CHAPTER 33

NAVAL SERVICE RECOVERY PATHWAY POLICY

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ANNEXES

CHAPTER 33

NAVAL SERVICE RECOVERY PATHWAY POLICY

3301. Introduction

a. The Defence Recovery Capability (DRC) is designed to deliver a conducive military environment within which all serving wounded, injured and sick (WIS) personnel receive the appropriate support to enable an effective return to duty or transition to a properly supported and appropriately skilled civilian life[1].

b. WIS personnel are those Service men and women, including Maritime Reserves and Royal Fleet Reserves, who are unable to undertake their normal duties, within defined medical categories. NS[2] personnel are assessed as WIS when they are assigned a temporary JMES Code of M-6[3] or M-5[4].

Note. *Pregnant Servicewomen given a JMES of E6 who also receive a JMES of M-5 are not to be considered WIS (unless they have an underlying medical condition which requires them to be considered WIS) and will not be identified as such via the OBIEE dashboard.*

c. Full details of recovery entitlements for Maritime Reserves are at Annex 33K.

d. The Naval Service Recovery Pathway (NSRP) is the generic term used to describe the process by which the NS manages the recovery of WIS personnel.

e. NS personnel who have attended NSMBOS/NSMEB and who are graded in a permanent (PERM) JMES, subject to review by either NSMBOS or a Regional Occupational Health Consultant before upgrading, remain considered WIS and in the recovery pathway.

f. WIS personnel who remain broadly employable and with less demanding recovery needs are to remain in their Parent Unit and be managed through the Divisional/Regimental system. If the unit is unable to support the individual and provide them with an appropriate recovery pathway, then they may be assigned to a specialist Recovery Unit[5] depending on their personal circumstances. Those WIS personnel with the most complex recovery needs[6] may be assigned to the Naval Service Recovery Centre (NSRC) Hasler, in HMS DRAKE or, in exceptional circumstances, to an Army or RAF Recovery Unit, whichever best meets the needs of the individual as determined by a Case Conference; an overview of the NSRP is at Annex 33A.

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1. JSP 770 Chapter 5 – Tri-Service Recovery Policy.
2. Royal Navy and Royal Marine personnel; see RNTM 234/16 Para 8.
3. Unfit for any duties in the maritime environment - Long-term sick or in a MTF for >28 days or given a medical board recommendation for discharge.
4. Fit for restricted duties ashore within the limitations as stated - Not to work in ships/submarines alongside and may not be able to complete all duties required of their branch/trade ashore.
5. Recovery Cells are located within the Personnel Support Groups (PSG) located in the Portsmouth, Devonport and Clyde Naval Bases and in the Career Management Cells (CMCs) in Yeovilton and Culdrose Air Stations; Recovery Troops (RT) have been established in 30, 40, 42 and 45 Cdo units.
6. Both physical and mental.

g. Many units have personnel from the Army and RAF serving within. It should be noted that each Service has a different Recovery Pathway and 'entry' criteria and single Service (sS) policy[7] should be consulted to ensure appropriate support is afforded to the WIS individual.

h. Rehabilitation and Recovery are two distinct, but complementary, processes. Rehabilitation is primarily clinical treatment for medical conditions arising from wounding, illness or injury and is the responsibility of the Surgeon General (SG). Recovery is primarily a non-clinical activity, but may involve individuals undergoing rehabilitation, and is designed to assist personnel to return to duty or prepare them for life outside the Armed Forces. Recovery is the responsibility of the Chief of Defence People.

3302. Aim

To explain the purpose and policy for the NSRP, which seeks to achieve the following:

a. Command, manage and provide the duty of care to NS personnel who are unable to undertake their normal duties ie. to serve in a ship at sea or alongside.

b. Support individuals to achieve their maximum recovery potential so that their continued service can be effectively assessed.

c. Inform the Executive decision making process[8] on whether an individual should be discharged or retained.

d. Deliver equity and ensure the commonality and consistency of the NSRP process.

e. Deliver an optimised outcome through a patient focused approach to recovery.

3303. Command and Control

a. ACNS (Pers) 'owns' the NS Recovery Capability and is a member of the Defence Health and Wellbeing Board (DHWB).

b. Head NPS is responsible for NSRP policy, governance and assurance, which is delegated to DACOS People Support.

c. Day to day management of NSRP policy, governance and assurance is delegated to SO1 Casualty and Recovery Management (SO1 CRM) as the Chair of the NSRP WG and RN member of the Defence Recovery Steering Group (DRSG), reporting to the DHWB.

7. Army: AGAI Vol 3 Chap 99 ‘Command and Care of Wounded, Injured and Sick Service Personnel’; RAF: AP3392 Vol 5 Leaflet 125 ‘Management of RAF Personnel on Long-Term Sickness Absence’.
8. Naval Service Medical Employability Board (NSMEB).

d. Recovery is a command-led activity which is authorised by a CO in order to ensure that the Royal Navy fulfils its duty of care responsibility towards its WIS personnel. The Parent Unit[9] retains command of all NS WIS until formally re-assigned. When considering assignment to the Medical Margin (MA7A), the Career Manager and Parent Unit are to confirm any change to the 'ownership' and line management of the individual so that proper Divisional or Regimental oversight can be maintained[10].

e. The chain of command for Portsmouth PSG and Faslane Recovery cell is through the Flotilla Commander, for Devonport PSG through the Naval Base Commander; for the CMCs at RNAS Yeovilton and Culdrose through the COs RNAS and, for RTs, the Commanding Officer of the respective unit.

f. The chain of command for NSRC Hasler is through SO1 CRM to DACOS People Support. Base support is provided by Captain of the Base, Devonport (COB); RM specific regimental oversight of NSRC Hasler personnel is provided by CO 1AGRM.

3304. CONOPS

a. A Concept of Operations (CONOPS) for managing WIS is to be established by NSRC Hasler and each PSG, CMC and RT. Establishments without a specialist recovery element are to ensure that Standing/Establishment Orders has specific direction to DOs, Tp Comds and Line Managers (LMs) for the management of WIS personnel eg. creation of an IRP, home visits to those sick-on-shore, effective use of the Carers' Forum, etc. to enable optimised recovery to be achieved.

b. Generic Recovery Unit DO/Tp Comd TORs and Training Requirement are at Annex 33B.

3305. Principles

a. The Naval Service will provide a conducive military environment to enable the swiftest return to duty or properly supported transition to civilian life. For some, recovery at home may be the most appropriate option, however ALL personnel are to have a DO, Tp Comd or LM nominated who will oversee recovery and maintain contact throughout the recovery journey.

b. The management of an individual's recovery pathway is an Executive function and a key tenet of the care and oversight that should be provided within the Divisional/ Regimental system. Recovery can best be managed by the development of an Individual Recovery Plan (IRP)[11] (Annex 33C), informed by an individual's **HARDFACTS** assessment: **H**ealth, **A**ccommodation and Relocation, **D**rugs and Alcohol, **F**inance and Benefits, **A**ttitude, Thinking and Behaviour, **C**hildren and Family, **T**raining, Education and Employment, **S**upporting Agencies.

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9. The 'Parent Unit' is the Unit to which the RN/RM individual has been assigned at the start of the episode.
10. Due to the limited Divisional capacity of the CU and VL Recovery Cells, whenever possible, Parent Units should retain Divisional (and recovery) responsibility of those assigned to MA7A. The Recovery Cell POMA will be able to offer advice on recovery activity.
11. This is particularly important for those WIS personnel sent 'sick on shore' who will have no day to day management.

c. Initial management and duty of care for WIS individuals is provided by the Parent Unit through DOs, Tp Comds or LMs. Whilst it is expected that most WIS personnel serving in HM Ships, Submarines and Cdo Units will be landed/assigned[12] to a PSG/ RC/RT on medical downgrade, those serving ashore are most likely to remain in their establishment where the Unit Executive, through the Divisional/Regimental system, will monitor and oversee their recovery supported by the local medical services. The Unit Carers' Forum (BRd 3(1) Chapter 24 Annex 24B) is the most appropriate medium through which the case can be managed and assured.

d. If the WIS individual is sick-on-shore, the DO/Tp Comd/LM is to establish contact [13] within 10 days and maintain regular contact throughout the period of absence; a home visit should be conducted by day 21[14] and at least monthly thereafter. Royal Navy and Royal Marines Welfare (RNRMW) should be contacted if specialist welfare support is required.

e. Where the Parent Unit is unable to provide the specialist, long term support or duty of care required, the WIS individual may be re-assigned to a PSG/RC or RT or other more appropriate establishment as agreed by Parent Unit Carers' Forum, CM and receiving unit.

f. For the most complex[15], significant or difficult cases, a Naval Service Casualty Cell (NSCC) Case Conference (Para 3307) is to be convened to establish the most appropriate location from which an effective recovery pathway can be managed.

g. Where NS personnel are being treated for protracted or complex injuries or illnesses through the Royal Centre for Defence Medicine (RCDM), Defence Medical Rehabilitation Centre (DMRC)[16] or any other hospital, the Parent Unit remains responsible for the individual's overall management and recovery unless they are formally reassigned to NSRC Hasler, PSG or Recovery Troop.

h. The Recovery Pathway combines a multi-disciplinary Executive, Medical, Welfare and Pastoral support service under the overall co-ordination of the Chain of Command drawing support from the Third Sector[17] (Para 3320) as required.

i. Army and RAF WIS personnel will generally be supported through their own Service Recovery Capability[18] but exceptional circumstances may exist when, subject to a Case Conference, Army or RAF WIS personnel will be assigned to NSRC Hasler or a PSG.

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12. If WIS personnel are not immediately assigned to a PSG or RC, the parent Ship, Submarine or Cdo Unit is responsible for the management and oversight of the 'recovery pathway' and should draft the IRP
13. In person, by telephone or email in order to commence the IRP. A record of all contact made, and discussions had, are to be recorded in the IRP.
14. If the WIS individual will not agree to a home visit or it is decided by the individual AND DO/Tp Comd/LM that a home visit is not required or periodicity should be changed, this should be recorded in the IRP. The method of regular contact eg. Skype, teleone call etc. is to be recorded.
15. A combination of two or more conditions e.g. mental health, physiotherapy, occupational therapy, welfare, etc
16. There is a Naval Service Liaison Officer (NAVY NPS-PEOPLE SPTDMRCLO) assigned to DMRC to act as a temporary DO to admitted personnel; and who will ensure the IRP is updated as required on leaving the specialist unit.
17. 3rd Sector support includes DRC strategic partners Help for Heroes (H4H), The Royal British Legion (TRBL) and the RNRM Charities
18. AGAI 99 (Army) and AP3392 Vol 5 Leaflet 125 (RAF).

j. Management of those in the Recovery Pathway is based on, but not limited to, the following:

(1) Each person is to be managed as an individual through an IRP.

(2) The Recovery Pathway must not be regulated by set timelines. There is no pressure for unseemly haste but those on their recovery pathway should strive for positive milestones. Those managing the recovery pathway for individuals must ensure that key events identified in the IRP are being met, preventing unnecessary drift for, or by, the individual.

(3) Whether operational or non-operational, on duty or off duty, where and how an individual finds themselves on the Recovery Pathway is irrelevant. It is there to guide those that need support and includes those with psychological as well as physical injury or illness.

(4) The interests/needs of the Service drive enduring decisions on employability; weighting the wishes of the individual is part of the process.

(5) Each WIS individual must be encouraged to take control of their own recovery 'journey', set and record clear goals and take 'ownership' of their IRP. The Recovery Pathway is their 'place of duty' and those that do not engage and habitually 'Do Not Attend' appointments, meetings, recovery activities, etc should be subject to Minor Administrative Action (MAA) and the Warning process for Discharge Shore (Inadequacy) as outlined in Chapter 57, noting the particular circumstances of the case.

(6) Transparency between the executive, the medical and the individual is essential throughout the Recovery Pathway if an optimum outcome is to be achieved. In any discussions, however, care should be taken to protect personal data, and all involved should be cognisant of the Defence Medical Caldicott Policy[19], noting that sharing certain information can be beneficial to the WIS Service Person (SP) (Principle 7[20]).

k. Personnel within the NSRP are to be formally assessed throughout recovery to ensure that the IRP is delivering the required outcome. If progress is not being made, the case is to be brought to the Carers' Forum and discussed within a multi-disciplinary team of SMEs.

l. WIS personnel are not to be re-assigned during their recovery unless a Case Conference has been initiated and a move is recommended; this is to ensure continuity of care. If re-assigned, a copy of the IRP is to be forwarded to the receiving unit.

19. JSP 950 Part 1 Leaflet 1-2-15
20. Principle 7. The duty to share information can be as important as the duty to protect patient confidentiality. Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

m. All personnel, including WIS, *likely* to be discharged from the NS on medical grounds are able to access resettlement entitlements at an earlier stage than for other Service Leavers[21]. In these cases, a balance needs to be retained between recovery and resettlement activities to ensure that the WIS individual has sufficient time to plan for the future and is ready for transition to a properly supported and appropriately skilled civilian life.

n. All personnel, regardless of where they are and how long they have been on the 'Recovery Pathway', are entitled to a SJAR/OJAR. Often, WIS personnel are sick on shore or employed in restricted activities not associated with their rank or specialisation for a prolonged period; in these instances a Short Appraisal Report (SAR) may be more appropriate[22]. The SAR should contain sufficient detail to describe the nature of the recovery duties/activities undertaken and the attitude of the WIS SP in engaging in the recovery process. In cases of doubt, the appropriate Promotions Branch Secretary should be consulted.

3306. Healthcare and Rehabilitation

a. Responsibility for all aspects of healthcare and rehabilitation remains with SG through Defence Medical Services (DMS). The clinical treatment and rehabilitation of WIS personnel is to take primacy over other recovery and duty activities whilst personnel remain in the 'recovery pathway'.

b. Personnel attending DMRC Headley Court are to take their IRP with them in order for it to be reviewed and updated on the completion of treatment. The individual is to ensure that the IRP is discussed with the DO/Tp Comd/LM on return to Parent Unit to ensure that the treatment/rehabilitation plans are followed.

