



**Veterans' Covenant Healthcare Alliance**

# The Armed Forces Covenant Conference 2025

NHS Veterans Covenant Healthcare Alliance (VCHA)  
Demonstrating “Due Regard”

Lt Col (Retd) Guy Benson  
National Programm Director/Team Leader

- **Introduction and Context**
- **NHS Veteran Aware (VCHA)**
- **NHS Training and Education**
- **Summary**



# Strategic approach

Commissioning dedicated services and providing personalised care, underpinned by targeted initiatives

Increasing the NHS's knowledge and understanding of the health needs of this patient group

Using NHS resources efficiently and effectively at a time of considerable pressure

Improving awareness amongst the Armed Forces community of the NHS, including dedicated services and initiatives

Building trust amongst Armed Forces community patients and improving their experiences of care

Sharing insight and best practice with devolved nations and overseas colleagues



## NHS Long Term Plan

Armed Forces health commitment: 'We will expand our support for all veterans and their families as they transition out of the Armed Forces, regardless of when people leave the services.'



## Healthcare for the Armed Forces community: a forward view From serving to civilian life

Sets out nine commitments



- Supported by over 50 programmes of work, including the commissioning of dedicated services and initiatives
- Delivered in partnership with the Ministry of Defence (MOD), Armed Forces charities and the wider NHS
- Informed by lived experience



# Why does our care for the Armed Forces community matter?



**As set out in the Armed Forces Covenant:**

**The first duty of Government is the defence of the realm**

**People who serve in the Armed Forces defend the realm, sacrificing some civilian freedoms, facing danger and sometimes, suffering serious injury or death.**

**Families play a vital role in supporting the operational effectiveness of the Armed Forces**

**In return, the whole nation has a moral obligation to the those who serve or have served, together with their families. They deserve our respect and support, and fair treatment.**

# Veterans in the NHS

The serving Armed Forces receive world class care from the Defence Medical Service. When discharged, or whilst a reservist who is not on active service, the NHS provides all their care needs

## Needs

### **MOD Annual Population Survey (2017) findings:**

- Older age profile
- Largely comparable to non-veterans of the same age
- Veterans aged 35-49 significantly more likely to report problems with Back or neck, Leg or feet, armed or hand related conditions
- There is also a younger cohort, some with highly complex multiple traumas from recent conflicts

## Challenges

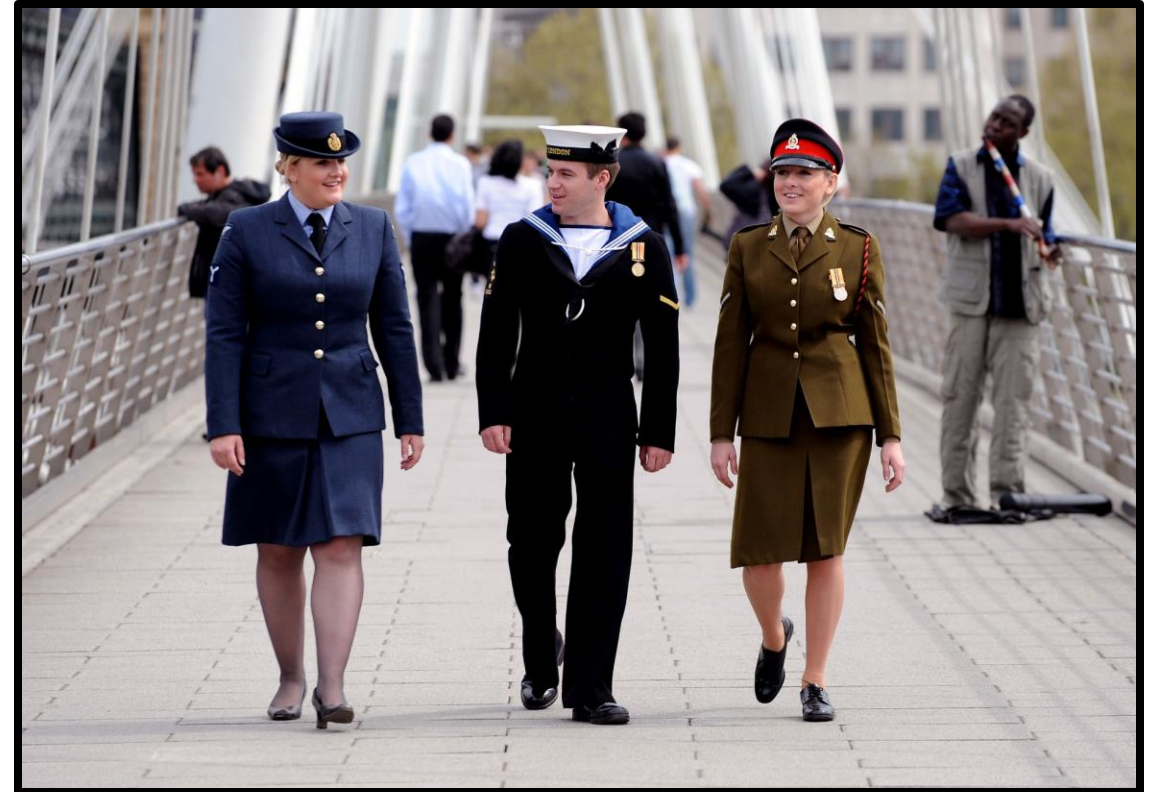
- Transfer from DMS to NHS is not seamless
- Dislocation is more common for veterans and reservists, which can lead to disadvantage in accessing NHS services
- NHS GPs and hospitals unaware of veterans' status and failing to refer veterans to appropriate services e.g. mental health or charity provided rehabilitation

