

Use of Mutual Aid During a Critical or Major Incident Policy

V3.0

March 2025

Table of Contents

1. Introduction.....	3
2. Purpose of this Policy/Procedure	3
3. Scope.....	3
4. Definitions/Glossary.....	3
5. Ownership and Responsibilities	4
5.1. Role of the Chief Executive	4
5.2. Role of the Accountable Officer	4
5.3. Role of Care Group Management Teams.....	5
5.4. Role of the Emergency Preparedness, Resilience and Response Committee.....	5
6. Standards and Practice	5
7. Dissemination and Implementation	7
8. Monitoring Compliance and Effectiveness	8
9. Updating and Review	8
10. Equality and Diversity	8
Appendix 1. Governance Information	9
Appendix 2. Equality Impact Assessment	11

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. The Royal Cornwall Hospitals NHS Trust (hereafter referred to as the Trust) has statutory and contractual duties to have in place arrangements to respond to a wide range of incidents and emergencies including business continuity issues that could affect health or patient care. This includes Critical Incidents, Major Incidents and Business Continuity.
- 1.2. The Trust is defined as a Category 1 responder under the Civil Contingencies Act 2004 (CCA) which imposes a series of duties in relation to contingency planning. In broad terms these are to assess the risk of an emergency occurring, to maintain plans to respond to an emergency, to publish the assessments and plans in so far as this is necessary or desirable to deal with an emergency and to maintain arrangements to warn, inform and advise members of the public in the event of any emergency.
- 1.3. Care Quality Commission outcomes (4 and 6) require the Trust to make plans in advance of foreseeable emergencies to ensure the needs of people who use services will continue to be met before, during and after the emergency, and to have in place a planned response to major incidents, critical incidents and to business continuity incidents.
- 1.4. The NHS England Standard Contract specifies Service Conditions for emergency preparedness, business continuity and resilience.
- 1.5. NHS England has produced Emergency Preparedness, Resilience and Response (EPRR) guidance to reflect changes to the NHS made under the Health and Social Care Act.
- 1.6. NHS England has also produced Core Standards for EPRR which NHS organisations and providers of NHS funded care must meet to ensure that they are able to respond to a wide range of incidents and emergencies that could affect health or patient care. The core standards provide a consistent framework for self-assessment and more formal review.
- 1.7. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

This policy describes the Trust's emergency preparedness, resilience and response arrangements with regards to both receiving and providing mutual aid.

3. Scope

This policy could apply to all Trust staff.

4. Definitions/Glossary

- 4.1. **Critical Incident** - Any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, where patient may have been harmed or the environment is not safe, requiring special measures and support from other agencies to restore normal operating functions.

- 4.2. **Major Incident** – An event or situation that threatens serious damage to human welfare in a place in the UK or to the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK. The term “major incident” is commonly used to describe such emergencies. These include multiple casualty incidents, terrorism or national emergencies such as pandemic flu.
- 4.3. **Business Continuity** – Arrangements need to be in place within the Trust to be able to have the ability to continue to provide some or all of its services. The Trust needs to be able to have in place effective Business Continuity Management arrangements to minimize the impact to patients, staff, stakeholders and the Trust’s reputation.
- 4.4. Should a critical incident, major incident or business continuity issue occur (such as severe weather) it is expected that special robust management arrangements will be put in place to effectively manage the situation. This would be through the ‘command and control’ structure that remains a consistent process regardless of the incident type.
- 4.5. During the response to an incident, RCHT’s capacity and/or capability to provide a safe and effective response may be exceeded. Once internal business continuity arrangements have been exhausted, it may be necessary to seek support from other organisations in a formal documented way. This formal support is referred to as ‘mutual aid’.
- 4.6. The ‘assisting organisation’ is providing the mutual aid support **to** another organisation – the ‘requesting organisation’.

5. Ownership and Responsibilities

5.1. Role of the Chief Executive

The Chief Executive is responsible for:

- The overall accountability for the Trust’s emergency preparedness, resilience and response arrangements.
- Nominating an Accountable Officer to provide executive responsibility and leadership for emergency preparedness, resilience and response.

5.2. Role of the Accountable Officer

The Accountable Officer is a board level director, currently the Chief Operating Officer, with executive authority and is responsible for:

- Ensuring the organisation complies with legal and policy requirements for emergency preparedness, resilience and response.
- Chair meetings of the Trust’s Emergency Preparedness, Resilience and Response Committee.
- Ensuring that the organisation is properly prepared and resourced for dealing with a major incident.