3307. The Case Conference

a. Naval Service (NS) Wounded, Injured and Sick (WIS) personnel are those who are assessed as Joint Medical Employment Standard (JMES) code M5 or M6.

b. The Individual Recovery Plan (IRP) was introduced in Jan 16 and is to be raised on every WIS individual. The IRP is developed using the HARDFACTS assessment tool; Health, Accommodation and Relocation, Drugs and Alcohol, Finance and Benefits, Attitude, Thinking and Behaviour, Children and Family, Training, Education and Employment, Supporting Agencies. The tool allows the individual to plan and set recovery goals; it also allows the Chain of Command to better understand, oversee and monitor the individual's recovery.

21. JSP 534 Section 6.
22. JSP 757 Part 2 Vol 1 Chap 1 Annex B Para 1.a (6).

c. Whilst it is expected that most WIS personnel serving in HM Ships, Submarines and Commando Units will be landed/assigned to a Personnel Support Group (PSG)/ Recovery Cell (RC)/Recovery Troop (RT) on medical downgrade to M5/M6, those serving ashore are most likely to remain in their establishment where the Unit Executive, through the Divisional/Regimental system, will monitor and oversee their recovery via the IRP. When an individual's recovery is not progressing as expected, the case is to be referred to the Unit Carers' Forum or Care Committee[23].

d. Should the Carers' Forum consider that the Parent Unit is unable to support the individual adequately and provide an appropriate recovery 'pathway', a NSCC Case Conference is to be requested, usually by the parent unit, to discuss the needs of the individual and support required[24].

e. The Naval Service Casualty Cell (NSCC) is responsible for facilitating the CC and inviting a multi-disciplinary panel to review all aspects of the case with a view to determining the most appropriate recovery pathway. The aim is to ensure that the immediate and long-term care and needs of the WIS individual are being met from an holistic perspective; this includes medical and allied health requirements, welfare, career and employment management and, where necessary, support in the transition to civilian life.

Notice to Case Conference

f. Notwithstanding exceptional or unforeseen circumstances, the minimum notice to conduct a CC is three weeks. This time is required to allow for cases to be adequately represented and the NSCC to process all paperwork. Requests submitted later than the required period cause a significant admin backlog for the NSCC team as well as increasing the potential for inaccurate recording of information.

Management of Patient Expectations

g. With an increasing number of cases where patients see the Naval Service Recovery Centre (NSRC) Hasler as their only recovery option, it is important for the divisional and medical Chains of Command to manage expectations and explain to patients that the purpose of the CC is to discuss and decide upon the most appropriate care setting for the patient and that there are several potential outcomes following a CC, as follows:

(1) Retain in current unit.

(2) Assign to another unit.

(3) Assign to a Unit Recovery Troop.

(4) Assign to a Personnel Support Group (PSG).

23. BRd 3(1) Annex 24B.
24. In some instances, it is clear the Parent Unit cannot support an individual and a Case Conference may be applied for before the case is discussed at the Carers' Forum.

(5) Assign to the NSRC Hasler.

h. It is the Parent Unit's responsibility to identify all personnel with an intimate knowledge of the individual, the case and the resources required to enable an effective recovery pathway and ensure that they are nominated on the CC request form (Appendix 1 to Annex 33D) and attend the CC. The NSCC will invite additional SMEs as necessary.

i. Using the IRP[25] and CC request as the basis for the assessment and discussion, the CC attendees will discuss the breadth and depth of the individual's needs to determine how and where to provide the most appropriate support when:

(1) Breadth, or complexity, refers to multiple (two or more identifiable) needs eg. mental health, physiotherapy, welfare etc. that are inter-connected and not necessarily all medically related.

(2) Depth refers to severity, intensity or duration of need.

j. Personal aspirations also have a part to play. An individual may have acceptance issues and not wish to attend a specialist RC, RT or NSRC Hasler as it could be perceived by them as a confirmation of a decline in their condition. Similarly, individuals may wish to remain in their current unit since they are content with the support they are receiving and their current employment provides positive focus. These are all important factors in a person's recovery pathway and will be considered along with the needs of the Service and the requirement to achieve the best outcome for the individual.

Representation at Case Conference

k. To ensure the patient is appropriately represented, all facets of care (eg. clinical, welfare, physio, divisional etc.) should attend the CC if possible. As a minimum, it is expected that the individual will be represented medically and divisionally by the owning unit. Requests for a standing member of the committee, eg. medical, who is not part of the owning unit, to represent the individual will not be approved as this affects the impartiality of the case conference process. Given that units have three weeks to fully prepare for the CC, there can be little justification if the patient is not given the deserved level of attendance. If adequate attendance by the owning unit is not achievable the CC referral will be deferred.

l. WIS individuals may attend the case conference and provide a verbal or written personal statement, but this is not essential, and they will not be present for subsequent discussions.

m. If present at the CC, the individual will be informed of the decision on completion and given an opportunity to ask questions. If not present, the decision is to be relayed to the individual without delay and the reasons behind the decision fully explained. This is usually a CoC function for the owning unit, but should be agreed at the CC and noted in the summary of outcome.

25. The Individual's up to date IRP should be forwarded to the Case Conference.

n. A full account and summary of the CC and decisions made is retained by the NSCC.

o. The procedure for initiating a Case Conference is at Annex 33D.

3308. Recovery Activity

a. Recovery is different for all; it can be a lengthy process with intense periods of treatment and rehabilitation interspersed with periods of inactivity, or it can be very straightforward and uncomplicated where the WIS individual can be productively employed between medical interventions in unit. Either way, appropriate support to enable an effective return to full duties or transition to a properly supported and appropriately skilled civilian life is to be provided and there are numerous approved recovery activities that can be utilised to contribute to these goals.

b. Recovery activity can take many forms and can be as simple as reduced working hours during a period of intense rehabilitation to attending Recovery or Vocational Placements[26] in preparation for return to work after a prolonged period of illness/injury. Participation in a recovery activity must be coherent with the IRP and be programmed so as not to impact upon, but work in conjunction with, planned clinical and rehabilitation activities.

c. Before any recovery activity is commenced, a Medical Risk Assessment (MRA) is to be conducted to ensure that the chosen activity is conducive to rehabilitation; this is to be recorded in the IRP. Only the CoC, after having had sight of the MRA, can approve a recovery activity; individual WIS personnel are not to engage on a recovery activity unless it has been approved by the command and their approval noted on the IRP.

d. Before attending any recovery activity/course, a formal application[27] is to be made by the WIS individual to the CoC to ensure that responsibilities are understood by all parties, duty status confirmed and resource (eg. T&S) made available.

e. The Army, supported by Help for Heroes and The Royal British Legion, have developed a programme[28] of Defence Recovery courses at their Personnel Recovery Centres (PRCs), which may be of benefit to NS WIS. These include the Core Recovery Events (CREs) and Rolling Recovery Programme (RRP) (Annex 33E).

f. Exceptionally, medically downgraded personnel with a JMES of M3 may attend recovery activities if it is considered by the Carers Forum[29] to be conductive and beneficial to the individual's recovery.

26. JSP 534 Art 0713.
27. JSP 534 Annex DD.
28. http://defenceintranet.diif.r.mil.uk/Organisations/Orgs/Army/Organisations/Orgs/ag/Organisations/Orgs/dgpers/Organisations/Orgs/dpsa/Orgs/ARC/Pages/OptionalCourses.aspx.
29. Or other appropriate multi-disciplinary team eg. CART.

3309. Employment

a. A key factor in determining 'entry' to the NSRP is the JMES limitation and associated caveats placed on an individual ie. they cannot undertake their normal duties. Within the Recovery Pathway emphasis is placed on developing an IRP that includes appropriate employment opportunities for personnel as they work towards returning to duty or transition to civilian life. All employment undertaken by WIS must be cognisant of the individual's medical limitations and, where any doubt exists, clarification should be sought from the MO.

b. Being suitably employed and feeling a valued member of the NS is a fundamental part of recovery but it should not come at the expense of rehabilitation. Employment during recovery should be considered alongside other recovery activities however, the primary 'duty' of a WIS individual is rehabilitation.

c. For the majority of NS WIS personnel, a return to duty is the expected recovery outcome. In order to achieve this, a Gradual Return to Work (GROW) programme is often required and employment should, where possible, be tailored towards the trade/ skill of the WIS individual.

d. When an individual is nominated for a period of employment, it should be noted in the IRP. The employing officer should be made aware of any restrictions and limitations in place and the requirement to attend rehabilitation/medical appointments[30]. Whilst the employer may have day to day Line Management responsibility for the WIS individual, they may not have Divisional responsibility; this is to be made clear to all parties and the IRP annotated accordingly.

e. WIS individuals are entitled to an OJAR/SJAR and temporary employers are to feedback sufficient information to the DO/Tp Comd/1RO in order for a report of value to be drafted (Para 3305 Sub Para l).

f. WIS personnel who are recommended for Naval Service Medical Board of Survey (NSMBOS) are able to access resettlement entitlements at an earlier stage than other Service Leavers[31]. In these cases, any temporary employment should be considered alongside the need to commence resettlement activity and registration with the Career Transition Partnership (CTP). For those WIS with particularly challenging transitional needs, a Specialist Employment Consultant (SEC)[32] may be required who may recommend prolonged periods on vocational or civilian work placements.

3310. Participation in Adaptive Sport and Adventurous Training

Participation in sport and adventurous training (AT) is fundamental to service life and Naval Service ethos and is a potential accelerant to the recovery of WIS personnel; detailed guidance on participation is at Annex 33F.

30. Subject to DPA and Caldicott Policy requirements.
31. JSP 534 Section 6.
32. JSP 534 Art 0608.

3311. Battle Back Programme

a. Battle Back[33] is a MoD initiative for WIS personnel that use Adaptive Sport and Adventurous Training (AS & AT) to complement rehabilitation, recovery and return to an active lifestyle. The use of AS & AT has a proven track record to aid successful physical, psychological and social recovery, thus providing the foundation for the development of a positive self-image and outlook on life.

b. The Battle Back Centre conducts AS & AT Multi-Activity Courses (MAC) at the National Sports' Centre, Lilleshall, Shropshire. In addition to sports and AT, coaching experts from Carnegie Great Outdoors (part of Leeds Beckett University), are available to work with individuals to increase self-confidence, motivation, awareness, problem solving, communication and decision making skills; all aiding the development of strategies to cope with future situations.

c. The MAC is not a traditional military sport or AT course. WIS participation in each activity is carefully considered and personnel will only take part in training that is tailored specifically to their needs. The aim of the MAC is to use AS & AT as the personal development 'vehicle' to aid recovery as part of a WIS individual's IRP that encourages them to discover what they can achieve rather than remind them of what they cannot.

d. The Battle Back Centre provides adapted residential accommodation for personnel whilst they are taking part in activities which include indoor climbing and caving, water sports, wheelchair basketball, archery, mountain biking, sitting volleyball and clay pigeon shooting.

e. After attending a MAC, many recovering Service personnel wish to take their activities to a higher level and a number of expeditions are run annually under the Battle Back banner to venues such as Cyprus, Germany and Spain to undertake single discipline activities such as rock climbing, skiing, sailing and canoeing which can lead to the achievement of nationally recognised awards.

f. The MAC has been shown to aid recovery and engender a positive attitude and accelerate recovery. WIS personnel can apply to attend the Battle Back MAC through their CoC at any time, with the provision that it is an appropriate juncture in the recovery pathway and conducive to their rehabilitation. Attendance on the Battle Back MAC is *highly desirable* (subject to MRA) for those NS WIS who have been in the recovery pathway for greater than six months.

33. http://defenceintranet.diif.r.mil.uk/Organisations/Orgs/Army/Organisations/Orgs/ag/Organisations/Orgs/dgpers/Organisations/Orgs/dpsa/Orgs/ARC/Pages/BattleBack.aspx

3312. Home Adaptations

WIS personnel with complex injuries may require adaptations to domestic accommodation[34]. Adaptations can be made to SLA, SFA, private homes (including parental homes) and adaptations to a second property when WIS personnel move from an adapted parental home to their own property. The process is initiated using a Service Adaptation Initial Case Report (SAICR); this form provides the background and includes an Occupational Therapist (OT) assessment. It is important that WIS personnel requiring private home adaptations start the process as soon as possible to allow sufficient time for the application process and completion of work[35]. Funding for home adaptations for serving WIS is a DIO responsibility. Further advice may be obtained from NAVYLOGINFRA-INFRASTRAT1@ mod.uk.

3313. NSRP Management Information

a. When an individual is downgraded and becomes WIS, they are to be interviewed by their DO/Tp Comd or LM to assess the most appropriate recovery pathway; an IRP is to be completed and a JPA IRP competence (Annex 33C) raised for that individual.

b. The Unit Executive Department, via the OBIEE Recovery Pathway Tool and JPA dashboard, is to identify and regularly monitor WIS personnel within the unit to ensure that appropriate recovery management is taking place, IRPs have been completed and an appropriate competence has been raised. Units are to routinely select IRPs at random to check for completeness, accuracy, Data Protection and Caldicott compliancy.

c. In addition to raising an IRP, NSRC Hasler and the RM RTs use the Army's Wounded, Injured and Sick Management Information System (WISMIS) as their principal WIS management and tracking support tool[36].

d. In addition to raising an IRP, the Fleet Employment Capability Application (FECA) has been developed and accredited by Fleet N6 ISS to support the management of landed personnel. FECA is used by the PSG and CMC recovery elements as their principal WIS management and tracking support tool.

e. Data from FECA, WISMIS and JPA is used to inform the DRB, DRWG and Third Sector of NSRP statistics and recovery outcomes.