## Opportunities

### **There are already beacons of best practice in the NHS**

- The NHS and DMS can benefit from sharing facilities and skills
- Working with service charities improves quality of care for veterans
- NHS employment of skilled veterans and reservists
- Sharing best practice between hospitals

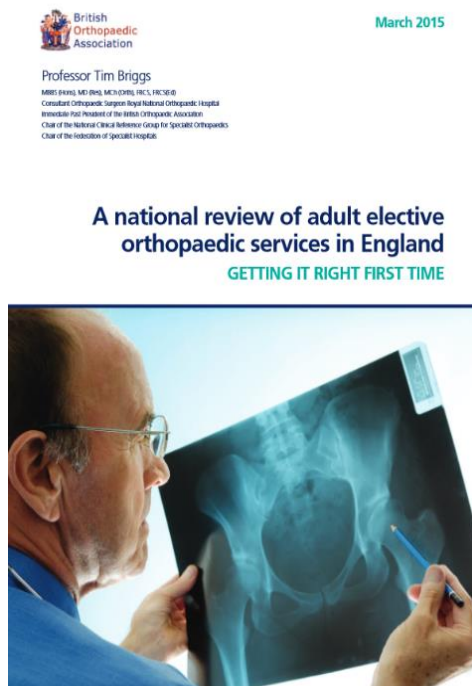
- In general terms, the overall health of veterans is similar to other members of society
- Within this there are some significant differences
- The most prevalent long-term health conditions are:
  - Musculoskeletal
  - Cardiovascular
  - Respiratory
  - Mental health



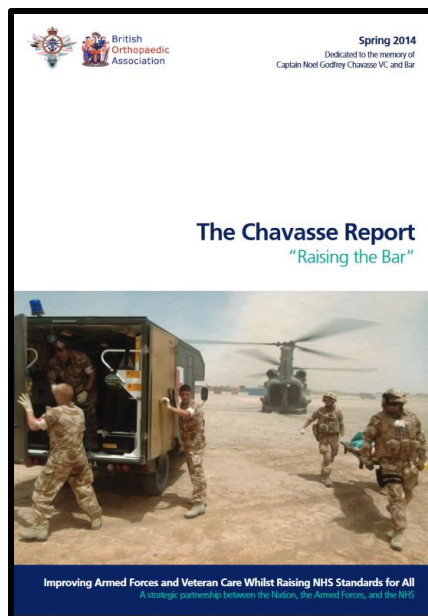


# The origins of the Veterans Covenant Healthcare Alliance

## 1. GIRFT orthopaedic visits



## 2. The Chavasse Report



## 3. The VCHA



My own experience of Treating Serving Personnel and Veterans

# VCHA Patron

## General The Lord Dannatt GCB CBE MC DL



**Professional Head of the British Army 2006 – 2009 (40 years' service; formed Help for Heroes charity).**

# The Alliance's purpose

**The Veterans Covenant Healthcare Alliance is a strategic, clinically led, quality improvement programme delivered in partnership with GIRFT, the Royal National Orthopaedic Hospital (RNOH) and NHS England**

