

Berkshire Healthcare **Armed Forces Strategy**

Meeting the needs of our armed forces
patients and colleagues.

2025 - 2030



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Supporting our armed forces at Berkshire Healthcare

Berkshire Healthcare proudly supports the armed forces community. We deliver specialist mental health care through services like NHS Op COURAGE and have been nationally recognised for our armed forces-friendly employment practices. Our internal Armed Forces Staff Network also provides peer support to colleagues with military connections.

We’ve listened to feedback from armed forces patients, families, and staff - and we know we must do more.

This strategy doesn’t call for new services or more funding. Instead, it focuses on improving how we use what we already have. By applying our legal Due Regard duties more consistently under the Armed Forces Covenant Act, we will reduce health inequalities and better meet the needs of armed forces patients and colleagues.

Stronger communication with NHS services, local government, military organisations, and charities will help us deliver more joined-up care.

Our work is already being praised by NHS England, Defence Medical Services, and national armed forces groups. As one senior stakeholder put it:

“What an amazing piece of work! You make me feel very grateful that my armed forces patients are based in Berkshire.”

This strategy focuses on two key groups:

- **Our people** - current and future armed forces staff
- **Our patients** - serving personnel, veterans, and families using our services

Our clinical teams and human resources (HR) staff are already embracing the strategy. Together, we are committed to leading the way in armed forces healthcare.

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1. Introduction

At Berkshire Healthcare, we proudly support the armed forces.

We have already:

- Signed the Armed Forces Covenant in 2021
- Received the Ministry of Defence Employer Recognition Scheme Gold Award in 2022
- Launched the NHS Armed Forces Guaranteed Interview Scheme in 2023
- Been re-accredited as by the NHS Veteran Covenant Healthcare Alliance as a Veteran Aware Trust in 2024

For patients we deliver the NHS Op COURAGE Veterans Mental Health Service across the Southeast and Central region.

For our staff, we support recruitment through NHS schemes like Step into Health, the Armed Forces Guaranteed Interview Scheme, and the Ministry of Defence Career Transition Partnership . We also support retention through our Armed Forces Network and by reviewing our HR policies for armed forces colleagues.

However, we know from feedback that armed forces patients, and their families, still face delays in care, disruption from frequent moves, and a lack of understanding about their unique needs.

We will:

- Remove barriers to accessing healthcare within our services
- Make sure our services understand armed forces patients
- Understand and care about the health needs of people leaving the armed forces
- Offer employment opportunities to armed forces colleagues
- Ensure armed forces staff feel included and supported

Our strategy focuses on:

- Improving healthcare access and referral
- Identifying armed forces patients
- Training staff to become armed forces and veteran aware
- Forging effective partnerships with other primary and secondary NHS organisations
- Supporting specific underrepresented armed forces groups

**Armed Forces
Network**



EMPLOYER RECOGNITION SCHEME

GOLD AWARD

Proudly supporting those who serve.

OpCOURAGE

2. Due Regard

What is the Armed Forces Covenant and what is our healthcare 'Due Regard' duty?

The Armed Forces Covenant is a national promise to treat armed forces members, veterans, and their families fairly, and remove the barriers that create disadvantage for armed forces service colleagues. The Covenant became law in 2023 which set out how NHS organisations and healthcare providers must also show 'Due Regard'.

This means that we must:

- Understand and meet the specific needs of the armed forces
- Reduce barriers to accessing healthcare
- Ensure no disadvantage due to military service

3. We have listened

We have listened to NHS and Defence Medical Services, the Ministry of Defence, armed forces charities, staff and patients.

The evidence is clear, that despite our strong actions to date, we can still do better.

Global instability and deployment affect the wellbeing of armed forces families, especially children. We must ensure that our healthcare supports those who serve and those who have served.