3314. Recovery Staff Training

The management and oversight of NS WIS personnel can often be a difficult, time consuming and emotional task, especially when dealing with multiple cases. In order to better prepare personnel for an assignment in a Recovery Cell or Troop, a training package has been developed (Annex 33B).

34. JSP 464 Vol 1 Part 1 Chap 3 Annex C.
35. Completion of an OT assessment, submission of a business case and the processing of the application for complex cases can take several months to complete
36. WISMIS is currently being trialled as the Defence WIS Management Information System.

3315. Caring for the Carer

Working with WIS personnel is often highly demanding and personnel who are charged with case management often face complex and intense situations that may be emotionally challenging. Whilst there is no statutory requirement for formal supervision[37], in order to ensure that those working within this demanding area are able to operate effectively in a safe and responsive environment, the Unit Executive is to ensure that appropriate processes are put in place to encourage proactive oversight, support and professional development of those dealing with WIS individuals. It is essential that the framework is applied in an environment of trust, openness and active engagement and that DOs/Tp Comds have a method for accessing support. In cases of doubt, guidance should be sought from RNRMW.

3316. Safeguarding

a. 'Safeguarding' means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while simultaneously ensuring that the adult's well-being is promoted including, where appropriate, regard for their views, wishes, feelings and beliefs in deciding on any action[38].

b. Safeguarding covers a wide range of practices and responsibilities and all personnel involved in the care of WIS share a responsibility to treat those being supported with respect, and to behave towards them in a way that carers would themselves want to be treated. This implies that carers must always act in a manner that is best for the individual - not for the convenience of the carer or the organisation; Annex 33G has more detail.

3317. Assurance

a. The Parent Unit Executive Department is responsible for assurance of the NSRP's management of the recovery of individuals assigned to it. The Carers' Forum is the conduit through which individual cases are assessed and managed within the unit in a multi-disciplinary environment.

b. External[39] assessment of the specialist recovery units ie. NSRC Hasler, PSGs, RCs and RTs is conducted by NCHQ Casualty and Recovery Management (CRM) Staff. Staff from other Recovery Units may be requested to support assurance visits in order to conduct both peer review and share best practice.

37. Supervision must enable and support workers to build effective professional relationships, develop good practice, and exercise both professional judgement and discretion in decision-making. For supervision to be effective it needs to combine a performance management approach with a dynamic, empowering and enabling supervisory relationship. Supervision should improve the quality of practice, support the development of integrated working and ensure continuing professional development. Supervision should contribute to the development of a learning culture by promoting an approach that develops the confidence and competence of managers in their supervision skills. It is therefore at the core of individual and group continuing professional development; (Skills for Care 2007).
38. Care and support statutory guidance, DH, 2016.
39. The Level 2 assurance process is currently under review.

c. Ofsted has been contracted by the DRB to conduct assurance of the Defence Recovery Capability and to assess personnel recovery structures across Defence. Ofsted is permitted to visit any unit, not only those with a specialist Recovery Unit embedded, it is, however, required to give 10 days' notice of such a visit; the Ofsted Assurance Handbook is at Annex 33H. Any unit nominated for an Ofsted inspection should contact SO1 CRM.

3318. Medical Discharge Policy

a. Medical Discharge policy for the NS is consistent with tri-service policy[40] and is as follows:

> "Advice to the Naval Service on the medical fitness of an individual is provided through the award of a Joint Medical Employment Standard (JMES). The JMES is then used to inform the decision by the Naval Service on whether that individual should be retained, if the functional ability associated with their medical condition permits, or whether their condition precludes future employment, in which case the Service will arrange for termination of their service. Each case is considered on its merits, so that in some circumstances a small number of those with significant disabilities may be retained, if they wish to be retained, and the Service has a suitable position for them."

b. In order to deliver the necessary consistency of outcome, the CoC shall determine that it is the right decision for an individual to leave the NS by answering the 5 questions[41] below:

(1) What is the individual's Permanent Medical Category?

(2) What is the individual's employability within the Service?

(3) Has the individual's treatment been optimised or reached a plateau?

(4) Has resettlement, training and education been completed?

(5) Is society ready to receive the individual?

40. JSP 770 Chapter 5 Article 1.5.9.
41. JSP 770 Chapter 5 Article 1.5.10.

3319. Medical Assessment Process

a. Specific detail and guidance on the role of the NSMBOS and the Naval Service Medical Employability Board (NSMEB) is at Chapter 28 and in BR 1991 Chap 18. The NSMBOS assesses the medical state and prognosis of an individual and is conducted once they have been in a reduced medical category for 12 months, or sooner if it is obvious that the WIS individual will not return to their former grading. The NSMEB decides, based on NSMBOS and Personnel Branch advice, whether an individual should be retained or medically discharged from the Service. Retention is gauged on the ability of the NS to offer meaningful and fulfilling employment to injured personnel with realistic prospects of further promotion and advancement for the remainder of their career. The decision of the Board is informed by an individual's written personal statement and reports by their lead clinician and chain of command.

b. No one will leave the Armed Forces until they have reached a point in their recovery where leaving the Service is the right decision, however long it takes. In the context of this statement, the NS has determined that the 'point in their recovery where leaving the Armed Forces is the right decision' will be when an individual's medical care can be transferred seamlessly from Defence Medical Services (DMS) to National Health Service (NHS) without harm to the individual. If personnel are undergoing specialist medical rehabilitative care, their need for DMS-specific care vice NHS care must be assessed in order that retention in Service[42] or onward referral can be arranged[43].

3320. Third Sector Support

a. The charitable sector plays a pivotal role in the delivery of the DRC and Help for Heroes (H4H) and The Royal British Legion (TRBL) are the MOD strategic delivery partners. NCHQ has established additional formal links with RNRM Charities to enhance the MOD provision for recovery activities. A list of useful contacts is at Annex 33I, the Casualty and Recovery Management intranet site[44], the NSRP Defence Connect site[45] and NFF Recovery website[46].

42. Retention until fit to transfer to NHS.
43. NAVY-MEDDIV SO1 HG note 'Release from Naval Service on Redundancy while under Specialist Medical Care' dated 10 Feb 12.
44. http://defenceintranet.diif.r.mil.uk/Organisations/Orgs/Navy/Organisations/Orgs/ACNS(Pers)NavSec/CNPers/Pages/NavalServiceRecoveryPathway.aspx
45. http://jive.defencegateway.mod.uk/groups/naval-service-recovery-pathway
46. http://www.nff.org.uk/naval-service-recovery-pathway/

b. Before any Third Sector support is sought or approved, a WIS individual must undertake a MRA and obtain Executive approval to participation in order to ensure that the training, activity or support offered is conducive to rehabilitation and will not impact on other areas of recovery/resettlement.

3321. Transition Pathway

a. When an individual is unfit for continued military service due to service limiting injuries and has gone through the NSMBOS and NSMEB processes, the NS has a responsibility to ensure that the individual's transition to civilian life is managed as smoothly as possible. The principles of clinical transition for all Service Leavers are in JSP 950 Leaflet 1-3-6. Additional advice and guidance on the transition of more complex WIS personnel who may require NHS continuing healthcare arrangements (CHC) is described in JSP 770 Chapter 5 Part 4.

b. The tri-Service Welfare Referral (TSWR) Protocol for Service Leavers[47] has been developed by Veterans UK and aims to ensure early identification and on-going support for Service Leavers likely to be discharged/about to transition from military service, who may have severe physical or psychological disablement or are considered as having an enduring welfare need with which they will require support post Service.

c. Making the transition from Service to civilian life can be traumatic in itself. There is a number of Third Sector organisations that offer assistance with this life changing move; and both SSAFA[48] and Future for Heroes[49] offer a mentoring scheme.

3322. Resettlement Policy

a. All WIS personnel likely to be discharged from the NS on medical grounds are able to access resettlement entitlements at an earlier stage than other Service Leavers[50]. In these cases, a balance needs to be struck between recovery and resettlement activities to ensure that the WIS individual has sufficient time to plan for the future and is ready for transition to a properly supported and appropriately skilled civilian life.

b. In all cases, a Transition Assessment Form (TAF)[51] is to be completed for the WIS individual and forwarded to the local Naval Resettlement Information Officer (NRIO).

c. For those WIS who face significant barriers to employment a Specialist Employment Consultant (SEC) may be available through the CTP (Assist) programme; the NRIO will be able to advise.

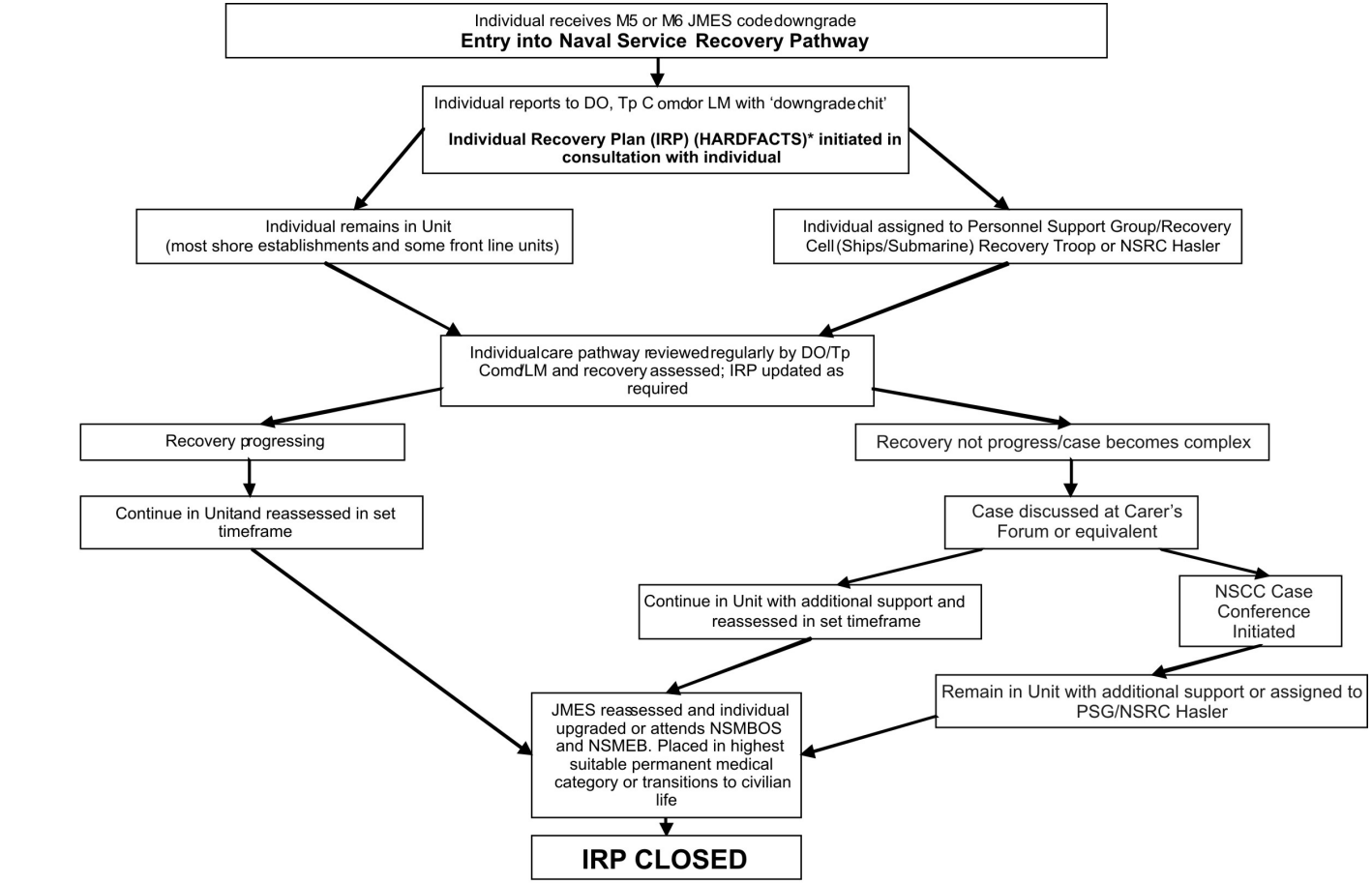
47. https://www.gov.uk/government/publications/transitional-welfare-requirements-protocol
48. https://www.ssafa.org.uk/help-you/currently-serving/mentoring
49. http://www.f4h.org.uk/
50. JSP 534 Section 6.
51. JSP 534 Section 6.

d. When discharge on medical grounds is likely, attendance on one of the Army/ H4Hs delivered Core Recovery Events (CREs) 2 or 3 may be appropriate. Hosted at the PRCs in Colchester, Edinburgh, Tidworth and Catterick[52], CRE 2 is a ten-day course that focuses on employment and realistic vocational options whilst CRE 3 is a five-day course designed for WIS individuals who have been assessed as requiring extra support in transition to civilian life as a result of their injury or illness. These courses do not replace CTP and CTP (Assist) which should always be considered. Full details of CRE courses are at Annex 33E.

52. Course dates are published in DINs and on the Arc intranet site http://defenceintranet.diif.r.mil.uk/Organisations/Orgs/Army/Organisations/Orgs/ag/Organisations/Orgs/dgpers/Organisations/Orgs/dpsa/Orgs/ARC/Pages/MandatoryCourses.aspx

ANNEX 33A

OVERVIEW OF THE NAVAL SERVICE RECOVERY PATHWAY



* The IRP, 'owned' by the individual, is to be updated regularly and overseen by the DO, Tp Comd or LM. It is to cover HARDFACTS considers **H**ealth, **A**ccommodation and **R**elocation, **D**rugs and Alcohol, **F**inance and Benefits, **A**ttitude, Thinking and Behaviour, **C**hildren and Family, **T**raining, Education and Employment, **S**upporting Agency.