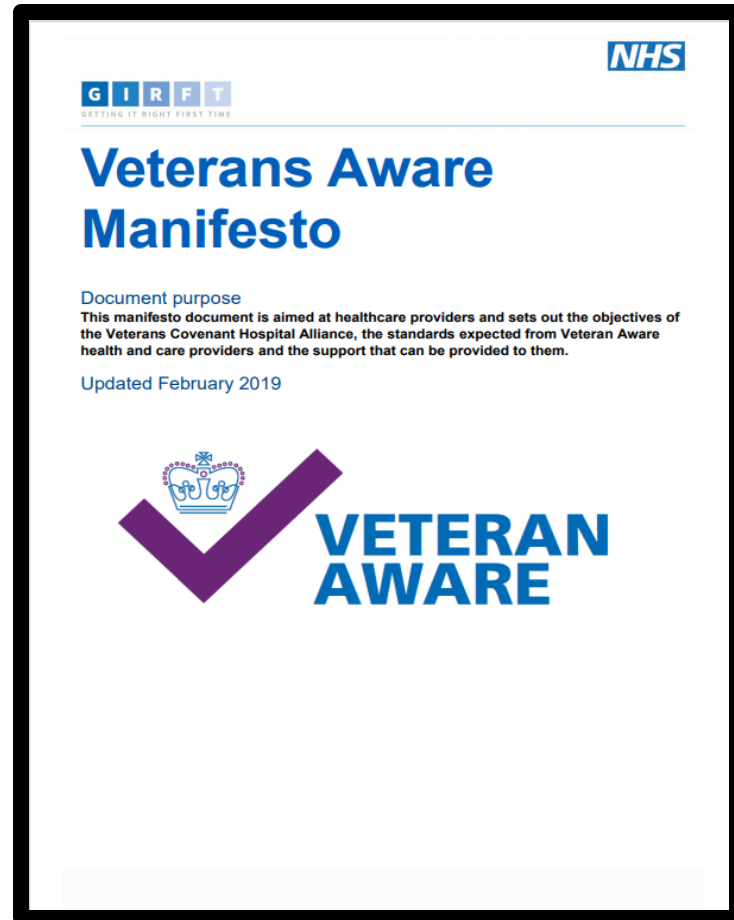
“The aim is to develop, share and drive the implementation of best practice that will improve Armed Forces veterans’ care, whilst at the same time, also raising standards across the NHS for all users.”

- Veterans Covenant Healthcare Alliance Terms of Reference

The Veterans Covenant Healthcare Alliance provides a mechanism for Trusts to identify and showcase the best standards of care for Armed Forces veterans, in line with commitments set out in the Armed Forces Covenant.



# VCHA Manifesto Standards



**1-Year Review**

1. The Trust understands and is compliant with the Armed Forces Covenant
2. The Trust has a clearly designated Veterans' Champion Dyad
3. The Trust identifies veterans to ensure they receive appropriate care
4. Staff at the Trust are trained and educated in the needs of veterans
5. The Trust has established links to appropriate nearby veteran services
6. The Trust will refer veterans to other services as appropriate
7. The Trust raises awareness of veterans
8. The Trust supports the UK Armed Forces as an employer

**3-Year Re-accreditation**

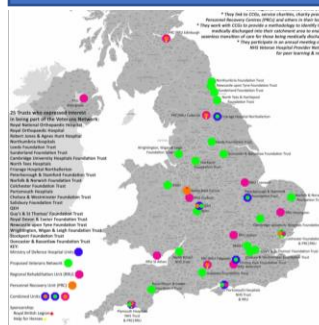
# Progress to date

2017 workshop – agreeing what standards exemplar trusts would demonstrate

Summer 2018 workshop on how to implement standards and extend to more hospitals.



November 2018 – first wave of 25 Veteran Aware hospitals



Spring 2019 workshop, developing standards for other settings

Summer 2019 – Second wave of trusts accredited, bringing total to 31 including first Mental Health trust and 3 devolved nation

2020– 42 trusts accredited, including first Ambulance service

Winter 2020 – 55 trusts accredited, including Community trusts. Standards developed for NHS Regions and other organisations.

2021 – VCHA Team established (Nov 21 – 101 accredited trusts)

2022 - 148

2023 - 173

2024 - 203

2025 - 208



# The VCHA Team



**Kate Davies CBE**  
Armed Forces Director NHS England



**Professor Tim Briggs CBE**  
National Chair VCHA



**General The Lord Dannatt GCB CBE MC DL**  
Patron VCHA

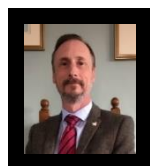


**Julian Johnson**  
VCHA/RNOH LO



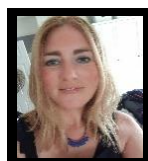
**Guy Benson**  
VCHA National Team Lead

