

ARMY GENERAL ADMINISTRATIVE INSTRUCTION

VOLUME 3

CHAPTER 99

COMMAND AND CARE OF WOUNDED INJURED AND SICK PERSONNEL



ARMY

AGAI Vol 3 Ch 99 applies to all WIS Soldiers, whether they are in a Personnel Recovery Unit, on Unit Assist, or remaining under command of their Parent Unit. WIS Soldiers, on a needs basis, will have access to those resources and activities required to enable them to achieve their recovery outcome – either a return to duty, or successful transition to civilian life.

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GLOSSARY

For the purpose of this Instruction, the general definitions shown in this Glossary apply. Specific definitions, where required, are shown in the relevant Parts. Throughout this Instruction the male gender is used to represent both male and female personnel.

'Soldier'	The term 'Soldier' is used to refer to both a commissioned officer and a soldier.
'WIS'	WIS personnel include all those Service men and women, including Reservists, who are unable to undertake their normal duties, within defined medical categories, in accordance with JSP 950 Medical Policy, part 6, chapter 7 ¹ .
'Episode'	The term 'Episode' refers to a period of illness, injury or sickness absence: from Day 1 until return to duty, discharge or death.
'Parent Unit'	The 'Parent Unit' is the Unit to which the WIS Soldier was assigned at the start of the Episode. The Parent Unit will not change during the Episode
'Responsible Unit'	The 'Responsible Unit' is used to identify the Unit responsible for the command and care of the WIS Soldier; this is the Unit to which the WIS Soldier is assigned. The Responsible Unit will be, in most cases ² , either the Parent Unit or a PRU depending on whether there has been a transfer of command.
'Responsible CO'	The Responsible CO is the CO of the Responsible Unit.
'Temporarily Non-Effective'	'Temporarily Non-Effective' refers to an administrative function that releases a Soldier's liability at Unit level and results in the transfer of a Soldier from a Unit PID to the Manning Margin. In the majority of longer-term cases this will be the trigger for assignment to a PRU and will take place at or before Day 56 of the Episode.
'Unit Assist'	'Unit Assist' refers to the process by which a PRU (or other regular Unit) provides assistance to a Unit that is unable to fulfil the mandated requirement for conducting recovery visits, either as a result of a manpower deficiency or because of geographical issues.
'Patient Group'	'Patient Group' is used to define the WIS Soldier, their Next of Kin and immediate family (including partners).
'Rehabilitation' and 'Recovery'	It is important to be clear that 'Rehabilitation' and 'Recovery' are two distinct – but complementary – processes. Rehabilitation is primarily clinical treatment for medical conditions arising from wounding, illness, or injury. Recovery is primarily a non-clinical activity, but may involve individuals undergoing rehabilitation, and is designed to restore normal life and a return to duty in the Armed Forces or, for those unable to serve on, life outside the Armed Forces.

¹ Definition of WIS is from JSP 770, Pt1 Ch 5 (Tri-Service Recovery Policy), para 1.5.02.

² In exceptional cases a unit may transfer responsibility to a 'sister' unit, rather than a PRU.

Third (3 rd) Sector	Those charities, welfare and voluntary organisations providing agreed support to the recovery capability and WIS personnel.
'Recovery Pathway'	'Recovery Pathway' is the generic term used to describe the route through the events and actions that are taken by, or on behalf of, WIS personnel, supported as appropriate by the ARC delivery organisation and 3 rd Sector from the point of commencing recovery (the 7-day point, when details of the individual WIS Soldier are entered onto WISMIS), through to a return to duty (RTD) or transition to civilian life. The Recovery Pathway encompasses the three phases of Shaping, Development and Transition.
'Recovery Picture'	The Recovery Picture is a snapshot of the number and situation of WIS personnel both in the recovery pathway, or who have reached an outcome (RTD or transitioned to civilian life).
Vocational Assessment	A Vocational Assessment is defined as a 'global appraisal of an individual's work/training background, general functional capacities and social behavioural characteristics' which when delivered as a capability will provide a comprehensive understanding of potential and appropriate vocational options.
HARDFACTS	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, when used together, when assessing the situation of the WIS Soldier, will enable a holistic view of the individual to be developed. HARDFACTS is primarily used by the PRO/URO and Responsible CO when conducting their 28 day reviews of the WIS Soldier. Used effectively, HARDFACTS will guide both the PRO/URO and the WIS Soldier to understand where development against specific criteria is required to improve a situation, which may then be translated to an action within the respective Individual Recovery Plan (IRP) designed to achieve that improvement. The 28 day review of a WIS Soldier using HARDFACTS may involve both objective and subjective assessment, depending upon the criteria under consideration. But essentially, the use of HARDFACTS is to be employed consistently in the assessment of the individual WIS Soldier.
Recovery Duty	WIS personnel are deemed to be on Recovery Duty when undertaking any authorised event or activity in support of their IRP e.g: CREs, civilian work placements undertaken outside of GRT or leave

ABBREVIATIONS/ACRONYMS

ABF	ABF The Soldiers' Charity
AEB	Army Employment Board
AFCS	Armed Forces Compensation Scheme
AFIP	Armed Forces Independence Payment
AFPS	Armed Forces Pension Scheme
AIASC	Army Inquiries Aftercare Support Cell
AORI	Army Staff Assurance Operational Readiness Inspection
APC	Army Personnel Centre
ARC	Army Recovery Capability
ARCAB	Army Recovery Capability Assignment Board
ATAB	Army Transition Assessment Board
AWS	Army Welfare Services
BB	Battle Back
BFG	British Forces Germany
BFGHS	British Forces Germany Health Service
BIRT	Brain Injury Rehabilitation Trust
BLESMA	British Limbless and Ex-Service Men's Association
CAAI	Competent Army Authority and Inspectorate
CC	Career Consultant
CEG	Career Employment Group
CF	Clinical Facilitator
CKW	Casualty Key Worker
CNO	Casualty Notifying Officer
CoC	Chain of Command
CRB	Criminal Records Bureau
CRE	Core Recovery Event
CRESM	Core Recovery Event Situation Matrix
CTP	Career Transition Partnership
CTW	Career Transition Workshop
CWP	Clinical Work Placement
DGP	District German Provider (hospitals)
DILFOR	Dangerously Ill Forwarding of Relatives
DLA	Disability Living Allowance
DMICP	Defence Medical Information Capability Programme

DMRC	Defence Medical Rehabilitation Centre
DMWS	Defence Medical Welfare Service
EC	Employment Consultant
FMB	Full Medical Board
FTRS	Full Time Reserve Service
GROW	Gradual Return to Work
GRT	Graduated Resettlement Time
GURTAM	Gurkha Trained Adult Male
H4H	Help for Heroes
IERO	Individual Education and Resettlement Officer
IRP	Individual Recovery Plan
IRTC	Individual Resettlement and Training Costs
JCCC	Joint Casualty and Compassionate Centre
JMES	Joint Medical Employment Standards
LDO	Learning and Development Officer
MAC	Multi Activity Course
MDHU	Ministry of Defence Hospital Unit
MDT	Multi Disciplinary Team
MFD	Medically Fully Deployable
MLD	Medically Limited Deployment
MLO	Military Liaison Officer
MND	Medically Non Deployable
MO	Medical Officer
MRS	Medical Reception Station
NRPS	Non-Regular Permanent Service
OCE	Operational Commitments Establishment
OGD	Other Government Departments
OH	Occupational Health
OH Branch	Occupational Health Branch, APC
PAP 10	PULHEEMS Administrative Pamphlet 2010, Version 3
PCP	Patient Care Pathway
PCT	Primary Care Trust
PET	Pre Employment Training
PIP	Personal Independence Payment
POSM	Post-Operational Stress Management
PR Branch	Personnel Recovery Branch
PRC	Personnel Recovery Centre

PRDT	Personnel Recovery Delivery Team
PRO	Personnel Recovery Officer
PRU	Personnel Recovery Unit
PSS	Patient Support Services
PTO	Patient Transfer Order
QEHB	Queen Elizabeth Hospital Birmingham
RAB	Resettlement Advisory Brief
RCDM	Royal Centre for Defence Medicine
RCS	Recovery Career Services
RECU	Restricted Employment in Current Unit
ROHT	Regional Occupational Health Team
ROG	Rear Operations Group
RRU	Regional Rehabilitation Unit
RTMC	Reserves Training and Mobilisation Centre
RTD	Return to Duty
RTW	Return to Work
SEC	Specialist Employment Consultant
SHA	Strategic Health Authority
SIL	Seriously Injured Leaver
SP	Service Personnel
SPVA / VWS	Service Personnel Veterans Agency / Veterans Welfare Service
SRT	Service Requirements Team
SVRM	Suicide Vulnerability Risk Management
TNE	Temporarily Non Effective
TRBL	The Royal British Legion
TST	Transitional Support Team
TWR	Transitional Welfare Requirements
UHBFT	University Hospital Birmingham NHS Foundation Trust
UKTAP	UK Trained Army Personnel
UMO	Unit Medical Officer (includes any GP employed by a Service healthcare provider)
URO	Unit Recovery Officer (A Unit appointment; equates to a Unit PRO)
VO	Visiting Officer
VocOT	Vocational Occupational Therapist
VWS	Veterans' Welfare Service
WIS	Wounded, Injured or Sick
WISMIS	Wounded, Injured and Sick Management Information System
WSA	Worksite Assessment

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COMMAND AND CARE OF WOUNDED, INJURED AND SICK PERSONNEL INTRODUCTION

99.001 When a Soldier or Officer³ becomes wounded, injured or sick (WIS) their mission will change to recovering and returning to duty as swiftly as possible or, if this is not possible, transitioning from the Army back into civilian life. For some WIS personnel, their long term outcome will be unclear, but over time it will become more apparent. Recovery is the term used to describe the combination of a number of activities designed to help WIS personnel achieve their respective outcome.

99.002 ARC 'Cornerstones'. In terms of context, the Army Recovery Capability (ARC) forms part of the wider Defence Recovery Capability and is aligned to the principles enshrined within the Armed Forces Covenant in order to maximise effect and achieve consistency across the three Services. The ARC has been specifically designed to meet this role and is built on the 4 cornerstones of Command, Partnership, Assessment and Employment:

a. **Command.** Recovery is a command-led activity designed to ensure that the Ministry of Defence (MOD) fulfils its duty of care responsibility towards its WIS personnel. The Responsible Commanding Officer (CO) is to ensure that the appropriate support and action, as set out in this instruction, is provided in respect of each of their WIS.

b. **Partnership.** The ARC is the result of a partnership comprising; the MOD, Help For Heroes (H4H), The Royal British Legion (TRBL), other Service and non-Service charities and industry. The ARC is MOD-led.

c. **Assessment.** There are two key strands of assessment:

(1) A WIS Soldier's progress along the recovery pathway, from 'shaping', through 'development' and 'transition' is to be assessed against HARDFACTS⁴. The Responsible CO is to lead the assessment of each WIS Soldier, which is to be conducted every 28 days.

(2) The Responsible CO is to lead the assessment of the Individual Recovery Plan (IRP) owned by each of their WIS personnel, which is to be conducted every 28 days.

d. **Employment.** Employment describes the outcome achieved for each WIS Soldier; either a return to duty⁵, or successful⁶ transition to civilian life.

Army Recovery Capability

99.003 Mission. The mission of the ARC is to enable, within a conducive military environment, the swiftest return to duty or the smoothest transition to an appropriately skilled and supported civilian life for all wounded, injured or long-term sick personnel, irrespective of cause, in order to maximise deployability in direct support of the Army's Main Effort.

99.004 Scope and Task Summary. The ARC reflects the corporate and moral responsibility of the Army to all its WIS personnel and, through its functional elements, provides the framework within which their command and care is delivered. Commanders at all levels are charged with ensuring the command and care for all WIS personnel under their command, regardless of whether they are serving with the Unit or sick at home or elsewhere. By effecting the requirements of this Instruction

³ For the purpose of this instruction the term 'Soldier' will encapsulate both soldiers and officers.

⁴ See the Glossary for an explanation of HARDFACTS.

⁵ A return to duty may lead to Restricted Employment in Current Unit (RECU) – see para 99.306.

⁶ 'Successful' in this context is achieving the optimum outcome for the respective WIS.

in all cases, regardless of the nature of the wounding, injury or sickness, the prognosis of the WIS personnel or the expected recovery timeline will be improved. To this extent the ARC provides direct support to all WIS personnel. The overriding principle is that priority support will be provided to those whose needs are assessed to be the greatest, as determined by the Army Recovery Capability Assignment Board (ARCAB). In these complex cases support will be provided to the individual, both Regular and Reservists⁷, by a Personnel Recovery Unit (PRU) either following assignment to a PRU, where the prognosis is that a WIS Soldier will be absent from duty for more than 56 days, or by way of Unit Assist (UA), if assignment is limited by PRU capacity. A WIS Soldier whose Responsible Unit is unable to provide a URO to fulfil visits within the mandated visiting guidelines⁸ or who is ineligible to be assigned to a PRU may, in exceptional circumstances, receive UA. A summary of the tasks arising out of this AGAI, both specified and implied, is at Appendix 1. The task summary is intended as a guide to assist those involved with the command and care of WIS personnel – it does not replace the need to read this AGAI in detail, in order to understand the totality of the Recovery Pathway.

99.005 Structure. An ARC Organisational Structure is at Appendix 2. Contact details for the ARC organisation can be found on the ARC website [here](#).

99.006 Army Headquarters. AG is charged with ensuring that the Army's WIS personnel are managed to an appropriate outcome through the ARC. DG Pers, on behalf of AG, is responsible for Army recovery policy and is the ARC Requirement Authority. CLF is the Army Delivery Authority. GOC Support Command (Sp Comd) is the 2* lead for delivery, responsible for ensuring recovery training and output delivery and assuring a 'safe system' for delivery.

99.007 Personnel Recovery Branch (PR Branch). PR Branch is based within the Directorate of Personnel Services (Army) (DPS(A)) at Army Headquarters and as the Competent Army Authority and Inspectorate (CAAI) for recovery, is responsible for managing the Army recovery requirement and control of recovery policy on behalf of DG Pers. PR Branch is staffed by MOD and civilian personnel with medical, education, administration, communications, information management and resettlement experience; it also includes permanent representatives from the charities and commercial sector. The Branch works closely with HQ Sp Comd ARC staff, provides support to the Recovery Career Services (RCS) and links with The Royal Centre for Defence Medicine (RCDM), the Defence Medical and Rehabilitation Centre (DMRC) and all other elements of Defence medical and welfare services; this ensures a thorough, joined-up and coordinated approach to the complex business of recovery policy. PR Branch works closely with a number of prominent Service, and other, charities, some of whom provide liaison officers, and who contribute as delivery partners, to the ARC. This ensures that Army and charitable efforts are properly integrated to support soldiers and their dependants throughout their recovery and in the future. The main functional areas of the Branch are:

a. **Policy.** PR Branch is the lead Branch for Army recovery policy. It has ownership of AGAI Vol 3 Ch 99, provides the Army lead into the Defence Recovery Capability (DRC) and delivers the military element of RCS policy.

b. **WIS Management Information System (WISMIS) Cell.** The WISMIS Cell is responsible for ownership of the recovery MIS requirement, and for managing and maintaining the Oracle-based management tool that enables Units and PRUs to record, track and monitor the progress and recovery of WIS personnel. It provides secretariat support to the ARCAB - a command-led assignment process, held monthly, that enables those WIS personnel identified as requiring the greatest level of support to be assigned to a PRU.

c. **Service Requirements Team (SRT).** The SRT is responsible for setting the training requirement, the assurance policy for training delivery and, in conjunction with Sp Comd, training development via continuous improvement. Other tasks include maintenance of the

⁷ Specifically Reservists in Full Time Service and assigned to a regular Army/Operational Commitments Establishment PID.

⁸ See para 99.115.

database of authorised providers of vocational opportunities undertaken through PRC programmes, and the scrutiny of 'partner' applications in support of the wider vocational piece (managed by the RCS and detailed on the 'RCS Portal'). Secretariat support to, and Board membership of, the Army Transition Assessment Board (ATAB) and maintenance of the link between the ARC and the RCS organisation are responsibilities of the SRT.

d. Strategic Communications and Stakeholder Management. PR Branch retains responsibility for managing strategic communications on behalf of the ARC. This involves responding to Requests for Information, coordinating responses to Parliamentary Questions and managing ARC-related communications with 3rd Sector partners, in particular H4H and TRBL and for managing the content and look of the ARC website.

e. Information Management and Analysis (IM&A). PR Branch is the recovery information owner and data champion. It is responsible for interpreting the ARC stakeholder information requirement and for setting policy for the capture and analysis of data and for the provision of recovery-related business information.

99.008 Support Command (Sp Comd). Responsibility and accountability for the delivery of command and care of WIS personnel was formally transferred to Sp Comd on 1 May 2013. Delivery is managed via a small staff located at HQ Sp Comd in Aldershot. Sp Comd ensure that ARC delivery components work together to provide compliant, effective and efficient support of WIS personnel. The detail of the ARC delivery organisation, what it comprises, how it will execute its delivery and First Party Assurance obligations will be set out by Sp Comd. However, for the purpose of explaining the end-to-end ARC in context, the key elements of the delivery capability, as they are currently configured, are set out below:

a. Personnel Recovery Delivery Team (PRDT). Staffed by MOD and civilian personnel with education, welfare and administration experience, the Sp Comd PRDT is responsible for interpreting ARC policy and requirements, defining delivery processes and procedures and for providing functional and welfare guidance, direction and assurance across the ARC delivery organisation. Key functions of the PRDT include: liaison with PR Branch and external delivery organisations; management of the ARC 'pipeline'; the training delivery authority and provision of First Party assurance and; data capture related to the Recovery Pathway. Additionally, the Sp Comd Booking Cell is responsible for coordinating all nominations for mandatory courses and activities run by the ARC. Vacancies on Core Recovery Events (CREs) are allocated on a priority basis. Where demand for courses exceeds capacity, reserves will be nominated. Detail relating to CREs (the course timetable, booking procedure and PRC Joining Instructions) can be accessed via the ARC website [here](#).

b. Personnel Recovery Units (PRU). The implementation of the ARC has seen the establishment of 11 PRU throughout the UK and Germany where they are integrated with, and form a key component of, the Regional Force Bde⁹. The role of the PRU is to ensure the command and care of WIS personnel assigned to the PRU by providing close support and delivering an outcome-focussed IRP to the point where a WIS Soldier is able to return to duty or transition to civilian life. In performing this role, the PRU is supported, not only by the appropriate Regional Force HQ but also by all functional elements of the ARC and the Service Charities. The PRU is responsible for identifying occasions when it would benefit a WIS Soldier to spend time in a PRC or engage in Battle Back activities in order to accelerate recovery.

c. Personnel Recovery Centres (PRCs). Experience shows that WIS personnel find a Service environment conducive to recovery and part of the ARC provision is purpose-built

⁹ Note that under Army 2020, the term 'Regional Force' will not feature; the acronym RF is used to describe 'Reaction Force'. The work currently undertaken by Regional Bdes will, in the future, be undertaken, for the most part, by the Regional Points of Command elements of the 7 Adaptable Force Bdes, the 2 Force Troops Bdes and LONDIST (see [A2020 Background Brief](#) for more details).

PRCs. These Centres are located in the established garrison areas of Catterick, Colchester, Edinburgh, Tidworth and Sennelager, Germany, where the Army has its greatest concentration of military personnel, to ensure they are able to take advantage of the full range of facilities required to support recovery, namely: administration, welfare, medical rehabilitation and education, whether on a residential or non-residential basis. Recovery events and activities, which fall across three phases (Shaping, Development and Transition), are primarily delivered from PRCs. The Centres, which are not hospitals or rehabilitation centres, do additionally afford a 'hub' for 3rd Sector organisations providing support to serving WIS personnel. They provide Disability Discrimination Act (DDA) compliant residential accommodation for WIS personnel attending courses or training at, or through, the PRC. Short-term residency may, by exception, be available to a WIS Soldier for other reasons. A WIS Soldier's period of short-term residency will be agreed with the Responsible Unit beforehand. The WIS Soldier's time at the PRC will be planned around an individual programme of activity, agreed with the URO/ PRO, contributing to the needs of the WIS Soldier and captured in their IRP.

d. **Battle Back (BB) Programme.** BB is an Adaptive Sport and Adventurous Training (AS & AT) programme for WIS personnel from across the Armed Forces, including mobilised reservists. It is an MOD initiative delivered, funded and organised in partnership with H4H, TRBL and other Service charities. BB activities are designed to promote confidence and independence and help accelerate physical, psychological and social recovery throughout the duration of recovery – inspiring WIS personnel to focus on what they can do, not what they cannot. In support of the BB Programme, the BB Centre has been established by TRBL at the National Sports Centre, Lilleshall; the Multi Activity Course (MAC), a mandatory Phase 1 recovery event, is delivered at Lilleshall. BB activities are delivered from the BB Centre Lilleshall, DMRC (Headley Court), the PRCs at Tidworth, Catterick and Colchester, the Naval Service Recovery Centre, as well as at specialist centres both in the UK and abroad. In addition a wide range of AS & AT are routinely provided by Service organisations and charities.

e. **Military Liaison Officers.** Sp Comd MLOs are deployed to the Defence Medical Rehabilitation Centre (DMRC) Headley Court, providing liaison between resident WIS personnel and their Parent Unit, advice on the ARC and providing advanced notice to Sp Comd of when those WIS residents are likely to be ready to engage in recovery.

99.009 1* Headquarters (HQ)¹⁰ – Chain of Command Support to the ARC. There are currently 37 1* HQ across the Army providing, in the context of the ARC, Chain of Command direction and G1 support on behalf of their dependencies. Individuals selected to represent their 1* HQ as the G1 SME in support of the ARC are to attend an ARCAB within 3 months of taking post, in order to gain a full understanding of the ARCAB process. The principle responsibility of the 1* HQ is to support the ARCAB process, through direct liaison with PR Branch and HQ Sp Comd, and by guidance and direction to its units.

99.010 Bde/Unit Recovery Initiatives. It may be appropriate for Formations/Units with a large number of WIS personnel who remain unassigned to a PRU due to capacity, to create a bespoke recovery platoon or unit; guidance is available on the ARC website [here](#). WIS personnel that are held within a bespoke recovery platoon or unit are to be managed and supported in compliance with this instruction. PR Branch and Sp Comd should be engaged as soon as is possible to provide guidance and support as well as indicate examples of best practice from elsewhere across the Services.

¹⁰ The term '1* HQ' replaces TLO (Transfer List Owner), although the responsibilities of the HQ in respect of this AGAI are largely unchanged. It is recognised that some OF5-led Group HQs do fulfil the role of the 1* HQ in respect of responsibilities arising from this AGAI.

The Recovery Pathway

99.011 Overview. The 'Recovery Pathway' is the term used to describes the end-to-end process. It includes the events and actions that are taken by, or on behalf of, WIS personnel, supported as appropriate by the ARC delivery organisation and 3rd Sector/industry partners, from the point of identification (the 7-day point, when details of the individual WIS are entered onto WISMIS), through to a return to duty (RTD) or successful transition to civilian life. The Recovery Pathway encompasses the three phases of Shaping, Development and Transition.

99.012 Shaping. The Shaping Phase is primarily concerned with early engagement of the WIS personnel and setting the conditions for the individual success of a WIS Soldier along the Recovery Pathway. Shaping encompasses: the activity undertaken to identify WIS personnel and initiate a record on WISMIS; the commencement of an IRP; attendance of the WIS Soldier on specific, ARC-mandated, courses and completion of the assignment process. Shaping involves action across the chain of command (CoC) and by medical and welfare experts.

99.013 Development. The Development Phase builds upon activity initiated during 'Shaping'. The regular contact between the WIS Soldier, their Responsible Unit representative/PRO and the Responsible CO-led HARDFACTS reviews will aid understanding of the individual circumstances of the WIS Soldier, expected timescales and individual recovery requirements. CRE 2 is designed to help further develop the IRP, complete the VA process, commence engagement with the Career Transition Partnership (CTP) and lead to the identification and undertaking of wider recovery support activities and vocation opportunities, following, if necessary, appropriate interaction with Occupational Health (OH) specialists. For those WIS personnel likely to be medically discharged, the development phase will involve a Responsible Unit initiated application to the ATAB at the point that the individual is ready to engage with their resettlement, a Resettlement Advisory Brief (RAB) and an assessment as to whether the WIS Soldier's resettlement needs would be best met by either CTP or CTP Assist as they progress towards transition. The timing of the Medical Board will be identified by the Responsible CO, advised by the Unit Medical Officer (UMO) and Regional Occupational Health Team (ROHT). Once the result of the Medical Board is known, the IRP of the WIS Soldier can be more appropriately focused towards their needs on transition.

99.014 Transition. The Transition Phase culminates with the WIS Soldier either returning to duty in line with a bespoke Gradual Return to Work (GRoW) programme developed by the parent unit, or their successful transition to civilian life, in accordance with the individual's planned outcome. WIS Soldiers will be supported by their PRO/URO and career advisor and have access to their resettlement grants and entitlements as appropriate. CRE 3 is an enhanced Career Transition Workshop and is mandatory for WIS personnel due to Medical Discharge. Other vocational recovery support activity, which could benefit a WIS Soldier whether they are to RTD or transition to civilian life, will be available to WIS personnel in support of their IRP.

WISMIS

99.015 General. The Wounded Injured and Sick Management Information System (WISMIS) is a Command tool for the management of WIS personnel and is used to capture specific information relating to an individual's recovery pathway and alert the CoC to mandated actions. In this way it also provides a case history of recovery activities and actions. Confidentiality is protected by only allowing users in the Responsible Unit full access to a Soldier's record. WISMIS provides higher formations with visibility of their overall WIS personnel state. Responsible Commanders at all levels must therefore ensure that it is kept up to date by ensuring that records of all contact with the Soldier and all decisions affecting the Soldier are recorded within 3 working days of them occurring. Further details regarding WISMIS and its functionality can be found on the ARC website [here](#).

Recovery Events

99.016 General. Recovery events are fundamental to the recovery process. The order, attendance (including length of attendance) and timing of recovery events will be driven by the medical, welfare and administrative requirements of the WIS Soldier; timely and meaningful engagement is key. The mission for the WIS Soldier generally is to recover and return to duty as swiftly as possible or, if this is not possible, transition from the Army back into civilian life. Recovery events are designed to assist WIS personnel achieve their respective outcome. All recovery events should be part of the IRP and are there to help address issues identified through the routine HARDFACTS assessment process (the 28 day review). Core recovery events take place at PRCs (and the BB Centre for the MAC). Details on planned core recovery events are available on the ARC website [here](#). Recovery support activity encompasses events that are designed to complement an IRP and support accelerated social, emotional, attitudinal and educational recovery through education, training, sport and coaching activities. They can also be directed at a skill, future career, or a significant life enhancing event. Recovery support activity will always be accredited/approved as appropriate and delivered through the PRC, local Army Education Centre or Industry, depending upon the nature of the activity. Some recovery support activity will involve one or more periods of residency (up to 3 weeks at a time) at a PRC on the Rolling Recovery Programme during the Shaping and Development phases of the individual's Recovery Pathway. The nature of recovery support activity delivered during these periods of residency (as opposed to other recovery support activity specific to Transition), which will be delivered by Third Sector partners, will vary from PRC to PRC. In the later stage of Development and throughout Transition most recovery support activity will involve opportunities with industry partners. In order to access recovery events, a WIS Soldier must be self medicating and independently mobile. Recovery events will support the three phases of the recovery pathway. Mandated attendance by WIS personnel on recovery events is depicted in the table below:

WIS Expected Outcome ¹¹	Ph 1 – Shaping				Ph 2 – Development		Ph 3 – Transition	
	Induction	MAC	CRE 1	Recovery support activity	CRE 2	Recovery support activity	CRE 3	Recovery support activity
Return to duty	M	M	M	Y	M	Y	N	Y
Transitioning out	M	M	M	Y	M	Y	M	Y

M=Mandated core recovery event, Y=Mandated attendance in support of IRP-specific activity, N=Not required

Table 1 – Mandated Attendance by WIS Personnel on Recovery Events

99.017 Attendance. The Induction, MAC and CREs (1, 2 and 3) are mandated core recovery events. Should a Responsible CO consider that attendance on a mandated course by a WIS Soldier to be unnecessary, they may apply to the PRDT on the Course Application Form for an exemption. When considering an exemption request, SO1 PRDT will take account of: the course content and objectives; the rank and experience of the individual WIS Soldier; any timing issues and the expected outcome (where it is known) of the WIS Soldier. Exemption approvals will be reflected on the individual's WISMIS record and the unit notified. If an exemption is refused, the unit will be notified. Other recovery support activity will only be scheduled, as and when necessary, to meet the specific needs of the individual WIS Soldier as part of their IRP; attendance in respect

¹¹ Cognisant of the current medical grading of the WIS Soldier, their injuries and the minimum medical standards for the relevant Arm/Service as set out in PAP 10 V3, the Responsible CO is to exercise judgement as to whether the WIS Soldier is expected to RTD or transition to civilian life. If the medical situation/grading of the WIS Soldier changes, the Responsible CO is to review the likely/expected outcome.

of recovery support activity is, therefore, mandatory. All exemptions (whether applied for or agreed) are to be captured on the Core Recovery Event Situation Matrix (CRESM) return.

Integration of Physical Development

99.018 General. The Defence Health Strategy¹² states that personnel must be encouraged and empowered to take responsibility for their own health, and the CoC must put in place the necessary enablers to support individual effort. The integration of Physical Development (PD) into the IRPs of WIS personnel supports Army Health Policy.

99.019 WIS Personnel Participation in PD. Responsible COs and PROs/UROs are to make PD integral to the 'Health' line of activity of HARDFACTS for the WIS Soldier and reflected in the individual's IRP. WIS personnel are to be encouraged:

- a. To attend at least one mandatory MAC as early as possible in their IRP.
- b. To take part in at least three sessions of appropriate PD per week, either in a group or on an individual basis. Where the resource exists, one weekly session should be a group activity, in order to address social needs and promote well-being.
- c. To take part in one PD major training event per year.
- d. Transitioning to a civilian life to continue with PD post-discharge: advice should be made available to facilitate this; and

allow them access to:

- e. All levels of AT or sport at the appropriate level as their IRP allows; and
- f. Adequate PD facilities and, for those returning to duty, be encouraged and supported to continue to use such facilities post-recovery. Access will be available at the nearest military gym. Should there not be such a facility within a reasonable distance, then an alternative solution must be provided¹³.

Adaptive Sports and Adventurous Training (AS & AT) Activity and Expeditions

99.020 General. Participation on AS & AT activity and expeditions can be beneficial to the recovery of WIS personnel. Any on-duty AS & AT activity or expeditions undertaken by WIS personnel should be coordinated with other medical and recovery pathway activity and be reflected in the individual's IRP.

99.021 On-Duty Participation. The on-duty participation by WIS personnel on AS & AT activities requires approval by the Chain of Command (CoC). Obtaining that authority will depend on the type of activity/expedition in question:

- a. **The BB Programme¹⁴.** The BB Programme is controlled by the Defence Adaptive Sport and Adventurous Training Board (DASAT Bd). AS is authorised for inclusion in the BB Programme by the Combined Services' Adaptive Sports' Association ('BB Sport') and AT by Adventurous Training Group (Army). The AS & AT events listed on the BB Programme have received the necessary authorisation and a WIS Soldier may, with CoC approval, apply to

¹² Defence Health Strategy (2007)

¹³ This should not create a precedent in regard to funding of alternative solutions for all. Responsible COs are to scrutinise all requests for alternative solutions, the funding of which will be a unit responsibility. Further guidance can be sought from SO1 Plans/Ops PR Branch, Army HQ.

¹⁴ Go to the ARC website [here](#) for the latest version of the BB wider programme.

participate on them. Only those AS & AT activities listed on this Programme are official BB activities.

b. **Service-led Expeditions.** For all Service-led AT expeditions, personnel are required to follow the procedures set out in JSP 419 and AGAI Vol 1 Chap 11. Of note, Responsible COs are to be aware of the requirement for WIS personnel to have clearance from the Service Medical Authorities to participate in a proposed expedition¹⁵. Responsible COs should be aware that the involvement of a WIS Soldier on an expedition will likely require ATG(A) scrutiny of the Joint Service Adventurous Training Form Alpha (JSATFA) on the grounds of high risk or remote criteria.

c. **Civilian-led Expeditions.** Requests from civilian-led expeditions are, in the first instance, to be passed to OC BB Centre Lilleshall for consideration. Ultimate responsibility for authorising the participation of WIS personnel on civilian-led expeditions is the responsibility of DG Personnel. Approval may be given following the scrutiny of the proposed expedition against technical, reputational and clinical criteria. Approval, if given, will be staged, with final approval following scrutiny by experts at a High Risk and Remote Expedition Panel.

99.022 Off-duty Participation. WIS personnel may choose to take part in AS & AT activities whilst on leave, or otherwise off duty. CoC authority for leave is required in the normal manner; however, WIS personnel should carefully consider the risks associated with their participation in the AS & AT activity and the potential impact on their individual recovery. Advice and guidance, if required, may be obtained from the CoC. WIS personnel contemplating AS & AT activities off-duty are to make their own arrangements for personal insurance and emergency/medical evacuation and have the funds or insurance to cover any costs incurred.

Communications

99.023 General. All contact with the media must be guided by the “Contact with the Media and Communicating in Public” DIN¹⁶. The role of the Strat Comms cell is explained at para 99.007.d. Responsible Units are to report newsworthy events involving WIS Soldiers on the Recovery Pathway that are:

a. **Negative.** So that a defensive brief can be prepared and senior officers and the wider communications organisation informed within an appropriate timeframe. (eg: an individual feels that his treatment by the Army is not up to standard and there is a strong possibility they could go to the media.)

b. **Positive.** So that an ‘information brief’ can be prepared and shared with the media and ARC partners as appropriate, whilst ensuring that adequate steps are taken to protect WIS Soldier from unduly intrusive media interest. (eg: an individual has achieved a particularly notable feat which is worthy of wider attention; or perhaps an individual has already been contacted by a media outlet regarding a particular achievement)

c. **Format of report.**

- Name of WIS Soldier involved
- Responsible Unit details
- Responsible Unit point of contact (POC)
- Telephone Number of POC
- Summary of newsworthy event

¹⁵ JSP 419, Section 2, para 30.

¹⁶ [2011DIN03-025](#) - Contact with the Media and Communicating in Public.

Reports are to be forwarded to Strat Comms cell, PR Branch, at Army PersSvcs-PRBr-ARC-CommC1 who will liaise with the Responsible Unit POC and Department of Media and Communications (DMC) as required.