ANNEX 33B

GENERIC TERMS OF REFERENCE FOR RECOVERY UNIT DIVISIONAL OFFICER/ TROOP COMMANDER

1. Preamble

a. The Defence Recovery Capability (DRC) is to deliver a conducive military environment within which all serving wounded, injured and sick (WIS) personnel get the appropriate support to enable an effective return to duty or transition to a properly supported and appropriately skilled civilian life[1].

b. The Naval Service Recovery Pathway (NSRP) is the generic term used to describe the process by which the NS manages the recovery of WIS personnel.

c. WIS personnel who remain broadly employable and with less demanding recovery needs are to remain in their Parent Unit and be managed through the Divisional/ Regimental system. If the unit is unable to support the individual and provide an appropriate recovery pathway, WIS personnel may be re-assignment to a specialist Recovery Unit[2] depending on the individual's personal circumstances. Those WIS personnel with the most complex recovery needs may be assigned to the Naval Service Recovery Centre (NSRC) Hasler, in HMS DRAKE, or, in exceptional circumstances, to an Army or RAF Recovery Unit, whichever best meets the needs of the individual.

2. Purpose

To act as the Divisional Officer (DO)/Troop Commander (Tp Comd) for NS WIS assigned the Recovery Unit.

3. Superiors

The post holder is accountable to the CO/OC.

4. Authority

The post holder has delegated authority to:

a. To liaise with all MoD authorities (to include the Army and RAF recovery capabilities) to achieve his/her purposes.

b. To liaise with medical authorities insofar as it relates to personnel within their Division/ Troop.

5. Principal Tasks

The principal tasks undertaken are as follows:

a. Oversee and manage the recovery of assigned personnel, ensuring that Individual Recovery Plans are created, updated and adhered to.

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1. JSP 770 Chapter 5 - Tri-Service Recovery Policy.
2. Recovery Cells are located within the Personnel Support Groups (PSG) located in the Portsmouth, Devonport and Faslane Naval Bases and in the Career Management Cells (CMCs) in Yeovilton and Culdrose Air Stations; Recovery Troops (RT) have been established in 40, 42 and 45 Cdo units.

b. Attend the Unit Carers Forums as directed by the Medical Officer/CoC.

c. Organise meaningful employment for assigned personnel, ensuring that such employment is within JMES restrictions and caveats and does not interfere with rehabilitation and overall recovery.

d. Conduct home/hospital visits for those assigned personnel who are 'sick on shore'.

e. Attend Case Conferences as directed and requested by the NSCC/CoC.

f. Maintain regular and robust lines of communication with other stakeholders, including charities.

g. Ensure that Mid-Period Appraisal Reports (MPAR) have beenare conducted and that Annual Appraisal Reports/Short Appraisal Reports are completed for personnel within their Division/Troop where required (Para 3305.Sub Para l).

h. Ensure the personal and professional development of individuals and mentor those undertaking the NSMBOS/transition process.

i. Ensure all personnel have the opportunity to conduct sport and AT (this can be adaptive sport) in accordance with PFS and JMES restrictions. Battle Back is mandatory for all WIS personnel after 6 months in the Recovery Pathway.

j. Carry out other duties as directed by the ir respective CoC.

6. Training[3]

a. Mandatory

Training	Aimed At	Supplier	Remarks
Defence Recovery Capability Employment Training (DRCET) (see Note.)	All Staff	Army Recovery Capability	Bookings via RC-Pers-ARC-CseBids-0Mailbox@mod.uk Tel (Mil): 94222 7603 Civ: 01252 787603
DO Couse/ Refresher	All Staff	RNLA	Course Booking Cell: NAVYTRGHQ-CBC@mod.uk Tel Mil: 93825 4069
Caldicott Principles	All Staff	Surgeon General	Local PMO
WISMIS/FECA	All Staff	DRCET/Local	Local Training

3. All training enquires should be addressed to: NAVYNPS-PEOPLESPTCRMRMWO@mod.uk, 9380 28083.

Safeguarding	All Staff	Online	http://www.scie.org.uk/publications/elearning/adultsafeguarding/
Mental Health First Aid	All Staff	HMS DRAKE RAF SMARTT	Bookings via: Julie Guthrie HMS DRAKE Learning & Education Centre NAVYNBCD-SCIGLDCOORD1@mod.uk Tel (Mil): 9375 67715 Civ: 01752 557715 OR Air-COSPers-Pol SMARTT WO (Underhill, Jim WO) Air-COSPers-PolSMARTTWO@mod.uk

Note. *MHFA is also delivered on the DRCET Course.*

b. **Recommended**

Training	Aimed At	Supplier	Remarks
Active Listening	All Staff	Amport House	Bookings via: CLittle.afcc@defenceacademy.mod.uk Tel (Mil): 94391 4226 Civ: 01264 773144 Ext 4226
Loss and Bereavement	All Staff	Amport House	Bookings via: CLittle.afcc@defenceacademy.mod.uk Tel (Mil): 94391 4226 Civ: 01264 773144 Ext 4226
Battle Back MAC Familiarisation	All Staff	Battle Back	Battle Back
TRiM	At least one member of Staff if not provided by Parent Unit	Navy Pers	Bookings via: NAVYNPS-PEOPLESPTOSMTRGSPT@mod.uk Tel (Mil): 9380 28021 Civ: 02392 573021
Diversity and Inclusion	At least one member of Staff if not provided by Parent Unit	Defence Academy	Bookings via: DEFAC-CMT-CDLM-JEDTCADMIN@Defenceacademy.mod.uk Tel (Mil): 96161 5003 Civ: 01793 785003

7. Competences

There are no specific competences for this post.

Line Manager's signature	Post Holder's signature
……..…	……
Date: ……..	Date: …….
	Review Date…….

ANNEX 33C

THE INDIVIDUAL RECOVERY PLAN

1. Introduction

a. The NSRP process is designed to assist a WIS individual in their return to effective service employment, or to provide support through the transition process to civilian life, if it is deemed that they are unable to continue to serve within the Naval Service.

b. Whilst all WIS individuals are provided with a clinical pathway by the Medical Officer (MO), the Command, through the Divisional/Regimental system, has a responsibility to oversee and manage the recovery or transition of their personnel; recovery can best be managed by the development of an Individual Recovery Plan (IRP).

c. An IRP is required for all NS WIS personnel, not just those assigned to a Recovery Cell, Troop or the Naval Service Recovery Centre (NSRC) Hasler.

d. To reinforce the IRP and enable assurance, an IRP JPA competence has been created. The IRP competence is linked to the Recovery Pathway OBIEE tool and JPA dashboard functions which alerts the CoC when an IRP is required/missing. The creation of an IRP JPA competence will enable the Unit Executive and NCHQ Casualty and Recovery Management (CRM) team to ensure that all NS WIS have an IRP raised.

2. The Individual Recovery Plan

a. When an individual is downgraded and meets the NSRP WIS criteria, an IRP is to be raised by the DO, Tp Cmdr or LM.

b. The IRP is informed by an individual's **HARDFACTS** assessment;: **H**ealth, **A**ccommodation and **R**elocation, **D**rugs and Alcohol, **F**inance and Benefits, **A**ttitude, Thinking and Behaviour, **C**hildren and Family, **T**raining, Education and Employment, **S**upporting Agencies.

c. The IRP is a planning tool that synchronises and schedules activities appropriate to an individual's recovery; it should record the progression of an individual towards their recovery goal/outcome as well as providing a diary of recovery activities.

d. The IRP is 'owned' by the individual and should be used by the DO/Tp Comd/LM to set and record agreed goals and monitor progress against personal targets.

e. It should also be used by the WIS individual to reflect on the success of stages of recovery.

f. The IRP should be reviewed at least monthly and after contact[1] is made with a WIS individual sick-on shore to ensure progress is being made along the recovery 'pathway'

1. If a home visit is not wanted by a WIS individual or thought appropriate by both the CoC AND WIS individual it is to be recorded in the IRP

and that the WIS individual and CoC know what is required or to be expected to meet the goals agreed.

g. The IRP is to be based upon the following:

(1) Agreed recovery objectives/aspirations and measures of success.

(2) Reflection on the success of stages of the recovery pathway.

(3) Individual recovery courses and activities.

(4) Dates for appointments, medical, training, resettlement, visits, etc.

h. A worked example of the IRP is at Appendix 1. A 'soft' copy of the IRP can also be found on the Casualty and Recovery Management Intranet site.

i. When an individual leaves the recovery pathway i.e. transitions to civilian life, is medically 'upgraded' or is placed in a permanent MedCat[2] , the IRP is to be finalised/ closed and forwarded to the CRM Mailbox; the JPA IRP competence can then be end-dated.

3. IRP Competence

a. Once an IRP is created, the DO, Tp Comd or LM is to ensure that an IRP competence is raised on JPA. The competence, which should have no end date, is to remain live until the individual leaves the 'recovery pathway' (i.e. transitions to civilian life, is medically 'upgraded' or is placed in a permanent MedCat). At this point the IRP is to be finalised/ closed and forwarded to the CRM Mailbox for archiving; the IRP JPA competence is then to be end-dated.

b. The competence can be found under the Welfare heading: Welfare|Individual Recovery Plan|Joint.

c. The IRP competence is linked to the JPA dashboard function and will allow the Unit Executive to provide assurance to command that all individuals in the NSRP have an IRP. A JPA dashboard alert function will give the DO, Tp Comd or LM visibility of individuals who meet the WIS criteria and require an IRP and thus an IRP competence. Details of the JPA dashboard function can be found at Appendix 2.

4. Summary

a. An IRP is required for ALL NS WIS personnel, not just those assigned to a Recovery Cell, Troop or NSRC Hasler.

b. Once commenced, an IRP JPA competence is to be created.

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2. NS personnel who have attended NSMBOS / NSMEB and who are graded in a PERM JMES subject to review by either NSMBOS or a Regional Occupational Health Consultant before upgrading are still to be considered WIS and in the recovery pathway and should thus retain their IRP.

c. The IRP will ensure that all aspects of recovery are considered by the CoC and that all NS WIS personnel are managed equally. This IRP follows a standard tri-Service format and will ensure NS WIS serving in the Joint environment are treated uniformly.

Appendices:

1. Naval Service Individual Recovery Plan.
2. Individual Recovery Plan JPA Dashboard Function.

APPENDIX 1 TO ANNEX 33C

THE INDIVIDUAL RECOVERY PLAN

Naval Service Individual Recovery Plan

Notes for Completion

All Navy Service Wounded, Injured and Sick (WIS) personnel are to have an up to date Individual Recovery Plan (IRP) throughout their time in the Recovery Pathway. The IRP is a planning tool that synchronises and schedules activities appropriate to an individual's recovery; it should record the progression of an individual towards their Recovery goal/ outcome, allow a reflection of the success of different stages of recovery as well as providing a diary of recovery activities. The IRP is to be based upon the following:

- Agreed recovery objectives/aspirations and measures of success.
- Reflection on the success of stages of the recovery pathway.
- Individual recovery courses and activities.
- Dates for appointments, medical, training, resettlement, visits, etc.

The IRP is informed by an individual's HARDFACTS assessment:

Health, **A**ccommodation and **R**elocation, **D**rugs and **A**lcohol, **F**inance and Benefits, **A**ttitude, Thinking and Behaviour, **C**hildren and Family, **T**raining, Education and Employment, **S**upporting Agencies.

- All WIS personnel must start their IRP at the earliest opportunity once they become WIS.
- The IRP is to be jointly developed, kept up to date and shared by the individual WIS and the CoC.
- The CoC is ultimately responsible for ensuring each WIS has an IRP which is up to date.
- **The IRP is to contain no personal medical information (Medical-in-Confidence) unless permission to do so has been given by the WIS individual; see 'Consent Form for Disclosure' below.**
- The IRP is to be reviewed regularly, at least monthly and after contact or home visit with a WIS individual sick-on-shore.
- The IRP is to be used to inform the Carers' Forum or Case Conference.
- The IRP as a minimum should note activities for the forthcoming 4 weeks as well as the long term plan and goals in as much detail as is available.
- IRPs are to be stored by units in WIS case files as a record of activity and kept for the duration of downgrade. They should be forwarded to the next unit if a WIS individual is re-assigned.
- IRPs for all WIS must be available for assurance purposes.

Process

The following process should be adhered to in order to support the WIS recovery and that it is accurately documented:

- Complete the HARDFACTS matrix.
- Develop the IRP.
- Complete the IRP 'contract' with the signature from the WIS individual.
- If the WIS individual is re-assigned, the IRP is to be sent to the receiving unit.
- The IRP Oonce finalised, the IRP is to be filed using the following naming convention:

  YYYYMMDD-IRP_ServiceNo_Rank_Name-FINAL-OSPERSONAL

- When the individual is no longer in the recovery pathway, the IRP is to be finalised/closed and forwarded to the CRM Mailbox:

  NAVYNPS-PEOPLESPTCRMMAILBOX@mod.uk

CONSENT FORM FOR DISCLOSURE OF MEDICAL INFORMATION

I hereby consent/do not consent to the disclosure of medical information relating to my current clinical condition.

I understand that the information disclosed in this form will relate only to the functional limitations of my current condition i.e. if I have any difficulties sitting, standing or driving and if so, for how long, or what arrangements may need to be made for me to partake in recovery/ resettlement activities.

My Divisional Officer/Troop Commander/Line Manager may also need to know if I am taking medication that may affect my ability to undertake such activities i.eg. if it makes me very drowsy at a particular time of day. They may also require information if I have a medical issue that may mean I will require additional assistance or support to prevent me, or others, from coming to harm eg. a history of fitting.

I understand that this information may be disclosed to my DO, Tp Comd or LM, RNRMW or the provider of a recovery/resettlement activity to enable the provision of welfare and personal support.

Name		Rank		Number	
Signature				Date	

Note. *This form is to be held with the IRP*

OFFICIAL SENSITIVE-PERSONAL (WHEN COMPLETED)

INDIVIDUAL RECOVERY PLAN CONTRACT

Name	Rank / Rate	Service Number	Service
			RN / RM / RAF / ARMY
Parent Unit	**Date Assigned**	**Joined From**	**JMES Code**
IRP Version / Date	**DO / Tp Comd**	**Spare**	**Spare**

Personal Recovery Goals

1.