## North



**David Wood**  
North East and North West

## Mids



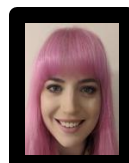
**Laura McKain**  
Midlands and East of England

## South



**Mandy Stokes**  
South East and south west

## London



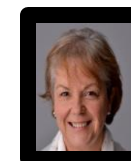
**Anna-Marie Tipping**  
London

## Comms



**Marvin Nolasco**  
Comms and Engagement Lead

## Data



**Bernadette Knight**  
National Data Manager

## IS/Hospices



**Tony Armstrong**  
Widening Scope



**Helen Hurst QN**  
Widening Scope

## Rehab



**Linus Cosgrove**  
Rehab Lead

Regional Leads

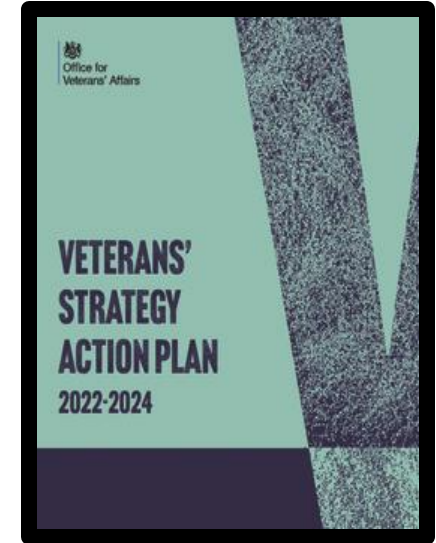
Support

Projects

# Independent, Hospice and 3rd Sector



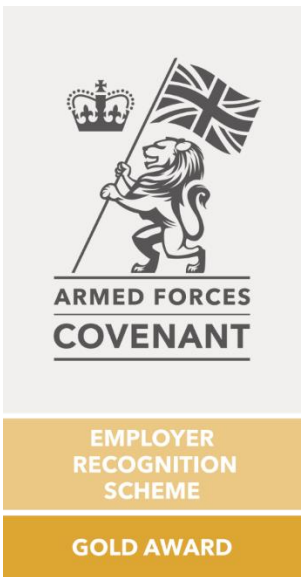
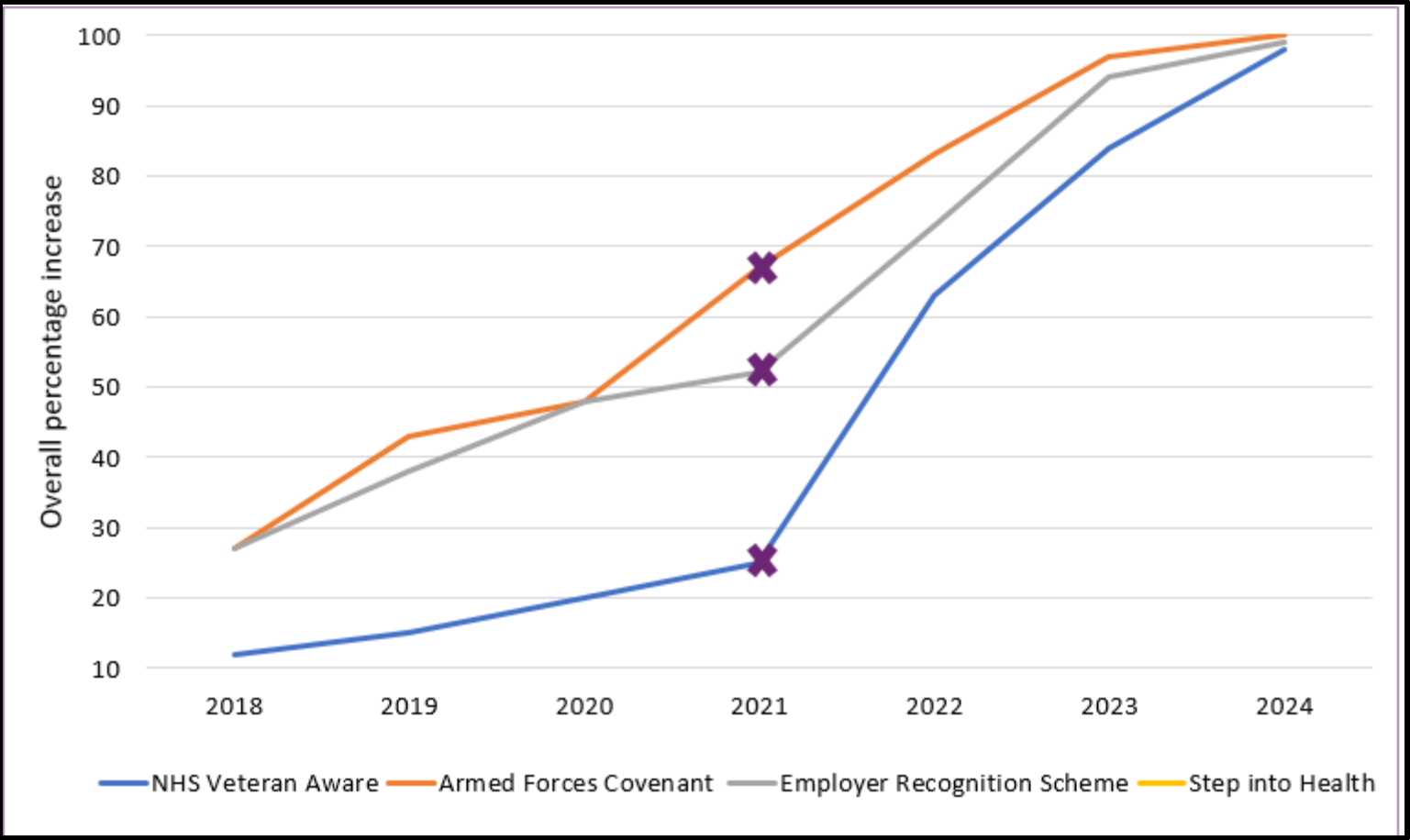
	Accredited	Accreditation s in progress	Accreditation s not yet started	Organisation s engaged (total)	Remarks
Independent healthcare provider	20	37*	16	41	*incl.18 Nuffield Health hospitals 12 PPG hospitals
Hospice	14	10	18	39	
Care Home*	5	N/A	N/A	5	*Currently undertaken by Royal Star & Garter, RBL and VCHA partnership
<b>Total</b>	<b>39</b>	<b>47</b>	<b>34</b>	<b>85</b>	