In Berkshire:

- We have over 23,000 armed forces and veteran families
- In some of our regions, our armed forces and veteran families represent 5% of the population
- Many armed forces patients still face healthcare access issues, challenges and delays
- Problems impact all age groups, from newborns to older adults

The armed forces community includes:

- Full time regular personnel (Army, Navy, Royal Air Force/RAF)
- Part time Reservists
- Adult Cadet Force volunteer instructors
- Veterans (ex-forces)
- Families, partners, carers
- The bereaved

3. Why change is needed? (continued)...

We also support known armed forces underrepresented groups such as:

- Women
- Children and carers
- Foreign, Commonwealth and Fijian veterans
- Physically and or mentally disabled, impaired or injured veterans
- LGBTQ+ veterans

4. Goals

We want to:

- Be an NHS exemplar, a centre of excellence, of armed forces healthcare provision and an armed forces friendly employer
- Remove healthcare inequalities for armed forces patients
- Improve armed forces patient experience, quality of care, and improve access and referral experience
- Support armed forces colleagues in the workplace by continually reviewing our armed forces HR policies and practices

5. The case for change

Serving armed forces patients face:

- Long delays in accessing NHS services
- Missed referrals
- Confusion during relocations
- Limited understanding of their needs

Real-life lived experience examples tell us of:

- Delays of up to 13 months
- Worsening injuries
- Unnecessary discharge from service
- Greater hardship for families

5. The case for change (continued)...

By improving communication and armed forces healthcare needs awareness, we will:

- Help serving armed forces personnel remain in active service
- Improve the recovery process of serving armed forces personnel

6. How delays harm the armed forces and the NHS

For healthcare staff:

- Lost time and effort
- Confusion about the NHS referral process for armed forces patients

For patients:

- Being discharged unnecessarily early from armed forces employment
- Increased stress

For the armed forces:

- Reduced capacity for injured serving personnel to speedily return to armed forces employment and deployment on operations
- Increase gaps in armed forces workforce numbers because of preventable medical discharges from the armed forces due to failure of timely access, referrals and admissions to NHS services

For the NHS and NHS Services:

- Increased NHS demand and costs due to potentially preventable medical discharges from armed forces employment as the patient passes from Defence Medical Services care to NHS care

If nothing changes, more of our armed forces community patients will be forced to leave the military early, moving into NHS care as veterans before they should, impacting on their future and increasing healthcare costs.

Lack of armed forces and veteran awareness and a failure to identify and code armed forces patients on referral means an inconsistent and inequitable service, a poor patient experience, and a failure to access or signpost the additional specialist support and services that are uniquely available to this hard to reach patient group.

6. How delays harm (continued)...

Our strategy addresses these issues by recommending the following key changes:

- Implementing armed forces patient identification and coding on referral and admission
- Improve communication between us and Defence Medical Services (DMS) healthcare teams and between primary and secondary NHS trusts and services and GPs
- Remove barriers to access armed forces specialist healthcare services or signpost to armed forces government, local authority or charitable support
- Improve the armed forces healthcare awareness and training
- Build an effective Armed Forces Network

7. Benefits

Benefits for our armed forces patients, our services, our trust and our colleagues

Our staff and services will:

- Better understand armed forces needs
- Link patients to additional support
- Receive better training

Access or signpost to unique additional specialist support available to armed forces patients, which includes:

- The specialist NHS armed forces healthcare services such as the NHS Op COURAGE Veterans Mental Health Service and the NHS Op RESTORE The Armed Forces Physical Health Service
- Enhanced support through heightened awareness of our due regard duty for armed forces families, women, children, and carers
- Signposting to external armed forces champion organisations including (but not limited to) Local Government Authorities for Housing or Department of Work and Pensions for additional armed forces benefits support
- Help for physically and mentally disabled, injured, impaired or impacted veterans
- Signposting to additional practical and financial aid and assistance from armed forces charities

Programme 1: Patients

Supporting our armed forces patients.

Key implementation activities, milestones and objectives

To enhance patient experience, and to improve quality of care, we will:

- Identify and code armed forces patients at referral and admission
- Improve referral processes by applying 'due regard' and follow NHS and DMS referral guidelines
- Remove postcode barriers and service access issues by ensuring that military families can access services wherever they live
- Train our staff to improve awareness and training about armed forces healthcare needs
- Build networks and develop collaborative armed forces partnerships across the local NHS, and DMS, primary, secondary and GP practise colleagues, and with local authorities, and armed forces employer supporting organisations

Implementation

By following a 5-year structured and phased plan, we will ensure that Berkshire armed forces patients, and their families, receive the care and support they need and deserve. In doing so, we will also instil a culture of awareness, inclusivity, and engagement across all services.