2.

3.

Training Courses

Date	Course
	Battle Back MAC

Discussion/Reflection/Key Upcoming Events

Date	Notes

"I have reviewed my recovery plan and am content that it reflects my recovery goals and that the plan is achievable."

"I have reviewed this plan and am content it is achievable and will result in the best outcome possible."

WIS Signature:		**Unit Signature:**	
Date:		**Date:**	

OFFICIAL SENSITIVE-PERSONAL (WHEN COMPLETED)

OFFICIAL SENSITIVE-PERSONAL (WHEN COMPLETED)

HARDFACTS Matrix - Aide Memoire

The Royal Navy uses the HARDFACTS format as a tool for guiding the provision of recovery support and maintaining a case record. The acronym HARDFACTS stands for: **H**ealth; **A**ccommodation; **R**elocation; **D**rugs, Alcohol and Stress; **F**inance and Benefits; **A**ttitude, Thinking, Behaviour and Welfare; **C**hildren and Family; **T**raining, Education and Employment; **S**upporting Agencies. Behind each key factor there are numerous subsidiary factors which, used together when assessing the situation of the WIS individual, will enable a holistic view of the individual to be developed.

For this reason the report is structured to follow this format in order to ease transfer of information between stakeholders providing recovery support to the individual in question. It also provides a focus for the production of an IRP.

This aide memoire is principally intended to help guide Divisional Officers (DO)/Troop Commanders or Line Managers when they conduct interviews or visits with an individual who is WIS. The DO/Tp Comd may wish to share this aide memoir with the individual in advance of meeting, if they deem it appropriate.

The DO/Tp Comd is to ensure the generic elements of the Recovery Pathway are explained (the specific Recovery Pathway will be developed as the needs of the individual become known).

The DO/Tp Comd is to ensure that the individual is aware of their responsibility for keeping the DO/Tp Comd/Unit informed of their recovery activities.

The DO/Tp Comd must be careful to not to brief incorrect information when engaging with WIS individuals in order to avoid unfairly raising false expectations in regard to potential future employment prospects or outcomes.

If the individual's recovery is not progressing as expected, the case should be raised at the Establishment Carers' Forum.

Any questions on completing this matrix should be addressed to NAVYNPS-PEOPLESPTCRMMAILBOX@mod.uk

Subject Area	Issues	Remarks
Introduction - The IRP Aspirations	Introductions. • Explain the purpose of the interview and the role of the line manager in the recovery process. • Provide an overview of the Naval Service Recovery Pathway including function of Parent Unit, Recovery Cell/Troop and NSRC Hasler. • Explain what the IRP is and provide an overview of the underpinning medical, welfare, administrative and education/ training elements. • Ask the SP about their aspirations for Recovery, eg. return to work, training opportunities. • Discuss and agree how and when future contact will occur.	Gather/confirm information to allow development/progress of IRP. It may be worth completing this at the end of the initial contact so that limitations and condition are fully understood. This will help manage expectations for future contact.

Personal Details Check	• Address (incl postcode).
	• Telephones (incl landline and mobile)
	• E-mail address
	• Next of Kin
	• Additional Reservist information:
	  • Civilian occupation/profession?
	  • Civilian qualifications?
	  • Contact details of civilian employer?
	  • Reservist Unit contact details?
		Confirm the SP has updated their details on JPA.
		
		Obtain all possible addresses and contact details.

Health (Medical)	• Confirm the SP understands the medical recovery process including Medical Boards. • Confirm if Patient consent has been given to discuss medical issues. • Ensure that the SP understands his/her responsibilities with regards to Sick Leave (if appropriate). • Discuss details of medical appointments – dates/location (eg. hospital). • What is the SP's opinion on their recovery timeline and expected/potential outcomes?	For disclosure purposes at Case Reviews/ Conferences where applicable. SP should give this to MO during routine appointment. Must keep PU informed of location during sick leave. Must take annual leave if going on holiday. Clinical information is not required. This is to assess how clinical pathway impacts on other Recovery activities. DO/Tp Comds are not to create the perception that retention/transition is a given. Do not record Medical-in-Confidence data in the IRP.
Accommodation	• Where is the SP living? • Who are they living with? • Is there a requirement to conduct adaptations (temporary or permanent) as a result of the medical condition? • If yes has an OT report been requested? When? • Are the living arrangements suitable? If not why?	SLA/SFA/Rented/Own Property/Family/Friends. Spouse/Partner/Family/Friend. Adaptations will require an Occupational Therapist's (OT) report, usually obtained from the Local Authority through the MO. Significant delays need to be highlighted.
Relocation – more of an issue if leaving the Service. **(Applies to all WIS, but consider implications for Foreign & Commonwealth Service personnel.)**	• Does the SP plan to relocate outside the UK? • If they are a Foreign & Commonwealth SP, specialist support may be required. Has this been highlighted to the UPO?	Have implications been explained? Highlight to the UPO.

Drugs and Alcohol	• Are there any implications/limitations resulting from any medications being used by the SP? • Are there any other drug/alcohol issues the DO/TP Comd should be aware of?	This can help guide future contact. Certain medications may impact on ability to concentrate or level of arousal at different times of the day. May impact on ability to drive/use machinery.
Financial Matters **Note: A DO/TP Comd is not qualified to, and must not, give financial advice.**	• Does the SP have any financial commitments that are causing concern? Why? Includes family financial concerns. • Does the SP need advice on the AFCS, AFPS and PAX if appropriate? • Is the SP aware of the 'Money Force' web site? • Confirm SP's pay and allowances are up to date. • Does the SP require assistance from charitable grants to help their recovery and ease their circumstances? What is status of any such applications already submitted? • Note: Mobilised Reservists' pay is complicated and will require unit HR advice.	The SP is at liberty to refuse to disclose this information. The SP will need Unit HR advice on this subject. https://www.moneyforce.org.uk/ SP can check pay statements on-line through the Defence Gateway. Unit HR to advise on application process.
Attitudes, Thinking and Behaviour (Welfare)	• How does the SP feel about their injury/illness? • Has the SP ever thought about and/or attempted to self-harm or take their own life? • How does the SP react in difficult situations? • How does the SP feel about their future?	What is their mood? Positive, or Negative? This will need to be highlighted to MO. Look for evidence of emotional instability, stress, gets upset easily, anxious.

Children and Family	• Is the SP in a relationship? • What is his/her name? Do they live together? • Are they at home or working? • What is the status of the relationship? • How would the SP describe his current relationship? • Does the SP have any children? How many are dependants? • If yes, how many and what are their names and ages? • Where do the children live? • Does the SP have any significant previous relationships? • Are there other wider family members? Can they offer support? Do they have their own needs? • How does the SP describe his relationship with his family? • Does the SP have any on-going family issues/concerns?	Dismissive/Anxious/Avoidant/Secure[a] Level of support, mutual respect/affection, strength of relationship, difficulties include threats and physical abuse. This should be discussed without family member present to remove threat of intimidation. Ex-partners and/or children for whom the SP pays maintenance.
Training, Education, Employment and Resettlement	• What are the SP's career/employment aspirations? • Has the SP had a Career Interview? • Are there any opportunities for the SP to undertake training as part of their Recovery? • Has the SP discussed opportunities with unit Education/ Training staff? • Has the SP made contact with Regional Resettlement Officer, if appropriate? • Is the SP registered with CTP? • Has SP considered benefits of attending Battle Back and/or Core Recovery Events?	These could be personal or professional related. The aim is to keep the SP engaged and maximise benefits with unoccupied time. Early access to resettlement is possible if medical discharge likely (JSP 534 Section 6). WIS SP can attend Battle Back MAC at any time.

Support	• Has RNRMW made contact? Is support on-going? • Has Chaplain/Padre/spiritual supporter made contact? Is support on-going? • Are there any other supporting agencies? • Would the SP like other support from other agencies? eg. Charities, DBS Vets. • Would other family members like support? What would they like? • Has Vets UK made contact? Only applicable in last 3 months of Service	Refer back to unit HR on what can be provided.
Transport (Not part of HARDFACTS, but useful additional info)	• Does the SP have a car? • Is the SP able to drive? • Is the SP able (or not able) to use public transport? If so what mode(s)? • What/where is the nearest train station and/or bus route/stop?	If No, ascertain the potential transport demands during recovery. Check that SP has an HM Forces Railcard if appropriate.

a. Types of Relationships:

Dismissive - Sees themselves as self-sufficient and in denial about the importance of close relationships.

Avoidant - Has a poor opinion of themselves and their partner.

Anxious - Positive outlook of other but has low opinion of themselves.

Secure - In a secure relationship and has positive view of themselves and their partner.

OFFICIAL SENSITIVE-PERSONAL (WHEN COMPLETED)

HARDFACTS MATRIX EXAMPLE

Name	Rank / Rate	Service Number	Service	Unit	DO / Tp Comd
BROWN J	LH	D123456A	RN	HMS NELSON	CPO J SMITH

	Current Situation	Considerations/Options	Actions	Support Req'd From/Lead	Target Dates
Health	Confirmed diagnosis. Condition will result in medical discharge from the Service. No restrictions on attendance at Recovery Events. Consultant Appointments 14 Mar and 10 Jul.		Book MT for medical appointments. Attend appointments.	MT – travel to appointments Individual. POC Dr Surgeon. Additionally through MO.	14 Mar 10 Jul
Accommodation	Living in own house in Lincoln (mortgaged). Some concerns about affordability of mortgage on exit	Seek professional financial advice. Consult Moneyforce regarding mortgage concerns. Speak to CAB. Obtain financial projections. Ensure future employment meets financial Obligations.	Investigate options through Moneyforce. Obtain detailed financial projection. Confirm employment options are financially appropriate.	Individual. Veterans UK (exact figure).	(month before discharge Veterans UK confirm exact figures).

Relocation	No relocation - already residing in own home.				
Drugs, Alcohol and Stress	Medication makes SP drowsy in early morning. Minimal alcohol consumption. Potential stress associated with impending departure date.	Contact is best made in afternoon.		All	
Finance and Benefits	Currently full pay. No issues but concerns about finances post exit.	Significant financial change after Med Discharge on DD/MM/YY. Needs to develop financial plan. Seek professional financial advice Consult Moneyforce/CAB.	Ensure financial plan meets minimal financial obligations.	Individual. Veterans UK (exact figure) Continuous self-evaluation based on career prospects or opportunities.	DD/MM/YY. (accommodation)
Attitude	Actively engaged in Recovery process. Positively looking forward to the future.				

Children, Family and Relationships	Lives with wife and 2 dependent children (no issues). They are very supportive. No other local family, Parents living in Bristol. Friends are spread throughout the country. Individual keen to integrate into local community.	Investigate local groups to develop local network.	Individual to look at options.	Individual.	XX/MM/YY
Training, Education and Employment	On returning from sick leave, individual does not know future in-Service employment plan. Individual has not yet decided on future employment path. Details of Recovery courses have been explained and individual is keen to attend. Individual has not yet registered with NRIO or CTP. Individual has full range of ELCs available. Masters in Subject. Sport related qualification. Vocational qualification.	Engage with CM. Register for resettlement. Speak with unit Education and Training staff about courses. Look at Job Fairs. Attend Battle Back/MAC.	Register with NRIO. Arrange interview with CM.	Individual. NRIO for resettlement registration.	DD/MM/YY. (After first visit on SEC suggested review in two weeks).

Supporting Agencies	No further visits requested. Padre visit offered XX/MM/YY, not taken up. Line Manager in regular contact. Wife has support from her trade union welfare team.	Consider support from RNRMW Case Worker.	DO/Tp Comd to highlight RNRMW Case Worker.	DO/Tp Comd	XX/MM/YY XX/MM/YY

OFFICIAL SENSITIVE-PERSONAL (WHEN COMPLETED)

HARDFACTS MATRIX TEMPLATE

Name	Rank / Rate	Service Number	Service	Unit	DO / Tp Comd

	Current Situation	Considerations/Options	Actions	Support Req'd From/Lead	Target Dates
Health					
Accommodation					
Relocation					
Drugs, Alcohol and Stress					
Finance and Benefits					
Attitude					
Children, Family and Relationships					
Training, Education and Employment					
Supporting Agencies					

OFFICIAL SENSITIVE-PERSONAL (WHEN COMPLETED)

INDIVIDUAL RECOVERY PLAN EXAMPLE

Name	Rank / Rate	Service Number	Service	Unit	DO / Tp Comd
BROWN J	LH	D123456A	RN	HMS NELSON	CPO J SMITH

Include: Date, Location and Brief Summary

Month	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	Remarks
General						Leave 20-24 Apr 16.	
Health e.g. DMRC, RRU	13 Nov 14 Day admission to DMRC.		18 Jan – 6 Feb 15 DMRC.				
Accomm					1 Mar – House available for adaptations work.		DIO to complete house adaptations by 1 May 15.
Relocation							
Drugs, Alcohol, Stress							

Finance & Benefits						1 Apr - VWS Engage for Pensions.	
Attitude							
Children, Family & relationships							
Training, Education & Resettlement	Career Interview.	8 – 13 Dec Attend Battle Back MAC.	5-16 Jan 15 - CRE 2.	9-13 Feb 15 - CRE 3. 23-27 Feb 15 – MAC.		14 Apr - CTW Finance Brief.	Exit date 16 Jun 15.
Support		01 Dec - Planned RNRMW home visit.		18 Feb 15 Private Appt (e.g. Counselling).			