**Veteran Friendly Framework (VFF) - VCHA/RSG/RBL Partnership**

# Journey, Progress and Impact

## Accreditations, AF Covenant and Employment (ERS)



# VCHA impact in numbers (2021 – 2025)

**132**

Network Membership

**2,643**

Event Attendees

**1,344**

Armed Forces Champions

**68**

Armed Forces Working Groups

**38**

NHS Veteran Aware Site Visits

**40**

Armed Forces Staff Networks

**19**

Op RESTORE Sites

**160**

Step into Health Sites

**23**

Pride in Veterans Standard

**667**

Dedicated Armed Forces Leads

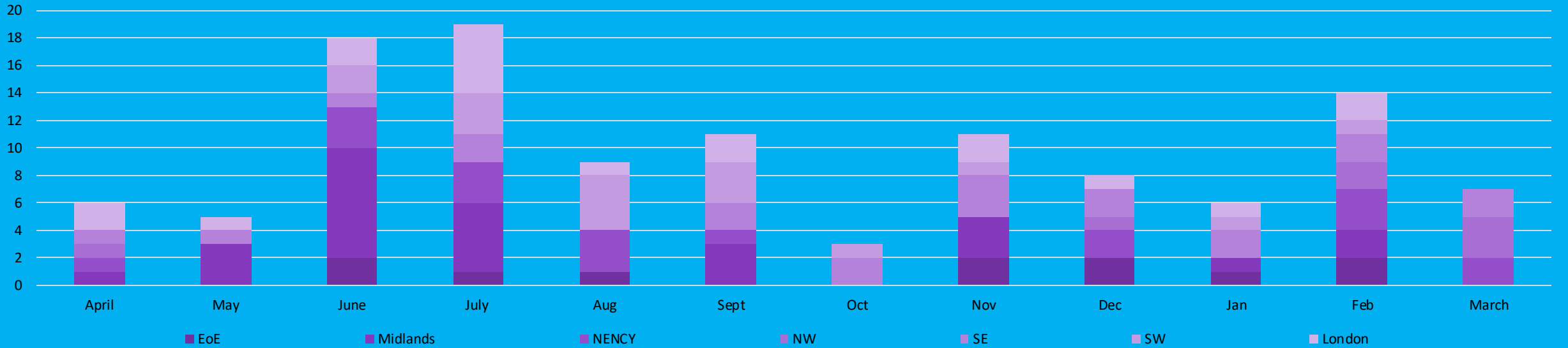
**Compliance, assure  
and monitor  
“Due Regard”**