99.024 Requests for WIS Personnel Involvement in Charity or Business-Sponsored Events¹⁷.

Any personnel wishing to take part in a charity or business-sponsored event, including expeditions, must first seek permission from their chain of command. On receiving this, requests for the involvement of WIS personnel in such events are to be referred to PR Branch for approval. This is to ensure that the MOD fulfils its duty of care obligation to the WIS Soldier. Responsible Units are required to provide the following details:

- Nature of event
- Sponsor of event
- Sponsor POC
- Names of WIS personnel proposed to be involved
- Responsible Unit details
- Responsible Unit POC
- Telephone Number of POC
- Summary of requested WIS personnel involvement in the event
- Expected media involvement

Requests are to be forwarded to the Strat Comms cell, PR Branch, at Army PersSvcs-PRBr-ARC-CommC1 who will liaise with the Responsible Unit POC and DMC as required. Requests will be considered within PR Branch and the Responsible Unit notified of the outcome.

99.025 Testimonials. The RCS collates testimonials from WIS personnel attending vocational opportunities for the purpose of demonstrating success to other WIS personnel and wider. Protocols have been agreed between ARC Stat Comms and the RCS to ensure that individual WIS personnel are protected.

Governance

99.026 ARC Governance at the highest level is exercised through the Service Personnel Board (SPB); the Army being represented by AG.

99.027 The executive body responsible for managing the scale, complexity and sensitivity of Defence Personnel Recovery Capability is the Defence Recovery Steering Group (DRSG). The remit of the DRSG is to achieve cooperation and coherence between the single Services' recovery programmes and their strategic partners. Terms of Reference for the DRSG¹⁸ are [here](#).

99.028 The Defence Recovery Working Group (DRWG) is the MOD's forum for single Service recovery capability staffs and key partners to manage activities at a working/capability level. The DRWG was established to:

- a. Review, refine, implement and manage the Defence Recovery Action Plan.
- b. Report progress against the action plan to, and identify issues for discussion, resolution or arbitration at, the DRSG.

99.029 Within the wider Army, recovery is a facet of command. Governance is exercised via the chain of command, exercised through Unit and Command Health Committees (see AGAI Vol 2, Ch

¹⁷ There is a need to consider whether the request falls within the definition of charitable offers (gift, rewards and hospitality) – see para 99.248c.

¹⁸ JSP 770, Part 1, Ch 5, includes Terms of Reference for the DRSG, DRWG, the Defence Recovery Medical Advisory Group (DRMAG) and the Defence Recovery Communications Group (DRCG).

57 [here](#)) concluding with the Army Health Committee (AHC). The AHC has a number of responsibilities, one of which is to prepare AG for the Service Personnel Board (SPB) and DG Pers for the Service Personnel Operating Board (SPOB), enabling them to influence the formulation of Defence policy.

99.030 The Army Personnel Services Forum, Chaired by DPS(A), provides Divisional Deputy Chiefs of Staff with information and updates on topical Army personnel business, including the ARC. All ARC-related issues and observations are captured and reviewed by PR Branch staff and taken to the DRWG as appropriate.

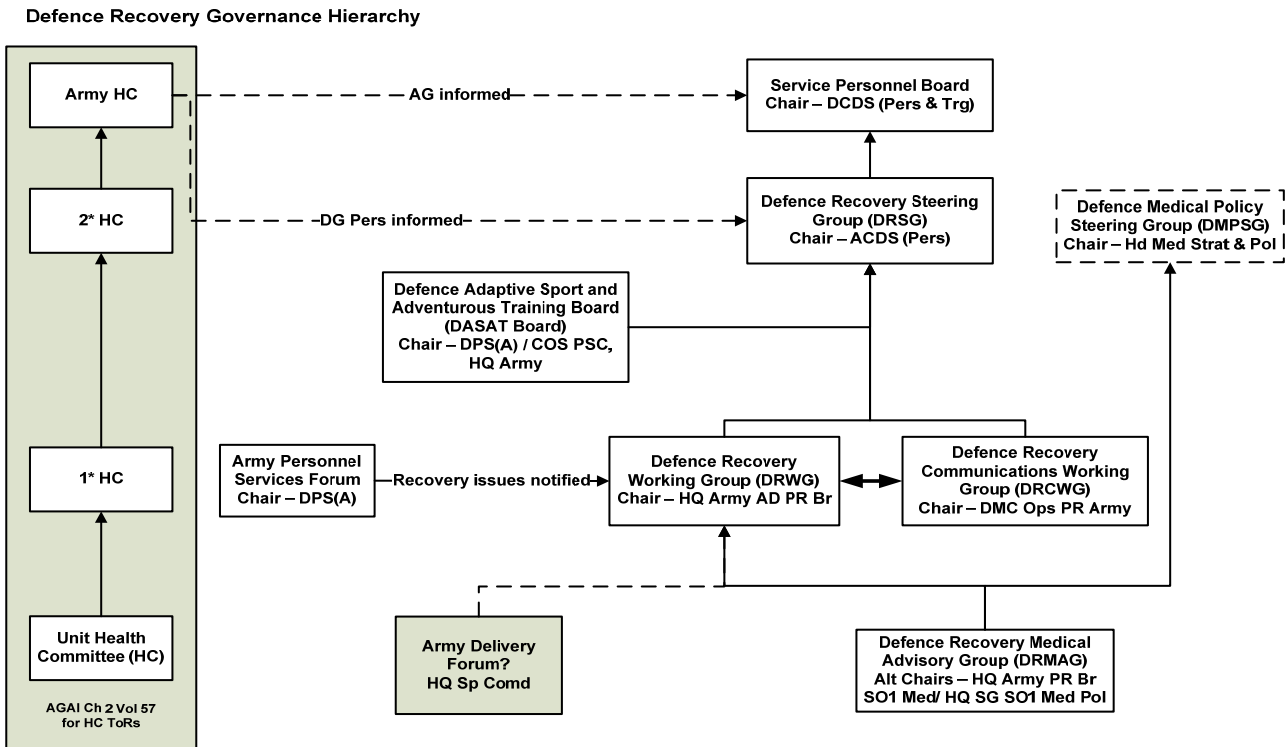


Table 2 – Defence Recovery Governance Hierarchy

Data Protection and Information Management

99.031 All information pertinent to the treatment, rehabilitation and recovery of serving WIS personnel remains the property of the individual and those directly involved in the delivery of that care. The management of all personal information is governed by the Data Protection Act and current MOD policy.

Assurance

99.032 Assurance activities provide confidence to the chain of command that WIS recovery is conducted in accordance with extant service policies, meets UK and National standards as required, fulfils operational and business requirements and meets the Army’s duty of care obligations. Assurance is delivered at three levels, these are shown below, together with the responsible authority:

- a. **First-party assurance** provides the organisation’s self-declaration of conformity and provides the basis for Continuous Improvement – **HQ Sp Comd**.
- b. **Second-party assurance** conducted on behalf of parties having an interest in the delivery including the customer and higher authorities – **PR Branch**.

c. **Third-party assurance** conducted by those outside of the immediate chain of command supported by organisations independent of the Army – **Ofsted (or equivalent)**.

99.033 PR Branch, as the CAAI for ARC, is responsible for defining the ARC assurance policy in accordance with the Defence Systems Approach to Training (DSAT). Assurance activity is categorised under the headings of: safe people, safe systems and safe places¹⁹. Responsibility for ensuring ‘safe systems’ for recovery delivery rests with HQ Sp Comd. The following diagram illustrates the ‘safe systems’ approach to assurance that is to be utilised across the ARC:

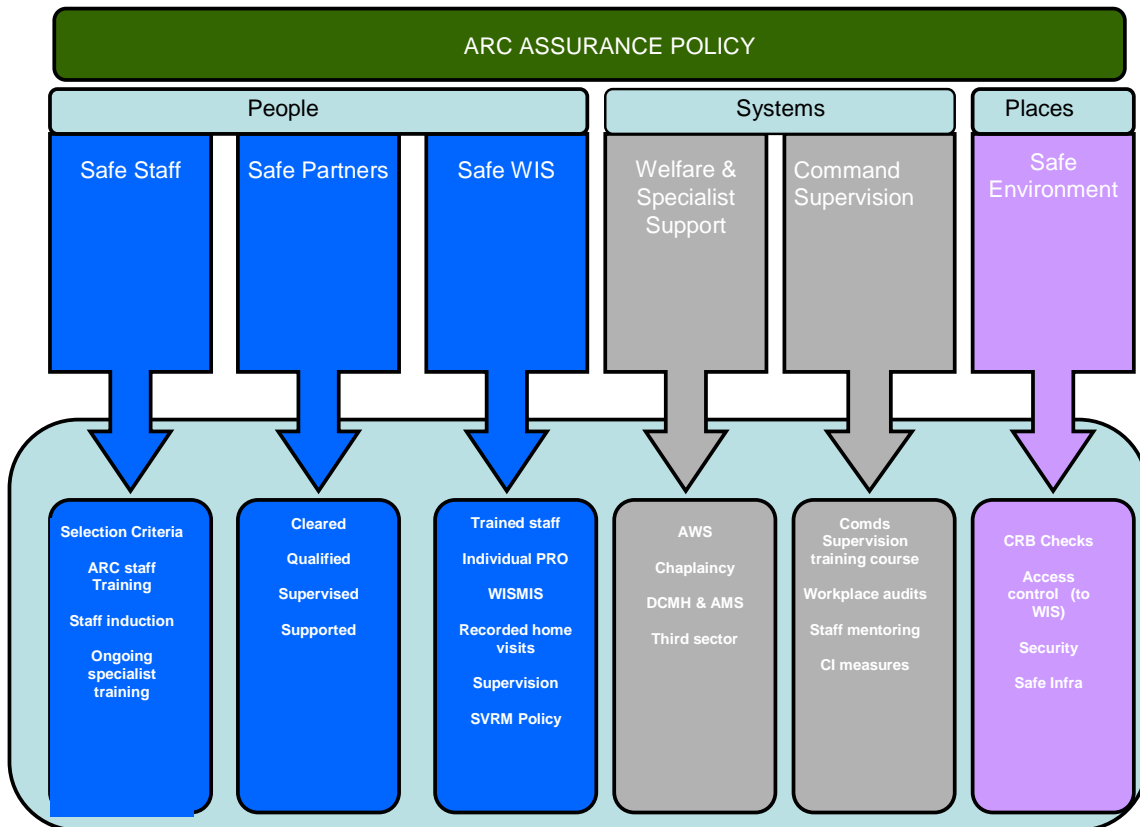


Table 3 – ARC Assurance

99.034 HQ Sp Comd will define and promulgate the process and procedures it intends to apply in order to achieve ‘safe systems’ assurance across the ARC delivery organisation.

99.035 PR Branch has overall responsibility for the military assurance of Partners²⁰ on (or applying to be added to) the RCS Portal for the provision of vocational support to WIS personnel. Once an approach is received from industry, the organisation making the approach will be required to register as a ‘partner’. If and when registered, the partner will be required to provide details of the range and scale of vocational opportunities that it is prepared to offer to WIS personnel. Those opportunities are subject to continual scrutiny by the RCS – who are responsible for managing the relationships with Partners on behalf of the MOD – and PR Branch. The opportunities that Partners are willing to provide will be listed on the Partner page of the RCS Portal.

¹⁹ In view of the nature of the ARC and the resources that it utilises, ‘safe equipment’ is not included in the ARC assurance.

²⁰ A Partner is defined as an organisation or individual making appropriate vocational and career opportunities available to WIS personnel.

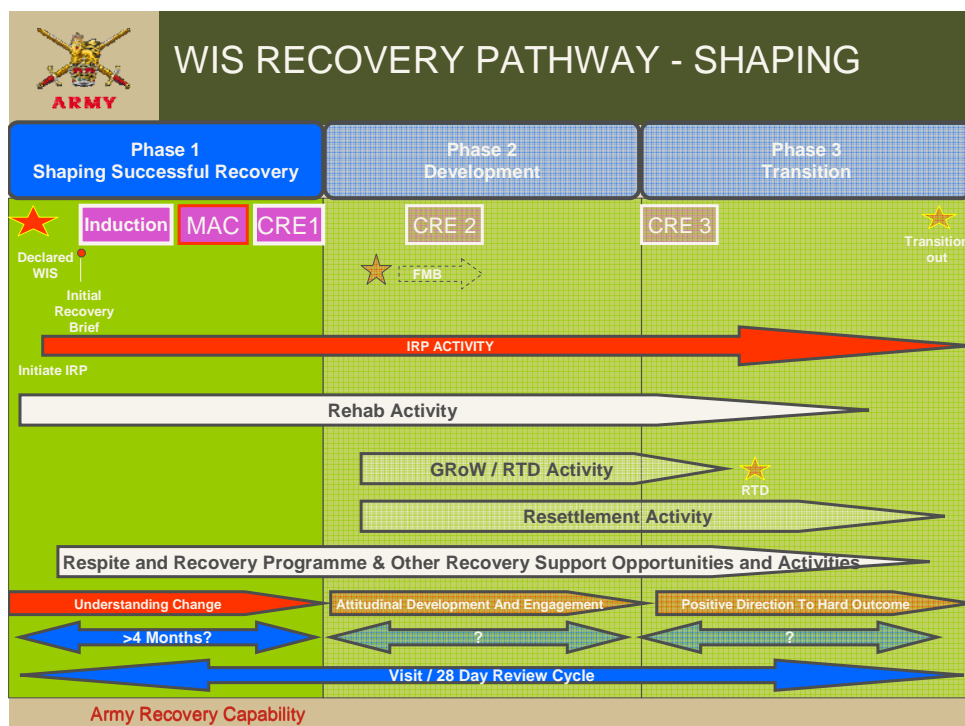
Validation

99.036 Validation is the process of assessment that confirms that the ARC is successful in its mission. In the context of the ARC, validation is to span the Recovery Pathway including; policy, the components of delivery (e.g. organisation, courses, facilities and processes) and the outcomes achieved. PR Branch is responsible for the production of a Validation Plan that sets the information and reporting requirements, for the analysis of data and the sharing of results. In respect of the outcomes achieved, emphasis will focus on WIS personnel and their experience of the Recovery Pathway. PR Branch and those other organisations responsible for contributing to the delivery of the overall capability will use the results of the validation to inform and improve the capability.

Conclusion

99.037 Significant resources from the MOD and the Third Sector have been committed to the ARC to deliver a professional capability that achieves the best possible outcome for all WIS personnel. The complexity of delivering an effective recovery capability for the spectrum of WIS personnel should not be underestimated and it commences with commanders at all levels identifying their WIS personnel and taking positive action to ensure their recovery. For the most seriously wounded, injured and sick, this includes the responsibility to ensure the assignment of the WIS Soldier to a PRU is considered at the earliest opportunity. For those WIS personnel posted to a PRU, it is not the intention to break the bond between the individual and their Parent Unit. It is accepted that regimental ethos can prove a powerful accelerant for recovery. However, once command responsibility has been transferred, the authority for the command and care also transfers to the PRU CO. This relationship must be respected if false expectations and confusion for the individual and their Patient Group are to be avoided. Whether WIS personnel are to be supported by their Parent Unit or a PRU, the totality of the ARC, comprising policy, partnerships, a comprehensive delivery organisation and established procedures combine together towards achievement of the overarching intent: to ensure that WIS personnel are commanded and cared for appropriately and that their optimum outcome serves the best interests both of the individual and the Army.

PART 1 – SHAPING



General

99.101 The Shaping Phase is primarily concerned with the early engagement of WIS personnel and setting the conditions for the individual success of each WIS Soldier along the Recovery Pathway. Shaping encompasses: the activity undertaken to identify WIS personnel and initiate a record on WISMIS; the commencement of an IRP; attendance of the WIS Soldier on specific, ARC-mandated, courses; and completion of the assignment process. Shaping involves action across the chain of command (CoC) and by medical and welfare experts.

Identify

99.102 The Recognised Recovery Picture. PR Branch has oversight of the command and care of WIS personnel from the point at which a WIS Soldier is visible on WISMIS to a time when the WIS Soldier is fit enough to either return to duty (RTD) or transition to civilian life. The WISMIS Cell within PR Branch facilitates this oversight by generating a pan-Army overview of the situation, known as the Recovery Picture. The Responsible Unit is mandated to open and maintain (accurately and timely) an individual record on WISMIS for all their soldiers absent from duty through wounding, injury or sickness (the event) by day-7 from when the event occurred. Such soldiers will have injuries and illnesses ranging from routine conditions through to complex trauma or terminal illness and will be identified at the point of injury or illness from a NOTICAS, admission to RCDM or a civilian hospital, or as a result of information gathering activities such as:

- a. Unit and 1* HQ Health Committees.
- b. A notification from APC.
- c. A notification from RCDM Discharge Cell.
- d. A notification from RTMC Demobilisation Cell.

Initial Reporting

99.103 General.

- a. This instruction assumes that the coordination of absence at Unit level is delegated to the Adjutant (or person appointed to fulfil the role of Adjutant).
- b. If a WIS Soldier is deemed to be at risk of self-harm or suicide, he or she must be placed on the Suicide Vulnerability Risk Management Register in accordance with AGAI 110 and a suitable care action plan instigated.

99.104 Reporting a WIS Soldier. The reporting of a WIS Soldier on WISMIS is mandated in order to ensure that the Soldier is captured on an appropriate database and to generate the Recovery Picture. The Recovery Picture provides higher formations with visibility of the overall WIS state. The responsibilities for reporting are:

a. Unit Recording of WIS Personnel.

(1) An episode begins on the first day that a Soldier is absent and unfit for duty (referred to as Day 1 in this Instruction); in most cases this will be the day on which the incident occurred or illness began. If the episode is expected to exceed 7 days, the individual must be recorded on WISMIS by the end of Day 7. If a Return to Duty (RTD) is expected within 7 days there is no requirement to open a WISMIS record.

(2) Where a Soldier with a medical grading of P3 or P7, who is being employed in some capacity by his unit, is regraded by a Medical Board to Joint Medical Employment Standard (JMES) L5 E5²¹ MND(P), the Responsible Unit is to initiate a record for that Soldier on WISMIS immediately.

b. **PR Branch Responsibility.** The WISMIS Cell in PR Branch will populate WISMIS with details of all soldiers who are:

(1) Returned to the UK on aero med flights and who are subsequently admitted to hospital.

(2) Subject to a NOTICAS (whether operational or non-operational with a listing of VSI, SI or III).

Responsible Units must ensure that WISMIS has been accurately updated in respect of their WIS personnel.

Unit Responsibilities

99.105 General. Following the identification of a WIS Soldier, including reservists in Full Time Service and assigned to a regular Army/Operational Commitments Establishment PID, the initial actions and associated responsibilities detailed below are mandated although additional responsibilities may arise depending on the specific circumstances of each individual case. Any Responsible CO or Responsible Unit obligation arising out of this AGAI remains extant until either: the WIS Soldier returns to duty; is discharged; if a reservist, up to the point they can be assigned to RTMC Chilwell for recovery and release; or until the Unit is relieved of the responsibility in writing by the immediate 1* HQ. Flow charts describing the responsibilities of organisations are attached as appendices to this instruction.

²¹ The full JMES grading of an individual will include reference to Air and Maritime standards. For brevity, only the Land and Environment standards will be routinely used throughout this document.

99.106 Unit Recovery Officer. The Responsible Unit is to appoint a Unit Recovery Officer (URO) to support each WIS Soldier under its command²². As a minimum, the URO must be a SNCO and should be of an equivalent or higher rank to the soldier they are visiting; it is preferable that they are known to the WIS Soldier. The URO should be carefully briefed by the Adjutant (or other officer as appropriate) before conducting visits to ensure they do not give the WIS Soldier false expectations in regard to potential future employment prospects or outcomes. As early as practicable an initial briefing on the Recovery Pathway is to be provided for the WIS Soldier and, if appropriate, the immediate family group. The URO is to ensure that during the briefing the identity of the Responsible CO and the medical and recovery points of contact are made known and the generic elements of the Recovery Pathway are explained (the specific Recovery Pathway will be developed as the needs of the individual become known). Additionally, the URO is to ensure that the WIS Soldier is aware of their responsibility to keep the Unit informed of their recovery throughout the episode.

99.107 NOTICAS Requirements. Units must comply with the mandated NOTICAS requirements as set out in JSP 751²³; the frequency of progress reports is dependent on the casualty categorisation. RCDM and MOD Hospital Units (MDHU) will automatically carry out this requirement for those soldiers under their care.

99.108 Operational Casualty Evacuation. When a Soldier is evacuated from an operational theatre, the Rear Operations Group²⁴ (ROG) and the PR Branch will be informed by signal. For those soldiers who are subsequently admitted to a Service hospital, local command will be exercised on behalf of the Responsible Unit by the CO of that hospital as appropriate²⁵ but the Responsible Unit retains overall responsibility for the administration, command and care of the WIS Soldier. The Responsible Unit will be provided with regular non-clinical progress reports during prolonged in-patient stays by the respective MLO and clinical summaries will be forwarded to the UMO at the end of the admission.

99.109 Casualty Notification and Visiting Officers (CNO and VO). The procedures for the reporting and notification of casualties are laid down in JSP 751, Vol 1, Chs 2 and 4, and are co-ordinated by JCCC. A CNO will be appointed by the designated Notifying Authority (NA), and in cases of death, missing or where the casualty's life is in serious danger (i.e. listed as Very seriously ill, injured or wounded (VSI) or Seriously ill, injured or wounded (SI), notification is to be carried out by way of a personal visit. In other cases it may be done over the telephone, although operational/aeromed casualties who are designated as having an incapacitating Illness or Injury (III), are usually notified by a personal visit. In addition to death and missing, VOs or Escorting Officers (EO) are appointed to support the casualty's family in the following circumstances, in accordance with Army policy

- a. **Operational or Aeromedevac VSI.** A trained VO who has completed the three day VO training course, and will escort the family to QEH.
- b. **Operational or Aeromedevac SI, III or Unlisted (UL).** A trained EO who has completed the one day CNO/ACNO/EO course, and will escort the family to QEH.
- c. **Non-Operational Casualties.** Although non-operational casualties must be reported to JCCC, and EC/NoK notified in the normal way, the appointment of a VO or EO, in most instances, is the responsibility of the casualty's unit and not the responsibility of JCCC or

²² For Soldiers assigned to a PRU this will be a Personal Recovery Officer (PRO).

²³ [JSP 751](#) - Joint Casualty and Compassionate Policy and Procedures Vol 1 Part 1, Ch 5 paras 01.01.0507-01.01.0508 (Issue 10, 30 Apr 2010). For the avoidance of doubt, a PRU is only mandated to comply with NOTICAS requirements in respect of Soldiers assigned to the PRU.

²⁴ RTMC is the ROG for Mobilised Reservists.

²⁵ [JSP 830, Vol.1 Ch 2](#) para 16. "A Service hospital means any naval, military, Air Force or Joint Unit, establishment or ship, at or in which medical or surgical treatment is provided for persons subject to Service Law."

the NA. There will be exceptions, but generally the use of a VO in such circumstances is a waste of resources, and the unit chain of command or welfare staff are better placed.

99.110 Civilian Hospital. There will be occasions when soldiers are admitted directly to civilian hospitals without going through the military medical system. Soldiers admitted to a civilian hospital must inform their Responsible Unit as soon as possible. The Responsible Unit must enter the case onto WISMIS if the episode will exceed 7 days.

99.111 Recovery Visits. Frequent contact is a fundamental principle of the command and care of WIS personnel as it supports the soldier as they move towards their optimum outcome; the Responsible Unit must therefore conduct regular recovery visits to each of its WIS personnel. Only face-to-face contact, normally at the WIS Soldier's home location, qualifies as a recovery visit; other forms of contact²⁶ may supplement this process but are not to replace it. Units are to ensure that recovery visits are completed in accordance with the instructions below.

a. **Soldier at Home or Resident Address.** The first recovery visit must be completed by the end of Day 7. No more than 14 days may elapse between subsequent recovery visits.

b. **Soldiers assigned to a PRU.** CO PRU may, in exceptional circumstances, allow more than 14 days to elapse between subsequent recovery visits; provided he is satisfied that it is conducive to recovery and consistent with the WIS Soldier's IRP. However, no more than 28 days is to elapse between recovery visits²⁷. The decision of CO PRU in these circumstances must be recorded on WISMIS.

c. **Soldiers admitted to a Civilian Hospital.** Soldiers admitted to a civilian hospital are to be visited by an officer or SNCO within 48 hours of their admission. Thereafter they are to be visited daily until Day 7. Following Day 7, soldiers who remain in a civilian hospital are to be visited at least every 7 days. In these circumstances additional support from the Defence Medical Welfare Service (DMWS) may be sought.

d. **Soldiers admitted to a Civilian Hospital in Northern Ireland.** Due to personal security restrictions, any admissions to a civilian hospital in Northern Ireland are controlled by the Military Patient Admin Cell (MPAC). Thereafter the Soldier will be visited regularly by members of the DMWS who will liaise closely with the Responsible Unit. The Responsible Unit must ensure that recovery visits are being undertaken.

e. **Locally Bedded Down.** A WIS Soldier may be bedded down in SLA, SFA, private accommodation, a MRS, a MDHU, a Designated German Provider (DGP) hospital or designated hospital in the UK, Germany or other overseas stations. In these circumstances the Soldier must be visited at least once a day.

99.112 Location of Recovery Visit. If the initial visit was not at the Soldier's home or resident address, then this must take place at the earliest opportunity, not only to confirm the location of the WIS Soldier but also to assess the suitability of the environment in which the Soldier is expected to recover. Subsequent meetings may be arranged at the Unit or another convenient military location where appropriate as this will enable the Soldier to access administrative resources such as JPA and welfare agencies.

99.113 Recovery Visit Preparation. Recovery Visits must be structured and planned in advance to ensure that all issues are dealt with swiftly and there are no pauses in the Recovery Process. It is essential that the individual understands the purpose of the visit and is proactive in maximising opportunities available. Responsible Unit staff must be aware of, and abide by, the rules governing access to and the protection of an individual's medical and personal information and the rights of

²⁶ Telephone calls, e-mails and text messages.

²⁷ CO PRU may also exercise this discretion in respect of Soldiers who are being visited by PRU staff as part of a UA Programme. In such cases the Unit should be informed and the information captured on WISMIS.

the individual WIS Soldier. Guidance is provided at Appendix 3. Although the individual is free to explain his medical condition, he must do so of his own accord. The URO/PRO must apply judgement with regards to medical confidentiality and the disclosure of personal information. Any information recorded must be relevant to the case and is to be passed to the chain of command for action.

99.114 Recovery Visit Report. A Recovery Visit Report, AF B10026²⁸ must be recorded on WISMIS within 3 working days of every visit. Irrespective of who carries out the recovery visit, the Responsible Unit is required to ensure that the report has been completed and entered onto WISMIS. The full content of the Recovery Visit Report is visible only to the Responsible Unit. Timely and effective use of WISMIS ensures that all timelines are adhered to; the Recovery Cell at PR Branch will monitor all WIS episodes.

99.115 UA. There will be occasions when a Responsible Unit is unable to provide a URO to fulfil visits within the mandated visiting guidelines; this could be when the Unit is deployed overseas and the Unit Rear Party does not have sufficient manpower, where there are significant geographical issues or, in the case of a reservist WIS Soldier who is ineligible for assignment, where the Responsible CO believes UA would benefit the recovery of the WIS Soldier. On these occasions another Unit may be requested to nominate a URO to conduct a visit. In the first instance, assistance should be sought from the appropriate regional CO PRU²⁹. However, in extremis, assistance may be provided by another regular Army unit. In all cases a formal request for UA is to be submitted on AF B10030, available via the ARC website [here](#), to the respective CO PRU or other regular Army unit CO. The requesting and supplying COs are to agree the scope of UA to be provided in support of the WIS Soldier and where responsibilities lie³⁰. The Responsible Unit must ensure that:

- a. The soldier has been advised that: UA has been sought; the agreed scope of UA and where responsibilities lie between the Responsible Unit and the PRU/other regular Army unit providing UA; and an appropriate handover/briefing between the units is undertaken. These actions are to be completed before any transfer of responsibility takes place and prior to any visit to the WIS Soldier.
- b. The UA does not exceed 100 days. If support is required beyond this point the Responsible Unit CO is to submit an application to ARCAB for re-assignment of the WIS Soldier to the local PRU³¹
- c. The individual conducting the visit completes the Recovery Visit Report (AFB 10026) and records it onto WISMIS within 3 working days of the visit.

Army personnel who are ineligible for assignment to a PRU are eligible for visits under UA. In all instances of UA, the Responsible Unit retains the responsibility for the Command and Care of the respective WIS Soldier.

99.116 IRP. Critical to the concept of recovery is the creation and implementation of an IRP. An IRP is a synchronised schedule of activities appropriate to the individual. The need for those activities will frequently be derived from an assessment of the individual against HARDFACTS, the outcome of which should be a degree of progress towards achieving a satisfactory outcome for the WIS Soldier across the Recovery Pathway towards either a RTD or a successful transition to civilian

²⁸ AF B10026 is mandated as the Recovery Visit Report. This form is self-contained within the upgraded WISMIS application, available from 02 Sep 13.

²⁹ PRU COs will not accept requests for UA where to do so would compromise their ability to support their assigned WIS Soldiers. In such circumstances the Responsible CO is to submit an application for assignment to the ARCAB.

³⁰ Whilst UA is intended to provide a solution to the mandatory visits requirement, CO PRUs may occasionally be in a position to provide other advice, guidance or limited support.

³¹ If PRU capacity precludes assignment of the WIS Soldier, the Board may approve an extension of UA beyond 100 days. PRU comment will be sought in support of the ARCAB submission.

life. The Responsible CO is charged with delivering an IRP for each WIS Soldier under their command. The IRP is to be initiated at the earliest opportunity (it is not to wait until transfer to a PRU). The IRP will be shaped by the determination of the Soldier's functional outcome by a Medical Board and/or periodic advice from the responsible UMO (if convening a Medical Board would cause delay) and executed through a series of Recovery Events delivered in accordance with the physical and psychological progression of the WIS Soldier. Each IRP is to be recorded on WISMIS and will be subject to oversight and assurance by the PR Branch. A WIS Soldier, when attending core recovery events, is to be in possession of their up-to-date IRP.

99.117 Recovery Events: Phase 1 – Shaping. This phase consists of three mandatory core recovery events (details of which are available from the ARC website [here](#)) which should be attended in the order stated, and other recovery support activity. In summary, they comprise:

- a. **Induction.** This event – across 5 days – is designed to address confidence and attitude issues and provide an introduction to the Recovery Pathway. It touches on the opportunities available to WIS Soldiers and sets the conditions for progress along the Recovery Pathway. This event is delivered at PRCs.
- b. **MAC.** This is a 5 day multi-activity AS & AT event that aids recovery and assists in returning WIS personnel to an independent, active life. It is delivered at the BB Centre Lilleshall in Shropshire.
- c. **CRE 1.** This 5 day event builds upon the achievements of the Induction and MAC. It focuses on the development of the IRP using HARDFACTS principles. It also includes a one day self assessment day as part of a Vocational Assessment (VA) package. CRE 1 seeks to get the WIS Soldier to become fully engaged with the Recovery Pathway. This event is delivered at a Personnel Recovery Centre (PRC).
- d. **Recovery Support Activities.** In this phase these are activities delivered at and through the PRCs as part of the Recovery Pathway and the IRP. The activities cover a wide range of areas but support accelerated social, emotional, attitudinal and educational recovery through education, training, sport and coaching. All activities will have been assessed and authorised through the Chain of Command.
- e. **Rolling Recovery Programme (RRP).** The RRP brings together non-core activities (there is no duplication with any of the CREs) as a continuous programme. The programme, which is delivered by charity partners, extends across the Recovery Pathway and is designed to engage the mind, body and spirit of WIS personnel in order to accelerate recovery. The RRP is delivered at PRCs; WIS personnel may attend the RRP at any stage during their recovery.

99.118 Case Reviews. The case of every WIS Soldier on the Responsible Unit WISMIS account is to be reviewed every 28 days³², ordinarily as part of the UHC³³ or PRU review process. Wider welfare issues will be discussed at the Unit Welfare Management Committee³⁴. The case review must be conducted by the CO or his appointed representative and should be attended by the UMO or an appropriate medical representative; advice should be also sought from the Regional Occupational Health Team (ROHT). Where a medical representative cannot attend in person, written input should be requested³⁵. As a matter of good practice the Responsible CO may also wish to invite or seek advice from an Army Welfare Service (AWS) representative. The case of every WIS Soldier is to be reviewed at the UHC and a full record of decisions must be kept. At the

³² This must include a review of the Suicide Vulnerability Risk Management (SVRM) register.

³³ [AGAI Vol 2 Ch 57](#) - Health Committees.

³⁴ [AGAI Vol 3 Ch 81](#) Army Welfare Policy para 81.17.

³⁵ The soldier must agree to a medical/welfare professional providing outline details on their case. See Appendix 2.

Case Review COs are to use the HARDFACTS criteria to conduct the review process, guidance for which is at Appendix 4. As a minimum they must ensure that:

- a. A record of the review is entered onto WISMIS.
- b. Where appropriate, the WIS Soldier has been graded JMES L5 E5 MND Temp³⁶ and an application has been submitted to APC for the WIS Soldier to be declared TNE (see para 99.119).
- c. An effective visit programme is being maintained.
- d. Adequate forecasting and planning for Medical Boards is being undertaken.
- e. Individuals are being medically re-graded at the appropriate times.
- f. Sick leave is only granted when an individual is unfit for all recovery duties³⁷.
- g. The agreed recovery programme (the IRP) is being maintained, that the WIS Soldier is attending mandated recovery events and that progress is being made.
- h. When appropriate, the possibility of a GRoW programme is discussed³⁸. This is a joint responsibility between the Responsible CO, the UMO and ROHT.
- i. WIS personnel are in receipt of the correct pay and allowances³⁹.
- j. Appropriate welfare support is being provided to the WIS Soldier and their family as required⁴⁰.
- k. Post Operational Stress Management⁴¹ and Trauma Risk Management⁴² are adhered to.
- l. As part of the MOD Transition Protocol a Multi Disciplinary Team is formed, that includes a rep from the Armed Forces Network, to consider all cases within 6 months of discharge where continuing NHS care and support is required.

99.119 Temporarily Non-Effective (TNE). Soldiers with a JMES of L5 E5 MND Temp or Perm may, upon application to APC, be classified as TNE. The Responsible Unit must initiate this application as soon as it becomes evident that a Soldier will be WIS-absent for more than 56 days⁴³. This requires a Medical Board (routinely just the UMO) to be held for all WIS personnel prior to day 56 of the episode, which grades the WIS Soldier JMES L5 E5 MND(T). An application must be submitted if by the end of day 56 the Soldier remains WIS-absent. The application is to be made using AF B10027 and accompanied by the appropriate Appendix⁴⁴ to PAP 10 and submitted to SO1 Occupational Health (OH) Branch APC. In all cases a copy of the application is to be

³⁶ The JMES is determined by medical personnel in accordance with PAP 10 Ver3.

³⁷ See [PAP 10](#), paragraphs 0715-0726.