OFFICIAL SENSITIVE-PERSONAL (WHEN COMPLETED)

INDIVIDUAL RECOVERY PLAN TEMPLATE

Name	Rank / Rate	Service Number	Service	Unit	DO / Tp Comd

Include: Date, Location and Brief Summary

Month	#	#	#	#	#	#	Remarks
General							
Health e.g. DMRC, RRU							
Accomm							
Relocation							
Drugs, Alcohol, Stress							
Finance & Benefits							
Attitude							

OFFICIAL SENSITIVE-PERSONAL (WHEN COMPLETED)

Children, Family & relationships							
Training, Education & Resettlement							
Support							

APPENDIX 2 TO ANNEX 33C

INDIVIDUAL RECOVERY PLAN JPA DASHBOARD FUNCTION

1. A Naval Service Recovery Pathway (NSRP) Individual Recovery Plan (IRP) competence dashboard tool has been created to support the Unit Executive in confirming that all NS WIS personnel under their command have an IRP.

2. Personnel WIS are defined as:

Personnel holding a JMES - Maritime limitation of M-5 or M-6.

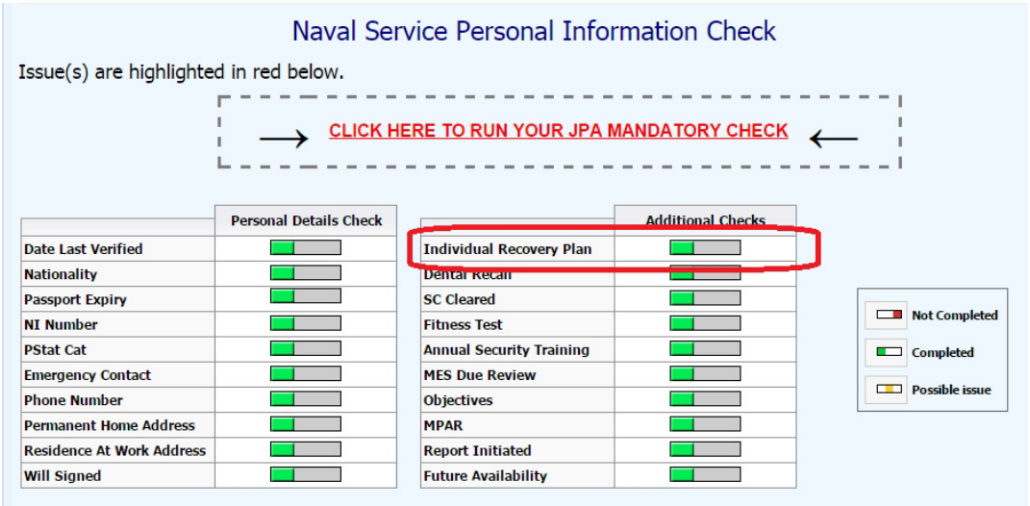
3. Tiles have been added to relevant dashboards accessible to an individual, their DO/Tp Comd and Unit HR professionals. This information is available for use and the logic behind the tiles is:

a. The tile is GREEN if an individual is either not on the Recovery Pathway or is on the pathway and holds an in date IRP competence.

b. The tile will be RED for Personnel on the Recovery Pathway who do not hold an in date IRP competence.

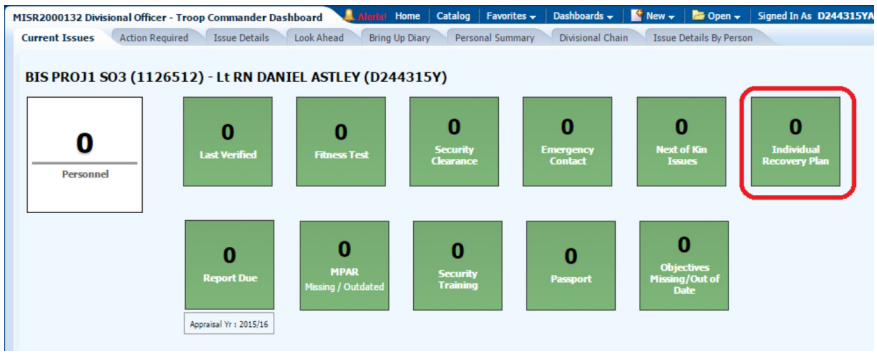
Naval Service Personal Information Check Dashboard

4. Tile on Personal Data Summary tab:

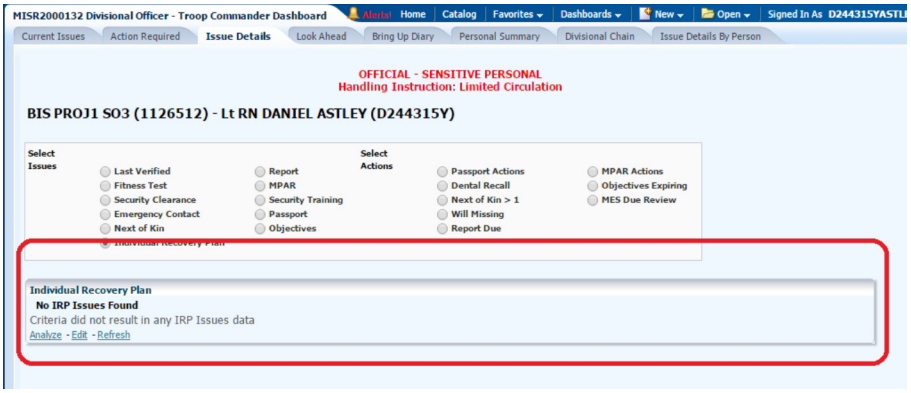


Divisional Officer Dashboard

5. Tile on Current Issues tab:



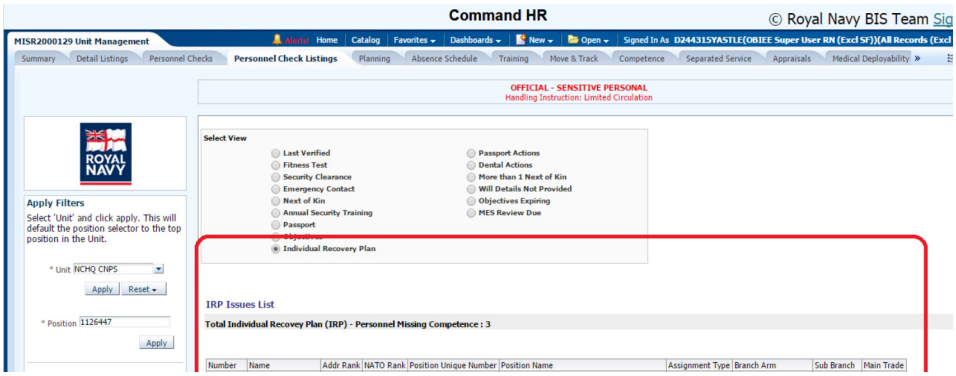
6. Listing on Issue Details tab:



Command HR, EWO/DEPCO and Unit Management - RM Dashboards

7. Tile on Personnel Checks tab:

8. Listing on Personnel Check Listings tab:



ANNEX 33D

PROCEDURE FOR INITIATING A CASE CONFERENCE

1. Introduction

a. Naval Service (NS) Wounded, Injured and Sick (WIS) personnel are those who are assessed as Joint Medical Employment Standard (JMES) code M5 or M6.

b. Whilst it is expected that most WIS personnel serving in HM Ships, Submarines and Commando Units will be landed/assigned to a Personnel Support Group (PSG)/Recovery Cell (RC)/Recovery Troop (RT) on medical downgrade to M5/M6, those serving ashore are most likely to remain in their establishment where the Unit Executive, through the Divisional/Regimental system, will monitor and oversee their recovery via the IRP. When an individual's recovery is not progressing as expected, the case is to be referred to the Unit Carers' Forum or Care Committee.

c. Should the Carers' Forum consider that the Parent Unit is unable to support the individual adequately and provide an appropriate recovery 'pathway', a NSCC Case Conference (CC) is to be requested, usually by the parent unit, to discuss the needs of the individual and support required.

2. Procedure for Initiating a Case Conference

a. Anyone involved in the care of the individual may initiate a CC at any time by forwarding a 'Case Conference Request Form' (Appendix 1) to NAVYNPS-PEOPLESPTCRMMAILBOX@mod.gov.uk or by contacting the NSCC (02392 573083/ 68).

Note. *Case Conference Requests are not to be directed to NSRC Hasler, PSGs, RCs or RTs.*

b. CCs are routinely held on the first Tuesday of the month; they may, however, be convened at short notice in exceptional/urgent circumstances. The NSCC may be contacted for further guidance.

c. The CC will, generally, be chaired by the NSCC from NCHQ via VTC; units can choose to take part in person or via video link. Telephone connection should only be used as a last resort if physical attendance (via VTC or in person) is not possible.

d. Notwithstanding exceptional or unforeseen circumstances, the minimum notice to conduct a CC is three weeks. Requests submitted later than the required period result in a significant admin burden for the NSCC team, increase the potential for inaccurate recording of information and reduce the likelihood of appropriate representation for the patient.

e. The CC request should include the contact details of those personnel required to attend; the individual's clinical lead and DO/Troop Commander as a minimum are required to drive the discussions and articulate support requirements and should come fully prepared to do so. The NSCC will invite additional experts as required.

f. The requesting unit should ensure that all relevant parties from the unit are aware that a CC has been requested and that their presence is required. The NSCC will facilitate the CC and send out meeting requests to the personnel identified on the CC request. The NSCC will not invite the WIS individual under discussion; this is a unit responsibility (if considered appropriate).

g. To ensure the patient is appropriately represented, all facets of care (eg. clinical, welfare, physio, divisional etc.) should attend the CC if possible. As a minimum it is expected that the individual will be represented medically and divisionally by the owning unit.

h. Requests for a standing member of the committee, eg. medical, who is not part of the owning unit, to represent the individual will not be approved as this affects the impartiality of the CC process.

i. If adequate attendance by the owning unit is not achievable, the CC referral will be deferred to the following month to ensure that the individual is appropriately represented, and the full recovery pathway and needs established.

j. If key personnel are unable to attend the CC, they are to ensure that a suitably empowered representative, from the parent unit, is available. In exceptional circumstances, where attendance in person is not possible, written evidence supporting the CC is to be forwarded to the NSCC in good time.

3. DCMH

If a patient is under the care of DCMH then DCMH representation at CC is strongly recommended. Failing this, clinical staff must ensure that the DCMH recommendation for the patient's outcome and recovery needs is represented by a doctor at CC. Also, should DCMH recommend the re-assignment of a patient at CC, given the importance of such a recommendation, this must be included in the doctor's notes on the CC referral or in an email.

4. CC Referral Form

a. The CC process, whilst owned by the NSCC, requires significant input from units to ensure a successful outcome for the patient. Responsibility for the full and accurate completion of the CC Request Form sits with the referring unit. The 'required attendees' section on the final page of the request form must be completed in full.

b. The NSCC does not have the capacity to chase units for missing information, therefore, given the limited availability of CC time slots, priority will be given to those referrals that have completed paperwork and a full list of attendees.

Appendix:

1. Naval Service Casualty Cell Case Conference Request.

OFFICIAL SENSITIVE (WHEN COMPLETED)

APPENDIX 1 TO ANNEX 33D

NAVAL SERVICE CASUALTY CELL CASE CONFERENCE REQUEST

Requests for a Case Conference are to be submitted by the Parent Unit to the Naval Service Casualty Cell (NSCC) NAVYNPS-PEOPLESPTCRMMAILBOX@mod.uk at least 3 weeks[1] prior to the required date and include sufficient detail to enable a decision to be made on the appropriate recovery pathway for the individual concerned.

Unit Requesting:				
Unit POC:				
Rank	**Name**	**Position**	**Unit**	**Contact Tel/Email**

Details of Individual Requiring Case Conference				
Rank	**Name**	**Service No**	**DOB**	**Unit/Sub Unit**

Branch	**Trade**	**Date Joined Service**	**Date joined Unit**	**Tx Date**

Date of Medical Downgrade	**Current JMES**	**Referred to NSMBOS?**	**Date of NSMBOS**

Recommendation / Likely Outcome:

Personal Statement: *Individual's immediate/long term concerns or issues, aspirations, etc.*

Will Individual be Attending Case Conference: Yes/No?

Reason for Case Conference (to capture depth and breadth of need and resource/support required):
Note: *Caldicott principles are to be adhered to at all times and the individual's permission must be obtained in order to share medical/personal information*.

HARDFACTS	**Key Issues and Recommendations**
Health (Medical, Clinical, Physio, etc)	
Accommodation	
Relocation	

1. Three weeks' notice should be given, where possible, to enable all parties to prepare for the Case Conference - although shorter notice may be requested in exceptional circumstances.

Drugs & Alcohol	
Financial Matters	
Attitude, Thinking and Behaviour	
Children and Family	
Training, Education, Employment & Resettlement	
Support (Welfare, etc)	
Additional Information not captured in HARDFACTS	

Personnel Required at Case Conference:		
Unit MO	**Telephone Number**	**Email Address**
Divisional Officer/Troop Commander	**Telephone Number**	**Email Address**
Welfare/Supporting Agencies	**Telephone Number**	**Email Address**
DCMH	**Telephone Number**	**Email Address**
Physiotherapist	**Telephone Number**	**Email Address**
Occupational Therapist	**Telephone Number**	**Email Address**
Other Personnel/Agencies	**Telephone Number**	**Email Address**

ANNEX 33E

CORE RECOVERY EVENTS AND THE ROLLING RECOVERY PROGRAMME

1. Introduction

a. Recovery is different for all; it can be a lengthy process with intense periods of treatment and rehabilitation interspersed with periods of inactivity, or it can be very straightforward and uncomplicated where the Wounded, Injured and Sick (WIS) individual can be productively employed between medical interventions in unit. Either way, appropriate support to enable an effective return to full duties or transition to a properly supported and appropriately skilled civilian life is to be provided and there are numerous approved recovery activities that can be utilised to contribute to these goals.

b. Core Recovery Events (CREs) are developmental activities that WIS Service Personnel (SP) can undertake to assist in their recovery or transition. Army/Third Sector resourced, the courses take place at the four UK Army Personnel Recovery Centres (PRCs) located in Catterick, Colchester, Edinburgh and Tidworth.

c. The Rolling Recovery Programme (RRP) is a one week multi-activity programme held at Tidworth and Catterick PRCs and is designed to help WIS who have been long term sick on shore reintegrate back into communal life, develop their self-confidence and provide a meaningful period of activity between other courses or medical treatment.

d. All NS WIS are to have an Individual Recovery Plan (IRP) which synchronises and schedules activities appropriate to an individual's recovery; it should record the progression of an individual towards their recovery goal/outcome as well as providing a diary of recovery activities.