## Demonstrate

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	CONTINUOUS QUALITY IMPROVEMENT MATRIX			FULL TRUST NAME										CQI Version 2 7 Mar 2025	
2					1	7	8	9	16	17	18	20/25			
3	Serial	Standard#	Standard	Check	Accreditation Y=1 N=0	Review Y=1 N=0	RE-ACC Y=1 N=0	Intent Y=1 N=0	Planned Y=1 N=0	Achieved Y=1 N=0	Score	Total	Min Max	Embed	Demonstrate
4	Met														
5	1	1	Covenant	Greater than 5 years											
6	2	2	Strategy	Referenced	0	0	0	0	0	0	0			0	Governance process reports into the Executive Board and impact included in annual board report
7	3		Governance	Org Ownership WG/SG	0	0	0	0	0	0	0				VA Programme included in appropriate strategic objectives
8	4		Funded/Protected	Time/FTC / Substantive	0	0	0	0	0	0	0				Governance process formalised into Executive Board and learning from impact included in annual board report
9	5		Succession	Agreed in ToR	0	0	0	0	0	0	0				AF Champions in all clinical areas
10	6		Network EDI	Formally recognised	0	0	0	0	0	0	0	0	25		
11	7	3	Access Policy	Fully compliant with Covenant	0	0	0	0	0	0	0			0	AF data collected in all clinical areas and reported to inform AF patient pathways. Analyse outcome measures for AF patients to improve quality and safety of health services
12	8		AF Field	Active across all services	0	0	0	0	0	0	0				Learning from evidenced based outcome measures used to improve quality and safety across all services and patient cohorts. Include AF outcomes in Quality Report and Annual Report
13	9		Ask the Q	Asked across all areas	0	0	0	0	0	0	0				
14	10		Record	Recorded across all areas	0	0	0	0	0	0	0				
15	11		Analyse / Report	Data and effect included in reporting	0	0	0	0	0	0	0	0	25		
16	12	4	Induction	AF include in trust induction	0	0	0	0	0	0	0			0	Training strategy incorporates AF content into Trust Learning and Development objectives. Utilise Clinical Educators. Tailor training for specialised services: ED, MSK, volunteers etc
17	13		Active training	AF training promoted and attended	0	0	0	0	0	0	0				Training impact reflected in effect on data recording and patient outcomes
18	14		Training Plan	Adopted and embedded	0	0	0	0	0	0	0				Report to Executive Board and include in Quality Report
19	15		Completions	Recording and targetting	0	0	0	0	0	0	0	0	20		
20	16	5	ICB / Local Auth	Attends regular system meetings	0	0	0	0	0	0	0			0	ICS Includes AF health agenda in Joint Strategic Needs Assessment (JSNA). Outcomes measure improvements informed by JSNA. Engaged in sustainable partnerships and joint projects with all system stakeholders
21	17		Military units	Active engagement / events / Reservist staff	0	0	0	0	0	0	0				AF health integrated into all ICS activity, services and stakeholder relationships optimised. Stakeholder outcomes validate health impact. Effective alliance working with ICB Group trusts
22	18		Op Services	Active engagement	0	0	0	0	0	0	0			0	Applied across most services and supported by routine comms campaign to inform and update staff on procedures. Analyse referral quantitative and qualitative data to verify outcome measures
23	19		Charity	Active engagement	0	0	0	0	0	0	0			0	ICS Includes AF health agenda in Joint Strategic Needs Assessment (JSNA). Outcomes measure improvements informed by JSNA. Engaged in sustainable partnerships and joint projects with all system stakeholders
24	20	6	Referral process	Formal and approved / SOP	0	0	0	0	0	0	0				AF comms plan integrated into trust comms strategy. Impact of comms reflected in increase in AF patient identification and recording. Reinforce impact to board and staff through patient stories
25	21		Referral partner	WWTW / SSAFA / RBL / other	0	0	0	0	0	0	0				Health outcomes improved by fully integrated AF comms. VA awareness evidenced in feedback surveys and present in community activity and events
26	22		Record	Consistently recorded	0	0	0	0	0	0	0			0	Include AF referral outcomes in Quality Report and Annual Report
27	23		Report	Data and effect included in reporting	0	0	0	0	0	0	0	0	20		
28	24	7	Regular comms	Regular AF comms messaging	0	0	0	0	0	0	0			0	AF comms plan integrated into trust comms strategy. Impact of comms reflected in increase in AF patient identification and recording. Reinforce impact to board and staff through patient stories
29	25		Comms Plan	Adopted and embedded	0	0	0	0	0	0	0				AF comms plan integrated into trust comms strategy. Impact of comms reflected in increase in AF patient identification and recording. Reinforce impact to board and staff through patient stories
30	26		Website / Intranet	Managed AF page / content	0	0	0	0	0	0	0				AF comms plan integrated into trust comms strategy. Impact of comms reflected in increase in AF patient identification and recording. Reinforce impact to board and staff through patient stories
31	27		Social media	Regular content / dedicated AF account	0	0	0	0	0	0	0			0	AF comms plan integrated into trust comms strategy. Impact of comms reflected in increase in AF patient identification and recording. Reinforce impact to board and staff through patient stories
32	28	8	ERS	Progress to Gold - active advocacy	0	0	0	0	0	0	0				AF comms plan integrated into trust comms strategy. Impact of comms reflected in increase in AF patient identification and recording. Reinforce impact to board and staff through patient stories
33	29		SiH	Actively applied - embedded in recruitment	0	0	0	0	0	0	0				AF comms plan integrated into trust comms strategy. Impact of comms reflected in increase in AF patient identification and recording. Reinforce impact to board and staff through patient stories
34	30		CMS used	Regular engagement with SL and spouses	0	0	0	0	0	0	0				AF comms plan integrated into trust comms strategy. Impact of comms reflected in increase in AF patient identification and recording. Reinforce impact to board and staff through patient stories
35	31		Policy	Meets all requirements / reviewed	0	0	0	0	0	0	0	0	20		
36					0	0	0	0	0	0			0		
37					Range								0	150	
38					0	50	51	100	101	150					
39															
40					50		50			50					
41															