³⁸ See 99.229 to 99.232 for details of CWP, GRoW and Recovery Placements.

³⁹ See also PS10(A) Policy Guidance - D/DPS(A)/PS10(A)/10/11 dated 29 Mar 11.

⁴⁰ For complex casualties, where there is a life changing injury, significant long term condition or terminal illness, this will include liaison with the local Army Welfare Service (AWS) or Casualty Key Worker (CKW). Welfare workers will often be appointed to individuals while they are at RCDM and, where possible the aspiration is that the same welfare worker will provide support to the individual throughout.

⁴¹ [LFSO 3209](#) - LAND Post Operational Stress Management.

⁴² [LFSO 3217](#) - Trauma Risk Management (TRiM) Army Policy.

⁴³ This decision must be based on medical advice. For example in VSI or SI cases a lengthy recovery period may be anticipated; accordingly there would be no requirement to wait until day 56 for submission of the application.

⁴⁴ In future, the use of Appx 10, 11 or 12 is expected to be used to identify what activities a WIS Soldier will be functionally capable of undertaking.

forwarded to the appropriate MS Branch. Once a Soldier is classified as TNE, SO1 OH Branch will assign the individual to a PID⁴⁵ from the Manning Margin (MM) and liaise with the relevant MS Branch in order to release the original PID and enable reassignment. A flow diagram showing the TNE process is at Appendix 5.

99.120 Responsibilities of the WIS Soldier. A soldier's primary focus once he becomes 'WIS' is recovery. The chain of command will support all WIS personnel but they are required to report all civilian medical contact; attend all medical appointments; do their best to recover; and not do anything that would hinder their recovery. In addition, WIS personnel are expected to maintain regular contact with their Unit, in particular, providing updates as to their progress, and making best use of time spent at home or otherwise away from their Unit. Recovery duty will, depending upon medical guidance (as set out in the individual's 'Fit Note'⁴⁶), entail attendance on recovery events in support of their IRP.

99.121 Non-Compliant WIS Personnel. Disciplinary or administrative action may be appropriate where a WIS Soldier refuses to: be visited, attend medical appointments or participate in recovery activities. Where a WIS Soldier refuses to return to duty it may also be appropriate for the WIS Soldier to be certified as being absent⁴⁷. However, experience has shown that such signs of non-compliance are often indicative of a more serious problem. In such circumstances the WIS Soldier may require additional support and a case conference should be convened by the Responsible CO to consider the most appropriate action.

a. **Disciplinary Action.** Before taking disciplinary action, the Responsible CO must satisfy himself that it is in the best interests of the Service⁴⁸. In making this determination the CO must be cognisant of any physical and mental health issues that could be adversely affected.

b. **Administrative Action.** Administrative Action is taken to safeguard or restore the operational effectiveness and efficiency of the Army in accordance with AGAI 67⁴⁹. Commanders at all levels are to make full use of their administrative powers including the use of Formal Warnings for non-compliant WIS personnel. A WIS Soldier should be made aware that if their performance continues to be below the standard required they may render themselves liable for administrative discharge.

c. **Evidence.** Disciplinary or Administrative Action is dependent on sufficient evidence. As a matter of good practice, when dealing with a WIS Soldier who is absent from their usual place of duty, Commanders should ensure that all instructions and orders are confirmed in writing to the WIS Soldier by a Service person of an appropriate rank⁵⁰.

d. **Non Compliant WIS Personnel with Mental Health Issues.** Where a mental health condition is known, or suspected, medical and legal advice should be sought before any action is taken. The presence of a mental health condition does not necessarily preclude the appropriate disciplinary or administrative action being taken.

⁴⁵ See [2009DIN01-203](#), para 12.a and 21.d. If the MTM quota is full, the Unit may be required to provide a compensating reduction (CR), this may be the individual's current position.

⁴⁶ The 'fit note', as opposed to a 'sick chit', is about to be introduced as a change to PAP 10.

⁴⁷ [JSP 830](#) – Manual of Service Law, Chapter 10 and [LFSO 3200](#) – Absence without Leave.

⁴⁸ The application of the Service Test: [JSP 830](#) - Manual of Service Law Ch 6, Pt 4, para 94.

⁴⁹ [AGAI Vol 2, Ch 67 \(Edn 3.3\)](#).

⁵⁰ Policy guidance detailing the evidential requirements and disciplinary consequences of failing to attend medical appointments is set out in PS2(A) Disciplinary Policy letter 7/2011 - [D/DPS\(A\)01.01.11 PS2\(A\)](#) dated 19 Apr 11.

Safeguarding

99.122 Vulnerable Adult (VA). A WIS Soldier “*who is, or may be, eligible for 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*” may be defined as a VA.

99.123 Safeguarding Adults. Safeguarding adults is defined as work which enables a VA to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect (ADSS 2005⁵¹). In the context of a WIS Soldier on the recovery pathway defined as a VA, ‘safeguarding’ encompasses three key elements:

- a. **Protection.** Ensuring that those services and support provided to the VA are delivered competently and safely.
- b. **Justice.** That if the human or civil rights of a VA are abused (or an allegation of abuse is made), that assistance and support is provided to the VA in facilitating justice.
- c. **Empowerment.** VA may require support to:
 - Recognise, avoid or stop harm.
 - Make decisions based on informed choices.
 - Balance taking risks with ‘quality of life’ decisions.
 - Recover, and develop self-confidence and self-determination, where abuse has already been experienced.

99.124 Abuse. Abuse is a violation of an individual's human and civil rights by any other person or persons⁵². Abuse may take a variety of forms including: physical, sexual, psychological, financial or material, neglect or acts of omission, discrimination or institutional.

99.125 Intervention. Central Government has given Local Authority Social Services Departments (LASSD) the lead in protecting and safeguarding VA. Where there is concern relating to a VA, it is the LASSD that will undertake an investigation and co-ordinate other local agencies, including the NHS, the Police, housing providers etc.

99.126 Safeguarding Concerns. A PRO/URO with safeguarding concerns about a VA must notify their Officer Commanding/Commanding Officer at the earliest opportunity and then refer the concern to the Local Authority immediately. If there is uncertainty about the need to refer to the LASSD, the PRO/URO must seek advice from the Casualty Key Worker (CKW)/Army Welfare Worker (AWW) if there is already an allocated worker, or the local Army Welfare Services Personal Support (AWS PS) team if not. If the professional welfare advice is to report the concern, the PRO/URO is to inform the LASSD immediately. Any safeguarding concerns reported directly to the LASSD by the PRO/URO are to be notified without delay to the CKW/AWW if there is already an allocated worker, or the local AWS PS team if not. The subsequent assessment of risk to the VA and any action necessary will be determined by the LASSD.

99.127 BFG. For personnel serving in Germany, the British Forces Social Work Service (BFSWS) run by SSAFA has the statutory responsibility for safeguarding across BFG. PROs or UROs with safeguarding concerns about a VA must notify their Officer Commanding/Commanding Officer at the earliest opportunity and then refer the concern to BFSWS immediately. The subsequent assessment of risk to the VA and any action necessary will be determined by the BFSWS.

⁵¹ The Association of Directors of Social Services Report, 2005.

⁵² ‘No Secrets’, Dept of Health, 2000.

99.128 Further Guidance. Further guidance on safeguarding adults is available from [Safeguarding-Adults-ADSS-2005](#) 'A National Framework of Standards for good practice and outcomes in adult protection work and advice on best practice'.

Responsibilities of Service Medical Authorities

99.129 General. The Service Medical Authorities will allocate dedicated medical support to oversee the clinical aspects of an individual's recovery. As part of this allocation a specified medical centre will be responsible for the Service and civilian continuity of care. Medical Officers (MO) are also responsible for the conduct of medical boards to ascertain the JMES of WIS personnel throughout the recovery process.

99.130 Command/Medical Partnership. Advice from Defence Primary Health Care (DPHC) is essential when conducting case reviews. PHC will allocate a MO or medical centre to oversee clinical aspects of a Soldier's care; such care will be supported by ROHT provision. An effective relationship must be established between the Unit and the allocated medical representative. Medical services will give guidance on function and fitness for activities.

99.131 Medical Centres. The Medical Centre⁵³ is responsible for arranging Service and civilian continuity of clinical care for all individuals, including when they are locally bedded-down or on sick leave⁵⁴. The clinical care pathway must be reviewed at least every 28 days. GP care can be delivered at any Service medical centre and need not necessarily be the one where the soldier is registered. Where care is delivered in other locations the treating doctor must ensure that the episode information is appropriately recorded in the medical record (DMICP).

99.132 Treatment by Non-Service Doctors. When individuals in the UK require urgent or emergency attention and are unable to access a Service medical centre, they are entitled to treatment through the NHS. When this treatment results in a recommendation for sick leave or prevents a RTD, the WIS Soldier is to contact their Unit at the earliest possible opportunity. Sufficient detail is to be provided to allow the parent unit Medical Centre to make contact with the establishment providing emergency care. The Medical Centre is responsible for maintaining liaison with the NHS provider in order to ensure that military medical records are kept up to date and to establish what arrangements can be made to return the Soldier to Service medical care. Where justified, a recommendation for sick leave may be submitted to a Service MO⁵⁵.

99.133 In-Patient Mental Health Care. The MOD has a contract with In-Service Providers (ISP) for the provision of in-patient mental health care, both within the UK and Germany. Soldiers are referred for admission to a local ISP by their local Department of Community Mental Health (DCMH) who will:

- a. Notify Parent Units of admissions and discharges.
- b. Appoint a Service liaison officer to liaise with the ISP for health care and continuity of care after hospital discharge (where required this will include liaison with non-contract mental health units).

Units are to liaise with DCMH and ensure that all soldiers admitted to an ISP are visited and tracked on WISMIS as with any other hospital admission⁵⁶. Assistance should be sought from a PRU where DCMH advice states that the Parent Unit should not visit the Soldier⁵⁷.

⁵³ Includes uniformed MOs, established Civilian Medical Practitioners or Locums employed directly or under contract to provide primary health care to Service personnel.

⁵⁴ [PAP 10](#), paragraphs 0715-0726 defines 'Sick Leave' and provides further instruction as to who is empowered to grant.

⁵⁵ [PAP 10](#), paragraph 0719.

⁵⁶ [AGAI Vol 3 Ch 110](#) - Army Suicide Vulnerability Risk Management (SVRM) Policy.

⁵⁷ For UA see paragraph 99.115.

99.134 RCDM Discharge Planning Cell. The RCDM Discharge Coordinator is responsible for coordinating the transfer of clinical care from University Hospital Birmingham NHS Foundation Trust (UHBFT)⁵⁸ to DMRC or an appropriate Service primary health care provider and will initiate any initial period of sick leave. Any leave granted must be reviewed on expiry at a designated Service medical centre, either at the Responsible Unit or close to the sick leave address where this is clinically more appropriate. The Responsible Unit and the Soldier share the responsibility to ensure that primary health care arrangements for periods of sick leave are arranged. Where no Service medical centre is available or where urgent primary health care is required, patients should be directed to their local NHS General Practitioner. These details will be included on the PTO. The Soldier and the UMO will be informed. The Responsible Unit is to provide transport for the Soldier on discharge from hospital and for all subsequent outpatient appointments and related admissions.

99.135 MOD Hospital Units (MDHU). Each MDHU⁵⁹ has a Military Patient Administration Cell (MPAC) that is responsible for communicating with the Unit Medical Centre when a patient is discharged.

Support to the Soldier

99.136 Patient Care Pathway. The Patient Care Pathway (PCP) is the model for the delivery of holistic support to the Soldier and their Patient Group and consists of discrete clinical, welfare and administrative components (pathways); coordination of these three elements is critical with the clinical component being pre-eminent. There is no fixed pathway; it will always be influenced by individual clinical needs⁶⁰.

99.137 Patient Family Liaison. When a Soldier is WIS absent, and before they are declared TNE, the Responsible Unit should liaise with the Patient Group. Where the Soldier is being treated in RCDM, the URO should also liaise with RCDM Patient Support Services (PSS) and the DMWS. If the Soldier originated from an operational theatre, the URO must liaise with the Operational Brigade Liaison Officer (BLO) at RCDM and the VO where applicable.

99.138 Welfare. Welfare support is available for a Soldier and his family whose circumstances may have been affected by the episode⁶¹. However, welfare support must not be imposed by the Unit. The AWS employs caseworkers who can provide independent, confidential and specialist welfare support⁶². Where appropriate the AWS will appoint a Welfare Coordinator who will be the single point of contact for welfare issues and who will be responsible for coordinating all welfare support in consultation with the Soldier and their Patient Group. Where the AWS is not involved in a case, either because a referral is not mandated or where the Soldier declines their assistance, the Unit retains the responsibility of coordinating all welfare support. The Responsible Unit remains the single point of contact for the soldier and they must appoint an appropriate representative to be their URO (or PRO in the case of a PRU) to ensure the soldier has a single focus.

99.139 DMRC Specialist Hospital Social Work Service and Defence Mental Health Social Work Service. For soldiers admitted to these facilities there are social work services that support complex needs. Responsible COs must ensure there is no duplication of the welfare support effort which could be confusing for the Soldier: all welfare support is to be fully coordinated at Unit level in order to deliver best effect to the Soldier. The PRO or URO must liaise with the social work services following admission; the same must happen on discharge with the Responsible Unit being updated on welfare developments.

⁵⁸ UHBFT refers to the NHS hospital and clinical services. RCDM refers to the military support unit to UHBFT and all Service welfare functions.

⁵⁹ 5 MDHUs in addition to RCDM and DMRC; Frimley Park, Peterborough, Portsmouth, Gosport, Northallerton.

⁶⁰ Possible routes through the PCP for an aero med individual are contained in [AGAI Vol 3 Ch 81](#) Army Welfare Policy para 81.042.

⁶¹ [JSP 770](#) - Tri-Service Operational and Non-Operational Welfare Policy, Ch 6 - Casualty and Hospital Welfare Support.

⁶² [AGAI Vol 3 Ch 81](#) sets out the Army Welfare Policy.

99.140 DMRC Military Liaison Officer. Where soldiers are admitted or resident at DMRC, liaison must be affected through the DMRC Military Liaison Officer (MLO). The primary roles and responsibilities of the DMRC MLO are to:

- a. Liaise and engage with the WIS patient's chain of command on behalf of DMRC staff.
- b. Conduct the PRO role to WIS personnel whilst they are resident at DMRC Headley Court.
- c. Act as the focal point for the pre-deployment briefing of Brigade and Unit Rear Party staff on DMRC Headley Court.
- d. Act as the on-site interface between the Parent Unit/PRO/URO and the WIS patient.
- e. Liaise with military units on behalf of DMRC departments with respect to military issues e.g. the provision of WISMIS support.
- f. Act as the point of contact for requests from military organisations for WIS patients to attend official military activities.
- g. Provide the DMRC point of contact for pastoral visits by 1* military officers and below.

Assignment

99.141 General. Assignment is a command-led process. The fundamental principle in considering whether an eligible WIS Soldier should be assigned to a PRU is that those assessed to have the greatest needs should receive priority, and assignment to a PRU would offer a tangible benefit to their recovery pathway. In order to facilitate this assessment, the Responsible CO must take advice from unit medical and welfare specialists at or before the unit health committee. For complex medical cases with associated welfare needs and/or where recovery is expected to exceed 56 days the Responsible Unit must submit an application for assignment to a PRU through their immediate 1* HQ. Soldiers must be informed of this before an application is submitted. A flow diagram, showing the assignment process is at Appendix 6.

Assignment – Eligibility

99.142 Personnel Eligible for Assignment. Assignment to a PRU involves the transfer of a Soldier to the Manning Margin (MM)⁶³. Accordingly, only Army personnel who fill an established Regular Army Liability are eligible to be assigned to a PRU. In the majority of cases eligible personnel will fall within one of the categories listed below:

- a. UKTAP⁶⁴.
- b. GURTAM⁶⁵.
- c. Reservists filling a Regular Army liability⁶⁶.

99.143 Categorisation of Soldiers. In order to be considered for assignment an eligible WIS Soldier would normally have been classified as TNE. However, there may be exceptional cases (see sub-para 'c' below) where soldiers do not satisfy the TNE criteria but for whom the chain of

⁶³ The extant Army policy for assignment to the MTM is set out in [AGAI Vol 2 Ch 39](#) and [2009 DIN 01-203](#).

⁶⁴ 'UK Trained Army Personnel'.

⁶⁵ 'Gurkha Trained Adult Male'.

⁶⁶ This will routinely be: Reservists in mobilised Service, Reservists engaged on an FTRS (FC), or, occasionally those engaged on an FTRS (LC) in support of operations. Such Reservist will be filling an established UKTAP post or an Operational Commitments Establishment (Reserves) (OCE(R)) Post.

command considers assignment to a PRU essential. Eligible soldiers will fall into one of two categories:

- a. **Category 1 - Temporarily Non-Effective.** WIS personnel classified as TNE by APC⁶⁷.
- b. **Category 2 - Exceptional Cases.** In exceptional circumstances a Responsible CO may submit an application for assignment in relation to a Soldier who has not been classified as TNE. Prior to making an application the CO should seek advice from SO1 Plans/Ops PR Branch explaining the case as, given the limited capacity within PRUs and pervading principles, only cases with compelling and comprehensive reasons are likely to result in assignment to a PRU.

99.144 Personnel Ineligible for Assignment. Army personnel who do not fill an established Regular Army liability cannot be declared TNE and are therefore ineligible for assignment to a PRU. However, they may be supported by an appropriate PRU where it is necessary to ensure their recovery and where their wounding, injury or sickness is Service-attributable⁶⁸; this support may be provided through the UA process. In the majority of cases, ineligible personnel will fall within one of the categories listed below (where eligibility is unclear advice should be sought from the appropriate APC Desk Officer or SO2 WISMIS, PR Branch):

- a. Personnel attached to the Training Margin (TM)⁶⁹.
- b. Personnel serving in an established FTRS Post.
- c. Reservists undergoing training.

Where support from a PRU is considered appropriate, the Responsible Unit may submit an application through their respective 1* HQ. However, ineligible personnel may apply to attend activities within PRCs. In all cases, prior advice must be sought from SO1 Plans/Ops PR Branch.

Assignment – Roles and Responsibilities

99.145 General. Applications for assignment to a PRU are to be initiated by the Responsible Unit and submitted to the appropriate 1* HQ. Each 1* HQ must submit a consolidated list of recommendations for assignment, in priority order, to PR Branch on a monthly basis. PR Branch will prepare a consolidated list for consideration by the ARCAB which is responsible for boarding the applications submitted by Responsible Units on the basis of the criteria set out in the Terms of Reference for ARCAB, a copy of which is available on the ARC website [here](#). The output from the ARCAB will be a Recommended Assignment List, against which Sp Comd will provisionally allocate WIS personnel to PRUs. CO PRUs then have one week to liaise with the Responsible Unit to confirm that there are no administrative or medical reasons why the WIS Soldier should not be allocated to the PRU. Sp Comd will make recommendations for assignment to APC. These are initial recommendations and are to be used only for planning purposes pending ratification by APC: in all cases it is the JPA Assignment Order issued by APC which provides the formal authorisation of assignment. The ARCAB will sit monthly; dates will be published on the ARC intranet site [here](#).

99.146 Responsible Unit. The Responsible Unit initiates an application for assignment to a PRU using AFB 10027A, Application for Assignment to a PRU, available from the ARC intranet site. Where it is clear that a Soldier's recovery will be protracted, the Responsible Unit should act early to begin this process and not wait until Day 56. An early application does not mean that it will be appropriate for command of the WIS Soldier to transfer while he remains in a serious condition, but

⁶⁷ See para 99.119.

⁶⁸ Subject to capacity a PRU may provide support to Service personnel who are ineligible for assignment through a UA programme. This may necessitate an ARCAB application and early advice should be sought from SO2 WISMIS, PR Branch.

⁶⁹ Recruits undergoing Phase 1 or Phase 2 training, MPGS or Reserves for example will routinely be ineligible for assignment but may get support through a UA.

it will ensure that PR Branch and Sp Comd, and accordingly the ARCAB, are aware of complex cases at the outset. The application may be submitted where the Soldier remains admitted to RCDM or DMRC. In all cases the procedure detailed below is mandated and must be actioned by the Responsible Unit⁷⁰.

a. **Prioritisation of Eligible Personnel.** Each Responsible Unit must prioritise its WIS personnel who are eligible for assignment in accordance with para 99.143.

b. **Interview.** The WIS Soldier must be interviewed by the Responsible CO (or his appointed representative) and informed of the process. During the interview the WIS Soldier must be informed that an application is to be submitted for assignment to a PRU.

c. **Responsible CO – AFB 10027A - Application for assignment to a PRU.** The assessment to be completed by the Responsible CO is not to be a 'cut and paste' from the soldier's last Joint appraisal report. The Medical Assessment must be expressed in terms of functional capability rather than clinical information and should answer the following questions:

(1) What is the expected outcome?

(2) If the Soldier is expected to return to duty will injury or illness preclude a return to their Career Employment Group?

(3) What is the expected recovery timeline?

d. **Prioritisation.** The UHC is to prioritise personnel for assignment to a PRU using AFB 10027A - Application for assignment to a PRU, and the factors that will be considered by the ARCAB. In considering prioritisation, advice must be sought from subject-matter experts including the RMO, UWO, RCMO and, where appropriate, AWS. AF B10027A - Application for assignment to a PRU⁷¹, must be completed in respect of each eligible Soldier.

e. **Priority List.** A Unit priority list is to be submitted monthly to the appropriate 1* HQ using the CRESM format.

f. **Retention in Unit.** In cases where the UMO is of the opinion that a WIS Soldier is expected to return to duty by Day 100, a Responsible CO may request authority from the immediate 1* HQ to retain the WIS Soldier within the Parent Unit. This request should only be applied to non-complex cases where recovery will involve minor clinical intervention and the Soldier will follow the expected rehabilitation course. Where a WIS Soldier is retained in the unit, the Responsible CO must ensure that the requirements of this instruction are observed; in particular that an IRP is implemented, 28-day reviews against HARDFACTS completed and core recovery events scheduled and attended. In all cases a WIS Soldier may not be retained within the Parent Unit past Day 100 without an AF B10027A submitted; the Responsible CO must ensure that the PRU assignment process is implemented. If an application to retain a WIS Soldier within the parent unit is not supported by the 1* HQ, the Responsible CO must instigate an application for assignment to a PRU at the earliest opportunity, but not later than Day 56.

⁷⁰ It is not the responsibility of RCDM, DMRC or the Service hospitals to carry out the administrative procedures for medical grading, TNE or PRU assignment.

⁷¹ This now includes the ARC Prioritisation/Assignment Tool.

99.147 1* HQ. The 1* HQ is responsible for prioritising WIS personnel across all their Units⁷². The 1* HQ must apply judgment based on anticipated length of recovery and complexity, and make recommendations for assignment to a PRU. The 1* HQ is responsible for:

- a. **Assurance.** Checking all applications to ensure the eligibility of each Soldier and that applications mandated by this Instruction have been submitted. This process of assurance must include the cross-referring of applications against Unit requests to retain a TNE Soldier between 56-100 days and an analysis of Unit WISMIS records.
- b. **Outstanding Issues.** Ensuring that all on-going discipline, administrative and/or welfare issues have been declared.
- c. **Prioritisation.** Prioritising all Unit submissions into a CRESM, by using the criteria to be considered by the ARCAB. Prioritisation may be effected within the Brigade Health Committees⁷³ or similar meetings, but the 1* HQ must validate any prioritisation made by a Unit on the basis of operational effectiveness.
- d. **CRESM.** Generating the CRESM as a complete list of all WIS personnel under its command, including those deemed capable of recovery within their Unit, in order to provide higher formations with a comprehensive understanding of the current WIS state. The format for the CRESM is managed by PR Branch (SO2 WISMIS). The CRESM is to be generated monthly and submitted electronically to the WISMIS Cell, PR Branch, by the last working day of the preceding month prior to the ARCAB sitting. The CRESM must be supported by AF B10027A, completed in respect of each WIS Soldier.
- e. **Direction to Units.** Where appropriate, provide further direction to Units. This may include a direction that the Unit manage the recovery of a WIS Soldier without assignment to a PRU.

99.148 PR Branch. PR Branch is responsible for the support and preparation of the ARCAB, including:

- a. **Notification of ARCAB Dates.** The ARCAB will convene monthly and the calendar will be published on the [ARC intranet site](#).
- b. **Assurance.** On receipt, PR Branch will scrutinise all CRESMs and supporting documentation to ensure they are fully completed, that the WIS Soldier is eligible for assignment and that the choice of PRU is appropriate. Where necessary, PR Branch will contact the 1* HQ requesting amended documentation.
- c. **Secretariat Support to the Board.** SO2 WISMIS, PR Branch is the Secretary to the ARCAB. Membership of the ARCAB is detailed within the Terms of Reference.

99.149 ARCAB. The ARCAB is a command-led assessment process that considers each WIS Soldier against set criteria and places them in a priority order for consideration of assignment to a PRU. Having given PRU COs the opportunity to liaise with the Parent Unit of the WIS Soldier and comment on the proposal, Sp Comd will pass the Recommended Assignment List to APC where it will be reviewed by OH Branch.

99.150 OH Branch and APC.

- a. **Assurance.** OH Branch will confirm the JMES grading and eligibility of each WIS Soldier.

⁷² Further instruction in respect of Joint Units and Soldiers assigned to the other Services is provided below at paragraph 99.216 – 99.219. Where there is doubt Units should consult with their G1 chain of command.

⁷³ CO PRU should be used as an SME to the 1* HQ forum as well as Regional Clinical Directors.

b. **Liaison.** OH Branch will liaise with Liabilities Branch to identify the available PID within the MM. Subject to availability OH Branch will endorse the recommended list of assignments. Where the requirement of the Recommended Assignment List exceeds PID availability, OH Branch will refer the list back to ARCAB for clarification.

c. **Assign.** Where the recommended list of assignments is endorsed, soldiers will be allocated a PRU PID and OH Branch will liaise with the appropriate MS Branch to ensure that JPA Assignment Orders are produced. The Assignment Order will include MS reporting requirements, career management responsibilities and detail the action to be taken by Units prior to and on assignment.

99.151 Parent Unit. The responsibilities of the Unit following notification of the ARCAB results will depend on the outcome of the application.

a. **Application for Assignment – ‘Not Approved’.**

(1) The Unit must advise the Soldier of the ARCAB decision and record details of the briefing given; these details must be recorded on WISMIS.

(2) The application will be re-considered automatically for the next ARCAB if the 1* HQ inserts “RO” (Roll Over) in the remarks column of the CRESM (to a maximum of two times, thereafter a new submission is required). Where this has been indicated all the supporting documentation including the scored ARCAB Assignment Tool will be included in the results of the following ARCAB. If however the unit feels that it has additional facts that may improve the application it can re-submit a new AFB 10027A for consideration by the Board.

(3) The Parent Unit should revisit the IRP for the WIS Soldier, and update the plan on WISMIS.

b. **Application for Assignment – ‘Approved’.** The Responsible Unit must prepare a handover timetable to include all actions mandated at Appendix 7. Key actions that the Responsible Unit must undertake include:

(1) Advising the WIS Soldier of the ARCAB decision and record, on WISMIS, details of the briefing given. The WIS Soldier must be informed that final authority for assignment lies with APC and that assignment will only be confirmed on receipt of an Assignment Order.

(2) Early engagement with the PRU which is to become the Responsible Unit. Following receipt of the Assignment Order this must include the identification of the effective assignment date in consultation with the Soldier and, where appropriate, the Patient Group⁷⁴.

(3) Actioning the Assignment Order, which will include completing all outstanding MS action⁷⁵ up to the point of wounding, injury or sickness and the forwarding of all relevant case work and documentation.

(4) Notifying the appropriate Arms and Service Directorate G1 staff that assignment has been approved.

99.152 PRU.

⁷⁴ 30 days either side of JPA AO effective date.

⁷⁵ The Parent Unit and PRU must agree an Appraisal Plan in consultation with the appropriate MS Branch. See [JSP 757](#), paragraph 2D 201. Also [DMS Directive 04/10](#).

a. **Liaise.** The PRU must engage in early liaison with the Parent Unit in order to facilitate the implementation of a handover timetable. In particular the WIS Soldier must be 'arrived' on JPA for the assignment to be accepted in the workflow.

b. **Letter of Introduction.** Within 3 working days of the Assignment Order CO PRU is to write a letter of introduction to the assigned WIS Soldier which must include the following details.

(1) **PRO.** The name and contact details of the PRO allocated to his case

(2) **Medical Centre.** The WIS Soldier must be given the contact details of their nearest Service Primary Health Care provider and advised to register in order to facilitate the transfer of their medical records. However, the transfer of medical records may only be actioned with the consent of the WIS Soldier and therefore the WIS Soldier is responsible for ensuring their registration. The CF can support the WIS Soldier with this task.

c. **Initial Interview.** Within one week of assignment to a PRU (or if not assigned, when the URO is handed responsibility for the specific WIS case), the PRO/URO is to interview the WIS Soldier at a suitable location⁷⁶ in order to outline the process ahead and to provide reassurance that they will be commanded and cared for in accordance with this Instruction. Details of the medical and welfare assessments to date will feed into the initial interview however the scope of the interview will depend on the individual circumstances of the WIS Soldier. An *Aide Memoire* detailing the scope of discussion to be covered is contained in Appendix 8⁷⁷.

d. **Unsuitability.**

(1) **Prior to Assignment.** Early liaison with the Parent Unit will help the CO PRU to determine whether the WIS Soldier is suitable for assignment. If prior to the effective assignment date it is considered that the WIS Soldier is unsuitable for assignment⁷⁸ to the PRU, CO PRU, in consultation with the CO of the Parent Unit, should refer the matter back to the ARCAB for review and further direction.

(2) **Post-Assignment.** If, following transfer of command on assignment, a WIS Soldier is found to be unsuitable for continued employment within the PRU, CO PRU is responsible for initiating an application for the Soldier's Removal from Appointment⁷⁹. Prior to raising the administrative report CO PRU must notify SO1 PRDT, HQ Sp Comd and the appropriate 1* HQ.

99.153 Transfer of Command. PR Branch will effect the change in Responsible Unit on WISMIS on the day of transfer. For the seriously wounded, injured or sick, this process will be conducted in close consultation with the Service medical authorities. Where appropriate, the transfer of command to a PRU may coincide with the Soldier's discharge from Role 4 treatment.

Specific Circumstances

99.154 British Forces Germany. The pathway for WIS personnel from BFG will vary depending on the severity of their injury or nature of their illness. There will be occasions when medical treatment within the UK system is more appropriate than that which can be contracted through

⁷⁶ Ideally this should take place at the Soldier's home in order to ascertain if the living conditions are appropriate for recovery.

⁷⁷ These notes are intended for both PRU and Responsible Unit staff (e.g. the PRO and URO) when given responsibility for a WIS.

⁷⁸ 'Unsuitability' could be due to WIS: having previously undisclosed outstanding disciplinary action; likely to discharge within 4 months; returning to duty. In cases of uncertainty, PRU COs are to liaise with SO1 ARC Delivery.

⁷⁹ In accordance with Part 5 (and see Annex C) to [AGAI Vol 2 Ch 67](#) (dated Jan 2013).

BFG Health Services⁸⁰. If a decision is made that a Soldier is likely to be medically discharged, the WIS Soldier will be assigned to a PRU in the UK unless a case is made for him to remain in Germany. In order for the case to be determined by the ARCAB, the reasons for retention in Germany should be included within the AF B10027 and should be based on the following criteria:

- a. The education of the Soldier's dependant children is at a critical stage⁸¹.
- b. The spouse is employed in Germany.
- c. The Soldier owns a home (including long-term rented property) in Germany and he plans to settle there post-discharge.
- d. The Soldier, or a dependant, has complex immigration issues.
- e. Future employment is expected to be in Germany.

99.155 Retention in Germany and Application for Local Release. In all cases where retention in Germany is sought the Soldier must be capable of being medically supported by BFG Health Services. A Soldier who is assigned to the BFG PRU must be advised that their assignment does not authorise local release in Germany: a formal application for local release, together with supporting documentation must be submitted to the Responsible CO within 3 months of the date of discharge⁸².

99.156 Isolated Detachments (ISOSETS)⁸³. Applications for assignment to a PRU must be actioned by the appropriate UK Joint Support Unit; in these cases the appropriate CO UKJSU is the Responsible CO. Applications must be forwarded to G1 HQ BFG⁸⁴ via SO2 J1 HQ European Joint Support Unit (DII: EJSU-J1-SO2) as they arise. CO UKJSU will routinely seek medical advice from the local UK military MO but, in the absence of a MO, advice must be sought from the Deputy Director, BFG Health Services, who is the medical authority for the ISOSETS.

99.157 Permanent Joint Operating Bases. Soldiers assigned to a PJOB will receive emergency and short-term medical care in country. Any requirement for long-term medical care and rehabilitation will result in movement of the WIS Soldier back to the UK. In these circumstances the geographical displacement may preclude the proper command and care of the WIS Soldier and close consideration should therefore be given to applying for their assignment to a PRU. Applications for assignment to a PRU should be submitted monthly to the appropriate 1* HQ; where there is doubt as to the correct 1* HQ, advice should be sought from SO2 WISMIS, PR Branch, Army HQ.

99.158 Personnel Attached to other Services. Soldiers assigned to a Joint Unit which is not within an Army chain of command⁸⁵, are serving with another Service or who are otherwise detached from the Army chain of command may be assigned to a PRU. Applications for assignment are to be submitted as they occur to the geographically appropriate Army UCADMIN 1* HQ⁸⁶. Each 1* HQ must ensure that Joint Units or Tri-Service Establishments within their area of responsibility are aware of this Instruction and that staff processes are implemented for the

⁸⁰ Instructions in this regard is contained in [SI BF\(G\) 3303](#) – Regulations for Medical and Dental Treatment and Hospital Admission. For VSI and SI personnel see also [SI BF \(G\) 3222](#) – Casualty and Compassionate Procedures for BFG and NEW.

⁸¹ Critical stage is defined as the two years preceding public examinations.

⁸² Instruction as to a formal application for Local Release in Germany is contained in [SI BF \(G\) 3211](#) – Local Release in Germany.

⁸³ All locations supported directly or indirectly by the UK Joint Support Units at Naples, Lisbon, Ramstein, SHAPE, Brunssum and Stavanger.

⁸⁴ As the appropriate 1* HQ.

⁸⁵ For Joint Organisation Higher Authorities see [2010 DIN 01-144](#) – The Armed Forces Act 2006: Higher Authorities for Joint Units and Organisations.

⁸⁶ This will routinely be the Regional Force Bde within which the Soldier is serving.

command and care of all WIS personnel. Until such time as command is transferred to an Army Unit the 1* HQ is responsible for ensuring that the requirements of this Instruction are implemented by the Responsible Unit.