- Providing assurance to the Trust Board that the organisation is compliant with EPRR requirements.
- Ensuring that the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and parties in the local communities served.
- Ensuring that the organisation complies with any requirements of NHS England or agents thereof, in respect of the monitoring of compliance.
- Providing NHS England or agents thereof, with such information as it may require for the purpose of discharging its functions.
- Ensuring that the organisation is appropriately represented at Local Health Resilience Partnership (LHRP) meetings, Local Resilience Forum meetings and any governance, sub groups or working groups as required.

5.3. Role of Care Group Management Teams

- Ensuring Care Groups are prepared to receive or contribute to the mutual aid process and that they deliver the key elements of this policy.

5.4. Role of the Emergency Preparedness, Resilience and Response Committee

The Committee is responsible for:

- Evaluating any enactment of this policy.

6. Standards and Practice

6.1. Types and Requisition of Mutual Aid

- Mutual aid is not limited to physical resources and staff. It may also include specialist advice, relocation facilities, diagnostic services, and mortuary provision. This mutual aid may be sought from other NHS providers, the voluntary sector (including faith groups), the military, private providers, emergency services, local authority and the Integrated Care Board (ICB).
- Process for requesting mutual aid – this will be through the teleconference arranged as a result of the activation of the LHRP Health Community Response Plan. The request for mutual aid will be made to NHS England at RCHT Executive level and endorsed by the ICB. Similarly, at request to RCHT as an 'assisting organisation' needs to be approved by the ICB and an RCHT Executive.
- Mutual aid should only be requested when it is known that RCHT will be depleted or overwhelmed during the response to an incident and where patients' lives are at risk.
- All mutual aid must be documented even if there is no financial implication.
- Any financial implications should be discussed prior to the mutual aid

deployment and, if necessary, may need to be approved by the ICB unless RCHT intend to fund themselves.

- During a major incident in Cornwall, University Hospitals Plymouth NHS Trust would be receiving casualties as the nearest Major Trauma Centre (MTC) and Cornwall Partnership NHS Foundation Trust would be assisting with accelerated discharge from RCHT and potentially the treatment of P3 (minor injured casualties) at either the scene or a nearby minor injury unit. Therefore, mutual aid from either of these organisations would only be appropriate if the major incident was at an RCHT site (i.e., fire requiring widespread evacuation of inpatients).
- Lessons learned from the mutual aid should be captured.

6.2. Process for Deployment as the Requesting Organisation

- HR will ensure that appropriate honorary contracts are arranged and signed for supporting staff on their arrival.
- Clinical staff will need to have medical/nursing/AHP registration check:
<http://www.hpc-uk.org/check/>
<http://www.nmc.org.uk/registration/search-the-register/>
<http://www.gmc-uk.org/doctors/register/LRMP.asp>
- RCHT will assume clinical governance and health and safety responsibilities for all staff received as the 'requesting organisation'.
- RCHT will provide access to supervision for all supporting staff and, where practical, assign host staff to work alongside supporting partner staff. They will be briefed prior to deployment within RCHT.
- RCHT will ensure that supporting staff are 'logged' on to duty in the host organisation.
- They will have their NHS Trust ID card from their employing organisation checked on arrival and should have a RCHT Trust ID card generated as soon as is practicably possible.
- It should be noted that experience has shown that new Locum staff need a whole day to complete the training necessary for all relevant clinical IT systems and this should be taken into account for the deployment.
- RCHT will review the assistance as required and agree the return of resources and staff as soon as is practical.
- RCHT will provide access to welfare facilities including refreshments and accommodation.
- RCHT will fully include any mutual aid staff in the relevant debriefs.

6.3. Process for Deployment as the Assisting Organisation

- RCHT should ensure that responding staff are appropriately trained to the standard expected for their role and that they have an in date criminal record check.
- RCHT staff should be deployed with their Trust ID card.
- Deployed staff should be briefed (as much as is possible) prior to deployment.
- Whilst all staff are individually accountable for their actions, in the event of misconduct during the assistance placement they will be disciplined under the policies of their contracted employer (the supporting partner).
- RCHT will record the costs of the mutual aid to help any later audit and multi-agency claims for retrospective financial support.
- Staff deployed should be offered occupational health/psychological support on return as if they had been deployed at RCHT.
- RCHT should be mindful of staff members' personal commitments when considering deploying them and deployed staff will be volunteers as opposed to mandated to assist.
- As stated previously, the sending of mutual aid from RCHT should be agreed with the ICB and NHS England.
- RCHT can decline any request for mutual aid for operational reasons but should fully document the reasoning behind the refusal decision.