Delivering this strategy will provide meaningful, lifelong improvements to healthcare access and outcomes for the Armed Forces community.

By delivering this strategy it ensures that we will also meet the NHS targets, standards and our legal duty for due regard.

This strategy is supported by internal and external colleagues. Berkshire Healthcare services have committed to making these changes, with support from the Berkshire Healthcare armed forces lead. This 5 year strategy is ready for immediate implementation.

The strategy will be launched in a phased, controlled and graduated manner, initially launching with selected services, who are considered armed forces healthcare exemplars, acting as pathfinders for the rest of the Trust to follow.

The 5-year plan

Year 1: Define Initiate Pathfinder Services	Engage selected services as armed forces exemplar pathfinders with: Musculoskeletal, Audiology, and Child Services, supported by the lived experience team
	Initiate admissions armed forces patient identification and coding awareness campaign
	Establish armed forces and veteran awareness CPD training repository
	Establish an armed forces healthcare partnership collaborative working group
Year 2: Develop Trust-wide Rollout	Engage all services in a phased implementation plan
	Implement full rollout of armed forces patient coding across all services
	Engage key armed forces supporting employers
	Develop effective armed forces links with civil, civic, military, and local government authorities
Year 3: Embed Baseline	Conduct baseline impact assessment based on maturing patient data analysis
	Develop patient and provider feedback forums
Year 4: Enhance	Implement continuous improvement adjustments based on matured data
	Ensure continued alignment with national NHS Armed Forces strategies
	Celebrate, profile and share best practice
	Engage patient forums
Year 5: Deliver Cultural Change	Confirm armed forces identification patient coding is embedded across all services
	Submit and secure 5-year NHS Veteran Aware Re-accreditation

Programme 2: People

Supporting our armed forces colleagues.

Our Armed Forces recruitment, retention and support programme

Berkshire Healthcare is proud to be a forces-friendly employer that actively supports armed forces colleagues, families, and veterans. Our commitment is rooted in the Armed Forces Covenant and underpinned by our legal duty to apply Due Regard. But it is also deeply personal - we listen to lived experience and have shaped our actions accordingly.

Our aim

To make Berkshire Healthcare the employer of choice for the armed forces community - by delivering inclusive, accessible recruitment, and outstanding ongoing support that promotes long-term retention and wellbeing for all armed forces staff, including underrepresented groups.

Strategic action and delivery

We recruit, retain, and support people with lived military experience across all services, including:

- Veterans
- Serving reservists
- Adult Cadet Force volunteers
- Families, partners, and carers

This work aligns with both our Trust Workforce Strategy and Recruitment and Retention Framework, ensuring our offer is not only welcoming, but also sustainable and supportive.

Recruitment

We actively work with national NHS schemes to support armed forces colleagues as they transition into NHS roles including:

- NHS Step into Health programme
- NHS Armed Forces Guaranteed Interview Scheme
- Direct partnership with the Career Transition Partnership (CTP)

Our recruitment model includes:

- Tailored support for job seekers from the armed forces
- Developing a hiring manager training programme (in development) to support inclusive and confident recruitment practices
- An Armed Forces HR policy that covers serving reservists, adult volunteers, and staff families

We also offer:

- Two weeks of paid leave for training activities for reservists and cadet volunteers
- Clear and proactive support for mobilisation and deployment

Retention and welfare support

Our support does not stop at the point of hire - it continues throughout an employee's career.