99.159 Foreign and Commonwealth WIS Personnel (including Gurkhas). When managing Foreign and Commonwealth (F&C) WIS personnel, or their dependants, consideration must be given to potential immigration issues. Full details of the procedures to be followed and policy guidance is provided by PS4(A)⁸⁷ but the following issues must be actioned:

- a. **Accommodation.** Where a WIS Soldier has no resident family and Service accommodation is inappropriate, the advice of SO1 Ops PR Branch, should be sought through the appropriate 1* HQ.
- b. **Sick Leave in Country of Origin.** Prior to authorising sick leave the Responsible CO is to be mindful of the requirement for regular contact with the WIS Soldier, their need to undergo or participate in sustained rehabilitation and the likely timeframe/availability for medical boarding. Medical advice must also be sought to ensure that the WIS Soldier has access to appropriate medical care, ie comparable to that which would be provided in the UK.

Reserves

99.160 Full Time Service. For the purpose of this AGAI, Full Time Service is defined as those Reservists who have been mobilised⁸⁸ or engaged on FTRS (FC)⁸⁹ and are therefore occupying an authorised Regular Army or OCE manning liability JPA PID. Reservists on Full Time Service (FC) are, on wounding, injury or sickness, entitled to the same level of recovery care and support as their regular counterparts. Responsible Units are required to comply with Recovery Pathway actions, as set out in this AGAI, as appropriate:

- a. Reservists in Full Time Service that are declared TNE are eligible for assignment to a PRU. If assigned, the PRU becomes the Responsible Unit for the Reservist, although close links with the Parent Unit should be maintained. The Reservist's Parent Unit will retain responsibility for facilitating any claims⁹⁰ and for maintaining the important links with the Patient Group and any civilian employer.
- b. A Reservist in Full Time Service may be returned to duty once medically fit and, if operationally necessary, the Reservist could be redeployed. However, it is considered that in most cases the Reservist will have been replaced by a Battle Casualty Replacement and unless there is a further commitment to which the Reservist can be assigned the Reservist will be released back to the RMTC and demobilised. Should there be a requirement for any further medical treatment an application is to be made by the Responsible Unit to DM(A), copy to SO1 OH Branch APC, to extend TNE status.
- c. If the Reservist is given a JMES MLD (T) grading, it is considered that the Army has a duty of care to initially treat the Reservist up to the point when they may be released but also retained in the Reserves with a JMES MLD grading. An application can be made to SO1 OH Branch APC for advice on fitness for further reserve liability. If no longer fit for further reserve service then the Responsible Unit should apply for the Reservist's medical discharge. Reservists who demobilise through RTMC with a Medical Deployment Standard of MLD or MND are to have their medical grading and findings recorded on DMICP and a copy sent to their GP. A copy should also be sent to SPVA in order for the Medical

⁸⁷ [British Army Guide to Supporting Commonwealth Citizens and their Families](#).

⁸⁸ Under a provision of the Reserve Forces Act 1980 or the Reserve Forces Act 1996.

⁸⁹ Under Section 24, Reserve Forces Act 1996 (FTRS).

⁹⁰ Following discharge of a mobilized Reservist, a claim for Disability Allowance may be admissible.

Assessors in SPVA to have ready access to military medical opinion in the event of a TA Disability Allowance claim.

99.161 Reservist Undergoing Training. Reservists taking part in obligatory training⁹¹, or voluntary training and other duties (VTOD)⁹², or having entered into an Additional Duties Commitment (ADC)⁹³ to serve for a specific period are ineligible for assignment to a PRU. Whether the Reservist undergoing training was 'on duty' or 'off duty' at the time of wounding, injury or sickness will determine the level of recovery support that they are entitled to:

a. **'On Duty'** A Reservist is considered 'on duty' when at their normal place of duty or training. Those Reservists who are wounded, injured or become sick during training can be supported by an appropriate PRU through a process of UA, where it is believed that it will benefit their recovery and where their wounding, injury or sickness is attributable to their Service. In exceptional circumstances, attachment to a PRU may be sanctioned for a Reservist undergoing training who is WIS because of a Service-attributable event however a TA liability (PID) would need to be established in order for APC CM Ops Mob to take assignment action. For all such instances, the Responsible Unit is to liaise with SO1 Plans/Ops PR Branch, APC CM Ops Mob and SO1 OH APC without delay and before considering an application to the ARCAB. A process diagram (Reserve Forces – Eligibility and Assignment) is at Appendix 9.

b. **'Off Duty'** A Reservist who is injured or becomes sick whilst off duty is to seek medical care through the NHS and GP. The Reservist must notify his TA Unit of the occurrence as any permanent injury may impact on his JMES or may require a formal Service medical review.

99.162 Emergency Treatment. The provisions which govern an entitlement to Service medical treatment for a Reservist whilst attending or undergoing training are contained with TA Regulations⁹⁴. For the most part any immediate treatment will be limited to the availability of a Service medical facility or qualified Service medical staff. Cases involving serious illness or injury will be dealt with by evacuation, either by the NHS Ambulance Service or the Unit, to the nearest NHS Accident and Emergency Department. For illnesses or injury of a less serious nature the Reservist will be referred to the NHS and/or GP for treatment. Any period of treatment or recovery is to be managed by the Responsible Unit.

99.163 Reservist Entitlements. A summary of a Reservist's entitlement to medical treatment and eligibility for assignment to a PRU is shown below.

Ser (a)	Type (b)	AGAI 99 Respon sibilities (c)	Ability to Declare TNE (d)	Eligible for Assignment to PRU (e)	Eligible for PRU Unit Assist (f)	Entitlement to Medical Treatment (g)
1	Reservist in Mobilised Service (RFA 96 Sect 43, 52,54 and 56)	Yes	Yes	Yes	Yes	Full
2	Reservist Undergoing Training; obligatory, voluntary or under the terms or special agreement (RFA 96 Sect 22,	Yes	No	No	Yes	Emergency treatment only (see TA Regs)

⁹¹ Sections 22 (Training obligations of members of the reserve forces.) and 27 (VTOD), Reserve Forces Act 1996.

⁹² Section 27, Reserve Forces Act 1996.

⁹³ Section 25 (ADC), Reserve Forces Act 1996.

⁹⁴ [TA Regulations](#), Chapter 3, Part 4 and Annex H/3.

	27, 28)					
3	Reservists in Full Time Service - FTRS (FC) (RFA 96 Sect 24)	Yes	Yes	Yes	Yes	Yes ⁹⁵
4	Reservists in Full Time Service - FTRS (LC) (RFA 96 Sect 24)	Yes	No ⁹⁶	No ⁹⁷	Yes	No ⁹⁸
5	Reservists in Full Time Service - FTRS (HC) (RFA 96 Sect 24)	Yes	No ⁹⁹	No	Yes	No ¹⁰⁰
6	NRPS	Yes	No	No	Yes	Full
7	Additional Duties Commitment (ADC) (RFA 96 Sec 25)	Yes	No	No	Yes	Emergency treatment only (see TA Regs)

Table 4 - Impact of AGAI 99 on Reservist Categories¹⁰¹

99.164 Termination of Commitment. In all cases it must be understood that the mobilised or FTRS commitment will terminate on the due date, although it may be extended upon application to DM(A)¹⁰². The release or return of the Reservist to their civilian life and employment is not to be delayed and when appropriate a Reservist is to be released and referred to the NHS for treatment.

99.165 Routine Injury or Illness – FTRS (LC/HC). Absence from work by Reservists serving on FTRS (LC/HC) to cover routine illness must be managed by the Employing Officer. However, a prolonged absence or a more serious injury or illness may trigger the need for a Reservist to be placed before a medical board and, if graded below the required JMES, the Reservist could be medically discharged or the commitment terminated¹⁰³. If an injury or illness is reported by the Reservist on their return to the RTMC for dismount they are to be released and referred back to the NHS for treatment if further treatment by the APHCS¹⁰⁴ is decided to be inappropriate. In all cases their engagement will terminate on the due date unless an extension is authorised by DM(A).

Financial Support

99.166 General. Within TA Regulations there is a provision to provide financial support to a WIS Reservist where they require further treatment and are unable to return to full-time employment¹⁰⁵.

a. **Disability Allowance.** Disability Allowance is payable to compensate the Reservist for a loss of civilian earnings as a result of injury or illness which is attributable to Service. The allowance is applied for by the TA Unit and administered and paid through SPVA Pay and

⁹⁵ See paragraph 45, Annex A to DIN 2011DIN01-024: Instructions for Full Time Reserve Service (FTRS) in the Army.

⁹⁶ Unless they are filling a regular army liability, in which case they can be declared TNE.

⁹⁷ FTRS (LC) filling an established regular army liability are entitled to be assigned to a PRU.

⁹⁸ Personnel serving on FTRS(LC) are entitled to medical and dental treatment from Service sources when they are on deployments or detachments, or when they are paying entitled rates for SLA. However, in all cases of emergency at their place of duty, FTRS(LC) may be treated by Service medical or dental staff.

⁹⁹ Unless they are filling a regular army liability, in which case they can be declared TNE.

¹⁰⁰ Personnel serving on FTRS(HC) and ADC are not entitled to receive medical and dental care from Service sources. In all cases of emergency at their place of duty, FTRS(HC) and ADC may be treated by Service medical or dental staff.

¹⁰¹ See also DIN 2011DIN01-024: Instructions for Full Time Reserve Service (FTRS) in the Army.

¹⁰² See [TA Regulations](#) 1978, Amdt 37, Ch 10.

¹⁰³ The discharge of soldiers is to be effected in accordance with [TA Regulations](#), Ch 5, Part 6 or the Pay and Appointments Warrant 2009 as appropriate.

¹⁰⁴ The APHCS is in transition and will become part of DPHC.

¹⁰⁵ [Ch. 8. TA Regs.](#)

Pensions. The amount of Disability Allowance payable is limited to 1 days Service pay for each day the Reservist is absent from work¹⁰⁶.

b. **Armed Forces Compensation Scheme (AFCS).** Where the wounding, injury or sickness is Service attributable the Reservist is entitled to submit an application in accordance with the AFCS. Awards made under the AFCS may include a lump sum and a Graduated Income Payment which, in some circumstances, will take into account any shortfall between the Reservist's rate of Service pay and their rate of civilian pay. Current policy in respect of the AFCS is set out in JSP 765.

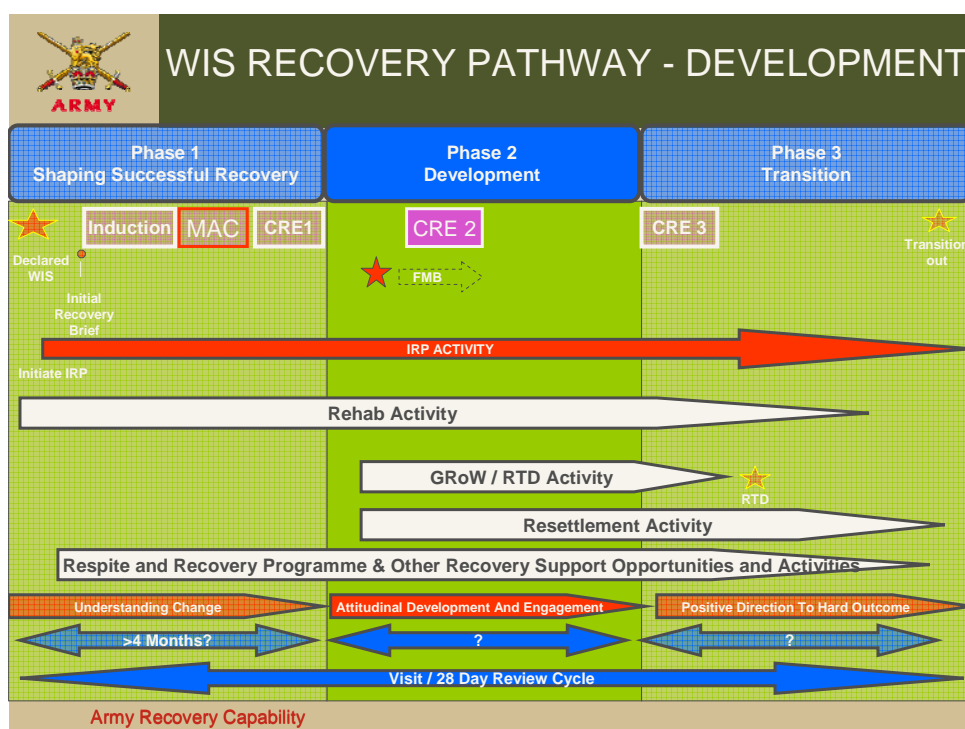
99.167 Financial Assistance. A mobilised reservist may be in receipt of financial assistance – a reservist award to compensate for any loss of civilian income. In addition a civilian employer may be in receipt of an employer's award to off-set any additional replacement cost where the Reservist has been replaced in the business by his employer. During any recovery programme it must be understood that the Reservist may have a civilian career/employment to which the Reservist can return and to which legally¹⁰⁷ the employer must reinstate the Reservist on being released from service. Ideally, any recovery programme should focus on the return of the Reservist to his civilian employment. Should the wounding, injury or sickness prevent this and there is a need to retrain the Reservist then a decision¹⁰⁸ must be taken to stop the employer's awards and to inform the employer that the Reservist will not be returning to their employment. This will remove any misunderstanding and permit the employer to permanently replace the Reservist and reduce any replacement cost to the MoD. Should any further guidance be required Responsible Units are to contact APC CM Ops Mob.

¹⁰⁶ See [JSP 754](#), Part 4, Section 4.

¹⁰⁷ Safeguard of Employment Act 1985.

¹⁰⁸ This may require a civilian OH assessment to be conducted.

PART 2 – DEVELOPMENT



99.201 General. The Development Phase builds upon activity initiated during 'Shaping'. Whether assigned to a PRU or remaining with the Parent Unit, the Recovery Pathway for the WIS Soldier is generally the same. If transferred to a PRU, the command of the WIS Soldier will transfer to CO PRU; this must be made clear to the WIS Soldier both by the Parent Unit and the PRU. However, contact with the Parent Unit and regimental ethos can act as an accelerant in recovery and CO PRU must therefore formalise communications with the CO of the Parent Unit, in particular when important IRP milestones are approaching. The regular contact between the WIS Soldier and their URO/PRO, and the routine 28-day assessment reviews against HARDFACTS led by the Responsible CO together aid understanding of the individual circumstances of the WIS Soldier and what their eventual outcome is likely to be. CRE 2 is designed to focus the individual on realistic vocational options. The IRP is matured as milestones are predicted/ identified and recovery support activity and events added in order for the WIS Soldier to achieve progress against identified HARDFACTS criteria. For those WIS personnel likely to be medically discharged and who are considered ready to engage in resettlement activity, the Responsible CO, in conjunction with unit SMEs and the local Individual Education and Resettlement Officer (IERO), will initiate an application to the ATAB. The ATAB will decide whether the needs of the individual WIS Soldier would best be met by accessing resettlement activity via the CTP or CTP Assist route; all WIS personnel considered by the ATAB will be given access to the Portal, irrespective of the ATAB outcome. Those provided with CTP Assist will, in addition to the normal CTP provision, be allocated to a Specialist Employment Consultant (SEC) for dedicated, individualised, employment support. The Service Medical Authorities have a key role to play as the medical advice they provide will inform the command and care of the WIS Soldier by the Responsible Unit. In particular the ROHT are able to provide advice in respect of the suitability of a WIS Soldier for return to work events. In all cases a Full Medical Board (FMB) will determine a Soldier's JMES. This will inform the employment decision as to whether a WIS Soldier is to return to duty, either in the

same or a different CEG, or is to be discharged. The timing of the FMB is down to the Responsible CO, in consultation with the UMO and ROHT. A close, mutually supportive, relationship between the medical services and the chain of command is essential to the effective management of the Soldier's recovery. The Recovery Pathway is a condition-based, not time-based, process.



HARDFACTS – Recovery Outcomes

99.202 Command is a cornerstone of the Army Recovery Capability and, as such, Responsible COs are charged with delivering an outcome-focused IRP for each WIS Soldier under their command. The WIS-specific IRP should be initiated as soon as possible and look toward the point where the WIS Soldier will return to duty, whether in the same or a different Career Employment Group (CEG), or transition to civilian life. Recovery will depend on the individual circumstances of each WIS Soldier. In many cases a WIS Soldier will recover within their Parent Unit, but in more complex cases recovery will be driven by a PRU. In all cases, the progress achieved by each WIS Soldier will be assessed against the HARDFACTS criteria (see diagram above) and, where feasible, the satisfactory achievement of a sustainable solution for each criteria. Progress is assessed every 28 days; the HARDFACTS assessment criteria matrix at Appendix 4, is to be used by all Responsible COs and their staff to guide the assessment.

99.203 Recovery Events: Phase 2 – Development. This phase of the Recovery Pathway includes CRE 2 and other Recovery Support Activity. In summary:

- a. **CRE 2.** This 10 day event is designed to build on the previous events from the Shaping phase and focuses directly on: IRP development in support of an individual assessment of the WIS Soldier against HARDFACTS; Vocational Assessment; career identification and profiling; introduction to CV writing; financial guidance and a day of resettlement activity. This event is delivered at a PRC. An outline programme is available on the ARC website.

b. **Recovery Support Activities.** The definition of recovery support activities encompasses those events that support accelerated social, emotional, attitudinal and educational recovery through education, training, sport and coaching. Additionally, they include events intended to support the WIS Soldier as they approach transition, such as GRoW, industry familiarisation visits, work placements and the like. In the main they will be coordinated and authorised through the RCS and delivered through PRCs, PRUs and units. All recovery support activities have to be cleared and authorised through the CoC and RCS.

Individual Recovery Plan

99.204 General. Whether recovery is managed within a Parent Unit or the PRU, the IRP will continue to be tailored to meet the requirements of the individual WIS Soldier and designed to best prepare them for their potential, expected or known outcome. The WIS Soldier owns his IRP and must be fully engaged throughout the process in order to maximise the potential for a successful outcome. CRE 2 includes a review and development workshop on HARDFACTS and the IRP. PROs/UROs who have a WIS Soldier under their charge attending the course are required to attend the workshop and assist their WIS Soldier with the development of their IRP.

99.205 Purpose. The IRP should be a comprehensive, synchronised schedule of appropriate activities, the need for which may have been identified from a routine HARDFACTS assessment, in order to support the individual in achieving a satisfactory outcome; either a return to duty or transition to a suitably skilled and supported civilian life. An example IRP is available on the ARC intranet [here](#).

99.206 WISMIS. The URO/PRO must ensure that each IRP is recorded on WISMIS using the IRP tool, each review of the IRP and all amendments to the IRP must also be recorded within 3 working days of a decision being made.

99.207 Assurance. The PR Branch will use WISMIS to monitor the IRP of each individual Soldier and is responsible for assuring that each IRP is being maintained.

Recovery Coordination

99.208 General. The order and sequencing of Recovery Events will be driven by the medical, welfare and administrative requirements of the WIS Soldier and should be captured in their IRP. Recovery Events will comprise of core activities, which will assist the WIS Soldier to focus on realistic vocational options and others which are bespoke to the individual's recovery.

99.209 Medical Treatment and Rehabilitation. Medical treatment and rehabilitation are essential to recovery. The Responsible Unit must ensure that each Soldier has access to appropriate primary healthcare either from Service or where more appropriate NHS resources after consultation with Primary Care. Medical activity must take primacy throughout the IRP. However, medical activity should not delay the IRP where recovery activities can be dovetailed into the treatment plan.

99.210 Residential Rehabilitation at DMRC. WIS personnel undergoing residential rehabilitation at DMRC remain under full command of their Responsible Unit throughout the duration of their rehabilitation period. However, during their stay at DMRC WIS personnel are treated holistically, including comprehensive G1 support from the DMRC Social Work Department. In order to avoid duplication of effort, early dialogue must be established between the Responsible Unit and DMRC in order to

de-conflict these responsibilities and ensure that a comprehensive handover between agencies is completed. The initial point of contact at DMRC is the MLO¹⁰⁹.

99.211 Allowances. WIS personnel who are undertaking an IRP are entitled to claim allowances in accordance with extant Tri-Service Regulations¹¹⁰. Further guidance to commanders and G1 staff on how to appropriately interpret current allowance policy for WIS personnel under their command has also been issued by PS10(A)¹¹¹. The main points are as follows:

a. **Duty Travel Entitlement.** Duty travel claims will be permissible, when authorised in advance in accordance with extant policy in Chapter 4 of JSP 752. Exceptionally where the CO of a WIS Soldier has authorised them to reside in non-service accommodation such as their parents' home, duty travel entitlements may be calculated from this address.

b. **MMA.** It is permissible for a WIS Soldier to claim MMA at the Private Car Rate when proceeding to and from hospital for medical treatment. Double journeys may be authorised when the WIS Soldier is in a secondary care facility and, due to the nature of their injuries, are unable to drive and require someone to drop them off and collect them.

c. **Temporary Duty Activities.** Where activities undertaken as part of an IRP take place at civilian locations or via civilian provided courses, attendance at these is to be classed as a Service provided period of temporary duty for allowance purposes.

d. **Get You Home (Travel) (GYH(T)).** Entitlements to GYH(T) are to be assessed in accordance with extant policy in Chapter 5, JSP 752. Exceptionally when the CO of a WIS Soldier has authorised them to reside in non Service accommodation for the duration of their IRP, entitlements to GYH(T) may be calculated based on the distance between this address and the activity that the individual has been directed to take. WIS personnel who are admitted to a medical facility for over 10 days but are medically fit to travel are eligible to claim GYH(T) to go home at the weekend. This is paid at the daily rate and equates to approximately two journeys a month. It is possible to double the allowance if the WIS Soldier is unable to travel alone and needs someone to collect and return them.

e. **Longer Separation Allowance (LSA).** Where, in accordance with current regulations, it is not possible for the WIS Soldier to return home during the activity, accruing LSA, at the appropriate level, may be paid instead of GYH(T).

f. **Food and incidental Allowance (FIA).** Where the CO has authorised the WIS Soldier to reside in non Service accommodation there will be no entitlement to claim FIA.

g. **Recruitment and Retention Allowance (London) (RRA(L)).** Personnel assigned to a London District (LONDIST) PID with the expectation to serve in excess of 182 days concurrently, who are accommodated in Service

¹⁰⁹ See paragraph 99.140.

¹¹⁰ [JSP 752](#) – Tri Service Regulations for Allowances.

¹¹¹ D/DPS(A)/PS10(A)/10/11 dated 29 Mar 11.

Accommodation within the RRA(L) eligibility criteria, may be paid RRA(L). Personnel not assigned to a LONDIST PID are not entitled to RRA(L).

99.212 Charges.

a. **Food Charges.** All WIS personnel attending residential courses at the Recovery Centres and BB Centre Lilleshall will be required to pay food charges. Food will either be charged at the Daily Food Charge (DFC) or as PAYD.

b. **Single Living Accommodation Charges.** SLA charges will be suspended from the date of admission to either a military or civilian medical facility.

c. **PRC/BB Centre Lilleshall Accommodation Charges.** Service personnel who live in Single Living Accommodation (SLA) will pay for accommodation at the rate that the Centre is graded. Service personnel who live in Service Families accommodation (SFA) will not pay accommodation charges because they are already paying a quartering charge.

99.213 Transport. The recovery pathway places a significant transport demand on the Responsible Unit, including attendance at medical appointments, residential rehabilitation at DMRC and authorised recovery events in support of the individual's IRP. COs are to ensure that they are able to meet these requirements.

a. **PRUs.** Transport for all recovery events is to be arranged through the Regional Force Bde Log Sp Branch. All costs are to be captured against the allocated PRU UIN.

b. **Parent Units.** If the requirement for recovery-related transport cannot be met from Unit MT resources, costs may be charged to a central UIN A5801A¹¹², provided the WIS Soldier has been declared TNE by OH Branch, APC. If not declared TNE, transport requests are to be met from within Unit resources.

Resettlement

99.214 General. Resettlement policy for all those personnel subject to Medical Discharge has changed so that they are now permitted to access full resettlement entitlements at an earlier stage than they were previously. Responsible Units are to comply with JSP 534. Responsible Units with WIS personnel likely to medical discharge must complete PAP10 Appendix 11 once personnel have been registered as WIS for 6 months and initiate MOD Form 1173 (see Annex C to JSP 534) in order for the WIS Soldier to be registered with the Career Transition Partnership (CTP) and initiate access their resettlement entitlement; early engagement with the resettlement process will result in a far more positive and successful outcome.

99.215 Resettlement Entitlement. All personnel who are to be medically discharged¹¹³ from the Service are entitled to full resettlement provision¹¹⁴. The full resettlement package includes Graduated Resettlement Time (GRT), access to CTP

¹¹² This is only for travel and is audited by APC Budgets.

¹¹³ This includes FTRS and Mobilised Reservists if they are being discharged due to injuries sustained on operations. It also includes MPGS who have completed a minimum of 6 years Service. Other categories of Reservists and NRPS are ineligible for resettlement.

¹¹⁴ [JSP 534](#) - Tri-Service Resettlement Manual Sect 3 para 0304, and para 0305b.

services (and for those WIS personnel assessed as having the greatest needs, CTP Assist) and an Individual Resettlement and Training Costs (IRTC) grant together with approved travel and subsistence costs. Resettlement is structured as follows:

- a. **First Line Resettlement.** This is the responsibility of the Responsible CO and is limited to information and administrative support, including the submission and documentation of all resettlement activities and entitlements on JPA.
- b. **Second Line Resettlement.** The IERO at the local AEC will conduct a detailed Resettlement Advisory Brief (RAB) and provide advice and guidance on the resettlement package that will best suit the individual WIS Soldier¹¹⁵. The IERO is responsible for providing professional input to the ATAB, using ATAB Form 1.
- c. **Third Line Resettlement.** This service is undertaken by the CTP (supported by the RCS as appropriate) and, for WIS personnel, includes the mandated 5 day CRE 3 course. However, if necessary and if an exemption is obtained, a WIS Soldier may attend a 3 day Career Transition Workshop (CTW) as an alternative; WIS personnel are not to attend both events. Dependent upon need, a WIS Soldier may receive additional support, known as CTP Assist.

99.216 Resettlement Entitlement prior to FMB. Personnel who are likely to be medically discharged from the Services can access their resettlement entitlements prior to a firm discharge decision from a FMB. The point at which a WIS Soldier may gain resettlement entitlements is determined by the Case Conferences (or 28 day review) where a formal sign off by the Responsible CO of the Case Conference assesses the individual as likely to leave the Service on medical discharge **and** is ready to engage with employment support activities. At this point PAP 10 Appendix 11 and MOD Form 1173¹¹⁶ is to be initiated and a mandatory interview between the WIS Soldier and their local IERO arranged; this is the RAB. The Responsible Unit will have initiated ATAB Form 1, which will be completed in turn by the clinical professional¹¹⁷ and forwarded by the Responsible Unit to the IERO. Following the RAB interview, the IERO will update ATAB Form 1 with their assessment against the criteria specified at Part 4 and return the form to the Responsible CO for completion at Part 5 and submission to the ATAB for subsequent action.

99.217 ATAB¹¹⁸. The ATAB is a Single-Service Board, sponsored by PR Branch, which meets fortnightly to consider applications and determine whether an applicant's resettlement activity is to follow the CTP or CTP Assist route. For most WIS personnel who are to Medical Discharge the normal CTP provision will be appropriate and provide what is needed. The RCS provides SECs (regionally-based and co-located within PRUs) who are available to assist those individuals whose medical condition mean that they will face the greatest barriers to achieving a successful career once they leave the Services; this is known as the CTP Assist route and is in addition to the normal CTP provision. The SECs are a finite resource and their

¹¹⁵ Ideally all soldiers will attend the AEC local to the PRU/Responsible Unit to which they are assigned; however there will be occasions when it is more appropriate that resettlement activities take place at an AEC in a different location.

¹¹⁶ For those Soldiers that are within 2 years of discharge, or aged 50 or over when they become WIS, MOD Form 1711 will be used in place of MOD Form 1173.

¹¹⁷ Eg the UMO, ROHT, CF or Voc OT.

¹¹⁸ Terms of Reference for the ATAB are available through the ARC website [here](#).

support will not be required by all personnel being medically discharged; the ATAB will ensure that individuals get the level of support that they need. All WIS considered by the ATAB will be provided with access to the Portal, irrespective of the Board outcome.

99.218 Deferral of Resettlement post-Discharge. If a Medical Board recommends that a Soldier defers his resettlement until post discharge¹¹⁹ or that his resettlement is transferred to the spouse or legally recognised civil partner¹²⁰, APC will issue a letter notifying a Soldier of the medical discharge date and the agreed deferred resettlement. The letter is copied to the IERO who will establish contact with the Soldier. In most cases, although not all, resettlement can be deferred for up to 2 years. When the soldier is ready to commence resettlement post-discharge, they should approach the local IERO for advice and assistance. The Responsible Unit at the time of discharge is to coordinate all First Line Resettlement administration once the Service Leaver is ready to commence resettlement activities post-discharge. On occasions when a Medical Board does not recommend a deferral of resettlement but the Soldier and the Responsible CO believe that there is a valid case for doing so, the IERO is to staff a case to D Ed Cap for consideration¹²¹.

Recovery Support Activity (Vocational)

99.219 General. Vocational recovery support activity is designed to provide WIS personnel recovering from injury or illness with an introduction to temporary work placements with industry partners in preparation for a transition to civilian life in the event of a medical discharge. There are a number of vocational visits, recovery placements, internship schemes and other opportunities open to soldiers and there is no limit on the number of events that a WIS Soldier can undertake during their recovery. It is important to note that placements proposed/undertaken prior to the WIS Soldier's consideration by ATAB are 'recovery' placements and are to be processed with the support of the Career Consultant (CC)/Employment Consultant (EC). If a WIS Soldier has had their resettlement path determined by ATAB as 'CTP Assist', all subsequent placements will be processed as 'resettlement' placements and be supported by the SEC.

99.220 Recovery Career Services (RCS). The RCS is a partnership between the MOD (including the CTP) and key Service charities to deliver enhanced vocational support to those who face the greatest barriers to employment given their medical condition or personal circumstances. The RCS is intrinsically linked to the CTP provision. The RCS is the tri-Service "single point of contact" for all requests for, and offers of, vocational, employment and career support for WIS personnel on the Recovery Pathway who will transition on medical discharge. The RCS is responsible for delivering the CTP Assist transition route. The RCS consists of three teams and a web based Portal; a team of SECs embedded within the PRUs providing dedicated and individualised employment support to those WIS personnel identified for CTP Assist and engaged on resettlement, a Relationship Team focused on Partner engagement and the Service Requirements Team. RCS support is available to eligible individuals from the point at which an individual is ready to engage with their resettlement until 2 years post-discharge. To meet the individual's need the RCS has

¹¹⁹ Appendix 12 to PAP 10 is used to recommend deferred resettlement and will articulate functional capability of the WIS Soldier to attend recovery events.

¹²⁰ [JSP 534](#) – Tri Service Resettlement Manual, para 0610 and 0611.

¹²¹ [PAP 10](#) Ch 10 para 1009 and [JSP 534](#) Sect 6 para 0609 and 0613.

enduring relationships with Partners and will source bespoke opportunities to meet an individual's need in line with their IRP.

99.221 The RCS Portal. All WIS personnel considered by the ATAB will be provided with a username and password to access the RCS Portal. The Portal contains vocational and career opportunities to support an individual in determining new career paths. Individuals are supported in accessing the Portal by their SEC or CC. All of those eligible for Medical Discharge can also access the bespoke CTP jobs board 'RightJob'. The Portal is a web-based application that provides three distinct areas: first, a private space for the individual to hold their CV, a copy of their IRP and links to the individual's 'My Plan'; second, an area for promoting Partners, from the 'corner shop' to the multi-national organisation working with the RCS to provide vocational opportunities and; third, a searchable database of vocational opportunities provided by Partners, grouped under 10 opportunity types¹²². The Partners and the opportunities that are on the Portal are subjected to evaluation by the RCS; the SRT execute this function on behalf of the MoD.

99.222 Eligibility. Recovery Placements are available to any Service person recovering from injury or illness, regardless of whether they are to remain in Service, are likely to transition to civilian life, or whether their future outcome is unclear. They are intended to be a flexible tool open to the Responsible CO to offer the most appropriate opportunities to their WIS personnel. Recovery placements are not designed to replace the resettlement package, which will still be available to WIS personnel due to transition out to civilian life, but are intended to enhance that provision.

99.223 Scope. The nature of the work undertaken as part of a Recovery Placement will vary according to the experience, trade, skills and preferences of the WIS Soldier, as well as the availability of suitable industry opportunities. A Recovery Placement may be full or part-time to fit in with periods of treatment or rehabilitation. The duration of the placement will be agreed beforehand with the hosting organisation and tie-in with the individual's IRP.

99.224 Procedure. All applications for a Recovery Placement must be submitted through the G1 chain of command¹²³ using the forms in [2011DIN01-187](#) to the WIS Soldier's CC, or the SEC if the ATAB has determined that the WIS Soldier's resettlement activity is to follow the CTP Assist route. All the relevant paperwork, including the Memorandum of Understanding signed by the WIS Soldier, the chain of command and the hosting organisation, must be completed prior to the start of the Recovery Placement. CCs or SECs cannot sign placement forms in lieu of the CoC.

Return to Work Events

99.225 Skill Acquisition. WIS personnel may undertake some form of skill acquisition regardless of whether their identified outcome is a return to duty (RTD) or transition from Service. The skills acquisition activities are to be coordinated by the Responsible Unit, must be relevant to each individual WIS Soldier, and recorded as part of their IRP.

¹²² See <https://www.recoverycareerservices.org.uk/> for more information on the 10 opportunity types.

¹²³ The procedure for all employment and vocational support for WIS personnel is currently under review. Until further notice, the Recovery Placements DIN (2011DIN01-187) remains the extant policy.

a. **Return to Duty.** For WIS personnel expected to RTD these events may include elements of Military Annual Training Tests (MATTs) undertaken in the Unit. Alternatively it could be gaining a new skill such as an IT qualification, which may be undertaken either at an Army Education Centre or through a local college. The Learning Development Officer (LDO)/IERO will be able to assist with choosing the most appropriate and advising on use and access to public fund educational grants through the Standard Learning Credits (SLCs) or Enhanced Learning Credits (ELCs) schemes. Non-public funding from the IRP fund may also be available depending on the circumstances and only once Service sources of funding have been exhausted; more details can be found at para 99.249. A course must have demonstrable benefit for the soldier and link to their IRP.

b. **Transition.** Once a soldier is expected to be discharged, they should undertake training which will best prepare them for their future civilian occupation. This is likely to be college courses or training through an alternative provider. The duration of these events may last between 1 week and 1 year. Some courses may be accessed at no additional cost at local Army Education Centres; external courses may require additional funding. Costs associated with training may be met using Individual Resettlement Training Costs (IRTC), Standard Learning Credits (SLC), Enhanced Learning Credits (ELC) or by a request for non-public funding from the IRP Grant Application fund as appropriate. Guidance on resettlement information can be found in JSP 534 Version 8, the Tri-Service Resettlement Manual. **The policy is that MOD funding must be pursued before any approach to charities for IRP support funding is made.** Detail on the process to be followed for applying for charitable funding is given at para 99.249.

