Special Feature

The Royal Naval Medical Services: delivering medical operational capability. The ‘black art’ of Medical Operational Planning

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Abstract

This article looks to dispel the mysteries of the ‘black art’ of Medical Operational Planning whilst giving an overview of activity within the Medical Operational Capability area of Medical Division (Med Div) within Navy Command Headquarters (NCHQ) during a period when the Royal Naval Medical Services (RNMS) have been preparing and reconfiguring medical capability for the future contingent battle spaces. The rolling exercise program has been used to illustrate the ongoing preparations taken by the Medical Operational Capability (Med Op Cap) and the Medical Force Elements to deliver medical capability in the littoral and maritime environments.

Introduction

Return to contingency

Over the past 18 months the Med Op Cap team within Med Div, NCHQ, has been an industrious department. While supporting routine commitments above and below the water and with the Royal Marines, the main focus has been on returning the RNMS to contingent readiness in support of future Defence operations. From a Staff Officer’s perspective this has entailed training, resourcing, exercising and validating our various medical force elements to ensure that those teams held at readiness can deliver medical capability wherever and whenever it may be required.

The Navy’s medical force elements broadly break down into the three deployable Roles: Role 1 organic medical capabilities on board our platforms and within the Commando Units; Role 2 in both maritime Role 2 Afloat and the littoral environment Role 2 Light Manoeuvre otherwise known as the Commando Forward Surgical Group (CFSG); Role 3 (1) in the form of the Primary Casualty Receiving Facility (PCR) onboard RFA ARGUS. All of these require force generation to different timelines in support of different areas of the Naval Service and wider Defence commitments each held at a differing readiness state dependent on the support required.

The black art

The role of the Staff within Med Op Cap is to enable RN medical capabilities, in all respects, to be ready to respond to specified or implied medical tasks. Where possible, this involves exploiting training activities and opportunities in the wider Naval Service to ensure that our capabilities are trained and experienced in the environments in which they are expected to deliver. This is not always an easy sell and any number of complexities can hinder or change a plan: real world events, budget constraints, climatic conditions, lack of assets or equipment serviceability and unforeseen mechanical issues. There are inevitably always competing priorities that require responsive action to maximise the capability that can be delivered whilst minimising the risk to personnel in harm’s way.

The presence of Med Op Cap personnel within the Multi-disciplinary Planning Teams (MDTs) in the various Headquarters helps, banging the ‘Medical Drum’ to ensure that the wider Services understand the medical requirements, issues and constraints including the potential health risks associated with any potential courses of action. Early integration within the MDTs, whether they are utilising a 6-step operational estimate, a 7-question tactical estimate (2) or a bespoke force generation campaign plan ensures that the Medical Directive or Medical Annex to an Operational Plan or Force Generation Order is well informed, comprehensive and agile enough to respond to these varying factors. Planning activity is not merely constrained to headquarters activity, however, and a large number of external agencies are involved in ensuring that the components of medical capability come together as a package. Liaison with foreign partners, medical engineers, joint manners, logistics organisations, movers, and civilian suppliers are just a sample of the diverse actors involved when developing a coherent and importantly
a workable plan. This integration and liaison is arguably the ‘black art’ of medical operational planning, along with an ability to utilise PowerPoint and Excel to baffle all and sundry. Some examples of the planning outcomes, achievements and challenges of the past year or so have included participation in the following:

- **MEDICAL ENDEAVOUR 12.** RFA ARGUS embarked 150 Medical Staff who exercised and validated the Primary Casualty Receiving Facility. The facility, when manned, is able to deliver Medical Care on par with that of a civilian hospital. The Dark Blue-led, tri-service team competently demonstrated the capability, and drawing from recent experience in HERRICK they were able to integrate a diverse team and demonstrate the Afloat capability in a short timeframe. The facility was stood up and validated over a three week period at the end of which it was declared to Defence at readiness for operations worldwide. This complex evolution is soon to take place again after the platform’s recent refit.

- **GREEN SERPENT.** The CFSG, based at Commando Logistic Regiment, Chivenor, has been exercised and validated twice in the past 18 months. This is a significant achievement for the Medical Squadron which has reconfigured, adopting new concepts, from its experiences on operations in Afghanistan and an important step in bringing the unit back to its core role as a high-readiness capability to support contingent operations. The CFSG will support the Lead Commando Group on Operations Worldwide and annually participates in the COUGAR deployments to practice and refine its craft.

- **JOINT WARRIOR (JW).** An international tri-service exercise held twice a year both ashore and afloat in Scotland. JW has become an increasingly important exercise in which medical capability can be demonstrated: most recently, elements of CFSG deployed to the West Coast of Scotland in support of 3 Cde Bde exercising as part of the wider scheme of manoeuvre. In the maritime environment, the opportunity was taken to develop medical concepts in support of Non Combatant Evacuation Operations (NEO). A medical enhancement team consisting of a Physician and a PHC Nurse deployed to HMS RICHMOND to develop the medical contribution and refine future NEO support plans.

- **COUGAR.** Annual Task Group Deployment Medics embarked across the Response Force Task Group (RFTG) both to exercise and offer real time medical support to the exercises. During exercise CORSICAN LION, a Role 2 Afloat team was embarked on HMS ILLUSTRIOUS where they exercised the retrieval, treatment and onward transfer of casualties. The CFSG deployed on ALBANIAN LION during the latter part of the deployment, conducting exercises ashore in Albania in support of the Lead Commando Group. The CFSG were able to practice deploying ashore from a Strategic Roll on Roll off Ferry (Strat RoRo) for the first time, whilst integrating with national infrastructure and the LCG, proving the CFSG’s flexibility and capability in the process.

- **INTREPID DEFENDER.** A Role 2 Afloat team was embarked on RFA CARDIGAN BAY to prove and validate the medical facility onboard, during the International Mine Counter Measures Exercise (INCMCMX13). The broad objectives were to develop Standard Operating Procedures (SOPs) for the platform whilst proving to the Operational Commander that a high readiness Role 2 Afloat team can integrate within a multinational Task Group at short notice. A detailed account of how the team got on is published elsewhere in this edition of the JRNMS.

- **OP OLYMPICS.** Medical Teams based in London, HMS OCEAN, HMS BULWARK and RFA MOUNTS BAY supported events around the UK. The Medics on board were tasked with maintaining the operational capability of the RN’s contribution to Olympic Games security forces.

**Business as usual**

Whilst the above examples are a mere snapshot of exercise activity, day to day operational activity continues and requires planning and support to ensure that RN/RM medics across the Fleet and within the Commando Units can continued to deliver the expected high levels of medical support to all of those on the front line, whether supporting the continued mission in Afghanistan, conducting submarine operations or participating in counter-piracy operations off the Horn of Africa. The RNMS and its Med Op Cap Planners continue to force generate and support deployed medical capability wherever the Naval Service is deployed. At the same time they develop the concepts and capabilities that may be required for future contingent operations, and by doing this well and exploiting opportunities for training and Force Development, they ensure that the RNMS is represented, ready and relevant within the RN and across Defence.

**References**

2. Campaign Planning & Maritime Tactical Estimate (7Qs), JDP 5-00 2nd Edition

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