge structure owners of intended AIL movements

    - prepare/ update a schedule of AIL activities across the construction period

- Bulk earthwork volume estimates for 'excavated materials' comprising – topsoil, clay, chalk, landfill, other made ground, stockpile/ landscape stockpile excavations & imported starter layer/ base drain/ gravel are as follows:

- Excavated material – 82,000 m3
- Excavated landfill – 31,000 m3
- Imported material – 43,000 m3
- Material removed from site – 3,000 m3
- Placed material – 156,000 m3
- Total bulk material handled – 315,000 m3 (676,448 tonnes)

- Construction waste quantity estimates comprising - concrete, ashphalt, steel, aggregate & earthworks granular material as follows:
  - Assessment Phase 1 – 209,280 m3/ 449,419 tonnes
  - Assessment phase 2a – 1,032,548 m3/ 2,224,666 tonnes
  - Assessment phase 2b – 465,391 m3/ 965,094 tonnes
  - Total for all Assessment Phases – 1,707,219m3/ 3,639,179 tonnes

- Use of specialised heavy plant & machinery in connection with the bulk earth works, tunnelling & building operations – including tower, crawler & mobile cranes, piling rigs/ equipment, conveyor belt systems, all terrain articulated dump trucks, excavators, bulldozers, forklifts, compressors, telehandlers, mobile crushers, rollers & soil stability machinery

- Sand & aggregate storage along with a concrete batching plant facility is likely to be necessary to assist critical concrete operations

- Creation of earthworks haul routes & general works compounds

- HGV's removing spoil or demolition material from the site & undertaking deliveries would travel via designated routes to be confirmed in the approved Construction Traffic Management Plan – route assumptions are made as follows;
  - Vehicles to access the site via the M1 & A1081 (New Airport Way)
  - Other origins/ destinations from/ to Stevenage, Hitchin, Letchworth & Baldock may utilise the A602/ A505 corridor to the east of the A1
  - Where appropriate, haul routes to be provided through the site(s) with site access points to be positioned to enable the use of haul routes, with site accesses & 'at grade crossings' of public roads to be subject to traffic management measures

- Construction traffic access routes, road closures & diversions to be determined by the lead contractors in consultation with the local highway authorities, including off site highways works at the following 17 x locations:
    - Airport Access Road
    - Windmill/ Kimpton Roads
    - A1081 New Airport Way/ B653/ Gipsy Lane
    - A1081 New Airport Way/ A505 Kimpton Road/ Vauxhall Way
    - Eaton Green/ Lalleford Roads
    - Wigmore Lane/ Crawley Green Road
    - Eaton Green Road/ Wigmore Lane
    - A1081/ London Road (North)
    - A1081 London Road (South)
    - Windmill Road/ Manor Road/ St Mary's Road/ Crawley Green Road
    - Crawley Green/ Lalleford Roads
    - A602 Park Way/ A505 Upper Tilehouse Street
    - A505 Moormead Hill/ B655 Pirton Road/ Upper Tilehouse Street
    - A602 Park Way/ Stevenage Road
    - M1 Junction 10
    - Eaton Green Road/ Frank Lester Way
    - A505 Vauxhall Way/ Eaton Green Road
- A Traffic Management Working Group (TMWG) to be formed as a forum for stakeholder engagement prior to the development commencing with representatives from – the Applicant, Airport Operator, Lead Contractor, Luton BC, Central Bedfordshire Council, Hertfordshire CC & National Highways who would have responsibility for monitoring the execution of the Construction Traffic Management Plan
- For the purposes of the EIA a 'major accident' is defined as:

- "*an uncontrolled event caused by a man made activity or asset that may result in immediate or delayed serious damage to human health, welfare and/ or the environment and requires the use of resources beyond those of LLA or its contractors to manage"*

- A 'disaster' is defined as*:*

  - *"a naturally occurring phenomenon such as an extreme weather event (storm, flood, extreme temperatures) or ground – related hazard events (e.g. subsidence, landslide, earthquake) with the potential to cause an event or situation that leads to immediate or delayed serious damage to human health, welfare and/or the environment and requires the use of resources beyond those of LLA or its contractors to manage"*

- The EIA assesses the likelihood of the Project being subject to/ giving rise to a major accident &/ or disaster as remote/ extremely improbable, & therefore not significant in EIA terms.

Potential Impacts on EEAST Service Areas

Project Environmental & Social Effects

Review of the LLA (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 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 and associated DCO documentation.

Traffic & Transport

It is evident that a significant level of demolition and construction phase work involving large scale plant, equipment and machinery deployment/ use, engineering operations, waste material arisings/ deposition, import of construction material, HGV traffic generation and related road management measures are envisaged - leading to highway network impact, delay and route diversions.