Workplace-Based Recovery Events

99.226 General. Workplace-based recovery events contribute to returning a Soldier to work. Workplace based recovery events may take a variety of formats but are pre-vocational activities that prepare the Soldier for work in either Service or civilian employment, but are classed as: a Clinical Work Placement (CWP), a GRoW programme, or a Recovery Placement. These events are periods of time spent in the work place or on work-related activities and form a central part of vocational rehabilitation and the IRP for soldiers recovering from illness and injury.

99.227 Clinical Work Placements (CWP). CWP form part of the IRP and are a clinically supervised activity which assesses a Soldier's ability to undertake some form of work; a CWP forms part of the IRP. CWP, through an individualised and structured programme, facilitates a Soldier's transition back to work.

a. **CWP Programme.** A CWP programme summarises the goals of returning to work; recommends grading of hours and duties; outlines any restrictions; sets out the responsibilities of parties involved and; defines an end date. A CWP is undertaken over a designated work assessment period. Work patterns must be tailored to the Soldier's functional ability, needs and realistic aspirations. The host organisation must be able to provide meaningful employment and be able to effectively manage the placement. A CWP requires clear communication between all parties involved, as confusion or misunderstanding may generate barriers to a return to work or create unnecessary delays. A review of the CWP programme must be undertaken regularly by the PRO/URO and further advice and support provided, as required. Feedback is sought from both the Soldier and the appropriate

organisation about how the Soldier is managing with the requirements of the job. If appropriate, feedback may also be sought from a family member on how the work placement is impacting on the family.

b. Actions prior to a CWP. Prior to undertaking the CWP, the following activities must have been actioned:

(1) **OH Assessment**¹²⁴. A timely OH assessment must have been completed. This is referred to as a Worksite Assessment (WSA)¹²⁵ and will ensure that the work placement and planned working hours are suitable. In many cases, the UMO or ROHT¹²⁶

(2) **Individual Assessment.** The Soldier must be assessed to be self-caring, self-medicating and independently mobile. As a guideline they should be able to work for 3 hours per day.

c. Assessment of CWP. The progress of a Soldier on a CWP must be recorded on the Assessment Report Form (available from the [ARC website](#)) by the agreed, nominated POC. The period of reporting between the host and person implementing the CWP (this could be the ROHT or the Vocational OT) must be agreed from the outset. A final overall assessment of the CWP placement must be produced using the same report.

d. CWP Stakeholders. The key roles and responsibilities of stakeholders in a CWP are at Appendix 10.

99.228 Gradual Return to Work Programmes (GRoW). A GRoW programme is a clinical activity that can take place in a military or civilian workplace and forms part of an IRP. It is defined as:

“An individual programme of 3-6 months where soldiers engage in agreed work place activities, commensurate with rank and experience when in a military environment, in order to determine employability.”

Given the length of a GRoW programme there would normally only be one GRoW programme in any IRP. A GRoW programme must not include a period of work experience or ‘shadowing’; a phased return to work; or a return to a Parent Unit for ‘social integration’. A GRoW programme has 4 phases which are outlined below and detailed in the table at Appendix 11.

a. Assessment and development of GRoW Programme. The Soldier must be assessed for their likely employment outcome at the end of their rehabilitation; this could be a return to duty, transition to civilian employment or long term care but in some cases the outcome will be unclear. At subsequent iterations of the cycle, the recovery outcome should be reviewed using the information generated by the Vocational Rehabilitation Process and other relevant input.

¹²⁴ Although this will be case-dependent it should be a maximum of 1-2 months prior to placement.

¹²⁵ The WSA may identify some minor modifications required to the workplace/ accommodation/ camp facilities to enable safe, independent access for the Soldier.

¹²⁶ Utilising CF and Vocational OT assets where available and appropriate.

b. Document the GRoW Programme - Find and assess a suitable GRoW opportunity. The Responsible CO is responsible for identifying suitable work placements based on the advice of clinical staff (e.g. OHN, Voc OT)¹²⁷; clinical staffs are responsible for assessing the suitability of an identified work placement. For civilian GRoW opportunities the Responsible CO should refer to the RCS in order to identify suitable hosts. The GRoW is usually 2-3 months in duration and will be undertaken over a designated work assessment period. Work patterns must be tailored to the Soldier's functional ability, needs and realistic aspirations. The host organisation must be able to provide meaningful employment, commensurate with the rank and experience of the Soldier, and be able to effectively manage the placement.

c. Develop a Plan and Initiate the GRoW. A documented work plan must be implemented. This is a clinical activity and must be developed by the Unit in liaison with the Soldier's military and civilian employers. Where a GRoW takes place with a civilian employer, the paperwork detailed in the Recovery Placements DIN (currently [2011DIN01-187](#)) must be completed.

d. Undertake the GRoW. The GRoW will be monitored throughout and reviewed by clinical staff (OHN or Voc OT), with input from the Unit and military or civilian employer. Following the completion of the GRoW, the event should be fully evaluated by all parties in order to inform future IRP activity.

99.229 Recovery Placements. Recovery Placements are designed to provide Service personnel recovering from injury or illness and likely to Medical Discharge with temporary work placements with industry partners in preparation for a transition to a civilian life. There are a number of Recovery Placements and internship schemes and there is no limit on the number of placements that can be undertaken during the recovery process. The Responsible CO, in conjunction with appropriate clinical input where necessary¹²⁸, is to identify soldiers who are suitable to undertake Recovery Placements and discuss the potential options available with the CC/EC or SEC as appropriate. The RCS Relationships Team holds a definitive list of preferred suppliers and is responsible for approving¹²⁹ and coordinating the implementation of all Recovery Placements. This ensures that all opportunities have been fully evaluated and that the most suitable placement has been identified for the Soldier. Details of the current administration required for a Recovery Placement can be found within 2011DIN01-187.

Supporting the WIS

99.230 Criminal Records Bureau (CRB)/Disclosure Barring Service (DBS) Employment Checks. CRB/DBS¹³⁰ employment checks aid the safeguarding of vulnerable groups who are part of the MOD community. Responsible units are to appoint a CRB Officer who is to hold and maintain the Unit CRB Register, ensure that the unit assessment identifies those posts that meet the definition of regulated or controlled activity and that staff occupying those posts have the required level of check prior to commencing that work, in accordance with AGAI Vol 3 Chapter 119. In

¹²⁷ This responsibility is delegated to the allocated PRO in the case of PRU.

¹²⁸ In particular for WIS personnel with ongoing, complex medical pathways, or those where consideration of prescribed medication may impact on activities of daily living.

¹²⁹ 'Approving' is in conjunction with the PR Branch Service Requirements Team.

¹³⁰ The term Disclosure Barring Service (DBS) is being introduced and will, over time, replace CRB.

line with extant Tri-Service regulations the following personnel are required to hold CRB Enhanced Disclosure¹³¹:

- a. All Service personnel assigned as a member of staff to a PRU, PRC¹³² or BB Centre Lilleshall, MLOs and UROs.
- b. All civilian personnel working within a PRU, PRC or BB Centre Lilleshall who have frequent, unsupervised contact with vulnerable adults¹³³. This includes contracted personnel.

99.231 Accommodation. Once a WIS Soldier enters their recovery phase a decision must be made as to where they will be accommodated. Married personnel will reside in SFA or their own homes. Single personnel may live in appropriate SLA, misappropriated SFA, or private accommodation however in some cases there may be a requirement to find alternative suitable accommodation.

99.232 Home Adaptations. Some WIS personnel with complex injuries may require adaptations to domestic accommodation. Welfare personnel at DMRC are widely experienced in this process and an occupational therapist may have determined a requirement at an early stage in the recovery process. However PS4(A) is the single Service point of contact and is responsible for mandating the policy that dictates the actions to be taken to adapt accommodation in the UK¹³⁴. Adaptations can be made to SLA, SFA and private homes. It is important to note that WIS personnel requiring private home adaptations must start the process well before their run-out date.

99.233 Finance. A financial education package is provided as a part of the CRE courses and other ad hoc optional recovery events. Unit personnel/PROs are not qualified and must not give financial guidance. They are able to provide general financial advice but anything more than this would infringe on the requirements of the Financial Services Act 2010¹³⁵. WIS personnel should therefore be advised to take professional independent financial advice¹³⁶. Some WIS personnel will be entitled to large capital payments through one or other compensation scheme (AFCS will pay out compensation up to a maximum of £570,000). Careful consideration needs to be given as to how they use this capital based on their long term needs and requirements.

99.234 Visits to the Parent Unit. If a WIS Soldier is transferred to a PRU, visits to the Parent Unit and the wider regimental family can be a powerful stimulant for recovery; they also allow the Parent Unit to witness the recovery of their Soldier at first hand. When appropriate, visits to the Parent Unit should be combined with medal parades or skills re-acquisition activities. The PRU is to coordinate all transport and accommodation requirements for these visits.

¹³¹ [JSP 893](#) – Policy on Safeguarding Vulnerable Groups. Also Army Policy for Employment Checks on Personnel for the Purpose of Safeguarding Vulnerable Groups - [AGAI Vol 3 Ch 119](#), Annex C, Serial 7.

¹³² This includes PRU LDOs.

¹³³ This will include all PROs. Remaining civilian staff will need to be considered on an individual basis.

¹³⁴ 'Injured Service Personnel Living Accommodation Policy' - [DPS\(A\)/PS4\(A\)/02/72/08](#) dated 24 Nov 10. See also Tri-Service Accommodation Regulations (TSAR) [JSP 464, Part 1](#) Ch 3 Annex F.

¹³⁵ See AGAI 89 for more details.

¹³⁶ 'Money Force' is a Tri-Service project; a partnership between the MOD, The Royal British Legion and Standard Life Charitable Trust. The 'Money Force' web site can be accessed [here](#). 'Money Force' provides wide-ranging information, guidance and tools to help Armed Forces personnel better manage their finances.

99.235 Compensation Schemes and Awards. WIS personnel may be entitled to compensation payments through one or more compensation scheme:

a. Armed Forces Compensation Scheme and Armed Forces Pension Scheme. In many cases soldiers will have received initial advice and guidance while at DRMC but the allocated PRO/URO must ensure that soldiers are aware of their possible entitlements and where appropriate are referred to their local SPVA case worker for advice and guidance¹³⁷. Details of referral advice provided and applications submitted must be recorded on WISMIS¹³⁸.

b. Criminal Injuries Compensation Scheme. The Criminal Injuries Compensation Authority may pay compensation to members of the Armed Forces or their families who have been physically or mentally injured because they were the blameless victim of a violent crime within England, Scotland or Wales¹³⁹. A similar scheme is operated by the Compensation Services in Northern Ireland¹⁴⁰.

c. Criminal Injuries (Overseas) Compensation Scheme (CI(O)CS). The CI(O)C Scheme is a discretionary *ex-gratia* scheme operated by the MOD under which members of the Armed Forces (and their accompanying eligible dependants) who, while serving overseas sustain injury directly attributable to a crime of violence, may be entitled to a lump sum payment¹⁴¹.

99.236 Appraisal Reports (AR). In most cases, soldiers will not be reported on whilst TNE owing to the difficulties of doing so in an objective and measurable manner; accordingly a recording gap will be unavoidable. If a gap is to occur then a statement will be added to the Soldier's AR file stating that the AR is absent as agreed by MS Branch. No reference will be made to the reason for the absence; the intent is simply to make boards aware that there is a known and valid gap in the report profile and not a lost or missing report. If a Soldier has an otherwise unreported period of Service (not during sickness) of five months or more that does not qualify for an annual report, the MS Branch may authorise a 'Special Circumstances' report to help reduce the gap; policy advice in this regard should be sought from SO1 (MSF) MS Appraisals Assurance¹⁴².

99.237 Retention of TNE grading beyond the 12 Month Point. The maximum period of validity for a temporary JMES is 12 months following which it is expected that a permanent JMES will be awarded. However the retention of a TNE grading beyond the 12 month point may be authorised by DM(A) where to do otherwise would prejudice the delivery of a Soldier's conditions-based outcome. In all cases a Soldier is graded TNE and where recovery will exceed 12 months the Responsible

¹³⁷ AFCS documents and guidance are available through the [SPVA Website](#).

¹³⁸ The next upgrade of WISMIS will included a specific feature for this to be recorded.

¹³⁹ The [CICA](#) provides guidance for potential applicants and operates a telephone advice line.

¹⁴⁰ [Compensation Services](#) (formerly the Compensation Agency).

¹⁴¹ For rules governing applications against the CI(O)C Scheme - see [2011DIN01-230](#).

¹⁴² [JSP 757](#), paragraph 2D2.20. Also [DMS Directive 04/10](#).

CO must submit a case seeking the extension of the Soldier's continued absence from duty¹⁴³.

a. **Procedure.** At approximately the 9-month point, following a Two Member Medical Board¹⁴⁴ grading and recommendation, the retention procedure is to be initiated using AF B 10029, available from the [ARC website](#). The form is to be submitted to DM(A), copy OH Branch APC, via formation G1 staff. OH Branch will scrutinise the JMES grading, ensure that the correct follow-on medical procedures have been initiated and advise DM(A). AF B 10029 must be submitted in sufficient time to allow for it to be staffed to DM(A) by the 11-month point. If a Responsible CO believes that an extension is not warranted, but the WIS Soldier disagrees, the AF B10029 is still to be completed¹⁴⁵. The form will allow the CO to register the fact that the request for TNE extension is not supported.

b. **Criteria.** Each case will be judged on its merits however Responsible COs are to demonstrate that medical advice indicates that:

(1) The Soldier is likely to recover sufficiently to meet the minimum medical grade for retention in service.

(2) A FMB date is programmed or a clinical Recovery Pathway is outlined.

(3) Retention of the Soldier is in the interest of the Army and the Soldier.

c. **Length of Extension for Regular Soldiers.** DM(A) can indefinitely authorise retention in Service beyond 12 months in 6 month blocks.

d. **Length of Extension for Reservists.** DM(A), supported by Col MS Reserves, can authorise retention of a Mobilised Reservist beyond the 12 month point when the recovery pathway deems it necessary. MS Reserves will ensure that the Reservist signs an extended contract (6 months) and will carry out the necessary liaison with any civilian employer.

99.238 Patient Group. The Patient Group has an important part to play and it is important that the Patient Group is consulted, engaged and supportive along the Recovery Pathway; inclusion at an early stage will allow the family unit, some of whom may have become carers for the Soldier, to prepare for the outcome. Responsible Units must ensure that carers and family members are signposted to appropriate support organisations where appropriate.

99.239 Referral to Army Welfare Service (AWS). The Soldier must be informed that in prescribed circumstances the chain of command is required to refer details of a case to the AWS and that the AWS in turn may refer those details to specialist agencies¹⁴⁶. Referral to the AWS is mandated in respect of the issues detailed below.

¹⁴³ Where an application is not submitted a permanent JMES will be awarded. Action appropriate to the JMES must be taken in accordance with PAP 10 Ver3; this may require the RECU process to be initiated or, in appropriate cases, invalidating action.

¹⁴⁴ With an OH Consultant as President.

¹⁴⁵ The WIS Soldier will be required to explain why they believe an extension to TNE is justified.

¹⁴⁶ In accordance with [AGAI Vol 3 Ch 81](#) (Army Welfare Policy) para 81.008 b.

- a. **Domestic Violence.** Any situation involving domestic abuse or similar allegations.
- b. **Child Protection.** Any situation where there are potential safeguarding children concerns.
- c. **Complex Casualty.** All complex casualty cases.
- d. **Risk of Serious Harm.** Any situation where an adult is considered to be at risk of serious harm.
- e. **Safeguarding of Vulnerable Adults.** For any WIS Soldier classified as a VA, any situation involving abuse or similar allegations.

99.240 Education and Training Individual Education Plan. An Education and Training analysis must be conducted by the PRU Learning and Development Officer (LDO) as soon as practicable after a WIS Soldier has been assigned to a PRU. The LDO will discuss literacy, numeracy and IT needs with the WIS Soldier to determine the appropriate education and training elements of the IRP for which the LDO will be responsible throughout the period of recovery¹⁴⁷. For WIS personnel retained within the Parent Unit, the URO should liaise with their local Army Education Centre to access educational support for their WIS personnel.

99.241 Case Conference. In addition to the routine 28 day reviews, a case conference should be convened where it is deemed necessary in support of the Soldier's recovery. A case conference may be internal to the Responsible Unit or attended by external agencies where specialist advice is required. A case conference must be demand-led and chaired by the Responsible CO.

Responsibilities of Service Medical Authorities

99.242 Clinical Facilitator and the Regional Occupational Health Team. The Clinical Facilitator (CF) role provides close occupational health support and facilitates the clinical care pathway of each Soldier as part of their IRP. General practice care can be delivered at any medical centre however clinical care is best delivered at a Service medical centre and civilian GPs should be accessed only in exceptional circumstances. The CF must ensure that all soldiers in recovery have the appropriate levels of clinical care, local to their place of residence, and with the appropriate specialists. The CF role is integrated within the ROHT in support of the ARC and soldiers assigned TNE on the Recovery Pathway. The responsibilities of the CF role include:

- a. The proactive facilitation of the clinical care pathway with the respective medical agencies.
- b. Regular liaison with the PRO in order to adjust the IRP as necessary.
- c. The formal review of each Soldier on a basis determined by clinical complexity.
- d. The facilitation of access to primary care and specialist referrals.

¹⁴⁷ Where appropriate the LDO will facilitate dyslexia assessments with an appropriate SME. This must be conducted with the Soldier's consent. SME may include a Basic Skills Development Manager (BSDM) or RBLI staff.

- e. The coordination of all medical aspects of the 28 day reviews.
- f. Regular attendance at the PRU UHC or PRU 28 Day Review.
- g. The coordination of all relevant providers of medical treatment and care.
- h. The coordination of the medical boarding and review process.
- i. The completion of all discharge and transition processes with the primary care doctor, including the NHS Continuing Healthcare Checklist for those being discharged¹⁴⁸.
- j. Liaison with current and future Units to ensure that all medical records are transferred to the appropriate authority on re-assignment¹⁴⁹.

99.243 Occupational Health. The Occupational Health (OH) specialist works in conjunction with all components of the Multi-Disciplinary Team (MDT)¹⁵⁰ throughout the individual recovery pathway in order to determine the WIS Soldier's medical functional capability for specific Recovery Events¹⁵¹. In conjunction with the PRO, the ROHT and CF must ensure that the WIS Soldier is fit for each proposed recovery event. This may require a specialist¹⁵² OH assessment to inform current and future employability. Specialist OH referrals and assessments are to be coordinated in a timely manner to ensure that they do not impact on the sequencing of programmed Recovery Events. The responsibilities of the ROHT include:

- a. Advice on physical/ mental fitness for CWP opportunities.
- b. Monitoring the progress of CWP placements in conjunction with the PRO.
- c. Advise PRU on suitable military work placements.
- d. Contributing to Unit and Bde Health Committees and 28 day reviews as requested by the chain of command. This may involve attendance in some cases.
- e. Providing support and advice to unit medical centres for those returning to duty.
- f. Providing input (written evidence) for consideration at a medical board as required.

99.244 Vocational Occupational Therapists. Vocational Occupational Therapists (VocOTs), as an asset of the Regional OH Team, are well placed to inform the clinical work placements and GRoW programmes. The Responsible CO, in conjunction with the clinical SME, may use the 28 day review process to determine whether or not to apply for the services of VocOT prior to contemplating any vocational placement opportunity for a WIS Soldier. Referral to the VocOT would be managed by the

¹⁴⁸ Noting that GP registration on transition to the NHS is an individual responsibility.

¹⁴⁹ In all cases the transfer of medical records may only be carried out with the consent of the Soldier if the transfer is to another medical authority, such as the NHS.

¹⁵⁰ The MDT could include the UMO, DCMH, DMRC, AWS and other Secondary Healthcare providers.

¹⁵¹ For example CWP, work placements and some vocational courses.

¹⁵² If local OH consider it necessary, advice/input from a Vocational Occupational Therapist (OT) may be sought.

Regional OH Team manager. For those WIS personnel with the most complex needs undergoing rehabilitation, elements of a military CWP programme are used as part of a cognitive assessment and work hardening program. If allocated, the VocOT will complete a Work Assessment Review (WAR) on completion of a placement; this assessment gathers clinical evidence regarding a Soldier's functional ability to undertake specific military activities. Subsequently, a trade assessment may be required to assess the progress required to return to core trade activities, which would be facilitated by the Regional OH Team.

99.245 FMB. A FMB will determine a Soldier's permanent JMES following a period of recovery post injury or illness. The decision of a Board will establish a Soldier's functional capacity for Army service which will subsequently inform the employment decision as to whether the Soldier is to remain in Service, either in the same or a different CEG, or if they are to be discharged. The results of a FMB should not come as a surprise to the soldier, as regular assessment reviews ensure the soldier is prepared for the anticipated outcome. Medical Boards need to be planned in advance and are to be conducted in accordance with PAP 10 direction. In cases of complex trauma the outcome in terms of fitness for Service may be obvious from the outset. In these complex cases it is imperative that the Responsible CO influences the timing of the Medical Board, as conducting it too early may not be in the Soldier's best interests: if the outcome is uncertain, or if the Soldier has not yet started to come to terms with the vocational aspects of the injury or illness, a delay in medical boarding may be helpful in order to allow a more conclusive medical recovery which will further inform the employment options. However, the FMB will normally have taken place by the 9-12 month point post onset of wounding, injury or sickness. Similarly the Responsible CO may take the view that in order to drive the recovery of a Soldier the timing of a FMB should be brought forward to update the medical assessment and facilitate an employment decision. The Responsible CO must request the advancement or delay of a FMB through the ROHT.

Charitable Engagement

99.246 General. The PR Branch works closely with a number of prominent Service charities, some of whom provide liaison officers in support of the ARC¹⁵³. This ensures that Army and charitable efforts are properly integrated to support soldiers and their dependants throughout their recovery and in the future. The PR Branch also works closely with the Confederation of Services Charities (COBSEO).

99.247 Charitable Offers. Charitable offers in the wider sense will fall into one of three categories:

a. **Offers.** The Relationships Team of the RCS is the Tri-Service focal point for the public for vocational, career and employment offers (they do not deal with non-employment related offers). Units approached by organisations wishing to donate offers to the ARC and/or WIS personnel are to forward the details to the RCS via RelationshipTeam@recoverycareerservices.org.uk for initial action.

b. **Donations to MOD¹⁵⁴.** The following considers donations offered to MOD corporately rather than to individual employees. Generally, MOD cannot accept donations. Exceptionally, the Treasury has agreed that where a

¹⁵³ Service Charity Liaison Officers currently integrated with the PR Branch represent: [ABF The Soldiers' Charity](#), [TRBL](#), [H4H](#), [REFA The Forces Employment Charity](#), [Erskine](#) and [SSAFA](#).

¹⁵⁴ [JSP 462](#) Chapter 18 (Paragraphs 7-11).

donation is offered towards the cost of a welfare facility (which for these purposes includes sports facilities) which would normally be funded publicly through the normal supply process, it may be accepted. Once accepted the donation becomes public funds and should be treated and accounted for in the same way as all other public money. It follows that it should be applied only where the facility is provided for official purposes and should be subject to the same rules that apply to projects funded from the defence budget. When a donation is offered it should, in the first instance, be refused and directed towards the appropriate Service Charity. Donations to MOD must not be solicited.

c. Gift, Rewards and Hospitality. It is common practice for private companies, defence contractors and other organisations to offer gifts, rewards and hospitality and to regard this as normal business practice or social convention. However, the acceptance of gifts, rewards and hospitality by Crown servants from outside organisations is a sensitive issue and can sometimes be the subject of parliamentary, public and media criticism. Staff must ensure acceptance is balanced with upholding high standards of propriety and guard against any reasonable suspicion of perceived, or actual conflicts of interest, or that an undue obligation has been created. There should also be a reasonable balance between declined and accepted offers. The Gifts, Rewards & Hospitality Annex to Standards of Conduct and Behaviour¹⁵⁵ provides guidance as to what should and should not be accepted. If there is any doubt about the propriety of acceptance of a gift or hospitality, the offer should be declined. Details of all declined offers must still be entered into the hospitality book.

99.248 Charitable Grants.

a. Help for Heroes Quick Reaction Fund (H4H QRF). The H4H QRF is administered by ABF The Soldiers' Charity on behalf of Help for Heroes and provides individual benevolence to "support servicemen and women and their families in any reasonable way that helps their recovery or eases their circumstances". The intent is to provide swift funding for those in most need. The H4H QRF grant provides direct, practical and immediate support and is not subject to means testing and therefore does not require any detailed financial data to be provided. The Caseworker's report should include background to the case and articulate why the need cannot be met by the service person or MOD. In principle, ABF The Soldiers' Charity will confirm or decline a request for a grant within two working days of receipt.¹⁵⁶ QRF grant applications should be submitted electronically using the H4H QRF Grant Application form on the ARC website [here](#) to cases@soldierscharity.org.

b. IRP Fund. Charitable, corporate and business organisations have committed funds for activities identified within the IRP of Soldiers in greatest need in order to provide opportunities in retraining and resettlement. Regimental Associations may also support with funds. Activities that require funding could include vocational/occupational courses, purchase of equipment and trade tools for training courses and/or future employment. IRP grant applications should include background to the case. Access to a limited amount of non public funds will only be considered after MOD funds have

¹⁵⁵ [Gifts, Rewards & Hospitality Annex](#) to Standard of Conduct and Behaviour.

¹⁵⁶ Grants over £5000 will require additional authority and will take longer to process.

been utilised regarding IRP activity. Non public funds will fund a single vocational route and cannot fund non essential activities. IRP grant applications should be submitted electronically using the IRP Grant Application form on the ARC website [here](#) to irp@soldierscharity.org; the application will be processed by the ABF The Soldiers' Charity representative.

c. Guidelines for completing an IRP Grant Application Form.

(1) **Training Needs.** The training needs requirement of the WIS Soldier should be identified by the individual, in conjunction the URO/PRO, LDO/IERO, Vocational Assessment representative and EC, where appropriate. The proposed activity should contribute to the vocational aspirations of the WIS Soldier and be within both their physical and mental ability to undertake.

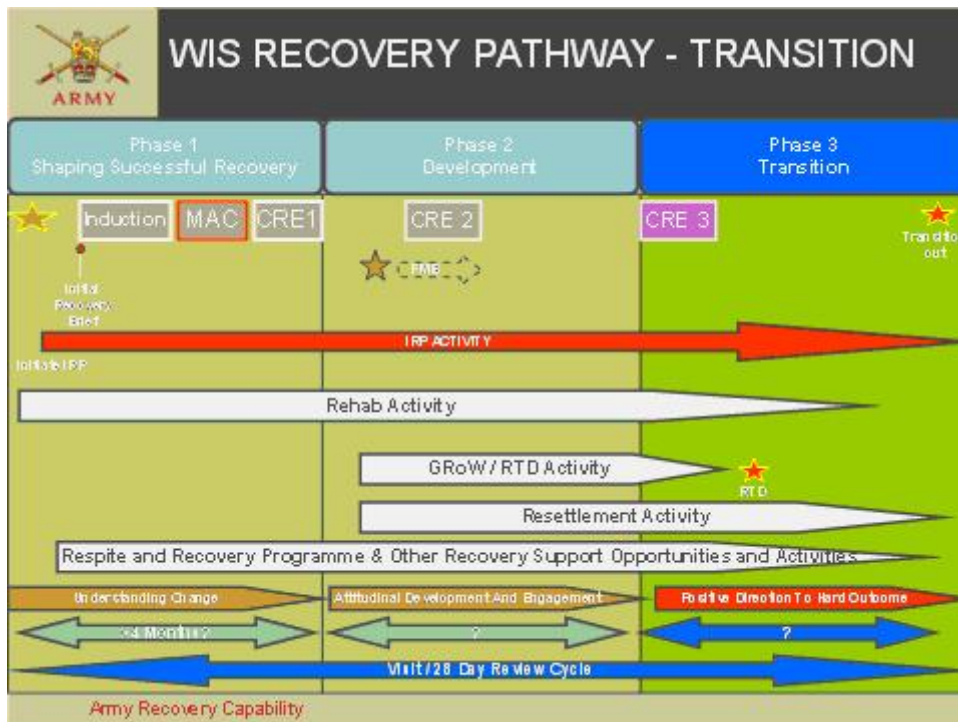
(2) **Training Providers.** The training providers should be identified. MOD ELC providers should be used if possible. Clarity of cost is essential (including soldier's contribution through SLC, ELC¹⁵⁷, IRTC, travel and subsistence costs). Applications need to be submitted with a quotation or invoice from the training provider. BACS details and contact details of contractor should be included. Once IRP Application has been considered it will be forwarded to HQ ABF The Soldiers' Charity for authorisation and payment. Funds will be drawn down from Charities, (H4H, Regiment, ABFSC, etc) and Corporates to support the individual.

(3) **Funding Consideration.** With the requirement established and the provider identified, the Responsible CO should complete background detail of the Soldier's circumstances including any work placements, taster days and future employment aspirations. Thereafter the IRP Grant Application form is to be passed to the IERO who will determine whether the activity meets the requirement of publicly funded financial incentive schemes (SLC, ELC and Publicly Funded Further Education or Higher Education) and whether the activity will, therefore, be funded publicly. The form, once updated will be passed back to the Responsible Unit for subsequent action. Once satisfied that an IRP grant application has been appropriately considered and staffed, the Responsible CO is to forward the application to irp@soldierscharity.org for consideration. Any application submitted without following the above-mentioned procedure will not be considered for non public funding.

A flowchart depicting the IRP grant application process to ABF The Soldiers' Charity is at Appendix 12.

¹⁵⁷ Policy guidance in respect of ELC is provided by [JSP 898](#) (Issue 2.1), Part 4, Ch 3, para 14.

PART 3 – TRANSITION



99.301 General. The optimum outcome for each individual WIS Soldier must be identified at the earliest possible opportunity, ideally during the development phase, but will depend upon the final JMES grading by a Medical Board; it is the result of the Medical Board that will inform a DM(A) decision on retention or discharge¹⁵⁸. By identifying the outcome at an early stage; the expectations of the WIS Soldier may be more effectively managed, an IRP developed that is appropriate to their recovery pathway and the time to complete their resettlement and recovery support activity. The early stage of transition continues to build upon the achievements of the development phase. All WIS personnel will continue with self-development activities, training opportunities and vocational events and briefings, as identified and scheduled in respective IRPs and intended to continue their progress against HARDFACTS. The outcome for WIS personnel will either be a managed RTD, or a successful transition to civilian life. Flowcharts detailing the transition to RTD and the transition to civilian life are at Appendices 13 and 14 respectively.

99.302 Recovery Events: Phase 3 – Transition. This phase consists of CRE 3 and additional recovery support activity. CRE 3 is mandatory for those WIS personnel transitioning to civilian life, but is not available for those WIS personnel that are expected to RTD. Before attending CRE 3 (and at the earliest opportunity) WIS personnel due to transition out are to have received their RAB and registered for resettlement in order to gain access to their resettlement grants and entitlements. All WIS personnel are required to undertake additional recovery support activity specific to their individual needs and reflected in their IRP. The events are:

- a. **CRE 3.** This 5 day event is designed to build on the previous recovery events and prepare the WIS Soldier for their successful transition to civilian

¹⁵⁸ PULHHEEMS Administrative Pamphlet 2010 (PAP 10) Ver 3.

life. CRE 3 is resettlement activity¹⁵⁹, based largely on the Career Transition Workshop (CTW) and delivered by the Career Transition Partnership (CTP). It has additional elements and can be tailored on an individual basis for those WIS personnel requiring additional support. **WIS personnel must be registered for resettlement prior to attending CRE 3.** This event is delivered at a Personnel Recovery Centre.

b. **Recovery Support Activities.** Further recovery support activities, as previously described, pertinent to the needs of the individual WIS Soldier and as reflected in the IRP.

Return To Duty

99.303 General. Soldiers returning to duty (RTD) following assignment to a PRU will receive an Assignment Order (AO) posting them to either a new Unit or back to their Parent Unit. All soldiers must complete a Unit Induction Programme, prepared by the receiving Unit, prior to returning to full military duties.

99.304 RTD to Parent Unit. A Soldier may RTD with his Parent Unit provided they are awarded a JMES above the minimum medical standard for the Arm or Service of that Unit¹⁶⁰. Alternatively, they may RTD with a new Unit within the same Career Employment Group (CEG).

99.305 Soldiers Assigned to a PRU. Once a Medical Board upgrades a Soldier to an appropriate standard and confirms that he is fit to undertake full time military duties, CO PRU is to notify OH Branch at APC using AF B 10028 (available from the ARC website) and the appropriate Appendix to PAP 10. OH Branch at APC will liaise with the relevant career manager and an AO will be raised. The Soldier will remain under the command and care of CO PRU until the AO is received with a RTD date.

a. **Assignment Assessment.** Prior to a RTD, PRU COs must ensure the Soldier has completed an Assignment Assessment. The purpose of this assessment is to verify that all 'HARDFACTS' issues are resolved and, where an issue remains, that action is taken towards a workable solution. The Soldier is to be present at this assessment, along with CO PRU, the allocated PRO and the PRU CF.

b. **Action following Assignment.** Once a Soldier has been assigned to a new Unit and RTD, CO PRU is to close the WISMIS record. The PRU CF is to facilitate the transfer of care in accordance with normal clinical practice.

99.306 Actions on a Permanent Medical Grading. In cases where a Medical Board awards a permanent JMES grading that does not render a Soldier unfit for all military duties but does result in them being graded below the minimum medical retention standard for their arm or service, the Responsible CO must interview the WIS Soldier to ensure that they are fully aware of the implications of their medical grading and provide a Unit Implications brief¹⁶¹. The Responsible CO has the following options:

¹⁵⁹ All WIS personnel attending CRE 3 are to have completed a RAB. WIS personnel that attend CRE 3 are not to attend a further 3-day CTW.

¹⁶⁰ See [PAP 10, Ver 3](#), Ch 10 generally for the 'Management of Personnel Below the Minimum Medical Standard Required for Employment in their Arm or Service'.

¹⁶¹ See [PAP 10, Ver 3](#), Appx 27 for an example of the Unit Implications brief.

- a. Retain the individual in their unit in a post for which the individual is above the minimum medical employment standard.
- b. Apply for the individual to be transferred to another unit for which the individual is above the minimum medical employment standard through the RECU process. Should employment not be found, then that individual may be discharged.
- c. If the individual is below the minimum medical standard required for employment in any post within the unit, but worthwhile employment can be found in the unit, then the CO must apply to DM(A) for retention of the individual using the Appendix 8 process in PAP 10.