2. Core Recovery Events (CREs)

The five CRE courses are as follows:

a. **Recovery Foundation.** This 5 day CRE enables WIS personnel to better understand the Recovery Pathway as well as access support and opportunities to aid recovery.

b. **Recovery Development.** This 3 day CRE provides additional time following the Recovery Foundation course to WIS who require further assistance in developing their IRP.

c. **Recovery Transition.** This 10 day CRE prepares WIS personnel for transition from military to civilian life and focuses on employment while examining realistic vocational options. WIS personnel must be registered for Resettlement and have completed a Resettlement Advisory Brief (RAB) prior to attendance.

d. **CTW+.** This CRE is an alternative to the regular Career Transition Workshop (CTW) available during Resettlement. This 5 day course is aimed at those WIS personnel with significant barriers to employment and who are in need of additional support.

e. **Battle Back Multi-Activity Course (MAC)**. The Battle Back Centre conducts Adaptive Sport (AS) and Adaptive AT (ApAT) Multi-Activity Courses (MAC) at the National Sports' Centre, Lilleshall, Shropshire. In addition to sports and AT, coaching experts from Carnegie Great Outdoors (part of Leeds Beckett University), are available to work with individuals to increase self-confidence, motivation, awareness, problem solving, communication and decision making skills; all aiding the development of strategies to cope with future situations. The aim of the MAC is to use AS and ApAT as the personal development 'vehicle' to aid recovery and encourages individuals to find out what they can achieve rather than remind them of what they cannot. All WIS personnel are encouraged to attend MAC early in their recovery pathway however, *attendance on the Battle Back MAC is mandatory* for those NS WIS who have been in the Recovery Pathway for greater than six months.

3. Medical Risk Assessment

Before any recovery activity/event is commenced, a Medical Risk Assessment (MRA) is to be conducted to ensure that the chosen activity is conducive to an individual's rehabilitation; this is to be recorded in the IRP. Only the Chain of Command, after having had sight of the MRA, can approve a recovery activity; individual WIS personnel are not to engage on a recovery course/event unless it has been approved by the command and approval noted on the IRP.

4. Course Applications

a. Details of the courses and the application process can be found in the current DIN (2017DIN07-030). Application forms can be accessed at the following URL: http://defenceintranet.diif.r.mil.uk/libraries/1/Docs8/20160314.1/CRE_Application.pdf.

b. Applications that are incomplete or with noticeable anomalies will be returned to the sender. It is important that the PRCs receive all necessary information on the individual, to enable them to plan accommodation suitable for the individual, and to allow safeguarding measures to be implemented in advance as appropriate.

c. All CRE courses will have a bids window. The bids window will commence two months prior to the start of a course, and close on the 'bids by' date.

d. Each course has an associated 'bid by' which is listed on the calendar. Applications may still be considered once the 'bid by' date has passed, but will then be treated on a first come first serve basis. The course bid by date is approximately 31 days prior to the start of the course. Courses are not loaded until bidding has closed. Each course has a reserve list associated, and these reserves will be called up as students withdraw from the course. This could be until the Friday prior to course starting date.

e. Once bidding for a course has closed, the Point of Contact for the applicant will be sent a copy of the nominal roll and directions to obtain Joining Instructions. Joining Instructions will contain instructions to be actioned both by the unit and the WIS individual.

f. Each application form will allow two bids to be entered. If the applicant is unable to attend both courses, then a new application form will be required.

g. Notification of personnel who fail to attend the start of a course will be sent to the individual's CoC.

h. Applications, once completed, must be submitted by e-mail to the Course Booking Cell e-mail address contained at the top right-hand corner of the application form.

5. Cancellations

Course places are in high demand and cancellations must only occur in exceptional circumstances. Cancellations must be e-mailed to the host PRC for that course in advance of the start of a course, with reasoning. It is possible to attend a short medical appointment during the course, but this must be confirmed through the host PRC prior to the start of the course.

6. Enquiries

Enquiries concerning course applications should be directed to the specific points of contact below:

a. Enquiries for the CREs (excluding the MAC) should be directed to:

Name: Jackie Brockbank
DII E-mail: RC-Pers-ARC-0Mailbox@mod.uk
Civ: 01252 787603
Mil: 94222 7603

b. Enquiries for the MAC should be directed to:

Name: Jacqueline Gunnell
DII E-mail: BattleBack-DASATC-Office Mngr@mod.uk
Civ: 01952 815670 or 01952815678

7. Rolling Recovery Programme (RRP)

The programmes are residential and based on three main themes:

a. **Community and Classroom.** Activities (including: Functional Skills, IT research, simple project planning, and life skills subjects) to broaden awareness, build confidence, promote discussion, debate and thought help WIS personnel become more responsive to training and education; develop a daily routine; and enhance personal independence.

b. **Recreational and Adaptive Activities.** Activities designed to raise morale, and develop camaraderie through shared experience with the aim of stretching individuals so they can see what they can do, rather than dwelling on what they cannot do, develop interests and pastimes, develop life skills and initiative, enrich their lives, develop a sense of achievement and encourage active independent living.

c. **Adventurous Training (AT) and Sport.** AT and Sport in general help personnel recover aspects of their previous life by becoming physically active again, and by rediscovering a sense of purpose and reconnecting to others. This broadens horizons through new activities, thus changing individuals' direction in their life through a sport. In addition working with other members of a group encourages team work, social interaction, communication skills and enhances motivational outlook in life.

d. Application forms and joining instructions for each RRP, together with details of other courses, can be found on the ARC Website in the right-hand panel.

8. Personnel Recovery Centre Contact Details

Personnel Recovery Centre	Contact Details
Catterick	Name: Jenny Hall E-mail: 4X-PRC-Admin Tel: Mil: 94731 2986 Civ: 01748 872986
Colchester	Name: Sharon Scott E-mail: 7X-PRC-Clerk Tel: Mil: 94660 5837 Civ: 01206 815837
Edinburgh	Name: Shona Craig E-mail: 51X-PRC-Edin-OffMngr Tel: Civ: 0131 666 9977
Tidworth	Name: Carol Downton E-mail: 1ARTYX-SW-PRC-OffMan Tel: Mil: 94342 5768 Civ: 01980 656768

ANNEX 33F

PARTICIPATION IN ADAPTIVE SPORT AND ADVENTUROUS TRAINING

References:

A. JSP 419 - Adventurous Training in the UK Armed Forces
B. JSP 765 - Armed Forces Compensation Scheme

1. Introduction

Participation in sport and adventurous training is fundamental to Service life and Naval Service ethos and can aid successful recovery by providing the foundation for the development of a positive self-image and outlook on life.

2. Background

a. When first faced with the reality of injury or sickness, many individuals experience a loss of confidence, depression, and believe that their active lives have ended. The sudden traumatic change in physical ability makes them vulnerable to psychological and emotional stress which can alienate them from their friends and family.

b. Participation in Adaptive Sport and Adventurous Training (AS&AT) focuses on what an individual can do rather than what they cannot do. Used in direct support of an Individual's Recovery Plan (IRP), AS&AT has the potential to offer significant opportunities to encourage re-integration, build confidence and promote independence by overcoming challenge.

3. Eligibility

WIS personnel are not excluded from any Joint Service Adventurous Training (JSAT)[1] and Sport activity in principle, and participation should be considered when developing an IRP. However, the level and means of participation will be determined by the nature of the injury/ illness and will, in all cases, be subject to an acceptable Medical Risk Assessment (MRA) conducted by Service medical authorities. Executive approval will be required to confirm that consideration has been given to any constraints, limitations and mitigation that may be necessary in order to fulfil the MOD's 'Duty of Care'[2] and to ensure coherence with the IRP.

4. Participation Prior to Attendance at Naval Service Medical Board of Survey (NSMBOS)[3]

a. All NS WIS personnel wishing to take part in AS&AT will require approval from the Executive within their allocated Recovery Unit[4], even if they remain under the clinical care of a hospital or DMRC Headley Court.

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1. Type 2/3 and 4.
2. As well as the common law duty of care, the MOD has a statutory duty under the Health and Safety at Work Act 1974 (HSWA 74) Section 2 to "ensure, so far as is reasonably practicable, the health, safety and welfare at work of all employees"; this includes AS & AT.
3. BRd 3(1) Chapter 28.
4. This will be the individual's Parent Unit if not formally assigned to a Recovery Cell, Troop or NSRC Hasler.

b. Where AS or AT is proposed for, or requested by, personnel in DMRC, a MRA is to be undertaken by the Consultant in charge of the patient's care. The NS Liaison Officer (Navy-PersPFCSDMRCLO) is to liaise directly with the Recovery/Parent Unit to ensure that the correct Executive approval is given prior to participation in the proposed activity. A note of that decision made is to be recorded in the IRP.

5. Participation Post Attendance at NSMBOS

a. Medical Officers completing the NSMBOS 'write-up' for WIS personnel should include any relevant information on the desire and ability of the patient to undertake AS&AT. The patient's Line Manager, when completing the NSMBOS Form 2, should include the Executive view of whether AS&AT is considered coherent with the patient's IRP and any opportunities that may be available to the patient to do so; when overseas travel is envisaged, this should also be recorded. These statements will be considered by the Board when deciding on the medical grading and JMES coding of personnel attending. In cases where WIS personnel are deemed to be medically fit to travel abroad on AS&AT, this is to be reflected in the medical grading and JMES coding recommended by the NSMBOS.

b. All recommendations made by the NSMBOS are to be considered by the Naval Service Medical Employability Board (NSMEB) in accordance with current practice. It should be noted that, even if awarded a MedCat and JMES grading by the NSMEB that would allow participation in AS&AT, final approval is subject to acceptable MRA and endorsement by the Unit Executive at the time of application to participate in the activity. A note of that decision made is to be recorded in the IRP.

c. Personnel who, having previously presented at NSMBOS and not been awarded a MedCat which will allow them to undertake AS&AT at the desired level, or to travel outside the UK, may have their case re-presented to NSMBOS for review and re-grading if time is available. This will also necessitate agreement at the NSMEB. For specific AS&AT activities where there is insufficient time to be re-presented to NSMBOS, applications can be made through SO1 CRM to CNPers supported by an MRA and recommendation by the Unit Executive.

6. Duty Status

Regulations defining whether personnel are considered to be on or off duty when engaged in sport and adventurous training are contained at Reference A, Part 1 Para 15 and Reference B Chapter 1. All individuals undertaking any AS&AT are to consult with the activity organiser prior to participation in the event and to purchase additional insurance to cover activities for which MOD is not responsible or liable.

ANNEX 33G

SAFEGUARDING OF VULNERABLE ADULTS

1. Introduction

The Naval Service Recovery Capability (NSRC) is committed to creating a safe environment for all Wounded Injured and Sick (WIS) personnel. This means that everyone working with WIS personnel must fully understand their safeguarding duties. Safeguarding covers a wide range of practices and responsibilities and all personnel involved in the care of WIS share a responsibility to treat the people being supported with respect, and to behave towards them in the way we would want to be treated ourselves. This means that those involved in working with WIS personnel must always act in a way that is best for the individual - not for their convenience or the convenience of the organisation.

2. Definitions

A 'Vulnerable Adult' is someone who may be in need of community care due to a mental health problem, learning disability, physical disability, age or illness[1] . As a result, they may be unable to take care of themselves or protect themselves from harm or being exploited.

'Safeguarding' means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action[2].

In contrast, 'adult protection' is about responding to circumstances/concerns that arise.

3. What is Abuse?

Abuse may be the result of single or repeated acts. It may be unintentional. It may be an act of neglect or a failure to act or could take the form of multiple acts. Abuse and neglect is not restricted to any socio-economic group, age, gender or culture and can take place anytime and anywhere. It can take a number of forms[3], including the following:

- Physical abuse.
- Emotional abuse.
- Sexual abuse.
- Psychological abuse.
- Discriminatory abuse.

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1. Defined by the Department of Health as: 'A person aged 18 years or older who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation '
2. Care and support statutory guidance, DH, 2016.
3. As detailed in the Care Act 2014.

- Neglect, acts of omission and self-neglect.
- Domestic violence.
- Modern slavery.
- Financial (or material) abuse.
- Institutional abuse.

4. Characteristics

The following characteristics may, in some circumstances, place an individual more at risk of harm, neglect or abuse:

- Not having the mental capacity[4] to make decisions about their own safety or other day to day issues - including fluctuating mental capacity associated with mental illness and acquired brain injury.
- Communication difficulties.
- Physical dependency - being dependent on others for personal care and the activities of daily life.
- Low self-esteem.
- Experience of abuse.
- Childhood experience of abuse.

5. Risk Factors

The following factors about a situation may make someone more at risk of harm, neglect or abuse:

- Being cared for in a care setting where they are more or less dependent on others.
- Not getting the right amount or the kind of care they need.
- Living in a family with multiple problems.
- Isolation and social exclusion.
- Stigma and discrimination.
- Lack of access to information and support.
- Being the focus of anti-social behaviour.

4. Being unable to understand the implications of their situation and the risks to themselves, take action themselves to prevent abuse, participate to the fullest extent possible in decision making about interventions involving them, be they life-changing events or everyday matters (Mental Capacity Act 2005).

- Another person 'unofficially' managing a vulnerable adult's finances.

