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Medical input to Ainsworth briefing, 28 June 2010

## 1. Selly Oak Hospital

Since 2001, the Royal Centre for Defence Medicine (RCDM), based at the University Hospital Birmingham Foundation Trust (UHBFT), has been the main receiving unit for military casualties evacuated from an operational theatre. In the Birmingham area, military patients can benefit from the concentration of five specialist hospitals (including Selly Oak Hospital) to receive a very high standard of care. Indeed, Selly Oak is at the leading edge in the medical care of the most common types of injuries (eg polytrauma) our casualties sustain.

We do, of course, appreciate the importance of military casualties continuing to feel part of the military family, where practical. They will obviously benefit from being treated, where clinically feasible, in a predictable and understandable environment, with care delivered by staff who can empathise with patients.

### **Timeline – Military Managed Ward:**

**August 2006** – Increased numbers of operational casualties being treated at Selly Oak, coupled with negative media reporting of existing arrangements, led to decision to enhance the military medical staffing on the S4 trauma ward at Selly Oak (the so-called “Military Managed Ward”, or MMW).

**September/October 2006** - Military nurse manning on the Trauma and Orthopaedic Ward S4 improved following trawl of available and suitably qualified staff by the single Services and some internal moves at RCDM.

**December 2006** - MMW reached Initial Operating Capability just before Christmas 2006. It is located in the main body of Selly Oak Hospital and provides clinical care, by a combined team of military and civilian personnel, for military patients whose clinical condition allows for them to be nursed in this ward. There are military managers involved at every level on the MMW, with a Military Ward Manager responsible for all aspects of the military presence on the ward, whether staff or patient issues, and for liaising with appropriate authorities. The MMW Ward Manager is assisted by three Military Deputy Ward Managers who are responsible for the planning and delivery of patient care to both military and civilian patients, although they primarily focus on military activity.

An enhanced military nursing structure is in place for this ward comprising military nurses and military health care assistants. Military nursing staff are on duty on every shift on the ward. Full Operating Capability (FOC) for the MMW will be declared once the military presence on the ward has been assessed as having achieved the sustainable staff numbers, together with the skill and experience levels required, to take over the management of the whole ward from the University Hospital Birmingham Foundation Trust.

There are now 18 qualified military nurses (including the military ward manager and her 3 deputies) as well as 5 military health care assistants on the trauma ward.

The military ward consists of 2 six-bedded bays, with access to 4 additional side isolation rooms, making a potential total of 16 beds.

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**May 2007** - Works project starts to change the layout of the ward to produce a separate area for some military patients whose condition allows them to be nursed together, utilising the two bays and isolation rooms at the far end of the main orthopaedic/trauma ward.

**July 2007** – Full Operating Capability for the MMW achieved. Military nursing staff allocated to the MMW at FOC are:

- 11 Orthopaedic (specialist) nurses;
  - 15 General nurses;
  - 13 Health Care Assistants.
- TOTAL: 39** (compared to 12 in summer 2006)

These numbers include the military ward manager and her three deputies.

## **Other enhancements by summer 2007**

- Each military patient in the Birmingham area allocated a named military nurse whom he or she can contact at any time on clinical and other issues.
- Community psychiatric support increased, with two full time Community Psychiatric Nurses in post.
- A military nurse team member visits every military patient being treated at a Birmingham hospital three times a day.
- Defence Medical Welfare Service (DMWS) has four welfare officers based at UHBFT who visit our patients regularly.
- Additional funding provided to help meet the travel and accommodation costs of patients' families who need to travel to Selly Oak. Accommodation available includes seven flats, plus a number of family rooms. Some of the flats have benefited from recent refurbishment funded by the Soldiers, Sailors, Airmen and Families Association (SSAFA), which is helping to provide a more suitable environment for the families of the patients concerned. Additional transport for patients and families is also being provided from public funds.

Since **spring 2009**, the ward has been run by a senior military nurse. Military nursing staff are on duty on every shift on the ward, including the night shift. There are, and will remain, civilian nursing personnel on the ward. Military consultants play an active role in coordinating the care of all Service patients. They liaise with civilian consultant colleagues to provide advice on Service issues and ensure that military aspects of treatment are taken into account for all Armed Forces' patients.

**Summer 2009** - additional 23 military medical staff were mobilised on 16 August 2009 to work at RCDM Birmingham, in light of the increased number of casualties over the summer (Operation Panther's Claw). However, the 23 were reduced from 4 September 2009 and by the end of October they had all returned to their normal units.

**June 2010** –Military patients from the Selly Oak MMW move to the new Queen Elizabeth Hospital Birmingham in Edgbaston, which has the largest single-floor critical care unit in the world (100 beds), and means the Armed Forces will continue to benefit from Europe's leading trauma care provider.