The processes should be undertaken having consulted with the soldier's Parent Unit, APC career manager and in accordance with PAP 10. WIS personnel who have been suitably upgraded will be returned to unit from the PRU, even if the unit is to initiate the RECU process at a later date. However, in exceptional circumstances¹⁶² where the most probable outcome is going to be medical discharge, WIS personnel may be held on strength of the PRU pending RECU action. In such cases the CO PRU is to initiate the RECU action.

99.307 RTD Interview. Following a RTD the Soldier must be interviewed by his Commander. The interview is an opportunity for the chain of command to understand any requirements the Soldier may have. Confidentiality must be respected and, even in the most straightforward cases, the interview should be conducted in private. This interview is mandated in order to ensure that the Soldier is re-integrated into the Unit and is provided with appropriate employment tasks following a period of WIS absence.

99.308 RTD Induction. Following assignment and a RTD, the Responsible CO must ensure that an appropriate induction period is factored into the Soldier's RTD programme. Medical advice should be sought on the programme which should include ROHT input where necessary.

Transition to Civilian Life

99.309 Soldiers for whom the outcome is transition, to an appropriately skilled and supported civilian life, will undertake a resettlement package that, where appropriate, will include a job placement. Transition will only take place once the recovery of the WIS Soldier has reached a satisfactory outcome; this is measured against the HARDFACTS criteria.

Welfare

99.310 General. The welfare requirements of WIS that transition out of the MOD are managed between in-Service welfare providers and the Veteran Welfare Service (VWS), a part of the Services Personnel and Veterans Agency (SPVA). The role of VWS is to provide welfare support for all Defence service leavers and focuses on providing support that will enable the seamless transition from Service to Civilian life. For WIS personnel on the Recovery Pathway, exposure to and involvement of SPVA and, in particular VWS, can occur at any time. SPVA tri-Service Protocols exist to

¹⁶² For example if, due to the passage of time, the reassignment of a WIS Soldier back to a former Parent Unit is likely to lead to anxiety for the WIS Soldier and delay whilst the unit becomes familiar with the circumstances of the individual and their case, then the PRU is to retain the WIS Soldier and initiate RECU action.

ensure that those identified with major disabling conditions on discharge, or those who may have an enduring welfare requirement on discharge, are provided with the appropriate welfare support leading up to discharge and continuing as long as is required post-discharge.

99.311 Protocol(s). The SPVA VWS tri-Service Protocol(s) are designed to proactively provide welfare support post-discharge to those identified by the single Services as having an identified need. The detail of the SPVA VWS Protocol(s) can be found [here](#). The Protocol(s) specify the referral criteria, referral method and the process for engagement. The Responsible CO is to ensure that WIS personnel are assessed against the referral criteria for the Protocol(s) and referred as necessary in accordance with the Protocol(s) process to SPVA VWS. Completion of the appropriate referral forms informs SPVA VWS of the impending discharge and subsequently activates the support network.

99.312 Non-Protocol Welfare Support. Prior to discharge and irrespective of welfare support provided under Protocols, all soldiers should be briefed that the SPVA VWS will continue to provide support for soldiers as long as is required post-discharge, however this is dependent on soldiers ensuring that SPVA VWS is provided with up-to-date contact details. For non-Protocol welfare support, or other welfare support from the AWS, Regimental Associations or other Service Charities who may become actively engaged with the Service Leaver during the transition phase, the requirement should be recorded using the Consent to Disclose Personal and Welfare Information form at Enclosure 2 to Appendix 3.

99.313 Overseas WIS Personnel. For soldiers continuing to serve overseas but intending to return to the UK on discharge a referral may be made to SPVA VWS (in accordance with para 99.011 or 99.012) for welfare advice and information. The allocated point of contact for support will be an SPVA VWS caseworker local to their intended place of residence

99.314 British Forces Germany. Soldiers leaving the Service and choosing to settle in Germany will not routinely be allocated an SPVA VWS caseworker to provide assistance with their transition to civilian life. However, welfare assistance can be requested from SPVA VWS¹⁶³ and in appropriate cases an SPVA VWS caseworker may be identified as a point of contact to provide advice and guidance on SPVA-related issues either pre or post-discharge. Prior to discharge, welfare support in respect of all other issues remains the responsibility of BFG In-Service Welfare providers. Any veteran requiring assistance whilst residing in Germany should access support through TRBL District Welfare Coordination Germany network based in Hohne Garrison. If necessary a TRBL caseworker may be allocated and will identify a Soldier's requirement and signpost them to the relevant agencies who may be able to assist. Much of this work is done in conjunction with SSAFA Forces Help. The Responsible CO is to deliver an Implications Brief¹⁶⁴ to all soldiers who choose to settle in Germany; confirmation of this briefing having been provided is to be recorded on WISMIS.

99.315 Other Medical Discharges. With other medical discharges, SPVA VWS initiate contact with the Service leaver when Glasgow notify of the discharge offering appropriate advice, information and support. SPVA Veterans Information Service (VIS) are responsible for making a further contact at the 12-month point following

¹⁶³ SPVA contact number for those in BFG is 0049 (0)1253-332799.

¹⁶⁴ An *Aide Memoire* for the issues to be covered within this briefing is at Appendix 17.

medical discharge to: check on wellbeing; provide information on support services; offer assistance and a point of contact if required.

99.316 Foreign and Commonwealth Soldiers (including Gurkhas). When a F&C Soldier is leaving Service the Responsible CO must notify the Armed Forces team of the UK Border Agency of the date of a discharge and must ensure that the Unit endorses the passport of the Service Leaver with “a cessation of exemption” stamp¹⁶⁵. An exception to this requirement is for soldiers recruited from the Republic of Ireland who, as EU citizens, do not require permission to settle in the UK. The Responsible Unit must provide guidance to assist the Soldier and his family to deal with any immigration issues and for this purpose Appendix 15 provides the contact details of specialist agencies. Although the Service Leaver must be supported, it is the responsibility of the Soldier to apply for Indefinite Leave to Remain (ILR) in the UK should they wish to do so. The Responsible CO is to deliver an Implications Brief¹⁶⁶ to all soldiers who choose to return to their country of origin on discharge; confirmation of this briefing having been provided is to be recorded on WISMIS.

Medical

99.317 Transition to NHS Care. The transition to NHS care should begin no later than 6 months prior to discharge. When a Soldier has no ongoing health and social care needs, he is to be discharged in accordance with extant procedures¹⁶⁷. If receiving care from military sources (eg military medical centre, a Defence Community Health Unit, a contracted local GP Surgery, DMRC Hedley Court, RDMC Birmingham (and other Birmingham Hospitals), MDHUs, and any other hospital providing care as a result of military referral, the Soldier is required to inform them that they are in receipt of a discharge date from the Army. If a Soldier requires medical and local authority assistance post-discharge, it is the responsibility of the lead MO to instigate the Transition Pathway Protocol by completing the NHS Continuing Healthcare Checklist and liaise with the receiving Clinical Commissioning Group (CCG) or Devolved Administration¹⁶⁸. This process requires patient consent. NHS PCTs can be contacted through the NHS Armed Forces Network.

99.318 Multi-Disciplinary Team. Where the CCG or devolved equivalent agree to convene a Multi-Disciplinary Team (MDT) the Clinical facilitator (CF) or UMO must act as the military healthcare point of contact for the case. They are to facilitate communication between the CCG or devolved equivalent and Service healthcare providers and must attend the MDT case conference. Case coordination for the Army must be carried out by the Responsible Unit.

99.319 Medical Records. Once a Soldier is recommended for medical discharge their FMed4 is automatically sent to SO1 OH Branch for ratification of the Board result; the records are held until discharge of the Soldier when they are transferred to the MOD Central Health Records Library (CHRL)¹⁶⁹. On discharge the electronic

¹⁶⁵ When discharging F&C citizens and Gurkhas, units must continue to put a cessation of exemption stamp (these are not routine Army Unit stamps) in country of origin passports following the instructions in DPS(A)/28/9PS4(A) dated 20 Oct 08 and notify the UK Border Agency using the Revised Home Office Discharge Notification Proforma at Appendix 1 to Annex D of [DPS\(A\)/28/9PS4\(A\) dated 31 Mar 08](#). Further advice and guidance can be provided by PS4(A).

¹⁶⁶ An *Aide Memoire* for the issues to be covered within this briefing is at Appendix 16.

¹⁶⁷ Using FMed 133.

¹⁶⁸ Detailed Instruction is set out in [JSP 770](#), Chapter 5. Note that it is the responsibility of the Soldier to register with a local NHS GP.

¹⁶⁹ Document Handling Centre 3 – MP 490.

DMICP record is archived. Patient notes will only be released to external organisations when authorised by the SL. For those settling in Germany once the notes are released there will be translation requirements for the transfer of notes; any costs in this regard are to be met by the SL.

99.320 Transfer to German Health Care System. A SL is responsible for notifying HQ BFG G1 that they are transferring to the German Healthcare system through their Unit Administrative Office. HQ BFG G1 is responsible for notifying SO2 Clinical Admin, HQ BFGHS who in turn must ensure that the Guy's and St Thomas' NHS Foundation Trust (GSTT) are informed. On discharge, a notes summary/ discharge summary in the form of an FMed 133 is given to the SL by his primary health care provider and a copy placed on his notes. SLs can only expect to be provided with 1 month's supply of medication in order to facilitate their transfer to the German network. A SL cannot apply for health insurance with any German health provider until they have left the Services; even at this point they may not, depending upon the nature of the individual's pre-existing medical conditions, be accepted for cover.

Discharge

99.321 Discharge Assessment. A Discharge Assessment is a final case conference conducted prior to discharge to verify that all issues pertaining to the SL, who is to be present, are resolved or action is being taken towards a workable solution. The assessment is to be conducted using HARDFACTS. The assessment may be attended by the Responsible CO, the PRO/URO, an SPVA VWS representative and the Patient Group¹⁷⁰. The Responsible CO must ensure that the SL is advised on the services available from SPVS VWS, Regimental Associations and the Third Sector.

99.322 Post Discharge PRU Contact. Post discharge the PRU/PRO will maintain contact with the SL for up to 3 months in order to ensure that they have settled into civilian life, are coping with the transition and that any issues arising under the HARDFACTS criteria are being managed appropriately. If, however, the PRO believes that the Service Leaver is experiencing difficulty with transition, further support can be requested through SPVA VWS if this is deemed to be appropriate¹⁷¹. Continued contact with the SL and subsequent referrals are dependent on their consent and their undertaking to provide up to date contact details. This information should be recorded using the Consent to Disclose Personal and Welfare Information form at Enclosure 2 to Appendix 3.

99.323 Transitional Mentoring. The transitional mentoring initiative, managed by SSAFA Forces Help (SSAFA), continues to run. Independent interim Evaluation Reports relating to the pilot cohort testify to the benefits that the mentoring initiative provides for SLs; a final Evaluation Report is due by end 2013. The expectation, yet to be confirmed, is that availability to the transitional mentoring programme will be opened to a wider cohort of WIS personnel. The aim will be to provide a supportive long-term 'one to one' voluntary and confidential relationship that will encourage, support and empower the SL to fulfil their potential on entering civilian life.

99.324 Soldier Records. Once all PRU contact ceases and the Soldier's WISMIS record has been closed, the WIS Episode will have reached its formal conclusion. The Recovery Cell at PR Branch will store the WISMIS record electronically. The Responsible CO is to ensure that all paper records are handled in accordance with

¹⁷⁰ Subject always to the consent of the SL.

¹⁷¹ For Service Leavers (SL) in the UK, [SPVA \(VWS\)](#) will provide support for as long as required.

extant policy and guidance. If PR Branch or a PRU become aware of a veteran who is experiencing serious difficulties post-discharge, their records can be retrieved from the archives¹⁷².

¹⁷² Records will only be stored for 7 years and therefore retrieval may only be actioned if PR Branch is notified of a situation within 7 years of discharge.

**APPENDIX 1 TO
AGAI VOL3 CH 99**

TASK SUMMARY

The following is a summary of tasks by organisation/individual arising out of AGAI Vol 3 Ch 99. It is intended as a guide for the respective organisation/ individual. Those involved with the command and care of WIS personnel are required to read and understand this AGAI.

All

- Compliance with AGAI Vol 3 Ch 99.
- Comply with current MOD policy and the Data Protection Act in respect of the management (collection, sharing, storing and use) of WIS personal information [99.031]
- Comply with 2009DIN01-195 and “Gifts, Rewards and Hospitality” annex of Standard of Conduct and Behaviour, MOD Statement of Civilian Personnel Policy [99.247].

PR Branch

- Setting ARC Policy and Management of the strategic relationship with 3rd Sector Partners [99.007].
- Ownership, development and exploitation of WISMIS [99.007/99.015].
- With Sp Comd, provide guidance and support in respect of Bde/Unit recovery initiatives [99.010].
- Manage ARC communications [99.023]
- Consider and approve as appropriate requests for WIS involvement in charity or business-sponsored events [99.024].
- Provide situation reports and other updates as required to the DRWG and DRSG [99.027].
- Setting of ARC assurance policy and coordination of Third-party assurance of the ARC on behalf of DG Pers [99.032/99.033/99.035].
- Ownership of the ARC validation plan [99.036].
- Maintain oversight of the recognised recovery picture [99.102].
- In stated circumstances, populate WISMIS with details WIS Soldiers [99.104].
- Monitor recovery visit reporting on WISMIS [99.114].
- Assurance of individual WIS IRPs – that they are being maintained on WISMIS [99.116/99.207].
- Provide advice, if required, in respect of exceptional cases for assignment to a PRU [99.143/99.161].
- If required, provide advice as to eligibility for assignment/Unit Assist/ attendance on activities at PRCs [99.144].
- Management of the assignment (ARCAB) process to identify those WIS with the greatest needs [99.145/99.147/99.148].
- Reflect assignment decisions on WISMIS [99.153].
- Provide advice, if required, as to the correct 1* HQ for a Soldier assigned to a PJOB [99.157].
- Provide advice, where required, in respect of accommodation for WIS with no resident family or inappropriate Service accommodation [99.159].
- Management of the ATAB process [99.217].
- Evaluate, on behalf of the MOD, Partners and the opportunities that are on the Portal [99.221].
- Manage the storage of closed WISMIS records [99.324].

Sp Comd

- Command of the delivery organisation in accordance with Appx 2 [99.008].
- With PR Branch, provide guidance and support in respect of Bde/Unit recovery initiatives [99.010].
- Authorise, or not, CRE exemption requests from COs in respect of their WIS [99.017].
- Assurance (First-party) and 'safe systems' of the ARC delivery organisation [99.032-99.034].
- Based upon the results of the ARCAB, provide recommendation to APC on the assignment of WIS to PRUs [99.145/99.149].

HQ APC

- Approve applications for the TNE of WIS Soldiers [99.119].
- If required, provide advice as to eligibility for assignment/Unit Assist [99.144].
- Contribute to the ARCAB process and approve the assignment of WIS to PRUs (issue Assignment Orders on JPA) [99.150].
- In respect of mobilised reservists, consider applications to extend their TNE status and provide advice on their fitness for further service [99.160].
- Identify TA liability PID for Reservists recommended for assignment to a PRU due to 'exceptional circumstances' [99.161].
- If required, provide guidance to Responsible Units on responsibilities regarding the issue of employer's award [99.167].
- Where transport for WIS classified TNE cannot be met from Unit MT resources, provide a central UIN against which costs may be charged, audited by APC Budgets [99.213].
- If approved, issue the WIS with a deferral of resettlement post discharge letter [99.218].
- Where appropriate, agree an appraisal plan in respect of individual WIS with the Responsible CO (MS Branch) [99.236].
- Provide advice to DM(A) in respect of retention of TNE grading requests [99.237].
- Reassign Soldiers from a PRU if they become fit to undertake full time military duties [99.305].
- Complete actions following award of a permanent medical grading [99.306].
- Ratify Medical Board result onto received FMed4 (SO1 OH) and manage the release/archiving of medical records [99.319].

1* HQ

- If appropriate and within delegated authority, relieve (in writing) a Responsible CO of their responsibility for a specific WIS [99.105].
- Receive unit CRESM returns and associated AF B10027A, analyse for completeness/outstanding issues (and referring back to the Responsible CO where appropriate), arrange into 1*HQ priority order for assignment and submit to PR Branch in accordance with the ARCAB timetable [99.141/99.145/ 99.147/ 99.157/99.158].
- Receive, review and forward supported unit requests for support from a PRU [99.144].
- Authorise, or not, requests from COs to retain WIS within the unit (rather than apply to ARCAB) if they are expected to recover by the 100 day point [99.146].
- Provide advice on issues relating to accommodation for F&C WIS Soldiers where possible, or refer the matter to SO1 Plans/Ops PR Branch [99.159].

Responsible CO (includes tasks against Responsible Unit)

- Command and care of those WIS within the unit.
- Ensure that, throughout the Recovery Pathway, decisions relating to a WIS are communicated to, and understood by, them.
- As advised by the WIS Soldier's UMO and ROHT, determine the need for and timing of medical boards [99.013/99.201/99.245].
- Ensure that WIS Soldiers attend mandated recovery events, unless the CO intends to support a request for a specific course exemption [99.017].
- Ensure that physical development is integral to the IRP of WIS Soldiers [99.019].
- Approve, if appropriate and in accordance with policy, WIS participation on AS & AT activities and events [99.021/99.022].
- Ensure that all newsworthy events involving WIS are reported to the Strat Comms Cell, PR Branch [99.023].
- Ensure that all requests for WIS involvement in charity or business-sponsored events are referred to PR Branch for approval [99.024].
- Ensure details of WIS are entered onto WISMIS at the 7 day point from the day of the episode [99.104].
- Appoint a unit Recovery Officer to supervise and support each WIS and to inform the WIS Soldier of the staff pertinent to them (CO, medical and recovery) [99.106/99.138].
- Complete NOTICAS requirements in accordance with JSP 751 [99.107].
- Ensure WIS are visited in accordance with the stated periodicity (or seek Unit Assist, if appropriate) [99.111/99.115] and visit reports recorded on WISMIS [99.114].
- Respond to requests for Unit Assist (PRU CO) [99.115].
- Ensure an IRP is created and implemented in respect of each WIS [99.116].
- Assisted by unit SMEs, conduct assessments via the 28 day case review process in respect of each WIS under command and record results on WISMIS. [99.118] The assessment is two-fold:
 - HARDFACTS, to establish the situation with the WIS and where progress is/is not being made;
 - IRP, using the outcome of the HARDFACTS assessment, the identification, scheduling and undertaking (by the WIS) of activities intended to aide the individual's progress along the Recovery Pathway towards their planned transition.
- Ensure that for each WIS Temporary Non Effective status is applied for by the 56 day point (from the start of the episode) [99.119].
- Manage non-compliant WIS [99.121].
- Support and assist staff and WIS, as appropriate, in any suspected safeguarding incident [99.126].
- With WIS, ensure primary health care arrangements in place for periods of sick leave [99.134]
- As advised by AWS and other welfare specialists, coordination of welfare support for WIS and/or family [99.138/99.139].
- Ensure that applications for Assignment of WIS personnel to a PRU are made, as necessary, to the 1* HQ [99.141/99.145/99.146/99.154-99.158].
- Ensure completed and prioritised Unit CRESM returns, together with AF B10027A in respect of each WIS are forwarded to the 1* HQ monthly [99.146/99.147].
- Actions, as appropriate, following the outcome of ARCAB [99.151].
- Undertake actions (liaison, suitability assessment, letter of introduction, initial interview etc), as appropriate, following Sp Comd assignment proposal (PRU CO, prior to APC assignment decision) [99.152].

- If necessary, initiate an application for the Removal from Appointment of the WIS (PRU CO, following assignment) [99.152].
- Provide advice to F&C WIS on issues relating to the taking of sick leave in the country of origin, prior to authorising leave [99.159].
- In the case of mobilised reservists or FTRS (FC) occupying authorised Regular Army or OCE manning liability JPA PID, the CO is to [99.160]:
 - Communicate with the civilian employer of a mobilised Reservist if the wounding, injury or sickness will prevent the Reservist from returning to that employment on discharge (a Parent Unit responsibility).
 - Where appropriate, seek an extension to the WIS Reservist's engagement through DM(A).
 - Apply for the Medical Discharge of a Reservist no longer fit for further service and forward copy of medical grading and findings to their GP and SPVA.
- For a Reservist undergoing training who is WIS because of a Service-attributable event, consider whether there are exceptional circumstances that could warrant assignment to a PRU (Parent Unit CO) [99.161].
- Manage any requirement for the on-duty emergency treatment of a Reservist [99.162].
- Seek advice, if appropriate, regarding financial assistance in respect of a WIS reservist [99.167].
- As advised by unit/local SMEs, initiate applications to the ATAB [99.201/ 99.216].
- Ensure that each WIS has access to appropriate primary healthcare [99.209].
- When WIS attend residential rehabilitation at DMRC, ensure that liaison occurs between units to determine the temporary G1 arrangements for the support of the WIS [99.210].
- Ensure that the appropriate level of administrative support, including advice in respect of their entitlement to allowances in accordance with current regulations, is provided to WIS [99.211-99.213].
- Comply with JSP 534 in respect of resettlement action for WIS that are to Medical Discharge, including provision of 1st Line resettlement support to WIS (including, if required, administrative support to WIS deferred resettlement activity) [99.214/99.215].
- Challenging Med Board decisions not to recommend a deferral of resettlement activity if the CO believes that there is a valid case for doing so (IERO to staff the case) [99.218].
- Where appropriate, authorise applications in respect of suitable work placement for WIS and coordinate their skill acquisition [99.222/99.224/99.225/99.227-99.229].
- Appoint a Unit CRB Officer and comply with relevant policy [99.230].
- Where appropriate, agree an appraisal plan in respect of individual WIS with the respective MS Branch [99.236].
- Where appropriate, initiate the procedure to seek an extension (and retention of TNE grading) of the Soldier's continued absence from duty [99.237].
- Ensure that the patient group is consulted and engaged and, where appropriate, directed to support organisations. [99.238]
- Inform the WIS that in prescribed circumstances, AWS is to be involved in their case [99.239].
- Further to the routine 28 day reviews, instigate ad-hoc case conferences, with SMEs as necessary, on an as required basis [99.241] and a final Discharge Assessment [99.321].
- With clinical SME and ROHT, consider whether VocOT should be requested prior to placement of WIS on a vocational opportunity [99.244].
- Support, if appropriate, WIS requests for IRP development funding [99.248].
- Ensure a Unit Induction programme is prepared for soldiers returning to duty and all actions completed [99.303; 99.307; 99.308].

- Notify APC once a Medical Board assesses a soldier is fit to undertake full time military duties and complete assignment actions (PRU COs) [99.305].
- Where appropriate, complete actions on a permanent medical grading [99.306].
- For soldiers transitioning to civilian life, ensure:
 - Welfare actions/briefs completed [99.311-99.314]
 - Exemption actions, in respect of F&C Soldiers, completed [99.316].
- Provide case coordination for multi-disciplinary team meeting as necessary [99.318].
- Following discharge of a WIS:
 - Maintain contact with the Soldier for up to 3 months (PRU COs) [99.322].
 - Ensure WISMIS and paper records are closed/handled in accordance with extant policy/guidance [99.324].

Unit/Personnel Recovery Officer

- Complete an initial briefing for the WIS Soldier and, if appropriate, the family group and provide supervision of/support to those WIS allocated to their charge, communicating Recovery Pathway decisions that affect them [99.106].
- Conduct visits in accordance with the stated periodicity using HARDFACTS, develop the IRP with the WIS and update WISMIS with the record of the interview [99.111-99.113].
- With the WIS Soldier, incorporate physical development into their IRP [99.019].
- Raise any safeguarding concern in respect of a WIS with their CoC [99.126].
- Coordinate, as necessary, patient family liaison [99.137].
- Conduct an initial interview of the WIS in accordance with ARC template [99.152].
- For CRE 2 courses attended by WIS that they are responsible for, attend the HARDFACTS / IRP workshop in order to develop, with the WIS, the individual's IRP [99.204].
- Maintain IRPs on WISMIS (within 3 working days of decisions being taken) for each WIS that they are responsible for, providing the WIS with free and regular access to their IRP [99.206].
- Review, as appropriate, CWP programme in respect of WIS Soldiers [99.227].
- Where appropriate, assist WIS to access SMEs for advice and guidance in respect of compensation schemes [99.233/99.235].
- Facilitate visits to the Parent Unit as appropriate (PRO) [99.234].
- With the LDO/IERO, instigate an education and training assessment in respect of the WIS [99.240].

OCs of PRCs / Battle Back

- Provide command and care over WIS resident within the centre.
- Assist with the provision of welfare support to temporary resident WIS personnel (PRC OCs)
- Plan/programme IRP activity, particularly for those temporary resident WIS personnel not assigned to a PRU.
- Deliver CRE/MAC courses, as appropriate, in accordance with the programme plan.
- Provide feedback on courses to HQ Sp Comd.

WIS

- Recover and fulfil the responsibilities of the WIS as detailed [99.016/99.120].
- With the assistance of the PRO/URO, incorporate physical development into their respective IRP [99.019].
- With Responsible Unit, ensure primary health care arrangements in place for periods of sick leave [99.134]

- For WIS seeking local release in Germany, submit a formal application to the Responsible CO in accordance with SI BF(G) 3211 [99.155].
- A Reservist who is injured or become sick whilst off duty is to notify his TA Unit [99.161].
- Take ownership of and develop their IRP [99.204].
- Pay food charges and, for WIS occupying SLA pay, accommodation charges whilst attending residential courses at PRCs/BB Centre Lillehall [99.212].
- If undertaking recovery placements, comply with 2011DIN01-187 [99.224].
- Provide feedback on their experience of core recovery events, recovery placements (if undertaken) and the Recovery Pathway as a whole [99.227].
- Understand that in prescribed circumstances the Chain of Command is required to refer a case to the appropriate welfare service [99.239].
- If transitioning to civilian life, notify HQ BFG J1 if they intend transferring to the German Healthcare System [99.320].

IERO/(LDO where appropriate)

- Provide appropriate input to ATAB applications that are initiated by the Responsible CO [99.201].
- Provision of 2nd Line resettlement support and individual education advice to WIS [99.215/99.216/99.225/99.248].
- If required, staff case for deferral of resettlement to D Ed Cap for consideration. Subsequently provide advice and assistance to WIS where deferral was approved [99.218].
- Provide, as appropriate, an education and training assessment in respect of the WIS [99.240].
- Provide SME advice/comment on WIS applications for IRP funding [99.248].

RCS

- With PR Branch, the assurance of companies reflected on The Portal, providing vocational support opportunities to WIS personnel [99.035].
- Provide CTP Assist services for those WIS deemed most needy [99.220].
- Provision of The RCS Portal [99.221].
- Manage relationships with Partners, in close cooperation with the CTP, to acquire vocational and career related opportunities [99.247].

Medical (with due regard to medical confidentiality)

- Coordinate transfer of clinical care following discharge of WIS from University Hospital Birmingham NHS Trust (UHBFT) or MOD Hospital Units and initiate initial period of sick leave as appropriate, informing WIS and UMO (RCMD Disch Coord/MPAC) [99.134].
- Review WIS requirement for sick leave on expiry of initial period of sick leave, following their discharge from UHBFT/MDHU (UMO) [99.134].
- Liaison, as necessary, in respect of WIS admitted or resident at DMRC (DMRC MLO) [99.140/99.210].
- Provide clinical input to the ATAB Form 1 for individual WIS Soldiers as appropriate (the appropriate clinical professional) [99.216].
- Conduct OH Worksite Assessments prior to CWP (UMO/CF or, exceptionally, VocOT) and other responsibilities [99.227/Appendix 10].
- Advice to the Responsible CO on the medical considerations of individual WIS, including the timing of Medical Boards (UMO/CF and ROHT) [99.245].
- Instigate the Transition Pathway Protocol for the transfer of medical responsibility for a WIS to NHS care (lead Medical Officer) [99.317].

- Act as military point of contact for multi-disciplinary team meeting as necessary (UMO/CF) [99.318].

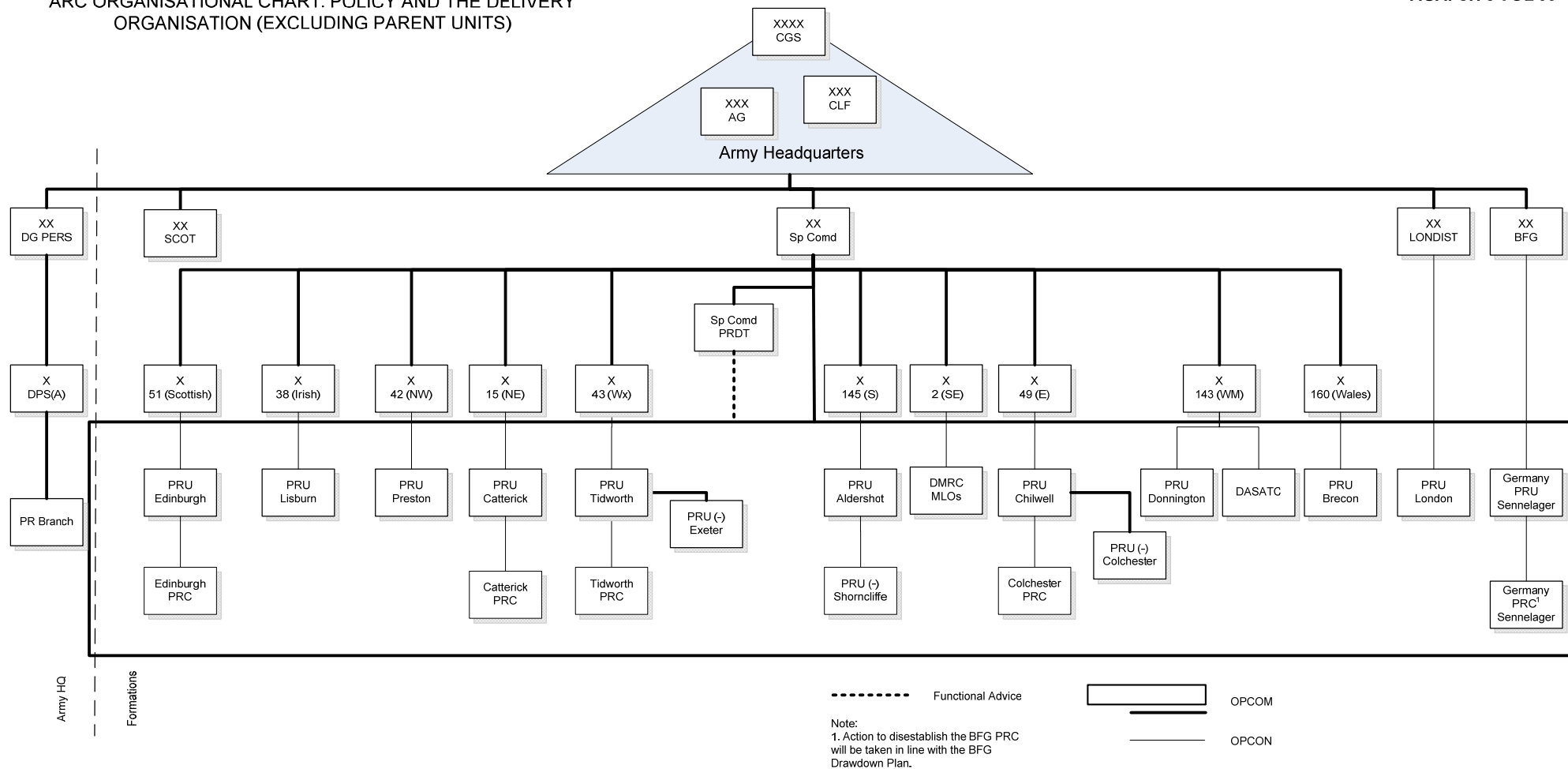
Service Medical Authorities

- Allocate/coordinate medical support to oversee clinical aspects of WIS recovery [99.129-99.133]
- Fulfil the CF responsibilities (CF and ROHT) [99.242/99.244].
- Fulfil the OH responsibilities (OH) [99.243].

SPVA

- For Reservists demobilised from Full Time Service as MLD MND, receive copy of Reservist medical grading and findings in the event of a TA Disability Allowance claim [99.160/99.235].
- Respond to the submission of completed welfare forms or requests for welfare support [99.311-99.315].
- If required, provide SME input to WIS Discharge final case conference [99.321].
- Post discharge support, if required [99.322].

ARC ORGANISATIONAL CHART: POLICY AND THE DELIVERY
ORGANISATION (EXCLUDING PARENT UNITS)



Army personnel assigned to an Isolated Detachment, a Permanent Joint Operating Base, or a Joint Unit outside of the Army chain of command should refer to paragraphs 99.156 to 99.158 respectively.

**APPENDIX 3 TO
AGAI VOL 3 CH 99**

MEDICAL INFORMATION – GUIDANCE FOR RESPONSIBLE UNITS

1. Responsible Unit staff will in the course of their duties in support of WIS be required to handle significant amounts of personal data and this may include some PROTECT-MEDICAL data. The Data Protection Act 1998 (DPA 98) applies to this information and requires organisations to put in place systems to protect that data.
2. The majority of Army PROTECT-MEDICAL data is held in the electronic medical record within Defence Healthcare systems; this is subject to oversight by the Army's 'Caldicott Guardian'. Caldicott Guardians are part of the NHS and other organisations, such as the Army, that provide healthcare. The role of the Guardian is to ensure that medical information is processed in such a way that individual confidentiality is maximised by advising on control of the patient identifiable data in their organisation; as such they also have a role as part of the wider organisational Information Governance systems. The Guardian will also oversee the use of medical information in the organisation as a whole including that held for employment purposes; it is in this role that the Army Guardian is responsible for the oversight of records held and generated by Units. Caldicott Guardians must ensure that health information handled by an organisation meets with the requirements of the DPA and other relevant legislation.

Seeking and Holding Information about Soldiers' Health

3. **Core Principles for non-healthcare Staff.** The Responsible CO must ensure that those personnel responsible for the Care and Command of WIS soldiers are aware of the following Core Principles. Further guidance, where required, must be sought from the UMO/CF.
 - a. During recovery, Unit personnel will gain an intimate understanding of a Soldier's situation. However, the obtaining of information about a Soldier's health is intrusive and confidentiality must be respected. Soldiers have legitimate expectations that they can keep their personal health information private and that commanders will respect their privacy. Accordingly the information of a Soldier may only be recorded and used with their consent¹.
 - b. If commanders wish to collect and hold information on their workers' health outside the Army's healthcare record system, they should be clear about the purpose and satisfied that this is justified by real benefits that will be delivered; this is considered to be extremely unlikely in relation to the routine work of Units.
 - c. The collection and use of information about soldiers' health is against the law unless a sensitive data condition of DPA 98 is satisfied.
 - d. In order to comply with the DPA 98, organisations must only hold personal data, including medical data, where it is necessary; it is very unlikely that it will be necessary for Units to process PROTECT-MEDICAL information. Units must only record administrative information relating to a Soldier's medical condition and not the medical diagnosis itself. It should be noted that this administrative data will still be "sensitive personal data" in terms of DPA 98 and must be handled in accordance with Defence policy (see "Other useful sources of advice" below).
 - e. Soldiers must be aware of the extent to which information about their health is held and the reasons why.