6.4. Pre-existing Mutual Aid Arrangements

- The RCHT Severe Weather Plan covers the provision of 4x4 volunteer drivers through a tactical coordinating cell at Cornwall Council, New County Hall, Truro.
- Great Western Railway may provide a 'Rail Incident Care Team' to assist with the response at RCHT if the major incident has been caused by a train crash. This team is likely to be based in our Friends and Family Reception Centre.
- Clinically qualified ICB staff have been given basic major incident training for them to respond to an incident at RCHT. The call out list is kept in the Incident Coordination Centre.
- Public Health England may provide assistance with radiation monitoring, mass vaccination and countermeasures.
- RNAS Culdrose may fly an RCHT Medical Team to the Isles of Scilly in the event of a major incident on the islands.

7. Dissemination and Implementation

7.1. This policy will be disseminated through the EPRR Committee and stored on the Documents Library.

7.2. There are no training requirements.

8. Monitoring Compliance and Effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	The policy will be monitored if ever utilised.
Lead	Matt Overton, Head of Emergency Preparedness, Resilience and Response.
Tool	Debrief and/or formal/informal feedback.
Frequency	Only if utilised.
Reporting arrangements	A report would be generated for the EPRR Committee with recommendations for improvement/amendment.
Acting on recommendations and Lead(s)	The EPRR Committee will monitor recommendations and action planning for any deficiencies and recommendations within identified timeframes with the support of the relevant departments.
Change in practice and lessons to be shared	Lessons learnt will be developed through debrief of the incident and shared with the EPRR Committee.

9. Updating and Review

This policy will be reviewed no less than every three years.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Use of Mutual Aid During a Critical or Major Incident Policy V3.0
This document replaces (exact title of previous version):	Use of Mutual Aid During a Critical or Major Incident Policy V2.0
Date Issued/Approved:	March 2025
Date Valid From:	March 2025
Date Valid To:	February 2028
Author/Owner:	Matt Overton, Head of EPRR
Contact details:	01872 256356
Brief summary of contents:	Policy for the deployment of mutual aid involving RCHT.
Suggested Keywords:	Emergency preparedness, resilience, response, emergency planning, critical incident, business continuity, major incident, mutual aid.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Chief Operating Officer
Approval route for consultation and ratification:	EPRR Committee and EPRR core standards assurance process
Manager confirming approval processes:	Matt Overton, Head of EPRR
Name of Governance Lead confirming consultation and ratification:	Matt Overton, Head of EPRR
Links to key external standards:	NHS England Core Standards for EPRR CQC Outcomes 4 and 6

Information Category	Detailed Information
Related Documents:	RCHT Major Incident Plan NHS England – Mutual Aid Guidance for the NHS in England V0.9 NHS England Emergency Preparedness, Resilience and Response Framework Requests for Military Aid to the Civil Authorities (MACA) from the NHS in England
Training Need Identified:	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Chief Operating Officer/Emergency Planning

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
27 March 2018	V1.0	Initial issue	Matt Overton, Emergency Planning Lead
5 October 2021	V2.0	Three yearly review, layout updated, job titles updated.	Matt Overton, Emergency Planning Lead
13 March 2025	V3.0	Full Update. Updates to: template; Emergency Planning Lead now Head of EPRR; CCG now ICB; NHS England and Improvement now NHS England.	Matt Overton, Head of EPRR

All or part of this document can be released under the Freedom of Information Act 2000.

The NHS England EPRR Framework requires all EPRR related documents are kept for 30 years. RCHT requires all Policies, Strategies and Operating Procedures, including Business Plans, are kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
richt.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Use of Mutual Aid During a Critical or Major Incident Policy V3.0
Department and Service Area:	Emergency Planning, Corporate Services
Is this a new or existing document?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Matt Overton, Head of EPRR
Contact details:	01872 256356

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	The policy describes arrangements for RCHT when deploying or receiving mutual aid.
2. Policy Objectives	Mutual aid will be deployed or received in a safe and timely manner.
3. Policy Intended Outcomes	Mutual aid will maximise patient outcomes.
4. How will you measure each outcome?	If utilised, the policy will be subject to evaluation and the process will be covered in any debrief.
5. Who is intended to benefit from the policy?	All staff and patients at RCHT and other organisations that RCHT may be asked to assist.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	- Workforce: No - Patients/visitors: No - Local groups/system partners: Yes - External organisations: No - Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Emergency Preparedness, Resilience and Response Committee including RCHT staff side.
6c. What was the outcome of the consultation?	Agreed.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Matt Overton

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

[Section 2. Full Equality Analysis](#)