

MILITARY COVENANT FACTSHEET:

Compensation

The Government fully recognises the importance of providing adequate **compensation** for those injured in operations or training. It has in place a comprehensive system of compensation and maintenance for Service personnel disabled, or those widowed, as a consequence of service. Only two and a half years ago, it introduced new pension and compensation schemes that greatly improved death-in-service benefits and widows' pensions, as well as providing lump sums for injury which can, for the first time, be claimed while in service.

The new Armed Forces Compensation Scheme (AFCS) makes payments according to a comprehensive graduated tariff, in line with other established models such as the Criminal Injuries Compensation Scheme. The use of a tariff-based system delivers consistent, equitable lump sum awards for similar injuries. This is in addition to the monthly tax-free, index-linked Guaranteed Income Payment (GIP) which is paid for life upon discharge to those more seriously injured. The GIP is not capped and it can amount to many thousands of pounds over a lifetime.

However, it does not interfere with a person's right to claim civil damages against the MOD where they believe that the injury, illness or death was a result of negligence on the part of the MOD. The standard of proof used in the AFCS is balance of probabilities. This is the accepted approach in other Schemes and in the civil courts and in no way removes the onus on the Department to release any records that it holds relevant to the circumstances of an injury or illness. We have seen no evidence to indicate that the current burden and standard of proof are preventing individuals whose injury is due to Service from receiving compensation. Our rules are in line with modern good practice and more than 70% of in-Service claims succeeded in the Scheme's first year.

The AFCS is a modern scheme based on best practice, but when it was being developed, it was not envisaged that we would be seeing severe multiple injury cases of the type that are now unfortunately occurring. We have reviewed the rules that apply in cases where an individual suffers more than one injury in a single incident and have increased the lump sum benefits for those with the most serious multiple injuries (tariffs 1-4). This means that those who qualify for 100% of the GIP (who by definition are those most seriously injured) would receive 100% of the tariff value for all injuries sustained in a single incident, up to the maximum lump sum award of £285,000.

We engaged in a period of consultation, principally with the members of the Central Advisory Committee, a statutory advisory body which advises the Minister for Veterans on matters relating to pensions and compensation. Members consist of representatives of ex-service organisations such as RBL, BLESMA and Combat Stress. The consultation has now ended and the new rules came into effect on 8th February 2008. This change to the Scheme's multiple injuries rules is specifically designed to reinforce the focus of resources on the most seriously injured, in line with the original intent of the Scheme. It has the full support of the Service Chiefs of Staff.

Much of the public concern regarding the scheme centred on the tragic case of Lance Bombardier Ben Parkinson who was seriously injured in Afghanistan. Parts of the media compared the compensation paid to him with that paid to a former "RAF typist" who it was said had repetitive strain injury (RSI). Compensation in the latter case was not paid under the AFCS and the Senior Aircraft Woman's injuries were more serious than RSI - she may never work again. The compensation payment was made under a civil case in which the MOD accepted liability. The compensation settlement included elements in respect of pain and suffering, and an assessment of loss of earnings, loss of pension and her legal costs. L/Bdr Parkinson will receive a tax free, inflation proof monthly Guaranteed Income Payment for life, as well as a lump sum that will reflect the findings of the review of the arrangements

for those with multiple serious injuries. The amount received is not capped unlike the Criminal Injury Scheme.

Time limits for claiming compensation are a particular concern raised by the Royal British Legion. Contrary to some media reporting, claimants have 5 years to submit claims under the AFCS. (This compares with 3 years in civil litigation cases.) There is also provision to extend the time limits for claiming for certain late onset illnesses and in situations where the claimant has been unable to submit a claim due to illness.

Medical Support for Service Personnel

The Government is clear that **medical support** to Service personnel on operations is vital; there is no question of UK forces deploying without appropriate support. This begins with the skills of the Defence Medical Services (DMS) personnel who provide expert medical treatment and care to injured personnel on the front line. Before the mid-1990s, our dedicated military hospitals provided the core of this training. But it had become clear by that date that, with the reductions in the size of our Armed Forces, the through-put of military patients provided neither the volume nor the range of cases essential to train our medical personnel for essential operational roles.