The new QEH has a military ward, in which Service personnel will be cared for in single or four-bedded rooms (just as NHS civilian patients will be). However, it will also have some unique features. There will be a common room for military patients and a quiet room where

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they can be with their families or talk to welfare staff. A dedicated physiotherapy area for military patients will be provided close by and there will be an early rehab facility on the ward itself.

As with Selly Oak hospital there are a concentration of Service Personnel working in the new location. Adjustments will be made to Ward 412 to reflect the needs of Service patients and service ethos, with service crests, names and colour schemes all evident.

## **2. Defence Medical Rehabilitation Centre (DMRC) and Regional Rehabilitation Units (RRUs).**

MOD has made considerable investment in rehabilitation in recent years and now adopts a tiered approach. Selected primary care centres have been reinforced by physiotherapists. When necessary, patients are referred to one of 15 Regional Rehabilitation Units (RRUs) which focus on the assessment and treatment of musculoskeletal injuries and sports medicine and are staffed by specially trained Doctors, Physiotherapists and Rehabilitation Instructors.

Military patients requiring further rehabilitation care may be referred to the Defence Medical Rehabilitation Centre (DMRC) at Headley Court in Surrey, which is the principal medical rehabilitation centre run by the Armed Forces. DMRC also accepts direct admission from hospitals, and most combat casualties are referred directly to DMRC from Selly Oak. DMRC provides both physiotherapy and group rehabilitation for complex musculo-skeletal injuries, plus neuro-rehabilitation for brain-injured patients. The Complex Rehabilitation and Amputee Unit, based within DMRC, provides high quality prosthetics and adaptations, manufactured on site and individually tailored as necessary for the specific patient. Priority is given to the provision of prosthetics to enable Service personnel to resume service duties.

Recent substantial enhancements to the facilities have been the building of a temporary ward annex of 30 beds (brought into use in May 2007), a 58-bed staff and patient accommodation block (Wood House, January 2009) and the new Centre for Mental and Cognitive Health (providing mental health and clinical psychology services to "in" and "out" patients) opened in spring 2009. As prudent contingency planning we are working on plans to provide up to 30 extra ward beds later in 2010.

Ministers announced in May 2008 an "extra" £24m in capital funding over four years for a Headley Court development programme. Over the first two years (i.e. up to April 2010) this funding was mainly applied to the MOD contribution to the "Help for Heroes" rehabilitation complex (which had its official opening in June 2010), and a utilities upgrade for the whole site.

Assessment work has also started on the complete re-development of the clinical areas, which will replace and expand all the existing ward bed capacity (66 beds) and deliver improved facilities for rehabilitation including prosthetics work. We expect that the new facility will be completed in late 2011.

## **3. Mental Illness.**

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Following the Medical Quinquennial Review, whose conclusions were published in 2002, our mental health services have been re-configured in line with national best practice, meeting the standards of the National Institute for Health and Clinical Excellence, to provide community-based mental health care. We do this primarily through our 15 military Departments of Community Mental Health (DCMH) across the UK (plus centres overseas), which provide out-patient mental healthcare. The DCMH mental health teams comprise psychiatrists, mental health nurses, 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 and their chain of command to help manage mental health problems identified in personnel. A wide range of psychiatric and psychological treatments are available, including psychological therapies, environmental adjustment and medication, where appropriate. The Defence Mental Health Services have particular expertise in psychological treatments for mental health problems in general and psychological injury in particular.

In-patient care, when necessary, is provided in specialised psychiatric units under contract with an external provider. From 2004-2009, this contract was with the Priory Group of hospitals. Since March 2009, the contract has been held by a partnership of eight NHS Trusts, led by Staffordshire and Shropshire NHS Foundation Trust (SSS FT). The SSSFT contract will ensure that those who require inpatient care will continue to receive the very best treatment close to their home or parent unit, wherever they are based in the UK. This matches the community based approach we follow for our outpatients who are seen at our regional military mental health centres

In the deployed operational arena, commanders and their medical staff can call upon mental health professionals that can provide assessment and care in theatre. Theatres are regularly visited by consultant psychiatrists who audit the service provided by the in-theatre mental health professionals. If personnel do need to leave the operational environment, then their care continues either on an out or inpatient basis in the UK.

Since November 2006, the Reserves Mental Health Programme (RMHP) has offered additional help to members of the Reserve forces. It 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 overseas operational deployment as a reservist, and 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 to have a combat-related mental health condition, we then offer out-patient treatment via one of the MOD's 15 DCMHs.

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