¹ 'Consent Forms' for use by Responsible Unit staff are at Enclosure 1 (Medical) and Enclosure 2 (Personal and Welfare) to this Appendix. The Responsible CO must ensure that all issues relating to medical consent are directed to and managed by the UMO/CF.

f. Decisions on a Soldier's suitability for particular work are command decisions but the interpretation of medical information must be left to medical, and in particular OH staff.

g. Commanders should not have access to more information about a Soldier's health than is necessary for them to carry out their command responsibilities. As far as possible the information should be confined to that necessary to establish fitness to work, rather than consist of more general medical details.

4. Good Practice to avoid Obtaining and Processing PROTECT-MEDICAL Information. The following points are considered good practice and the Responsible CO must ensure they are incorporated within Unit processes.

a. Unit personnel must not seek medical information directly from healthcare staff providing clinical care. All requests for medical information must be channelled through the UMO or in the case of a PRU through the supporting CF/OH staff; the UMO or CF/OH staff, as advisers to the Responsible CO, can then provide functional advice relevant to the delivery of a Soldier's IRP.

b. Units must not hold any medical data in their records. This includes WISMIS and any other records used within a PRU to manage Soldiers. Any 'tables', 'spreadsheets' and UHC or Case Conference records created to manage case loads must not contain medical information such as the Soldier's actual medical condition (diagnosis).

c. Unit personnel must not transmit identifiable medical information by email or in writing.

d. Unit personnel must not seek medical information from Soldiers and Soldiers should be discouraged from giving detailed information about their medical condition to personnel other than to the UMO/CF or other healthcare staff in the context of a healthcare consultation. The interpretation of medical information must be left to healthcare professionals.

5. Other useful Sources of Advice.

[JSP 747](#) - Information management Policy and Protocols

[JSP 441](#) - Defence Records Management Policy and Procedures

Defence Intranet '[A Brief Guide to the DPA 1998](#)'

Enclosures

1. Consent to Disclose Medical Information.
2. Consent to Disclose Personal and Welfare Information.

**ENCLOSURE 1 TO
APPENDIX 3 TO
AGAI VOL 3 CH 99**

CONSENT TO DISCLOSE MEDICAL INFORMATION

1. To assist with the development of your Individual Recovery Plan it may assist if the Responsible Unit is aware of some aspects of your medical care and how this affects your ability to undertake elements of your IRP including, where appropriate, future work placements. If this is necessary, medical information will be sought from the UMO / CF/OH specialist prior to each Case Review.
2. This consent form must be signed before a request for medical information can be submitted to the UMO /CF/OH specialist.
3. You are signing to say you have been shown the 'Information Sheet on your Principal Rights under the Access to Medical Reports Act 1988'² and are content for the UMO /CF/OH specialist to provide and/or obtain appropriate medical information.
4. You will be offered the chance to see any medical information received about you before it is viewed by Responsible Unit staff. If you do want to see this medical information you must read the Information Sheet to understand your responsibilities.
5. **Consent** – please read and delete (*) as appropriate:

a. I DO* / DO NOT* understand my responsibilities as laid out in the 'Information Sheet'.

b. I AGREE* / DO NOT AGREE* that information about my medical care may be gathered/obtained, namely:

Registered Medical Centre*
Department of Community Mental Health *
Regional Occupational Health Team *
Physiotherapy and Rehabilitation (incl PCRF, RRU, MIAC and DMRC) *

c. I DO* / DO NOT* wish to have access to this information. If you chose to see your medical information and, upon review, you chose to withdraw consent to disclose a specific aspect you may do so in discussion with your Clinical Facilitator.

d. I DO* / DO NOT* wish to have my medical information disclosed to my Responsible Unit, namely: _____ (insert Responsible Unit title)

I understand that the relevant clinical staff will only pass on the information required to enable the Responsible Unit staff to manage my care effectively.

Number		Rank	
Surname		Forename	
Unit		DOB	
Signature		Date	

Name of individual briefing WIS Soldier:		Unit:		Date:	
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² Appendix 15 to PAP 10

**ENCLOSURE 2 TO
APPENDIX 3 TO
AGAI VOL 3 CH 99**

CONSENT TO DISCLOSE PERSONAL AND WELFARE INFORMATION

1. There may be various external and internal departments and agencies which hold information about you that will be required to assess your individual circumstances and case for the purpose of developing your Individual Recovery Plan (IRP); the information may also be required in order to develop a supporting welfare package. If the information requested is confidential it can not be disclosed without your specific consent.
2. You do not have to consent to the release of such information to your Responsible Unit but you must be aware of the implications this may have on any decision that the Responsible Unit is required to make.
3. The consent that you provide on this form is enduring and will remain valid until it is withdrawn by you, in some circumstances this may mean that information will be released even after your discharge. You may however withdraw your consent at any time by notifying the Responsible Unit in writing.
4. The table below summarises the information that will be sought:

Agency / Organisation	Information that may be requested	Purpose of requesting the information

5. **Consent – Personal Information.** Please read and delete as appropriate*:
 - a. I AGREE* / DO NOT AGREE* that my personal information may be disclosed to my Responsible Unit, namely: _____ (insert Responsible Unit title) by the above agencies / organisations.
 - b. I DO* / DO NOT* wish to have access to this information before it is provided.

6. **Disclosure by Responsible Unit.** In order to support your recovery the Responsible Unit may also need to share your personal information with other agencies or organisations. You will be asked to provide your consent on each occasion that your personal information is sought by an external agency or organisation.

7. **Contact Details.** The Responsible Unit is reliant on you providing and keeping your contact details up to date. These will be used by the Responsible Unit to maintain contact during your recovery and will be disclosed to the SPVA and PR Branch if you are discharged in order to facilitate ongoing support. Please provide your contact details below.

Home Address			
Town			
County		Post Code	
Telephone			
Mobile			
E-Mail Address			
National Insurance Number			

8. Consent – Contact Details. Please read and delete as appropriate*:

I AGREE / DO NOT AGREE * to my contact details being forwarded to SPVA and PR Branch to facilitate ongoing welfare support if I am discharged from Service.

Number		Rank	
Surname		Forename	
Unit		DOB	
Signature		Date	

Name of individual briefing WIS Soldier:		Unit:		Date:	
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**APPENDIX 4 TO
AGAI VOL 3 CH 99**

HARDFACTS: 28 DAY CASE REVIEW – RISK MATRIX

This traffic light matrix is intended as a guide for the assessment of WIS against the HARDFACTS criteria. It is not intended to be exhaustive and if the Responsible CO (advised by their SMEs) believes that there is another, more pertinent, issue that should determine the risk assessment of a particular HARDFACTS factor, they should use it and record the issue on WISMIS when the 28-day review report is entered onto the system. The guide will help to demonstrate the *progress* being made by each WIS as they move along the Recovery Pathway. For some WIS, their progress against HARDFACTS (in the judgement of the Responsible CO and advised by their SMEs) may be limited, or in the case of certain criteria, non-existent. WIS may, for instance, meet certain criteria in two or all of the 'R', 'A' and 'G' boxes for a specific HARDFACT factor. The Responsible CO should, routinely, defer to the more serious (e.g. 'R' rather than 'A') assessment grading. If a less serious grading is used, a short explanation is to be recorded.

HEALTH

RED	AMBER	GREEN
<ul style="list-style-type: none"> - Suicide Vulnerability: CO's assessment – advised risk - Acute illness or admission in last 28 days - SI or VSI inpatient - Medical appointments weekly or less - Not compliant with prescription(s) - Not yet come to terms with own health situation or hampers care support - Doesn't accept share of responsibility for own rehab - No interest in undertaking physical development (PD)/no (or difficult) access to PD facilities 	<ul style="list-style-type: none"> - Planned admission to hospital in last (or next) 28 days - Unlisted inpatient for greater than 28 days. - Discharge date within 3-6 months and care not transferred to NHS - Meeting green criteria but clinical need requires greater Clinical Facilitator involvement - Coming to terms with own health situation and engaging with care providers - Coming to terms with own share of responsibility for rehab - limited involvement in PD/ limited access to facilities 	<ul style="list-style-type: none"> - Managing own care pathway - Fully compliant with prescription(s) - Discharge date and care transferred to NHS - Positive about the future, has come to terms with own health situation - Fully engaged with own rehab - engaged in PD and access to facilities sorted

ACCOMMODATION

RED	AMBER	GREEN
<ul style="list-style-type: none"> - Adaptations urgently required - Unsuitable SFA or privately rented accm - No housing solution identified 	<ul style="list-style-type: none"> - Adaptations agreed but not started/ongoing - Process to buy own house or move to rented accm ongoing - Housing solution identified and in-hand 	<ul style="list-style-type: none"> - Adaptations complete - Home owner or resides in long term rented accm - Will live with parents long term - Housing solution achieved - No issues

RELOCATION

RED	AMBER	GREEN
<ul style="list-style-type: none"> - Living in SFA or with parents - No plans to move (PRO judgement) - Relocation factor not considered 	<ul style="list-style-type: none"> - Living with parents or in SFA with plans to move - Relocation requirement being assessed and addressed 	<ul style="list-style-type: none"> - Home owner or renting with no plans to relocate - Living with parents, happy to stay - Loc not an issue/ resolved

DRUGS, ALCOHOL, STRESS

RED	AMBER	GREEN
<ul style="list-style-type: none"> - 20 – 100 points on NHS self assessment or - Drinking more than recommended weekly limit with associated health / social problems – 21 units for men, 14 for women. - Harmful drug use that causes damage to health mental or physical. - Stressed with concerns over employment, accm, relationships, finance - Frequent failure to self-medicate drugs in accordance with prescription(s) 	<ul style="list-style-type: none"> - 8 – 20 points on NHS self assessment or - Drinking more than recommended weekly limit - Stress levels managed in conjunction with Health care professionals - Occasional failings to self-medicate drugs in accordance with prescription(s) 	<ul style="list-style-type: none"> - 0 – 8 points on NHS self assessment tool or - Less than weekly recommended limit - No drug use - Good at managing the self-medication of prescribed drugs

Alcohol – <http://www.nhs.uk/Tools/Pages/Toolslibrary.aspx?Tag=Alcohol>

FINANCE

RED	AMBER	GREEN
<ul style="list-style-type: none"> - Significant financial issues - Heavily in debt and no control - Inability to cope and needs urgent external support/ Independent Financial Advice - Out goings greater in incoming - Not assessed for State benefits (PIP/DLA, GIP, AFIP, Carer's Allowance) - Applications for AFCS and PAX not complete 	<ul style="list-style-type: none"> - In debt but being managed - AFCS / PAX applied for and acknowledged - Interim payments received - In consultation with Independent Financial Advisor - Applications for State benefits submitted - Financial issues recognised and being managed 	<ul style="list-style-type: none"> - No Debt - AFCS / PAX received - Independent Financial Advice received and financial plan in place - No issues - Acknowledgement of State benefits to begin on discharge

ATTITUDE

RED	AMBER	GREEN
<ul style="list-style-type: none"> - No engagement with PRU, PRO or unit recovery staff - Blatant disrespect for rank and the wider Army - Negative outlook - Issues with family are seriously affecting attitude 	<ul style="list-style-type: none"> - Engaging with PRO/ Unit recovery staff - Displays some issues with authority - Coming to terms with own situation - outlook more positive - Family issues being resolved 	<ul style="list-style-type: none"> - Fully engaged - No issues

CHILDREN & FAMILY

RED	AMBER	GREEN
<ul style="list-style-type: none"> - Urgent special needs requirements for children (does this affect relocation?) - Child education provision issues - Relationship breakdown - Dysfunctional family - Refusal to accept support - Evidence of domestic abuse - Wider family immigration issues 	<ul style="list-style-type: none"> - Issues, but engaged with support mechanisms (AWS, Relate etc) 	<ul style="list-style-type: none"> - No issues, or issues being appropriately managed - Stable family life

TRAINING (C/R/E)**C – CORE RECOVERY EVENTS**

RED	AMBER	GREEN
<ul style="list-style-type: none"> - Refusal to engage - IRP not 'owned' by the WIS and immature - Course booked but not yet attended. - DNA 	<ul style="list-style-type: none"> - CREs started but not complete - IRP 'owned' by the WIS, being developed and followed 	<ul style="list-style-type: none"> - CREs completed in accordance with IRP, or - Exemptions duly authorised - Good use of IRP

R – RESETTLEMENT

RED	AMBER	GREEN
<ul style="list-style-type: none"> - Refusal to engage - IERO interview booked but not yet attended. - DNA - Transfer/deferment of resettlement required 	<ul style="list-style-type: none"> - IERO interview complete and resettlement plan in place - Application for transfer/deferment of resettlement submitted 	<ul style="list-style-type: none"> - Resettlement Courses complete - Employment search started - Transfer of resettlement approved - Deferment of resettlement (up to 2 years) granted

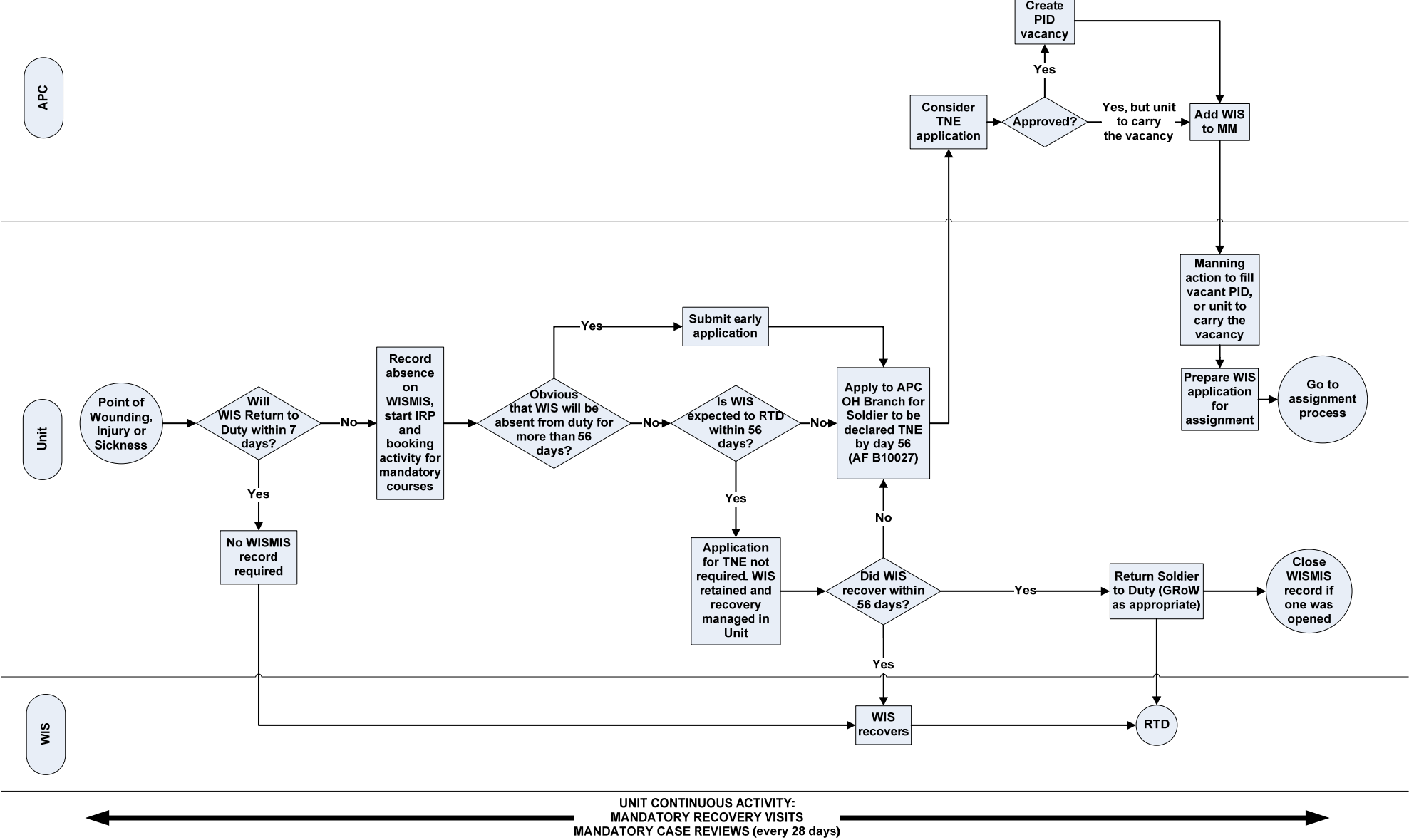
E – EMPLOYMENT

RED	AMBER	GREEN
<ul style="list-style-type: none"> - Refusal to engage - Too early in soldiers IRP to engage - Future employment ambitions unrealistic/ignore OH advice 	<ul style="list-style-type: none"> - Engaged with SEC - CV written - Work placements booked - GRoW requirement assessed and, if required, programme designed - Employment ambitions are realistic 	<ul style="list-style-type: none"> - Soldier on a work placement - Employment secured - Soldier is financially secure and does not wish to work. - GRoW programme agreed (if RTD)/completed (if leaving)

SUPPORT AGENCIES

RED	AMBER	GREEN
<ul style="list-style-type: none"> - External agencies urgently required to assist 	<ul style="list-style-type: none"> - Referrals made, awaiting findings 	<ul style="list-style-type: none"> - Agencies engaged and issues being dealt with

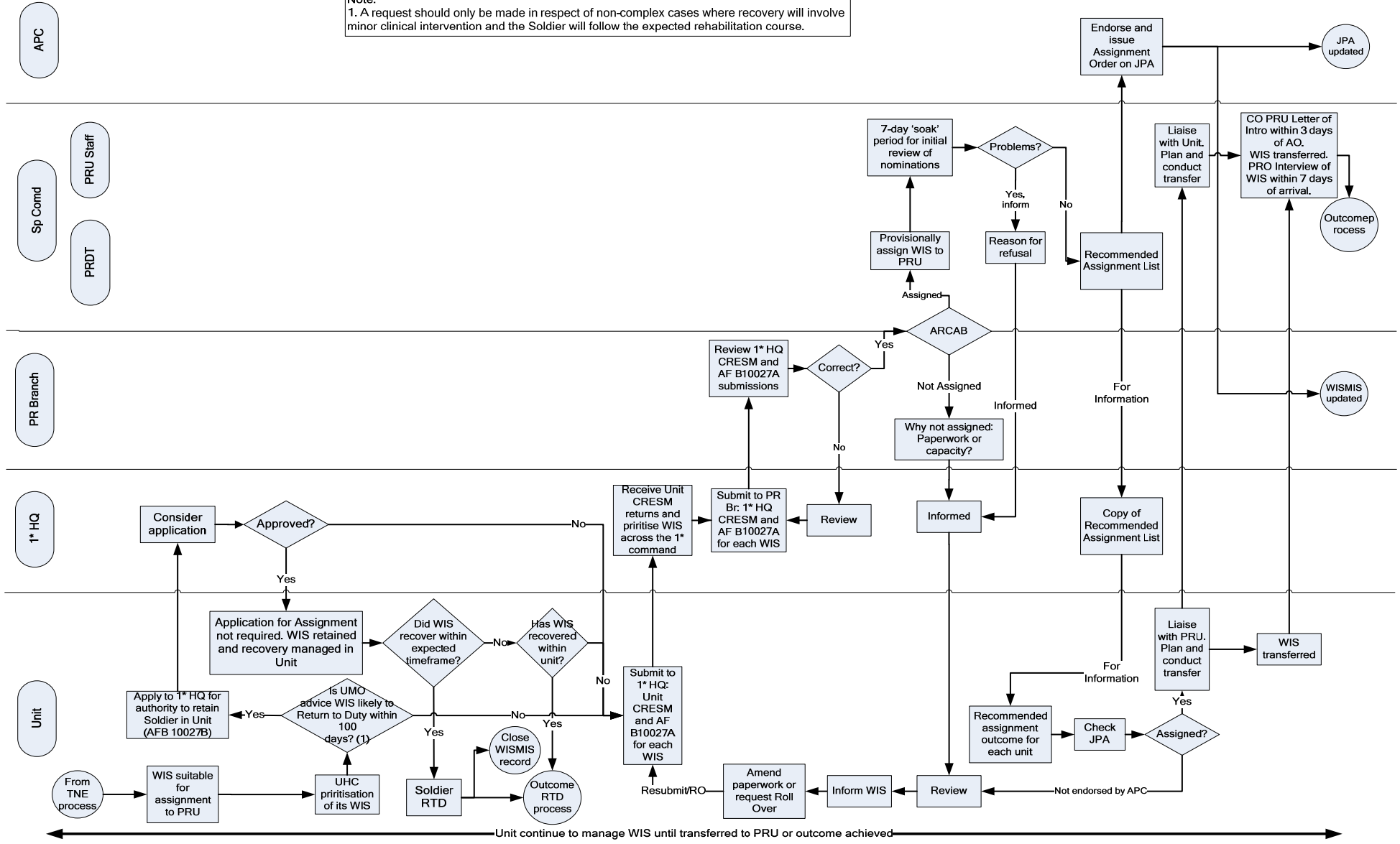
TNE Process



UNIT CONTINUOUS ACTIVITY:
MANDATORY RECOVERY VISITS
MANDATORY CASE REVIEWS (every 28 days)

Assignment Process

Note:
1. A request should only be made in respect of non-complex cases where recovery will involve minor clinical intervention and the Soldier will follow the expected rehabilitation course.



ACTION TO BE TAKEN ON ASSIGNMENT TO A PRU

Prior to Assignment Date

1. Prior to the Assignment Date the Parent Unit must ensure that the following action has been taken.

- a. **Interview the Soldier.** The CO must conduct an interview with and brief the WIS soldiers as to the transfer of command.
- b. **Transfer of Medical Records.** The UMO must inform the WIS Soldier of his nearest Service Medical Centre and advise him as to the action required to be taken to arrange the transfer of his medical records.
- c. **Allowances.** The RAO is to ensure that all outstanding JPA claims have been cleared.
- d. **Outstanding G1 Casework.** Action must be taken to resolve all outstanding G1 issues.
- e. **MS.** In consultation with the PRU, an appraisal plan is to be agreed between the Parent unit and the respective MS Branch³. Further guidance is provided in Chapter 2 (soldiers) and Chapter 6 (Officers) of Reference A.

2. In addition to the above actions, 5 days prior to the Assignment Date the following action is mandated.

- a. **Action Taken.** CO of the Parent Unit must confirm to CO PRU that the action mandated above has been taken.
- b. **Personal Documentation.** All personal documentation and case files relating to the Soldier must be forwarded to the PRU. This must include an up to date JPA print out detailing all personal information held. The PRU must then action the arrival of the Soldier on JPA.
- c. **AF B 108X.** An electronic draft testimonial (AF B108X) must be prepared and forwarded to the PRU.
- d. **Appendix 18 to PAP 10.** The Parent Unit must complete and forward an 'Occupational Report of an Individual for Occupational Health Purposes'.

Handover Meeting

3. As soon as is possible following notification of the JPA Assignment Order, the Parent Unit must convene a handover meeting with the PRU/PRO in order to ensure that all necessary information is passed over. The meeting must be attended by a Service Medical Officer, who will be able to provide expert medical advice, and must take place in the presence of the Soldier. The handover should be based on the HARDFACTS criteria and as a minimum the following information is required for handover:

- a. **Health.** The following issues may only be discussed with the consent of the Soldier.

³ See [JSP 757](#) (ver 9.0), paragraph 2D2.20. Also [DMS Directive 04/10](#): Appraisal Reporting for our Sick/Injured Officers and Soldiers.

(1) **JMES.** What is the Soldier's current JMES? When the last Medical Board was held and when is the JMES due for review?

(2) **Medical Treatment.** The ongoing timetable for medical treatment should be identified and the following issues determined.

(a) **Medical Centre.** The Service medical centre currently managing the Soldier should be identified together with the most appropriate Service Medical Centre following assignment.

(b) **Forthcoming Appointments.** Details of forthcoming medical appointments should be provided to facilitate plans for MT support etc.

(c) **Post Operational Stress Management.** Has the Soldier completed POSM and/or are they part of the Battle Injury Mental Health programme?

(d) **Suicide Vulnerability Risk Management (SVRM).** Ascertain whether the Soldier is deemed to be at risk of self-harm or suicide and whether they are on the SVRM Register in accordance with AGAI 110 and a suitable care action plan instigated.

(e) **GRoW.** Have any GRoW programmes been undertaken?

(3) **Referral to Regional Occupational Health Team.** If not already done the Soldier must be advised that his case will be referred to the ROHT.

b. Administration.

(1) **TNE.** Has the Soldier been declared TNE? If so confirm the appropriate date?

(2) **Personal and Military Kit.** Have arrangements been made for personal and military kit to be stored securely? If appropriate have arrangements been made for the Soldier to be de-kitted?

(3) **Allowances.** A determination should be made that all claims have been submitted and the Soldier advised as to the effective date from which his allowances should be claimed through the PRU. The Soldier must be advised of his entitlement to allowances, specifically in respect of any related move.

(4) **Compensation.** Have applications been submitted under the AFCS or a PAX insurance policy.

(5) **Benefits.** Have applications been made for applicable allowances (e.g. disability, carers' Blue Badge, PIP, AFIP)?

(6) **Welfare.** Are there any family and/or welfare issues? If so details of the supporting agencies involved must be determined?

(7) **Accommodation.** What are the accommodation needs of the soldiers and their dependants?

c. **Education and Training.** The meeting should determine all qualifications held and training activities planned. The Soldier should be asked to detail their aspirations.

PRU / RESPONSIBLE UNIT INITIAL INTERVIEW - AIDE MEMOIRE

<p>No: Rank: Surname: Forenames: Capbadge:</p> <p>Date of Interview: Conducted by: Appointment:</p> <p>Unit Career Manager:</p>				
Subject Area	Issues	Remarks		
<p>Introduction - The IRP</p>	<ul style="list-style-type: none"> • Introductions. • Explain the purpose of the interview and the role of the PRO in the recovery process. • Provide an overview of the ARC including function of PRU, PRC, Battle Back, Parent Unit. • Explain the responsibility of the WIS Soldier: recovery (Recovery Duty). • Explain what the IRP is and provide an overview of the underpinning medical, welfare, administrative and education/training elements. • Recognise the special needs and circumstances of the mobilised Reservist and different dynamics – a return to civilian life and civilian employment and to continue to be a member of the Reserve Forces. 	<p>Ensure the WIS Soldier is briefed as to who their Responsible CO is and who their medical and recovery points of contact are.</p> <p>Obtain consent for personal information (less specific medical) to be recorded and stored accordingly.</p> <p>Soldier to sign consent form which should state that the soldier is content for this information to be shared with other agencies if necessary.</p>		
<p>Personal Details Check</p>	<ul style="list-style-type: none"> • Date of Birth? • Address (incl postcode)? • Telephones (incl landline and mobile)? • E-mail address? • Next of Kin? • Additional Reservist information: <ul style="list-style-type: none"> ○ Civilian occupation/ profession? ○ Civilian qualifications? ○ Contact details of civilian employer? ○ TA Unit contact details? 	<p>Obtain all possible addresses and contact details.</p>		

Service Details	<ul style="list-style-type: none"> • Date joined Army or enlisted into the TA/ left the Regular Army and became a member of the Regular Reserve? • Specify if a member of the Volunteer Reserve (TA) or Regular Reserve • Details of Service career to date. For Reserves, a Service Personnel Profile sheet can be provided by APC MS Reserves. • Details of previous unit/ TA unit? • How long did he serve with his previous unit for? • Engagement/ mobilisation date/ deployment date? • ROD? • For Reservist, projected last day of permanent service (9/12 months)? Note the requirement to extend the period of permanent service and notify the civilian employer. (APC MS Reserves to manage) 	
Circumstances	<ul style="list-style-type: none"> • First day of WIS-absence? • Background/history to WIS case? 	<p>Note medical confidentiality guidelines.</p>
Health (Medical)	<ul style="list-style-type: none"> • Brief the soldier on the medical recovery process including Medical Boards and details of local Service medical centres. • Confirm if Patient Consent has been given. • Explain Sick Leave conditions. • Ensure that the soldier understands his responsibilities with regards to Sick Leave. • Does the soldier have an adequate supply of medication? • Is the soldier self-medicating? (PRO can not make an assessment, can only ask the soldier) • Discuss details of medical appointments - last and next. • Confirm name and address of Doctor(s) involved in medical care - military and civilian. • Details of a Reservist's local GP. • Obtain details of soldier's Dentist. • What is the soldier's opinion on his recovery timeline and expected/potential outcome? 	<p>For disclosure purposes at Case Reviews/Conferences where applicable.</p> <p>Forwarding of authorised sickness-absence documentation. Obtain sick leave contact details if appropriate. If yes, is the PRO satisfied that he is able to administer this medication?</p> <p>PROs are not to create the perception that retention is a given.</p>

Accommodation	<ul style="list-style-type: none"> • Where is the soldier living? • Who is he living with? • Is there a requirement to conduct disability adaptations? • Are the living arrangements suitable? If not why? • Be aware that some Reservists may have made themselves homeless on being mobilised and accepted into permanent service. 	MSQ / Rented / Family / Friends / Own Property / Barracks. Spouse / Partner / Family / Friend.
Relocation (applies to all WIS, but consider implications for F&C soldiers)	<ul style="list-style-type: none"> • Does the soldier plan to relocate within the UK? • If F&C, what is the soldier's immigration status? • Does the soldier have an "Exempt" endorsement? • Is the soldier sponsoring dependants applying to enter or remain in the UK? • Is the soldier intending to take sick leave in his country of origin? • Has the soldier applied for UK nationality? • What stage is he in the process? • A Reservist may need to relocate because of a permanent injury or unsuitability to return to existing employment. 	See Annex J to Pt 1 for further guidance and signposting. If yes discuss the associated issues. 'Life in the UK Test' / payment (for self and family).
Drugs and Alcohol	<ul style="list-style-type: none"> • Has the soldier ever used drugs? • If Yes; what, how often, when last used? • Have drugs ever got the soldier into trouble? • Describe the soldier's level and frequency of alcohol consumption i.e. units per week. • When does the soldier consume alcohol? • Has alcohol ever got the soldier into trouble? 	Including solvents and misused prescription drugs? <i>Note that some of these questions may not be appropriate until a relationship has been firmly established between the PRO and the soldier.</i> With friends, on his own, as a coping mechanism.
Financial Matters Note: A PRO/URO is not qualified and must not give financial advice. A financial education package is provided as a part of the CRE courses and ad hoc optional recovery events	<ul style="list-style-type: none"> • Does the soldier have any financial commitments that are causing him concern? Why? • Discuss the AFCS, AFPS and PAX if appropriate. • Discuss Disability Living Allowance (DLA) and other benefits (e.g. PIP or AFIP) if appropriate (note: PIP is replacing DLA – see DWP website). • Confirm if a Reservist is in receipt of a Reservist's Award to cover the differences between civilian earnings and the Reservists' military salary. • Note that a Reservist may be in receipt of an allowable expenses claim that covers care of a dependent child or relative, animal care costs, insurance for leaving main residence empty and essential maintenance 	The soldier may refuse to disclose this information. Identify if the soldier is on AFPS 75 or AFPS 05. If the Reservists' civilian earnings are greater than the reservist's daily rate of pay, the pay will be adjusted and increased accordingly. The increase will be paid until the Reservists' last day of permanent service which will be inclusive of any outstanding entitlement to PTL/ AL.