Given the advances in medicine and clinical practice, our medical personnel need the level of exposure that can only be provided in a large NHS hospital where military through-put is supplemented by civilian cases. The decision was therefore taken in 1994 to close most of the UK military hospitals, with the requirement for future training to be met primarily through Ministry of Defence Hospital Units (MDHUs) established within NHS hospitals.

The Royal Centre for Defence Medicine at Selly Oak Hospital in Birmingham represents the very best of the NHS. Its clinical excellence is widely recognised and its military-managed ward is now operational, which helps Service patients feel part of the military family whilst in hospital. There is a 14-bed military managed ward. Its military nursing staff have been increased in number and are on duty on every shift. Selly Oak has been widely praised,

with the head of the Army, Chief of General Staff, General Sir Richard Dannatt, saying that “there is nowhere better”. The Defence Medical Rehabilitation Centre at Headley Court in Surrey is similarly renowned.

Last year, the Government announced that the new NHS hospital to be built in Birmingham will treat patients from the Armed Forces. The new-build hospital, which opens in 2010, will treat Service personnel in wards that takes further forward our military-managed concept. They will be treated in up to four of the hospital’s 36-bed wards and there will be a designated reception area for visitors to the military ward and the rehabilitation facilities.

Responding to the argument that a reversion to previous arrangements is the best solution, the Surgeon General has stated “Creating an independent military hospital is not the best way to look after our people. Serious casualties from Iraq and Afghanistan need, and receive, advanced levels of care across a wide range of medical disciplines that can only be found in a major trauma hospital. Our numbers of casualties would not sustain a separate military hospital with the modern specialist equipment and skills of medical staff needed to give them the treatment they deserve.”

Defence Ministers make, and shall continue to make, frequent visits to wounded service personnel both in the UK and overseas. In 2006 and 2007 a total of 42 visits were made by Defence Ministers to visit wounded personnel in hospitals in the UK and overseas, including field hospitals in the operational theatres in Iraq and Afghanistan.

The Department also gives high priority to the needs of families of those who are injured, recognising both their own emotional and practical needs and their importance for the individual injured. We provide some family accommodation at both Selly Oak and Headley Court, and additional funding has been also provided to help meet the travel and local hotel accommodation needs of families visiting patients.

We are very grateful to the Soldiers, Sailors, Airmen and Families Association (SSAFA) for their generous provision of additional accommodation for families visiting Headley Court. We are also greatly appreciative of the efforts of the “Help for Heroes” fundraising campaign which aims to supplement the already excellent facilities at Headley Court with a specialist swimming pool and expanded gym. It is entirely appropriate in cases such as this that the generous, long-standing and enduring support of charities sits alongside facilities provided from public funds, as is the practice in other areas of care across our society.

The Government fully recognises that it has the responsibility for meeting the principal needs of veterans. It does so through top class re-settlement, generous pensions and compensation as well as free welfare support and advice. The Government will continue to honour this commitment but ex-Service organisations have long been regarded as an important additional source of welfare and the Government welcomes the work that is done together in partnership - each offering what it is best able to provide. Views differ on how this should be balanced and the Government is happy to discuss with the charities where the proper boundary of support should lie.

Where possible we will seek to accommodate the wishes of the injured for re-employment in service. However, this is not always practicable and, in these cases, we seek to ensure that there is a seamless transition of medical care and welfare support into civilian life. Once a decision has been taken to medically discharge an individual, the Defence Medical Services liaise with the NHS to ensure the proper transfer of care and patient history. In addition, we will manage the individual’s resettlement; and provide welfare support by way of a case officer who monitors those identified as seriously disabled for at least 2 years after discharge – longer if needed. We also have specialist health social workers who manage the individual’s resettlement - liaising with relevant civil agencies, such as local housing and financial authorities, and with Service welfare and charitable organisations to ensure a smooth a transfer to the civilian environment.