Our Armed Forces Network, re-energised and expanded in 2024/25, provides a safe space, advocacy, and practical advice. The network works alongside the Women's, Purple, Race Equality and Pride networks to offer intersectional support, particularly for:

- Women veterans and reservists
- LGBTQ+ veterans
- Foreign and Commonwealth veterans, including Fijian staff
- Carers and families of deployed personnel
- Physically and mentally injured veterans

In 2024/25, the Network:

- Doubled its size and engagement
- Ran national and local commemoration and awareness events
- Partnered with the Royal College of GPs (RCGP) to raise awareness of veterans' needs in primary care
- Received two NHS Employers awards, recognising best practice in armed forces employment

We are now building a line manager education programme that will improve awareness, boost confidence, and offer practical tools to support armed forces colleagues throughout their employment lifecycle.

Workforce inclusion, events and strategic integration

Our support for armed forces colleagues directly supports our Trust's wider efforts on workforce diversity, inclusive leadership and fair access to opportunity.

We work closely with HR, Organisational Development (OD), and Equality, Diversity and Inclusion (ED&I) leads to continually review and improve policy and practice, with specific emphasis on:

- Better data and tracking of armed forces staff
- Supporting underrepresented groups
- Increasing visibility and awareness at all leadership levels

Each year, we will continue to publicly celebrate and engage with our armed forces community through three key events:

- Armed Forces Week
- Armed Forces Reserves Day
- Remembrance activities, supported by our chaplaincy and local military organisations

We also maintain strong partnerships with:

- NHS Employers and NHS Confederation Armed Forces programmes
- Ministry of Defence Employer Recognition Scheme
- MOD Career Transition Partnership recruiting events
- Reserve Forces and Cadets Association (RFCA)

These relationships help ensure that our approach is nationally aligned, locally delivered, and fully inclusive, as we continue to lead the way in making Berkshire Healthcare a welcoming, supportive, and empowering place for our armed forces community.

11. Our armed forces promise summary

We will:

- Tackle healthcare inequalities
- Support armed forces employment
- Embed armed forces support in services
- Strengthen our Armed Forces Network
- Work with specialist providers and charities
- Support underrepresented groups

12. Measuring success

We will:

- Track the number of identified armed forces patients
- Implement the strategy on a phased basis, with selected services to run pilots before full rollout across all services
- Secure support from services to champion the cause of armed forces patient awareness to better understand Due Regard within the context of their specific and specialist service

12: Measuring success (continued)...

- Work with national NHS armed forces programme colleagues to apply a consistent care quality programme
- Regularly report progress to the Board and Senior Leadership Team, via the senior responsible officer (SRO)

By delivering these actions, we will improve care for the armed forces community and ensure Berkshire Healthcare remains a great place to receive care and work.

Annex Four Lived Experience case studies

Case study 1: Delay in mental health help for armed forces child

What happened

An armed forces family waited nine months for their child to get mental health support. The referral was rejected several times because their GP was outside the area. No one told the parents. Help only came after the Royal Military Academy Sandhurst (RMAS) Medical Centre raised the issue with NHS leaders and the Berkshire Healthcare Armed Forces Lead.

Quick summary

- Referral rejected due to postcode after recent posting to RMAS
- Family not informed — they had to chase for answers
- Support only came after RMAS GP intervened, nine months later

Main problems

- Referral rejected due to out-of-area GP
- No communication with the family
- One parent had to manage alone with two other children while the other was deployed
- NHS did not recognise the armed forces family setup
- High-level NHS involvement needed to resolve the case

Background

- Child: Under 16, female, history of mental health needs
- Language: English
- Serving parent registered with RMAS GP
- Non-serving parent registered with another GP
- Referral rejected without notice
- Support only arranged after RMAS GP stepped in

What matters to armed forces families

- Timely help regardless of postcode or GP
- Clear communication throughout the referral process
- Support for parents managing alone due to service commitments

What worked well

- People care, RMAS GP intervened - despite not being mandated
- NHS leaders acted once the issue was raised
- Family received care eventually, though delayed

What we need to learn

- Identify Armed Forces families at referral
- Accept referrals regardless of GP location
- Keep families informed
- Account for deployment when arranging care
- Resolve issues without requiring escalation
- Recognise armed forces life in care planning
- Apply 'Due Regard' from the start

Case study 2: Long waits for NHS surgery for active serving armed forces personnel

What happened

Active serving armed forces personnel needing surgery are waiting months, sometimes over a year to be treated. Without care, injuries worsen and many risk medical discharge if they can't return to duty within 12 months. This breaks the Armed Forces Covenant and NHS DMS agreement.