## 2025/2026 Reviews and Reaccreditations (CQI) due by region and month



## 2025/2026 Reviews and Reaccreditations (CQI)

Region	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	
EoE	0	0	2	1	1	0	0	2	2	1	2	0	11
Midlands	1	3	8	5	0	3	0	3	0	1	2	0	26
NENCY	1	0	3	3	3	1	0	0	2	0	3	2	18
NW	1	0	0	0	0	0	0	0	1	0	2	3	7
SE	1	1	1	2	0	2	2	3	2	2	2	2	20
SW	0	0	2	3	4	3	1	1	0	1	1	0	16
London	2	1	2	5	1	2	0	2	1	1	2	0	19
<b>Total</b>	<b>6</b>	<b>5</b>	<b>18</b>	<b>19</b>	<b>9</b>	<b>11</b>	<b>3</b>	<b>11</b>	<b>8</b>	<b>6</b>	<b>14</b>	<b>7</b>	<b>117</b>

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NHS Veterans Covenant Healthcare Alliance (VCHA)  
Demonstrating “Due Regard”

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National Programm Director/Team Leader

- **Introduction and Context**
- **NHS Veteran Aware (VCHA)**
- **NHS Training and Education**
- **Summary**



**The Armed Forces Training and Education programme is based on the learning from the following three pathfinder evaluations.**

- The Armed Forces Covenant Acute Hospital Advocate programme
- The Armed Forces Social Prescribing scheme in Dorset, Cornwall & Durham.
- The OP Community pathfinder.

**This programme of work is supported by the NHS England Patient & Public Voice Advisory Group and the Clinical Reference Group.**

**As at July 2024 all NHS Trust have signed the Armed Forces Covenant as part of the VCHA Programme.**





This programme will support the NHS wide system to demonstrate that the NHS and their partners receive the appropriate training and education required to ensure they can develop a **skilled, educated, and inclusive NHS primary, community and secondary care workforce**, to meet the evolving needs of the Armed Forces community within the NHS in England.

**The Regional Trainers and Educators will work with and across NHS and non-NHS organisations so they are better able to respond and manage care for and with the Armed Forces community, assisting in the development of delivery of local Population Health Management by supporting the system to :**

- To drive down **health inequalities, unwarranted variation and disadvantage** in healthcare for our Armed Forces community (serving, reserves, veterans and families).
- Increase awareness of the unique characteristics of the Armed Forces community thereby **improving their health and well-being**.
- Supporting NHS systems to deliver their **statutory responsibilities** as part of the Armed Forces Covenant.

In line with the NHS Mandate, the NHS Operating, the Health and Care Act 2022 section 14Z51, the Armed Forces Covenant and Armed Forces Act 2022 the training and education programme will support the NHS system to demonstrate they meet their statutory requirement of paying 'due regard' to the Armed Forces Community as set out in the legislation.