Mental Health Support

The arrangements for the **mental health support** of those who may have suffered psychological injury as a result of their service have been a matter of particular public concern; it is a concern we share and, for some years now, we have made it an area of particular priority for our work. We recognise mental illnesses, including Post Traumatic Stress Disorder (PTSD), as serious and disabling conditions, but ones that can be treated. It is our policy that mental health issues should be properly recognised and appropriately handled and that every effort should be made to reduce the stigma associated with them. We have measures in place to increase awareness at all levels and to mitigate the development of PTSD and other stress-related disorders among Service personnel: these include pre-and post-deployment briefing and the availability of support, assessment and (if required) treatment, both during and after deployments. For cases where these preventive measures do not succeed, expert treatment is provided, in line with recognised best practice; this is focused on recovery and rehabilitation.

During a pre-deployment medical, whilst deployed, or during the post-deployment normalisation period, all personnel including Reservists can identify themselves to any Medical Officers, or to their chain of command, if they believe they are suffering from a mental health condition. Efforts are made to arrange a 'decompression period' during which Service personnel can begin to unwind mentally and physically after their operational tour. The families of returning personnel are also offered advice to alert them to the possible after-effects of an operational deployment.

On return from operations, our mental health services are configured to provide community-based mental health care in line with national best practice. We do this primarily through our 15 military Departments of Community Mental Health (DCMH) across the UK (plus satellite centres for garrisons overseas), which provide out-patient mental healthcare. The DCMH mental health teams comprise psychiatrists and mental health nurses, with access to clinical psychologists and mental health social workers. The aim is to see referred individuals at their unit medical centre and, with the patient's

permission, to engage with General Practitioners (GPs) and their chain of command to help manage the problems identified. The Defence Mental Health Services have extensive experience in psychological treatments for mental health problems in general and psychological injury in particular, and a wide range of treatments is available.

In-patient care, when necessary, is provided in psychiatric units belonging to the Priory Group of hospitals through a contract with MOD. Close liaison is maintained between local DCMHs and the Priory units to ensure that all Service elements relating to an inpatient care and management are addressed. The arrangements with the Priory Group mean that the majority of patients can be treated much closer to their parent units than was the case when we maintained the last of our own psychiatric hospitals.

A pilot scheme for a new mental health service for veterans was launched in late 2007. Details about this scheme are provided in our “Healthcare of Veterans” section below.

Healthcare of Reservists

Particular concern has been expressed about the arrangements in place for the **healthcare of reservists**. All mobilised service personnel injured when on operational deployment are entitled to and will receive the same level of medical treatment and support, irrespective of whether they are a Regular or Reservist. If a medical officer in-theatre assesses that a member of the reserve forces requires treatment or rehabilitation back in the UK, they will be treated in exactly the same way as regular personnel. This may include treatment and rehabilitation at a military Regional Rehabilitation Unit or Headley Court, or – if the problem is related to their mental health – DCMH treatment or admission to the Priory Group.

When reserve personnel are demobilised, they are given a medical assessment. During this process, they may be referred to NHS hospitals hosting MOD Hospital Units or Selly Oak, where, if their clinical need necessitates it, they will be treated faster than NHS patients. Reservists will

receive treatment for injuries sustained on operations until they are deemed to have reached a 'steady state' of fitness. If they have continuing healthcare needs, they then pass from military to NHS care. Some Reservists opt for treatment in a hospital nearer to their home, which may be a non-MDHU hospital; here they will generally be treated according to clinical priority.

Once they leave the Reserve, it is a long-established tradition that medical welfare becomes the responsibility of their local NHS primary care trust and the majority of veterans' physical and mental health needs are met by these provisions. However, the MOD recognises that it has expertise to offer in certain specific circumstances, and in November 2006 launched a new initiative, the Reserves Mental Health Programme (RMHP). The RMHP is open to any current or former member of the UK Volunteer and Regular Reserves who has been demobilised since 1 January 2003 following an operational tour overseas who believes that the deployment may have adversely affected their mental health. Under the RMHP, we liaise with the individual's GP and offer a mental health assessment at the Reserves Training and Mobilisation Centre in Chilwell, Nottinghamshire. If diagnosed with an operational-related mental health condition, they are then offered out-patient treatment at one of the MOD's DCMHs. In more acute cases, the Defence Medical Services will assist access to NHS in-patient treatment. We are working with the UK health authorities to ensure that GPs across the UK are aware of this initiative, information on which is published at:

www.army.mod.uk/rtmc/rmhp.htm.