Quick summary

- Up to 13-month waits for surgery
- Delays risk medical discharge
- Memorandum of Understanding (MoU) with DMS and 'Due Regard' not being applied

Main problems

- MoU between NHS and DMS not consistently followed
- No clear process for armed forces surgery referrals
- Inconsistent rules between NHS Trusts
- Wasted time chasing updates
- Long delays affect recovery and service careers

Patient backgrounds (four examples)

- **Patient 1:** Military downgraded from active service since 2020, referral to NHS April 2024, surgery May 2025 - **3 month wait**
- **Patient 2:** Referred to NHS December 2023, surgery January 2025 - **13 month wait**
- **Patient 3:** Referred to NHS October 2024, surgery May 2025 - **7 month wait**
- **Patient 4:** Referred to NHS July 2024, surgery November 2024 - **4 month wait**

What matters to serving armed forces personnel

- Get surgery in time to remain in service
- Recognise armed forces rights under the Covenant and MoU
- NHS and DMS must coordinate more effectively

What worked well

- NHS care was good when accessed
- DMS medical staff showed strong advocacy
- Earlier access led to better recovery

What we need to learn

- Apply Covenant and MoU at referral stage
- Treat serving personnel with Due Regard
- Support timely return to duty
- Create shared NHS - DMS referral processes
- Keep DMS and patients better informed
- Delays can end careers - not just inconvenience
- Due Regard includes those injured in or by service
- Support for armed forces must be standard, not optional

Case study 3: Nine year wait for knee surgery – military spouse left behind

What happened

A 48-year-old military spouse waited nine years for a knee replacement. Each time her husband was posted, she joined a new NHS waiting list and went to the bottom of the waiting list. Her condition worsened, affecting her health, mental wellbeing, and family life. She didn't want prioritisation - just fairness.

Quick summary

- Moved four times in nine years due to military postings
- Placed at the bottom of a new waiting list each time
- Endured years of pain and loss of quality of life

Main problems

- NHS doesn't transfer waiting list positions
- No flag to protect armed forces spouses
- Each move reset her care - no continuity
- Family left unsupported while partner deployed
- System treated her as a new case every time

Patient background

- Age: 48
- Gender: Female
- Military spouse, mother of three
- Spouse: Lt Col posted to RMAS and other locations
- Chronic knee damage - full replacement needed
- Waited nine years across four different NHS lists

What matters to armed forces families

- Waiting list places must move with the family
- Pain doesn't reset - neither should care
- Parity, not privilege - not asking for special treatment

What worked well

- Eventually re-referred at RMAS with support from armed forces liaison
- Surgery now planned - but too late to prevent long-term impact

What we need to learn

- Waiting list positions must transfer with armed forces families
- The system must apply Due Regard, not default rules that restart care
- This isn't prioritisation - it's parity for people affected by service
- NHS records should flag armed forces families to protect against delays
- Lack of continuity causes real harm - physically, emotionally, financially
- Supporting the family unit is part of supporting Defence
- Culture must change - we need a joined-up system that sees the full picture

Case study 4: Lack of timely end-of-life care for military spouse – a family left alone

What happened

A military spouse with terminal cancer died after delays in palliative care. The family had recently moved for a short-term posting. Local NHS care was only arranged after RMAS GP intervened, despite not being responsible. The spouse died at home. Her partner and three children were left unsupported.