**The outcomes will be informed by the priorities set out by Government aligned to the NHS 10-year plan.**

# National Training and Education Programme Team



**Kate Davies CBE**  
Armed Forces Director NHS England



**Professor Tim Briggs CBE**  
National Chair GIRFT/VCHA



**Debra Elliott**  
Director of Commissioning  
NHS England Armed Forces National Team



**Guy Benson**  
VCHA National Team Lead

**NE**



**Regional Trainer NE**  
John Linegar

**NW**



**Regional Trainer NW**  
Gregg Stephenson MBE

**EofE**



**Regional Trainer EofE**  
Sarah Kirkby

**Mids**



**Gemma Saunders**  
Training Lead and Midlands

**Lon**



**Regional Trainer Lon**  
Jim Maskell

**SE**



**Regional Trainer SE**  
Jane Burt

**SW**



**Regional Trainer SW**  
Ele Wilson

Cohorts	Organisations	Audience	Remarks
1	NHS/DHSC	National and regional teams	
2	ICBs/ICPs	VSCE, LAs, Statutory bodies, Health and Wellbeing Boards, Public representatives (Health Watch)	
3	Secondary care	Acute, mental health and community providers	Ambulance Service
4	Primary and community care	GPs, PCNs, PODs (pharmacy, optometry and dentists)	Not all of POD is in scope
5	Other opportunities	TBC	



## Delivery Methods

- **Delivery Method 1** - Blended (face to face/virtual)
- **Delivery Method 2** – E learning
- **Delivery Method 3** – Induction video
- **Delivery Method 4** – Train the Trainer (T3)
- **Delivery Method 5** – Digital material (Fact sheets QR coded)

Potential - Resource fact sheets
Returning from Overseas
Unlimited Liability
Prosthetics Panel
Op Courage
OP Nova
Op Restore
IPC4V







**TO 1 – Comply with the Covenant Duty and consider “Due Regard”.**

**TO 2 – Identify Armed Forces Community status of patients.**

**TO 3 – Delivering Personalised Care**

**TO 4 – Leading to improved outcomes for the Armed Forces community, NHS staff and SLs.**

## SYSTEMS APPROACH TO TRAINING

-  **Why** is the training needed?
-  **Who** is this training for?
-  **What** will the impact of this training be?
-  **When** will the learners have time to complete it?
-  **Where** will the audience be located?
-  **How** will this course help the organization?

New £1.8m training programme  
launched to improve care for veterans



- Module production
  - Executive
  - Operational
  - Front line
  - Induction video
- E learning
- Train the Trainer (T3)
- Digital material



# Programme timeline

- **June 2025** – Module production
- **July 2025** – Stakeholder engagement/focus groups
- **August 2025** – Review and refine of modules
- **September 2025** – Rehearsals
- **October 2025** – Planned delivery to secondary care cohort

# Summary

## Exemplars of best practice



Evidence against set of **8** standards for VA accreditation

# 208 (100%)

English NHS Trusts  
are now **VETERAN AWARE**

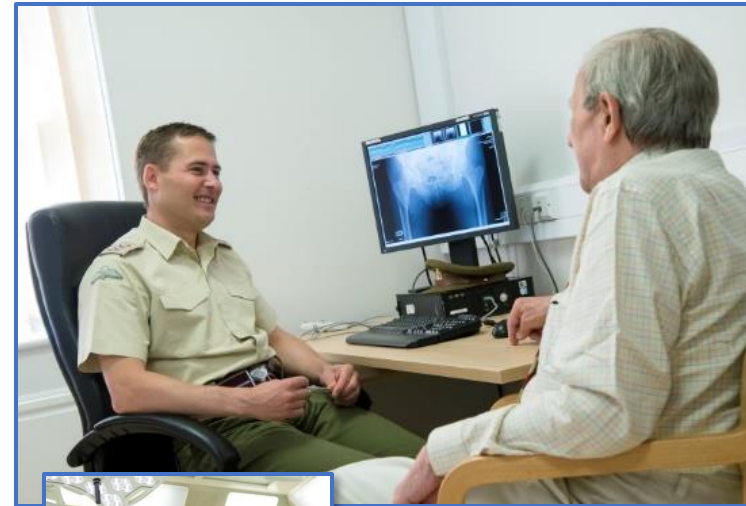
**BUDDYING** system  
to support through accreditation process

## Widening Scope



**VCHA/RSG/RBL  
VFF partnership**

## NHS AF National Training and Education Programme



## Continuous Quality Improvement







**Veterans' Covenant Healthcare Alliance**