Healthcare of Veterans

An area of particular concern for the Royal British Legion in their campaign has been the **healthcare of veterans**. We have done much here already but have further work in hand that recognises some outstanding concerns, particular with respect to the arrangements for those veterans with mental health problems.

Since 1948, it has been the policy of successive Governments' that the NHS should be the main provider of health services for veterans. (In most other

countries in the world, health care is not free and specialist provision for veterans injured in service is required.) Ex-Service personnel receive good treatment from their GPs but we recognise that many health professionals have limited experience of dealing with veterans who have mental health symptoms arising from their Service experience.

Officials from the MOD and the UK Health Departments have therefore been working together to develop a new community-based mental health service. The first of six regional pilots was launched on 23 November and the other pilots at sites across the UK will follow over the next few months. It is intended that the mental health pilots will run for 2 years ahead of evaluation and nationwide roll out. The service is designed to provide regional networks of culturally sensitive expertise in military mental health to support NHS health professionals.

To cover the interim period, we announced in the summer the expansion of our Medical Assessment Programme (MAP) based at St Thomas' Hospital, London, to include assessment of veterans with mental health symptoms with operational service since 1982. The clinician in charge of MAP, Dr Ian Palmer served as a military medical officer and is a consultant psychiatrist; he is therefore well qualified to provide this service.

Finally, under the War Pensions Scheme, the Department has the discretionary power to meet the cost of medical, surgical or rehabilitative treatment of Veteran that arises as a result of disablement due to Service before 6 April 2005 and which is not provided free of charge under other legislation of the United Kingdom. Under this power the MOD funds War Pensioners undergoing "remedial treatment" at Ex-Services Mental Welfare Society ("Combat Stress") homes. Founded in 1919, the Society is a respected charity which specialises in helping ex-Service personnel suffering from nervous or mental disabilities. MOD gave Combat Stress £2.5M in fees in 2006/2007 and has agreed in October to a phased increase in the fees we pay, rising to 45% from 1 January 2008, to enable them to enhance their capability to treat veterans.

The Government announced in November 2007 that the provision of priority medical examination and treatment, subject to clinical need, would be extended to all veterans whose conditions are assessed by their GPs as being due to service. This provision has also been adopted in Scotland and Wales. We are working with UK Health Departments and veterans' organisations to review existing communication arrangements and reinforce existing advice to ensure that priority medical treatment is properly understood by NHS health professionals and veterans nationwide.

Inquests and Support for Bereaved Families

With respect to Service fatalities, families understandably want to know what happened to their loved ones and **inquests** are a key part of the process of coming to terms with loss. We recognise that there are concerns both about the support given to families with respect to inquests and about the long timescale for some of them.

Inquests seek to establish who died, when they died, how they died and why. They are designed to be non-adversarial and as such, legal representation is not usually necessary. If families wish to appoint a solicitor or barrister to represent them, they can do so. However, Legal Aid is not normally available to fund legal representation at an Inquest, other than in exceptional circumstances, subject to strict criteria and assessed by the Legal Services Commission.

In a small number of Service-related inquests the MOD will have legal representation (Counsel) at the proceedings. This is normally when potentially complex issues could arise, and MOD Counsel can assist the court in the relevant questioning of witnesses to elicit as clear and full an understanding as possible of what took place.

The MOD has robust policies and procedures in place to ensure the best possible support is offered to families. These procedures are continually under review to ensure they reflect the needs of all parties concerned. The

MOD support the family through trained in-Service Visiting Officers who are appointed to act as a liaison between the bereaved family and the Services. This support is of course offered for as long as the bereaved family require it.

The timing of inquests is a matter for the individual coroner. The Ministry of Justice has policy responsibility for the coroners who are appointed and paid for by local authorities. However, we recognise that the MOD has a role, for example with respect to the provision of evidence. To ensure that there are no unnecessary delays in responding to the coroner's requests which would delay the start of the inquest, we have therefore established a dedicated team in MOD to improve our liaison with local coroners. We also now provide travel, accommodation and subsistence payments for two members of the family to attend pre-inquest hearings as well as for the inquest itself.