6. Recognition and Indicators of Adult Abuse

It is not always easy to spot the symptoms of abuse. Someone being abused may make excuses as to why, for example, they are bruised, why they do not want to go out or talk to people, or why they are short of money. It is important to be aware of the signs of abuse and, where they are identified, share your concerns with the person being abused. If you wait, hoping the person will tell you what is been happening to them, you could delay matters and allow the abuse to continue. Behavioural signs of possible abuse can include the following:

- Becoming quiet and withdrawn.
- Being aggressive or angry for no obvious reason.
- Looking unkempt, dirty or thinner than usual.
- Sudden changes in their normal character, such as appearing helpless, depressed or tearful.
- Physical signs of abuse, such as bruises, wounds (eg. bites, burns or scald marks), fractures and other untreated injuries.
- The same injuries happening more than once.
- Not wanting to be left on their own or alone with particular people.
- Anxiety, lack of confidence, low self-esteem and/or disturbed sleep.
- Being unusually light-hearted and insisting there is nothing wrong.
- Signs of domestic violence can be any of those relating to the different types of abuse or neglect that can occur in any incident.

Other signs to watch out for include a sudden change in their finances, not having as much money as usual to pay for outgoings, or getting into debt. Watch out for any official or financial documents that seem unusual, and for documents relating to their finances that suddenly go missing. However, your ability to identify the signs and symptoms of abuse in any given situation is likely to depend on the nature of your relationship with the vulnerable adult.

7. Responsibilities

Commanding Officers must ensure that their personnel are familiar with safeguarding policy and procedures. Safeguarding is everyone's business and individuals have a moral and legal responsibility to ensure the safety of vulnerable adults.

8. What to do if you suspect abuse

If you suspect abuse, you have a duty of care to take action. You should treat all allegations of abuse or neglect seriously. A concern may be a direct disclosure from a vulnerable adult, or a concern raised by others. It may be an observation of the behaviour of a vulnerable adult or the behaviour of another. If concerned, you should do the following:

- Act immediately to protect the vulnerable adult. This is best achieved by early reporting via your line manager to the appropriate agency (this may be the police or the local authority[5]). RNRMW can also provide advice on the appropriate actions.

- Deal with immediate needs and ensure that the person is, so far as possible, central to the decision making process. Recovery Staff must be aware that it is not their role to investigate suspected abuse; this is the job of the appropriate authority. Over-involvement could complicate subsequent actions.

- Clearly record the events, decisions made and actions taken.

9. Recording Events

It is vital to maintain a record of any concerns that may be raised about an individual - this includes a record of the actions taken in response. These need to be reviewed regularly as it may be possible to see patterns of behaviour emerging, which may indicate episodic or cumulative forms of abuse.

10. Independent Reporting

It is important that all personnel dealing with WIS individuals have an independent means to report concerns in confidence outside of their chain of command. Whilst, the initial point of contact should generally always be the line manager, personnel should not hesitate to contact RNRMW, the local authority or police if required.

11. Cooperation

Those providing support to vulnerable adults need to be aware that they will be required to cooperate with investigations undertaken by the local authority or police. Where process allows, regular updates should be facilitated.

12. Disclosure Barring Service (DRB) Certification

Staff (military and civilian) who have regular or unsupervised contact with WIS personnel during the course of their work may need Disclosure Barring Service (DBS) certificates (formerly CRB checks). Guidance on the need for these checks and the procedures to be applied can be found in JSP 893 (Policy on Safeguarding Vulnerable Groups). An accurate database of staff showing their DBS clearance and dates must be kept and should be reviewed regularly. Where charity employed staff and sub-contractors are engaged in recovery activity with WIS, confirmation of DBS checks should be requested as appropriate.

13. Training

Personnel who may be responsible for managing the welfare or recovery activity of WIS personnel should complete the e-Learning course course at http://www.scie.org.uk/publications/elearning/adultsafeguarding/. Further guidance is available from RNRMW, www.skillsforcare.org.uk or the local authority.

5. Under the Care Act 2014, the local authority has the lead role in relation to adult safeguarding.

14. Conclusion

It is a fundamental right of every person to live free from harm, neglect and abuse. Recovery staff in the NSRC, the wider Naval Service, Joint Units and civilian agencies involved in providing recovery services for vulnerable adults must act together to protect them from abuse. Suspected or actual acts of abuse must be report without delay. Responses to any vulnerable adult at risk who may be experiencing abuse should be proportionate, timely, professional and ethical. COs and senior management within partner organisations must act to ensure that the importance of safeguarding is understood by everyone and that records of concerns and subsequent actions are maintained.

ANNEX 33H

HANDBOOK FOR OFSTED DEFENCE RECOVERY CAPABILITY ASSURANCE VISITIS

Handbook for OFSTED Defence Recovery Capability Assurance Visits (accessed via Forms)

ANNEX 33I

THIRD SECTOR SUPPORT

Many Third Sector organisations offer support for serving WIS and Veterans, with the Royal Navy and Royal Marines Charity, Help for Heroes and The Royal British Legion being the key strategic partners.

There are over 2,000 charities supporting WIS personnel and Service Leavers, a useful list can be found here: http://armedforcescharities.org.uk/

Some of the main charities are listed below, but it is not exhaustive and new charities are forming all the time; a simple internet search may find the most appropriate source for assistance.

RNRM Welfare - http://www.royalnavy.mod.uk/welfare/welfare-teams

RNRM Charity - https://www.rnrmc.org.uk/

Naval Families Federation - http://www.nff.org.uk/

The Ripple Pond - http://theripplepond.org/

Royal Navy & Royal Marines Children's Fund - http://rnrmchildrensfund.org.uk/

Royal Naval Association - http://www.royal-naval-association.co.uk/

Royal Marines Association - https://royalmarinesassociation.org.uk/

White Ensign Association - http://www.whiteensign.co.uk/

NHS England - Healthcare for the Armed Forces - http://www.nhs.uk/NHSENGLAND/MILITARYHEALTHCARE/Pages/Militaryhealthcare.aspx

Help for Heroes - http://www.helpforheroes.org.uk/

The Royal British Legion - http://www.britishlegion.org.uk/

SSAFA - https://www.ssafa.org.uk/

Combat Stress - http://www.combatstress.org.uk/

Forces in Mind - http://www.fim-trust.org/

The Not Forgotten Association - http://www.nfassociation.org/

Big White Wall - https://www.bigwhitewall.com/Register/register-new.aspx#.V_dIDELR-Ch

Career Transition Partnership - https://www.gov.uk/guidance/career-transition-partnership

Regular Forces Employment Association - http://www.rfea.org.uk/jobseekers/wounded-injured-sick/

Greenwich Hospital - http://www.grenhosp.org.uk/

Veterans UK - https://www.gov.uk/government/organisations/veterans-uk

Future for Heroes - http://www.f4h.org.uk/

Money Force - https://www.moneyforce.org.uk/

Joint Services Housing Advice Office - https://www.dghp.org.uk/armed-forces-help-2/joint-service-housing-advice-office

Haig Housing - http://www.haighousing.org.uk/content/home

Armed Forces Home Ownership Scheme - www.afhos.co.uk

Single Persons Accommodation Centres for the Ex-Services (SPACES) - www.spaces.org.uk

Money Force - https://www.moneyforce.org.uk/

Money Advice Service - https://www.moneyadviceservice.org.uk/en

ANNEX 33J

NAVAL SERVICE RECOVERY PATHWAY CONTACT DETAILS

HMS TEMERAIRE
Room 140
Burnaby Road
Portsmouth
PO1 2HB

SO1 CRM	Mil: 93830 28076/Civ: 02392 573076
SO2 CRM	Mil: 93830 28065/Civ: 02392 573065
SO3 CRM /RN	Mil: 93830 28068/Civ: 02392 573068
CRM WO1 RM/RN	Mil: 93830 28083/Civ: 02392 573083

Email: NAVYNPS-PEOPLESPTCRMMAILBOX@mod.uk

NAVAL SERVICE RECOVERY CENTRE (NSRC) HASLER
Frobisher Block
HMS DRAKE
Plymouth
PL2 2BG

Mil: 9375 65366/67991
Civ: 01752 555366/557991

PORTSMOUTH PERSONNEL SUPPORT GROUP
Lancelot Building
HM Naval Base
Portsmouth
PO1 3NH

Mil: 9380 27338/27213
Civ: 02392 727338/727213

DEVONPORT PERSONNEL SUPPORT GROUP
Seymour Block
HMS DRAKE
HM Naval Base Devonport
Plymouth
PL2 2BG

Mil: 9375 65324/65357
Civ: 01752 555324/555357

FASLANE RECOVERY CELL

HM Naval Base CLYDE
Helensburgh
Argyll and Bute
G84 8HL

Mil: 93255 3282/7529
Civ: 01436 674321 3282/7529

RNAS YEOVILTON CAREER MANAGEMENT CELL
Palembang Building
RNAS Yeovilton
Yeovil
BA22 8HT

Mil: 93510 5393/4018
Civ: 01935 455393/4554018

RNAS CULDROSE CAREER MANAGEMENT CELL
Building L4
RNAS Culdrose
Helston
Cornwall
TR12 7RH

Mil: 93781 2357/2304
Civ: 01326 552357/552304

Termoli Troop
40 Commando RM
Norton Fitzwarren
Taunton
TA2 6PF

Mil: 93780 4518/4461
Civ: 01823 362461

Kangaw Troop
42 Commando RM
Main Building
Bickleigh Barracks
Plymouth
PL6 7AJ

Mil: 93788 7299
Civ: 01752 727299

Harden Troop
45 Commando RM
RM Condor
Arbroath
Angus
DD11 3SP

Mil: 93387 2231
Civ: 01241 822231/822237

ANNEX 33K

NAVAL RESERVES RECOVERY PATHWAY

1. Preamble

a. As Defence moves towards the Whole Force Concept, the use of Reserves personnel[1] to fill liability driving positions and work alongside their Regular counterparts will increase. To support the rehabilitation and recovery of wounded, injured and sick (WIS)[2] Reserves Personnel (RP), they are to be managed and supported through the Naval Service Recovery Pathway (NSRP).

b. Defence Primary Health Care (DPHC) is responsible for the delivery of Occupational Health (OH) and Rehabilitation to all Reserves, irrespective of Terms and Conditions of Service[3] [4], and is to provide OH assessments to establish the Joint Medical Employment Standard (JMES) to inform the employability and deployability of RP.

c. OH assessments serve to inform the Chain of Command (CoC) of a RP's health and deployability and protect those who are WIS by identifying what they can and cannot do. Reservists are required to inform their CoC of any condition that affects their ability to carry out their duties (though there is no requirement to disclose the details of any condition or injury) and attend a military medical assessment.

d. Where RP have been awarded a JMES below Medically Fully Deployable (MFD), there is a requirement to have that grading reviewed annually for permanent grades and at least every six months for temporary grades.

e. Reservists attending with new or changed conditions must provide relevant documentation from their GP/specialist in order to allow the assessing doctor to make an informed decision. Where the assessing doctor does not feel that they have sufficient detail to award an accurate grade, they may write to the Reservist's civilian GP to request further information. Reservists must be aware that attending a medical without sufficient documentary evidence will result in the award of a temporary JMES that may prevent them from training or employment.

f. In order to access OH assessments, all RP are required to have a fully summarised Defence Medical Information Capability Programme (DMICP) record.

2. Recovery Support

a. All WIS RP are to have an Individual Recovery Plan (IRP) (Annex 33C) drafted after assessment by DPHC OH. This will allow the individual and unit executive to discuss the implications of the injury or illness with regards employability and deployability and signpost any support that may be required using the HARDFACTS[5] assessment.

1. Maritime Reserves (MR) and Royal Fleet Reserves (RFR).
2. Awarded a Joint Medical Employment Standard (JMES) of M5 or M6.
3. This includes Sponsored Reserves and URNU personnel but does not extend to cadets or adult instructors in the Cadet Forces.
4. 2017DIN01-096.
5. **H**ealth, **A**ccommodation and **R**elocation, **D**rugs and Alcohol, **F**inance and Benefits, **A**ttitude, Thinking and Behaviour, **C**hildren and Family, **T**raining, Education and Employment, **S**upporting Agencies.

b. Reservists who are WIS are to be managed, in the first instance, by their Parent/ Employing Unit. Should recovery not be progressing, the Unit is to convene[6] a Carers' Forum or other Multi-Disciplinary Team (MDT) to assess the case and future recovery and rehabilitation needs which, in most circumstances, will be provided by the NHS.

c. Should the Reservist be injured on duty, evidenced by a MOD Form 510 or equivalent, the individual is entitled Service rehabilitation support. There are two potential avenues for treatment; RP (and any Regular staff attached to Reserve Units) may receive care through the Reserve Rehabilitation Contract or at their local Primary Care Rehabilitation Facility (PCRF)[7].

d. The recovery of those RP injured on duty should be managed by the Parent/ Employing Unit or as directed by the Carers' Forum or MDT. Should further support be required, a Naval Service Casualty Cell (NSCC) facilitated Case Conference is to be initiated (Annex 33D) to establish the most appropriate location and recovery pathway.

e. Whilst being managed by the Parent/Employing Unit, support, advice and guidance may be sought from NCHQ CRM and specialist recovery units ie. PSGs, Recovery Cells and Recovery Troops[8]. Assignment to a specialist recovery unit will only take place as directed by the Case Conference taking into account the special circumstances of the case and complexity, depth and breadth of need.

f. The use of recovery courses and activities (Annex 33E, Annex 33F and Annex 33I) may be appropriate to aid recovery and should be considered for all RP WIS.

g. In order to attend a recovery activity, a Medical Risk Assessment is required to ensure that the activity/course selected is appropriate, does not impact rehabilitation and is conducive to recovery.

h. Any costs incurred in attending recovery courses or activities fall where they lie i.e. with the Parent/Employing Unit[9]. All RP attending courses/activities must be on designated 'recovery' duty and have appropriate funding agreed eg. man training days available.

6. For FTRS personnel, the FTRS CM is to be included.
7. 2017DIN01-047
8. Referred to as ‘Unit Assist’.
9. As for Regular WIS personnel.