Information to determine the effect of increased HGV traffic and transport/ road network management and route diversion measures, and its impact on EEAST's operational capacity, resources and efficiency is currently absent from the EIA and associated DCO documentation.

The impact of increased HGV traffic, transport/ road network management and route diversions on EEAST's operational capacity, resources and efficiency therefore needs to be presented and assessed - with appropriate mitigation and management measures secured within a Section 106 planning obligation or Deed of Obligation, as part of any Development Consent Order approval.

Articulated Indivisible Loads (AIL)

The strategy for AILs incorporating an assessment of suitable traffic access routes, road closures and diversions for accommodating AIL and related HGV movements, is to be determined by the lead contractors in consultation with the highway authorities.

Consequently, information to determine the nature, type/size, frequency, route management reliance on police escort, and expected time delays associated with AILs, which are likely to directly impact on EEAST's operational capacity, resources and efficiency is currently absent from the EIA and associated DCO documentation.

This impact information therefore needs to be presented and assessed - with appropriate mitigation and management measures secured within a Section 106 planning obligation or Deed of Obligation, as part of any Development Consent Order approval.

Major Accidents & Disasters

A significant level and duration of demolition and construction phase work is envisaged, involving large scale plant, equipment and machinery deployment/use, hazardous and non- hazardous waste material arisings/ deposition, import of construction material, specialist construction/ engineering operations/ processes and product storage across the three construction periods.

Information to determine the effect of the demolition and construction phase and its impact on EEAST's operational capacity, resources and efficiency is currently absent from the EIA and associated DCO documentation.

HSE's construction statistic 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, appropriate procedures would therefore 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 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 (noting the delay risks above) which in urgent cases may require Helicopter Emergency Medical Services (HEMS) access, are considered to be necessary.

The incidence and impact of major accidents (and disasters) on EEAST and its HEMS partner operational capacity, resources and efficiency (including EEAST hazardous area response teams - HART) needs to be presented and assessed, with appropriate mitigation and management measures secured within 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 three construction periods a significant number of construction workers are required to implement the demolition and construction stages of the Project.

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 impact on EEAST's operational capacity, resources and efficiency, including its logistical response with healthcare partners, is currently incomplete and insufficiently assessed within the EIA and associated DCO documentation.

This impact information therefore needs to be presented and assessed, with appropriate mitigation and management measures secured within a Section 106 planning obligation or Deed of Obligation, as necessary, 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 Project requiring a coordinated response from 'health and blue light partners', incorporating representatives from EEAST, the local Integrated Care Systems (ICS's) Bedfordshire Police and Bedfordshire Fire and Rescue Service.

Concluding Remarks

EEAST is pleased to respond to the London Luton Airport Expansion Project 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 Project 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 LLA Project to date.

The Project 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) Project impacts and incidents, to optimise patient outcomes.

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

Yours sincerely

[redacted]

Zoë May
Head of Business Relationships

cc Anthony Aldridge – Programme Director, Luton Rising - London Luton Airport
Nicky Barnes, Head of System &ICS Estates - BLMKICS

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) (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 Bedfordshire and Hertfordshire are currently located in the London Luton area:

Ampthill	Berkhamstead	Hitchin	Tring
Bedford x 2	Bishops Stortford	Hoddeston	Ware
Biggleswade	Borehamwood	Kings Langley	Watford x 2
Dunstable	Buntingford	Letchworth	Watford
Kempston	Cheshunt	Potters Bar	Welwyn
Leighton Buzzard	Harpenden	Rickmansworth	Welwyn Garden City x 2
Luton x 4	Hatfield	Royston	
Sandy	Hemel Hempstead	St Albans	
Shefford	Hertford	Stevenage	

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 Bedfordshire, Luton and Milton Keynes Integrated Care System (ICS) to deliver emergency and urgent care and are key stakeholders in supporting wider healthcare initiatives.

Within Bedfordshire, 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 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

EEAST National Quality Requirements 2023-24
Ambulance Service Response and Handover Times

Ambulance Service Response Times

National Quality Requirement	Threshold
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
Category 1 (life-threatening) calls – mean time taken for a response to arrive	Mean is no greater than 7 minutes
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
Category 2 (emergency) calls – mean time taken for an appropriate response to arrive	Mean is no greater than 30 minutes
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
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

For All Ambulance Service Response Times Indicators:

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

Ambulance Service Handover Times

National Quality Requirement	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

Guidance Dn definition:	See Contract Technical Guidance Appendix 2 at https://www.england.nhs.uk/nhsstandard-contract/
Timing of Application of Consequence	Ongoing