Every Service person killed on operations overseas whose body is repatriated to England or Wales is the subject of an inquest. Until 31 March 2007, Service fatalities were repatriated via RAF Brize Norton, Oxfordshire, and since 1 April 2007, all repatriation is done through RAF Lyneham in Wiltshire. Once repatriation has taken place, it is now policy, wherever possible, to give jurisdiction to the coroner closest to the bereaved family. That avoids backlogs and improves access for families. Extra resources have been made available to both the Oxfordshire and Wiltshire coroners. Those extra resources, and recent policy changes, have made significant improvements. Some 75 inquests were completed in 2007, which is more than were completed in the previous five years together. However, the need to investigate thoroughly the circumstances of the deaths will inevitably mean that inquests continue to take time.

Ministers continue to make quarterly statements to Parliament on progress with inquests and we keep the situation under review. As of 9 January 2008, there were 115 open inquests, 40 of which are scheduled to take place within the next 4 months. The Government also remains committed to reforming the coronial system and will bring forward its Coroners Bill as soon as Parliamentary time allows.

Accommodation

Another area of particular concern has been the quality of accommodation provided for Service personnel and their families. MOD Ministers attach the highest importance to improving living conditions for Service personnel and their families but we have been working against a legacy of under-investment in this area. I willingly accept that many quarters are not of a satisfactory standard; however, we have taken action to address this which I believe matches the scale of the problem.

In 2006/07 we spent £700 million on accommodation and 1,200 quarters were upgraded to the highest standard, and in 2007/08 we will spend a further £800 million. Overall, we plan to spend in excess of £8 billion on accommodation over the next 10 years, demonstrating our long-term commitment to providing our Service personnel and families with the high standard of housing that they deserve. Of this £8bn projected spend, more than £3 billion will be spent on new-build and upgraded accommodation, more than £2 billion on refurbishment and maintenance, and another £3bn on routine costs, including rent, other leasing costs and the equivalent of Council Tax.

In September 2007, the Secretary of State for Defence announced that an additional £80 million would be made available over the next three years for Phase 2 of the Single Living Accommodation Modernisation (SLAM) Project, increasing the funding for this phase by over 20% from £335 million to £415 million. This will allow a further 1,350 new en-suite bed-units to be built. It will bring the total number of single living bed-units built or improved, through all accommodation projects, between 2001 and 2013 to over 50,000.

The MOD also has its own nationwide initiatives to help the Armed Forces and their families rent or buy accommodation. In December 2007, the Department of Communities and Local Government (DCLG) and the MOD announced that new support will be given to help Service personnel buy an affordable home. And for the first time, Service personnel and their families currently in Service accommodation in all regions of the country will be eligible for financial assistance to help them onto the housing ladder.

Key Worker Living (KWL) status has been achieved for Services personnel in London, the East and South East. The Government is also amending housing legislation to ensure that Service personnel leaving the Armed Forces are placed on an equal footing with civilians when applying for social housing. Existing legislation allows local councils to take into account whether applicants have a 'local connection' when prioritising applicants for social housing. This amendment will ensure that local councils will in future recognise the local connection personnel may have established with an area as a result of being based there during their period of Service.

Command Paper and National Recognition Study

The Government announced on 8 November 2007 work to develop the first-ever **cross-Government strategy** for supporting our Service personnel, their families and veterans. The Command Paper will outline steps taken so far and future initiatives to enhance the Government's support. Work on the paper will be led by Armed Forces Minister, Bob Ainsworth and will fully involve the Service Chiefs. We will also take account of the views of Service and ex-Service organisations. The intention is to ensure we have in place a framework of policies and practical services that fully meet the needs of our Service personnel, veterans and their families.

The Government also commissioned an independent study into how the British public can better express its support and gratitude for the nation's Armed Forces. The study led by Quentin Davies MP, will report in the next few months and will recommend ways to improve the nation's understanding and appreciation of the Armed Forces and consider how we might encourage more public activities like civic parades and other forms of commemoration.