Quick summary

- Delayed palliative care after family relocated
- Local NHS teams slow to respond due to 'new patient' status
- Care only arranged after RMAS GP stepped in

Main problems

- End-of-life care was not continued after posting
- RMAS GP had to intervene multiple times
- Serving parent stopped working to manage care and grief
- Children had no formal bereavement support
- Lack of compassion and joined-up care

Patient background

- Patient: Civilian spouse
- Age: 45
- Diagnosis: Terminal cancer
- Spouse: Serving Army officer, three children
- Recently posted locally for two-year assignment
- Initial care missing - only resolved after RMAS GP escalation

What matters to armed forces patients and families

- End-of-life care must be based on need, not address
- Families shouldn't fight for basic support
- Systems must understand when one serves, all serve

What worked well

- RMAS GP advocated strongly despite remit limits
- Community teams helped once involved
- School and military welfare supported children after death

What we need to learn

- Recognise armed forces families at all life stages
- Start end-of-life care immediately - no delays
- NHS must flag and follow armed forces links
- The Covenant must be real, not just policy
- Don't rely on unofficial help - make care reliable
- Serving parents need support to do their job - and specialist support to grieve
- Bereavement care for children must be built-in
- Create a compassionate, joined-up system

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Appendix 2: Glossary of terms

Adult Cadet Force Volunteer (ACFV)

An adult who volunteers to support and lead youth in cadet organisations, often with links to the military.

Armed Forces (AF)

Collective organisational noun.

Armed Forces Covenant

A national promise that members of the armed forces, veterans, and their families will be treated fairly and not face disadvantage compared to other citizens, especially when accessing public services like healthcare.

Armed Forces Network

An internal support group within Berkshire Healthcare for staff who are veterans, reservists, military family members, or supporters.

Armed Forces Reservist

A person who is not a full-time member of the armed forces but is trained and can be called upon when needed on a part-time basis.

Career Transition Partnership (CTP)

A Ministry of Defence programme that helps military personnel move into civilian employment when they leave the armed forces.

Continuing Professional Development (CPD)

Ongoing training and education for NHS staff to help them stay updated with best practice, including awareness of armed forces needs.

Defence Medical Services (DMS)

The part of the Ministry of Defence responsible for providing medical care to serving armed forces personnel.

Due Regard

A legal duty (made law in 2023) requiring public services like the NHS to recognise and meet the specific needs of armed forces personnel and their families, ensuring they face no disadvantage due to military service.

Equality, Diversity, and Inclusion (ED&I)

An approach that ensures fair treatment and opportunity for all, aiming to eliminate discrimination in the workplace and in service delivery.

Guaranteed Interview Scheme

An NHS commitment ensuring that eligible members of the armed forces community are guaranteed an interview if they meet the minimum job criteria.

Health Inequalities

Differences in access to or quality of healthcare between groups. This strategy aims to reduce such inequalities faced by the armed forces community.

MOD

Ministry of Defence, Government department.

Memorandum of Understanding (MoU)

An agreement between the NHS and Defence Medical Services (DMS) setting out how care for serving personnel should be delivered and coordinated.

Op COURAGE

The NHS mental health service for veterans, reservists, and their families in England. It helps people who have served in the armed forces get support for mental health conditions.

Op RESTORE

An NHS service providing physical health support to veterans, especially those with service-related injuries.

Pathfinder Services

Initial services selected to trial the strategy before it is rolled out more widely across the Trust.

Regional Recovery Unit (RRU)

Units charged with assisting serving personnel with injuries for rehabilitation, recovery or preparing for discharge. Operates under the MOD within the respective cascading chains of command, Strategic Command (a 4-star command MOD Joint Services structure), which is responsible for Defence Medical Services.

Royal Military Academy Sandhurst (RMAS)

The British Army's officer training centre, located in Berkshire, referenced in case studies due to local NHS care issues affecting its personnel and families.

Step into Health

An NHS Employers programme offering support to armed forces personnel, veterans, and their families to explore careers in the NHS.

Veteran Aware Trust

An NHS hospital or service officially recognised for providing high-quality care to veterans and for promoting armed forces awareness. Accredited by the NHS Veteran Covenant Healthcare Alliance.

Together, we will continue to make Berkshire Healthcare...



A great place to
get care, **a great**
place to give care



Please scan the QR Code or use this link:
[I.ead.me/veteranstrategy](https://lead.me/veteranstrategy) to visit our
dedicated webpage.



We will be polite and kind and we expect you to treat our staff in the same way. We will take action against anyone who is verbally, racially, physically or sexually abusive, including stopping access to our services.