	<p>of house and garden.</p> <ul style="list-style-type: none"> • If the Reservist is a member of an occupational pension scheme, the MOD may be making the employers contribution and making the Reservist's personal contribution. • MoD may be paying any civilian employer for the additional replacement cost for replacing the Reservist in the business. These payments will continue until the Reservist is demobilised and up to the last day of permanent service or is medically discharged. • Is the soldier aware of the 'Money Force' web site? 	<p>An award can include any additional costs for health or medical insurance, life insurance, additional payments for accommodation and educational fees. There is also a provision for other benefits which are received from an employer such as a company car etc.</p> <p>https://www.moneyforce.org.uk/</p>
Attitudes, Thinking and Behaviour (Welfare)	<ul style="list-style-type: none"> • How does the soldier feel about his injury/illness? • Has the soldier ever thought about and/or attempted to self harm or take his own life? • How does the soldier react in difficult situations? • How does the soldier feel about his future? 	<p>AGAI 110 for guidance.</p> <p>Look for evidence of emotional instability, stress, gets upset easily, anxious</p>
Children and Family	<ul style="list-style-type: none"> • Is the soldier in a relationship? • What is his/her name? Do they live together? • What is the status of that relationship? • How would the soldier describe his current relationship • Has the soldier ever been subjected to victim/partner abuse? • If yes, what role? • Does the soldier have any children? • If yes, how many and what are their names and ages? • Where do the children live? • Does the soldier have any significant previous relationships? • How does the soldier describe his relationship with his family? • Who are the soldier's influential family members? • Does the soldier have any on-going family issues/concerns? • Are there any immigration issues (F&C WIS)? 	<p>Dismissive / Anxious / Avoidant / Secure⁴</p> <p>Level of support, mutual respect/affection, strength of relationship, difficulties Include threats and physical abuse Victim or Perpetrator Note that the PRU has a responsibility for safeguarding children. Consult AGAI Vol 3 Ch 81 if necessary</p> <p>Ex-partners and/or children for whom he pays maintenance</p> <p>The PRO must confirm the immigration status of F&C WIS, and where appropriate their dependants, in order to determine whether additional support is required and whether the WIS needs to seek specialist advice.</p>

⁴ Types of Relationships:

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

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

Avoidant - Has a poor opinion of themselves and their partner

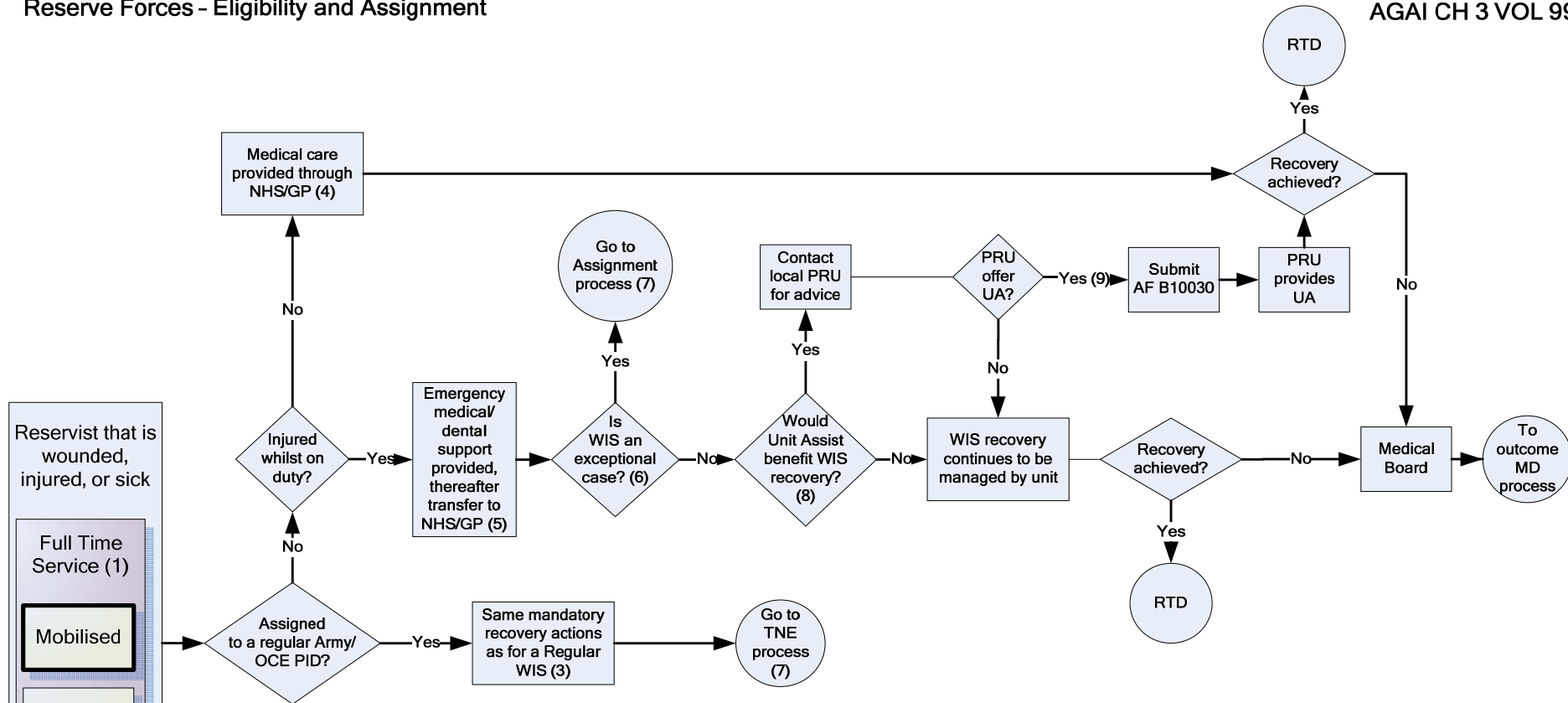
Secure - In a secure relationship and has positive view of themselves and their partner

Training, Education, Employment and Resettlement	<ul style="list-style-type: none"> • What are the soldier's career/employment aspirations? • Has the soldier completed CLM/ OCD as appropriate? • Is it possible to progress a soldier through CLM elements. • For a Reservist there is a link to existing civilian employment and career with consequences for career development and promotion. • A Reservist may require a formal risk assessment within the civilian work place to measure a level of suitability to return to their original employment. If not suitable, there may be a need to retrain or seek alternative employment. • Some Reservists will be unemployed and may therefore require support to train and find employment. • Reservists may have an aspiration to return to the Reserves, continue with a career in the TA or seek employment under FTRS. As per Regular soldiers, TA Reservists receive ARs and go before promotion boards. • Has the Soldier completed their RAB (if appropriate)? 	<p>The LDO is to conduct a Learning and Development Assessment using LDO Form 1. All information regarding education, training and employment must be forwarded to the LDO who is responsible for bringing any relevant issues to the attention of the Board at Case Reviews.</p>
Support	<ul style="list-style-type: none"> • Has the soldier or his family received support/assistance from a civilian and/or military Welfare Service or Agency? • If Yes; from whom, when, is it on-going? • Why was the support provided? • Is AWS Welfare Assessment required? 	<p>Identify what agencies have been/are involved in order to de-conflict welfare care provided. Where possible there should be a single welfare point of contact.</p> <p>If Yes, request consent from WIS.</p>
Administration	<ul style="list-style-type: none"> • Have the soldier's personal documents been transferred to the PRU ie P File, medical and dental documents? • Confirm that the soldier's pay and allowances are correct and up to date e.g. MMA, IE, LSA, GYH etc. • Confirm location of soldier's 1157 and personal kit. • Does the soldier have any outstanding 1033 items? • Does the soldier have any outstanding G1 issues? • Is the soldier in possession of his MOD 90? 	<p>To check prior to interview.</p> <p>Check food and accommodation charges.</p> <p>Is it boxed and appropriately stored? Arrange to hand in/locate if necessary. Military discipline, Civil Police and court cases</p>
Transport	<ul style="list-style-type: none"> • Does the soldier have a car? • Is the soldier able to drive? • Is the soldier able to use public transport? If so what mode? • What is the nearest train station? 	<p>Obtain VRN, make, model and engine size. If No, ascertain the potential transport demands during recovery. Check that soldier has an HM Forces Railcard if appropriate.</p>

Soldier's Aspirations	<ul style="list-style-type: none"> • What are the soldier's aspirations? • Note a Reservist's aspirations for future service. 	
Additional Reservist Issues	<ul style="list-style-type: none"> • Confirm disability award eligibility. • Employer liaison through APC MS Reserves. • Detail on Financial Award (potential implications of a soldier not returning to his previous employment). 	<p>A Reservist will continue to be paid the same as a Regular whilst in permanent service and assigned to a PRU. Note the special allowances under Finances. If at the end of the process the Reservist is medically discharge he will be assessed as to the level of disability and any award or compensation to be paid and be discharged from the TA or in the case of a Regular Reserve the reservists liability will be terminated.</p> <p>If a Reservist is deemed to be of a medical standard to be demobilised and continue his recovery through the NHS or local Health Authority but is still limited in terms of his employment, the Reservist may be entitled to a Disability Award to cover any loss of civilian income. Those that are unemployed may be entitled to payments under the Job Seekers Allowance scheme.</p> <p>There are regulations for retaining Reservists in permanent service beyond the period permitted under the legislation (9/12 months. A Reservist can give written consent to remain in permanent service for an additional period of up to 6 months. The extension process is managed by APC MS Res who will liaise with the civilian employer.</p>

Note: PRO/URO should offer the soldier a copy of the interview notes once they have been written up.

Reserve Forces - Eligibility and Assignment



Notes:

1. See Sections 43, 52, 54 and 56 of the Reserve Forces Act 1996 (RFA 96) and Section 24 of RFA 96 (FTRS).
2. See Sections 22 (Normal TA Training), 25 (ADC) and 27 (VTOD) of RFA 96. Reservists undergoing training will have been enlisted into the TA and assigned to a TA Unit, or authorised by APC CM Ops Mob to train with a TA or Regular Unit.
3. See para 99.105.
4. The use of WISMIS to record WIS details is **available** to the Responsible Unit.
5. Use of WISMIS by the Responsible Unit to record WIS details, UA if necessary and approved, and access to recovery courses by the WIS are **strongly encouraged**.
6. Where the injury or illness is Service-attributable and an exceptional case, the Responsible Unit may apply for assignment. The Responsible Unit is to liaise with SO1 Ops/ Plans PR Branch, AOC CM TA and SO1 OH APC without delay and before considering an application to the AR CAB
7. TNE process, Appendix 5; Assignment process, Appendix 6.
8. To be eligible for Unit Assist, the Responsible Unit must have opened a WIS record, and be managing the WIS on WISMIS. Visit reports are to be based on HARDFACTS.
9. If UA provided, the WIS remains with, and is managed by, his existing unit (the Responsible Unit) through to RTD or discharge. The parent unit of the WIS retains responsibility for facilitating any claim for Disability Allowance and for maintaining the important links with the Patient Group and any civilian employer.

ROLES AND RESPONSIBILITIES OF CLINICAL WORK PLACEMENT STAKEHOLDERS

1. Clinical Work Placements (CWP) are heavily reliant on input from a variety of stakeholders; Occupational Health professionals and/or Vocational Occupational Therapists are the lead staff. Communication between all stakeholders, especially PRO, CF and Voc OT is essential. Roles and Responsibilities are as follows:

a. **Clinical Facilitator**⁵.

- (1) Conduct a timely assessment of an individual prior to a CWP recommendation.
- (2) Produce a programme for a CWP placement.
- (3) Advise the CoC on the planned CWP.
- (4) Confirm that the placement is suitable (from a workplace assessment view).
- (5) Monitor the CWP placement. (Receive a periodic report as per timelines agreed by the host and PRU CF).
- (6) Educate CoC on expectations in terms of a soldier's ability.
- (7) Conduct the final assessment post CWP.
- (8) Ensure the soldier has a plan to receive primary health care as required whilst on the CWP placement.

b. **Responsible Unit.**

- (1) Adhere to CWP programme as defined by ROHT.
- (2) Regular liaison with OH.
- (3) G4 support to soldiers on CWP programmes (accommodation, administration, T&S).
- (4) Conduct mandated Recovery Visits / contact as defined in the AGAI.
- (5) Ensure that the CWP is assessed and that a report form (Appendix 1) is completed by the appropriate POC.
- (6) Input CWP assessment summary onto WISMIS.

c. **CWP Host / Employing Officer.**

- (1) Adhere to CWP programme.
- (2) Report back to OH lead for the CWP and the unit as agreed.

⁵ These roles should be carried out by the ROHT. Similar activities will be undertaken by the Vocational Rehabilitation Service at DMRC for soldiers undertaking Recovery events at DMRC.

- (3) Manage placement objectives.
- (4) Provide a job description and inform OH lead for the CWP of any amendments.
- (5) Ensure the soldier has access to ongoing medical commitments.
- (6) Contribute where needed to a soldier's appraisal report or NSAR.
- (7) External CWPs must only take place in conjunction with the RCS.
- (8) Contribute to CWP placement Progress / Final Report.

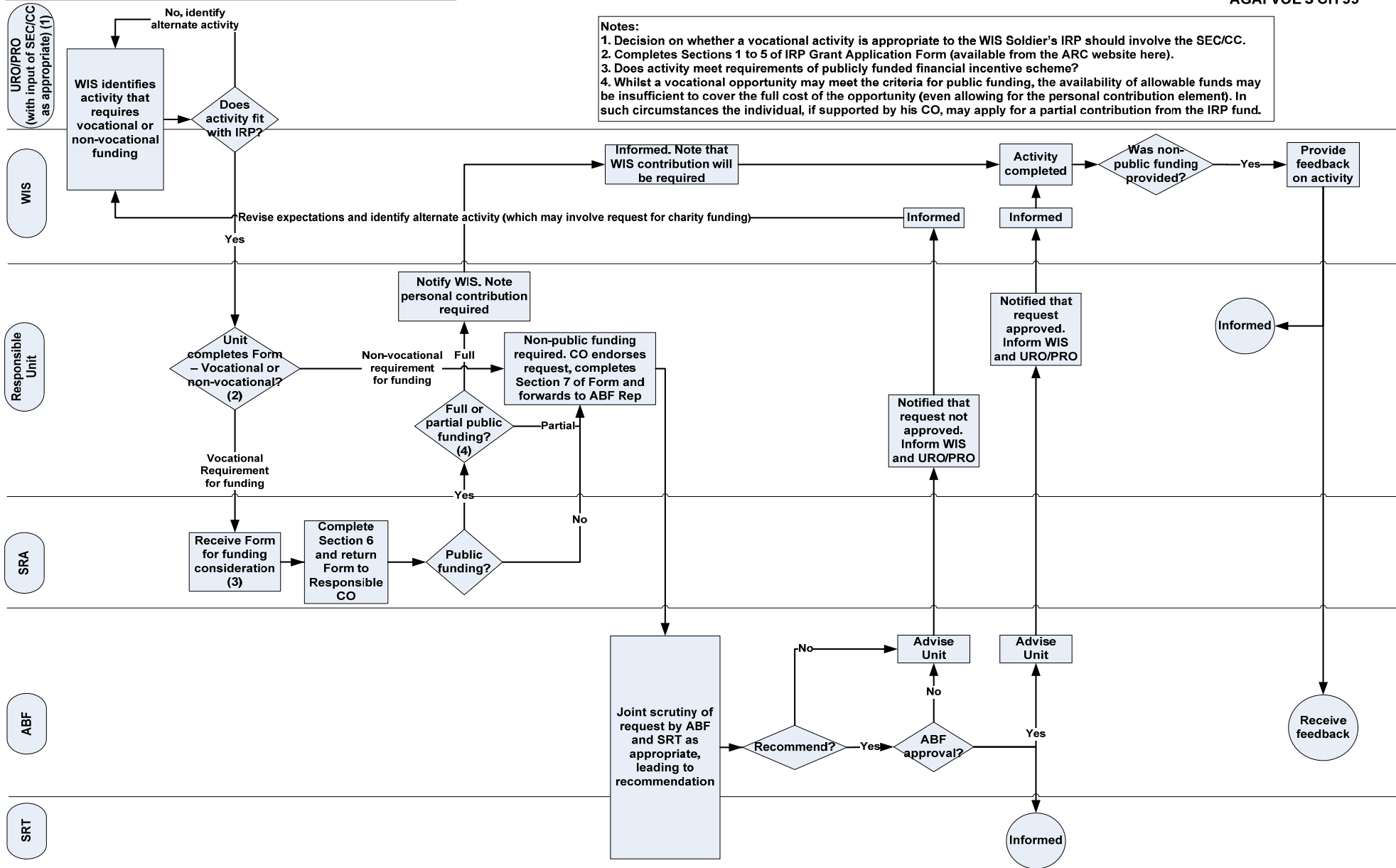
CLINICAL WORK PLACEMENT PROCESS APPLIED TO GRoW

ASSESSMENT OF INDIVIDUAL	FIND AND ASSESS SUITABLE WORK PLACEMENT	DEVELOP AND DOCUMENT THE WORK PLAN	UNDERTAKE THE WORK PLACEMENT
<ul style="list-style-type: none"> • What is the Soldier's current JMES? • Ability to undertake any work placement • Assess the demands of his/her previous military employment • Assess functional capacity. This may take place in the clinical environment or in a work place setting. • Assess care pathway and known medical interventions <p>For those not ready for a work placement or GRoW programme, consider using work place hardening activities. These could take place in a Personnel Recovery Centre (PRC). Examples of military work hardening activities are, MATTS, Lessons on weapon handling, navigation etc. Such activities can also be a useful way of assessing cognitive ability.</p>	<p>Find. OHN/Voc OT to advise on proposed of work placement and nature of components of work required. PRO to find suitable work placement.</p> <p>Assess.</p> <ul style="list-style-type: none"> • Is the unit or workplace resourced to support the CWP? • Define who in the work place is responsible for reporting (verbal and written) on the individual's progress during the CWP. • OHN/Voc OT assessment • Any 'adjustments' required to the workplace should be 'reasonable' in order to undertake the GRoW Programme. <p>Document the assessment.</p>	<ul style="list-style-type: none"> • Hours to be worked • Monitoring • Report frequency • Job description and duties, including actual workplace activity • Any known problems that might impact on the individual's ability to undertake the agreed work activities. • Minor adjustments required • Responsibilities of the soldier and the manager of the GRoW Programme and CWP • Agreed accommodation • Contact details for key personnel. <p>Programme including planned leave, other activity and medical appointments.</p>	<ul style="list-style-type: none"> • Ongoing assessment by work place staff • Monitoring and oversight by clinical staff and PRO. • Re-evaluation and adjustment as needed. • Final 'on site' assessment. • Final report – essential for medical boarding purposes. Includes assessment of ability to undertake the soldiers normal duties at MLD/MND without additional support⁶ beyond what would normally be offered to a non-WIS soldier. Are further CWPs or assessments⁷ needed? <p>In conjunction with the PRO make plans for the next stage of the IRP. Identify a PID if return to military employment looks a likely outcome.</p>

⁶ Additional support includes enhanced medication needs (e.g. was additional pain relief needed to enable the duties to be undertaken). Was the soldier managing the working week but exhausted at weekends? Was the work sustainable in the long term?

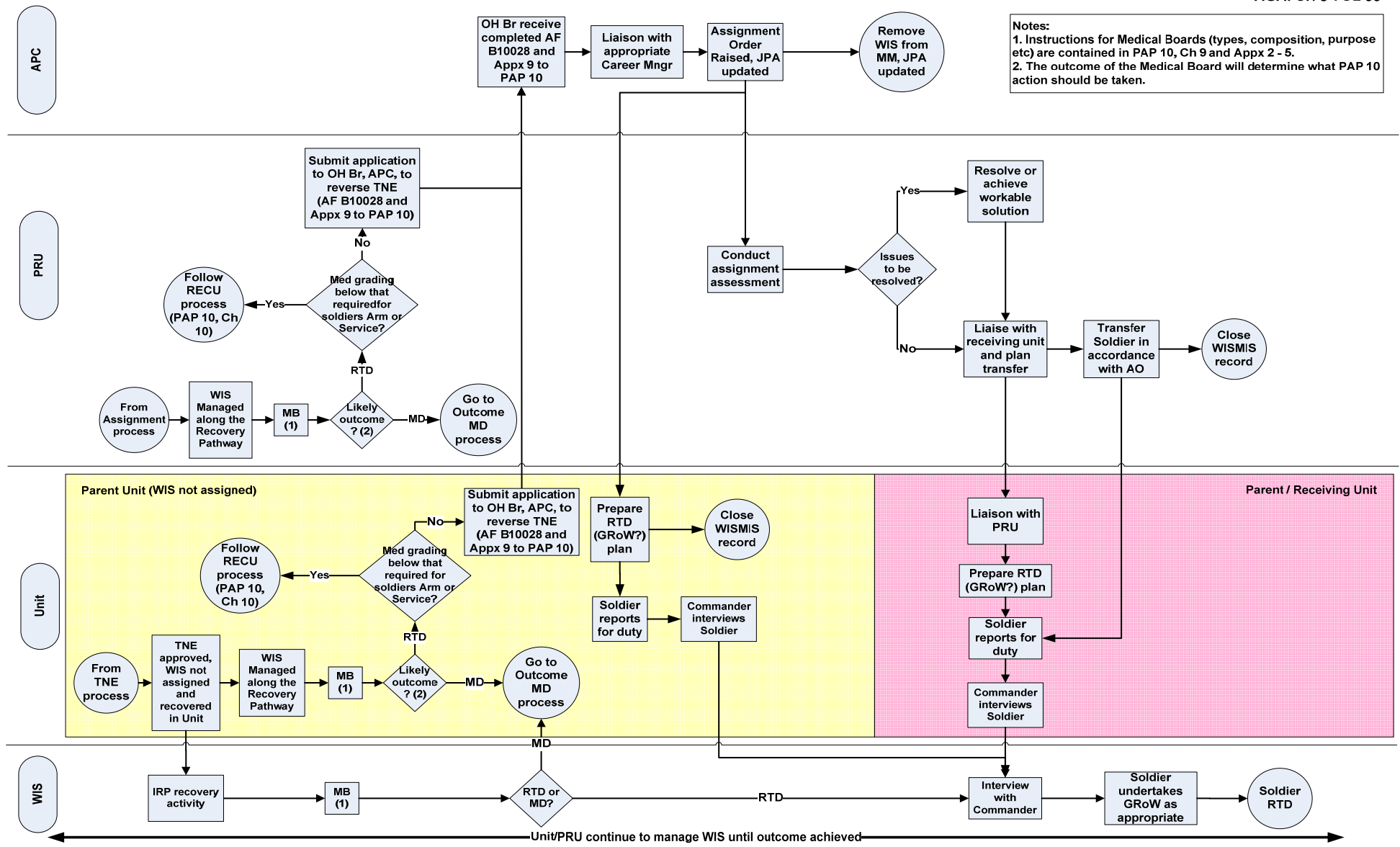
⁷ Such as trade assessments.

IRP Grant Application Process to ABF The Soldiers' Charity



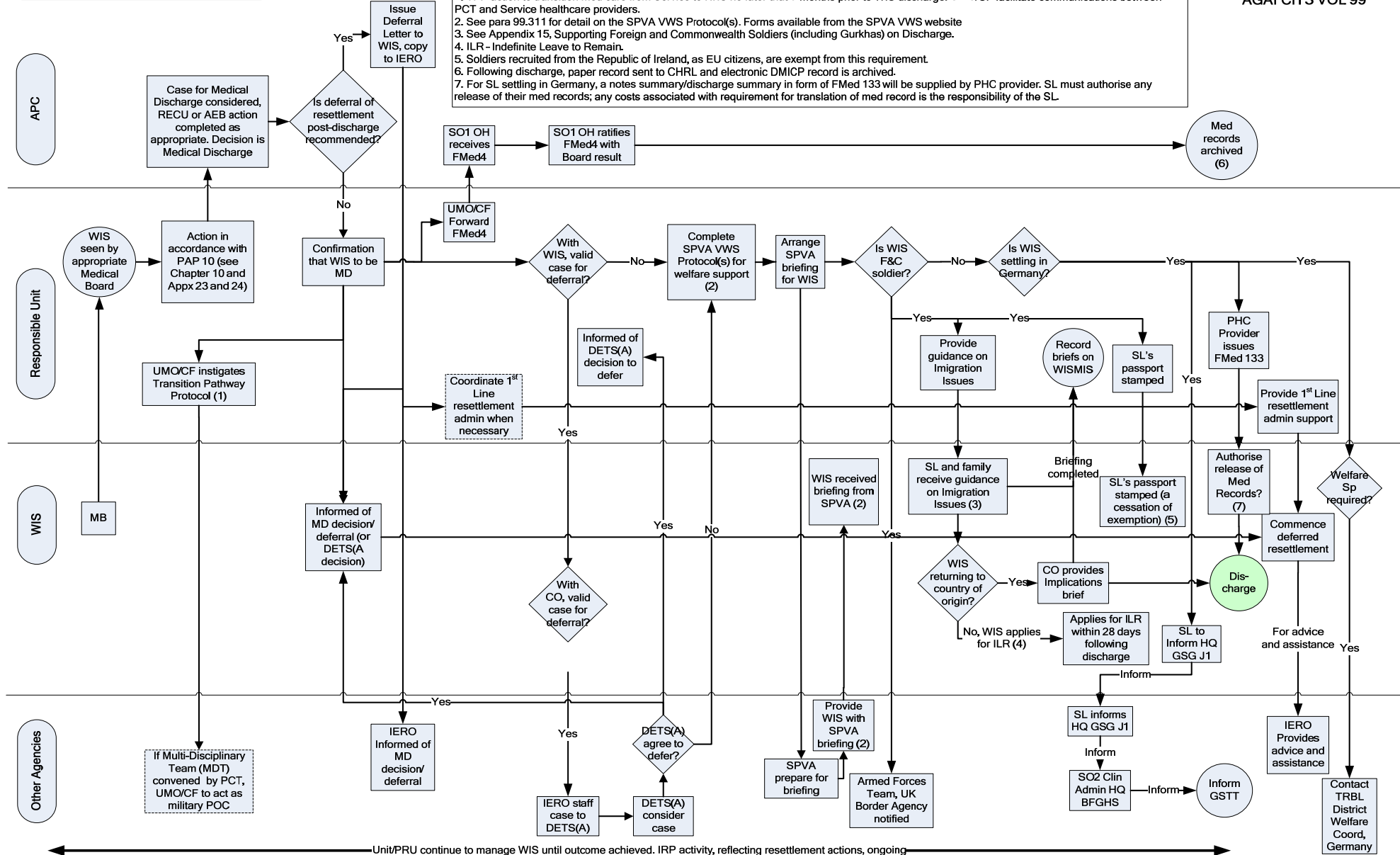
Transition: Return To Duty Process

Notes:
1. Instructions for Medical Boards (types, composition, purpose etc) are contained in PAP 10, Ch 9 and Appx 2 - 5.
2. The outcome of the Medical Board will determine what PAP 10 action should be taken.



Transition: Medical Discharge Process

Notes:
 1. TPP action to transition med care from Service to NHS no later than 6-months prior to WIS discharge. UMOCF facilitate communications between PCT and Service healthcare providers.
 2. See para 99.311 for detail on the SPVA VWS Proto(s). Forms available from the SPVA VWS website
 3. See Appendix 15, Supporting Foreign and Commonwealth Soldiers (including Gurkhas) on Discharge.
 4. ILR - Indefinite Leave to Remain.
 5. Soldiers recruited from the Republic of Ireland, as EU citizens, are exempt from this requirement.
 6. Following discharge, paper record sent to CHRL and electronic DMICP record is archived.
 7. For SL settling in Germany, a notes summary/discharge summary in form of FMed 133 will be supplied by PHC provider. SL must authorise any release of their med records; any costs associated with requirement for translation of med record is the responsibility of the SL.



Unit/PRU continue to manage WIS until outcome achieved. IRP activity, reflecting resettlement actions, ongoing

SUPPORTING FOREIGN AND COMMONWEALTH SOLDIERS (INCLUDING GURKHAS) ON DISCHARGE

1. **Discharge Procedures.** Army discharge procedures are to be followed in all cases.

a. Unit actions are as follows:

(1) Responsible Units must notify the Armed Forces Team of the UK Border Agency of the date of discharge of a Soldier and endorse passports with a 'cessation of exemption' stamp. Further guidance is provided by PS4(A), Army HQ⁸.

(2) COs are to ensure non-British soldiers are briefed on changes to their immigration status during resettlement interviews, at least 3 months prior to discharge.

b. The soldier must be advised of his responsibilities⁹ as follows:

(1) **Not Granted UK Nationality.** A non-British soldier, who has not been granted UK nationality, will have their 'Exempt Immigration Control' status automatically cancelled by the Home Office on the day they are discharged from the Army. At this point, they will become subject to immigration control. On discharge, the Home Office will normally grant an individual 28 days to lodge an application for further leave to remain in the UK or leave the country. Once an application is lodged, an individual can legally remain in the UK whilst the application is processed.

(2) **Not Applied for UK Nationality.** Individuals who have not already sought UK Citizenship and who have completed 4 years' service with HM Forces may apply for settlement (Indefinite Leave to Remain (ILR)) up to 10 weeks prior to discharge. They must use the UK Border Agency form SET(O). If the soldier meets the Home Office criteria, their transition to civilian life is eased as the UK Border Agency will provide an 'indicative' letter that grants ILR the day after discharge. It can also be used for liaising with local authorities for housing, healthcare and benefits.

(a) **ILR.** Units must note that Immigration law does not permit soldiers to be granted ILR whilst still serving. If ILR is granted, individuals and their families will normally have recourse to public funds and veterans will be able to legally seek employment. Those who have less than 4 years' service are not normally eligible to apply for ILR but may apply to the Home Office for Leave to Remain citing any special circumstances. Each case is considered by the Home Office on its merits. There are special arrangements for the consideration of ILR applications where an individual with less than 4 years Army service is being medically discharged directly due to injuries sustained on operations.

2. **Gurkhas.** Gurkha personnel who opt to return to Nepal after discharge must follow the Indefinite Leave to Enter (ILE) rules for settlement and need to apply for entry clearance at a British Diplomatic post overseas if they wish to subsequently return to the UK.

⁸ When discharging F&C citizens and Gurkhas, units must continue to put a cessation of exemption stamp in country of origin passports following the instructions in DPS(A)/28/9PS4(A) dated 20 Oct 08 and notify the UK Border Agency using the Revised Home Office Discharge Notification Proforma at Appendix 1 to Annex D of [DPS\(A\)/28/9PS4\(A\) dated 31 Mar 08](#). Further advice and guidance can be provided by PS4(A).

⁹ Note that for soldiers being medically discharged, there is no requirement to complete 5 years of Service in order to apply for UK nationality.

3. **Republic of Ireland.** Soldiers recruited from the Republic of Ireland, as EU citizens, do not require permission to settle in the UK.

4. **Employment Restrictions.** Units who have individuals seeking employment immediately after discharge and require advice on their immigration status or working legally post discharge should seek advice from the UK Border Agency.

5. **Additional Support and Complex Cases.** Complex issues that are unable to be addressed through the JSPs and Army publications should be passed through the chain of command to PS4(A).

IMPLICATIONS BRIEF FOREIGN AND COMMONWEALTH SOLDIERS TRANSITION BRIEFING

1. F&C Soldiers considering a return to their country of origin on discharge will be unable to access the same level of welfare support as is capable of being provided within the UK. In some cases the medical treatment available within the country of origin may fall below the standard of medical treatment that could be provided within the UK.

2. In all cases where a F&C Soldier is considering a return to their country or origin, the Responsible CO must provide the Soldier with a verbal implications brief. This brief must include the aspects detailed below.

a. **Accommodation.** The Soldier will not have access to support from the Service Charities and other Third Sector organisations in relation to the adaptation of personal accommodation. Each jurisdiction has its own rules and procedures regarding the adaptation of properties and the Soldier will accordingly need to seek alternative advice from an appropriate source.

b. **Service Personnel and Veterans Agency.** The SPVA (VWS) provides a Welfare Manager provision for Soldiers who remain in the UK following discharge but is unable to do so for Soldiers who choose to relocate overseas. Veterans living overseas will be expected to approach their local Embassy or Consulate for assistance with health issues attributable to or aggravated by Service. There is a Service Level Agreement between the Foreign and Commonwealth Office and the SPVA which details the terms of this Agreement.

c. **Welfare.** Welfare support for Soldiers discharged from Service is provided by Service Charities and other Third Sector organisations which operate within the boundaries of the UK. The provision of welfare support to Soldiers who elect to return to their country of origin will therefore be restricted. Additional support which may be available to family and dependants within the UK may also be limited.

d. **Health.** The standard of comparable medical treatment may be lower in the country of origin even where a significant injury has stabilised. There may also be difference in relation to the entitlement to medical treatment as in some countries the health care system may not accept an individual with a pre-existing medical condition. The Soldier should be advised that it is their responsibility to obtain appropriate health care insurance.

e. **Benefits.** Soldiers who return to their country or origin may be eligible for state benefits, specifically the Personal Independence Payment (PIP)¹⁰ and/or the Armed Forces Independence Payment¹¹. Detail on eligibility for each scheme is outlined below:

(1) **PIP.** To qualify for a PIP the individual must:

- Be aged 16 to 64.
- Have a long-term health condition or disability and difficulties with activities related to 'daily living' and or mobility (see below).
- Be in Great Britain when they claim - there are some exceptions, eg members and family members of the Armed Forces.
- Have been in Great Britain for at least 2 of the last 3 years.

¹⁰ See the DWP website [here](#) for detail relating to the PIP.

¹¹ See [DWP Housing Benefit and Council Tax Benefit Circular HB/CTB A5/2013](#).

- Be [habitually resident](#) in the UK, Ireland, Isle of Man or the Channel Islands.
- Not be subject to [immigration control](#) (unless the claimant is a sponsored immigrant).

There are some exceptions to these conditions if you're [living or coming from another EEA country or Switzerland](#).

(2) **Armed Forces Independence Payment (AFIP)**. Service personnel and veterans who are entitled to a Guaranteed Income Payment (GIP) of 50% or higher through the Armed Forces Compensation Scheme (AFCS) will be eligible for AFIP. AFIP is awarded for life, is not subject to review or further medical assessments and will not be stopped when the claimant is in hospital (except The Royal Chelsea Hospital), care home or prison. AFIP will be non taxable, non means tested and is payable anywhere in the world.

Further detail on both schemes is available from the Department for Works and Pensions (DWP) website.

3. In all cases, confirmation of this brief having been provided is to be recorded on WISMIS.

IMPLICATIONS BRIEF LOCAL RELEASE IN GERMANY

1. There is no entitlement to be discharged in Germany. All Soldiers who wish to apply for local release in Germany must submit a formal application, together with supporting documentation to their CO within 3 months of the date of discharge¹².
2. Soldiers who are considering whether to apply for local release in Germany following discharge will be unable to access the same level of welfare support as is capable of being provided within the UK. In some cases the medical treatment available may also fall below the standard of medical treatment that could be provided within the UK.
3. In all cases where a Soldier is considering an application for local release the Responsible CO must provide the Soldier with a verbal implications brief. Confirmation of the brief having been given must be recorded on WISMIS. This brief must include the aspects detailed below.
 - a. **Accommodation**¹³. The Soldier will not have access to support from the Service Charities and other Third Sector organisations in relation to the adaptation of personal accommodation. There are distinct rules regarding the allocation of Federal properties and adaptation. Soldiers will accordingly need to seek alternative advice from an appropriate source.
 - b. **Service Personnel and Veterans Agency**. The SPVA (VWS) provides a Welfare Manager provision for Soldiers who remain in the UK following discharge but is unable to do so for Soldiers who choose to settle in Germany.
 - c. **Welfare**. Welfare support for Soldiers discharged from Service is provided by Service Charities and other Third Sector organisations which operate within the boundaries of the UK. The Royal British Legion is able to provide support for Soldiers who elect to settle in Germany but the ability of other organisations to provide support may be limited. Additional support which may be available to family and dependants within the UK may also be limited.
 - e. **Benefits**. Soldiers who settle in Germany will be ineligible for the wider support provided by access to state and welfare benefits e.g. disability allowance.

Healthcare

4. There are implications for Soldiers leaving the Service and settling in Germany and Soldiers should be advised that in some circumstances the health care system may not accept an individual with a pre-existing medical condition. In addition they should be advised that it is the responsibility of the Soldier to obtain appropriate health care insurance.
5. **Contact**. British War Pensioners living in Germany will be expected to approach their local Embassy or Consulate (Overseas Pensions Agent (OPA)) for assistance with health issues attributable to or aggravated by Service. There is a Service Level Agreement between the Foreign and Commonwealth Office and the SPVA which details the terms of this Agreement.
6. **Claims**. In the first instance all claims of injury attributable to Service must be made by an individual directly to the SPVA. The claim will be forwarded to the relevant OPA with instructions as

¹² Instruction as to a formal application for Local Release in Germany is contained in [SI BF \(G\) 3211](#) – Local Release in Germany

¹³ See 99.232..

to the type of medical examination that is required. A medical examination will be carried out either by a local German doctor or visiting British military consultant; the latter will be coordinated by RO2 HQ BFG Health Services. Reimbursement of costs for medical examinations, treatment, medication or appliances linked to a war pension or AFCS claim is made by the local OPA. All claims will need to be substantiated by receipts and have the prior approval of the PSVA Treatment Group. Once written approval is received the OPA can reimburse the approved costs to the individual; this is done by bank transfer.

7. Additional Support. War Pensioners who have reached retirement age and are resident in Germany may be eligible for an E121 which helps with healthcare costs; enquiries in this regard should be made directly to the Overseas Healthcare Team which is part of the UK Dept of Health.

8. Advice. The SPVA helpline is the source of all policy advice for all claims in respect of war disablement, pensions, and Armed Forces Compensation Scheme.