

Written evidence submitted by Justine Montgomery

MILITARY EXERCISES AND DUTY OF CARE

I joined the Royal Air Force in Oct16 as a Dental-Nurse with no pre-existing medical conditions with an exemplary fitness level. I was at the start of what I thought was going to be a lifelong career, develop both personally and professionally, travel the world with a reputable employer that cared about me. I started the initial stage of my career at RAF Halton-Recruitment training squadron and this was when the wool was pulled over my eyes. Not only did I see it frequently occur, but I experienced first-hand the Military's lack of duty of care towards its employees. January17 I was unfortunate enough to sustain an injury to my right knee whilst I was on duty, during basic training, under the care and provision of the military. From this point onwards my experience with the MOD has been beyond traumatic, reckless, unsafe, neglectful and will ultimately not only go on to affect me for the rest of my life but my family also.

From the point of sustaining the knee injury the medical treatment in response was beyond delayed, haphazard and utterly neglectful. At no point was any duty of care implemented. During this time I was put on a holding flt 'McTeague' at RAF Halton. I was in crippling pain, on crutches as I was unable to walk, given an amalgamation of medication (from opioids, sedatives etc.) and was expected to follow the daily routine of military basic training. I became increasingly unwell, my health deteriorated to the point my life was threatened. September18 I was medically discharged; with no acknowledgement, support and left in a complete opposite condition in which I joined. I was unable to walk, unable to function without strong pain and nerve medications, unable to perform basic tasks without being in pain. To this day the military has taken no responsibility or showed any duty of care. Their response is to try and make it as impossible that it can possibly be to make any progress.

I am not the person who I was when I first joined. I cannot get into the shower without aid nor do most of the activities I used to. But the sad thing is; I'm not the first this has happened to and I'm not the last. But there needs to be a last, this needs to change and stop. The military needs to IMPLEMENT and STRICTLY follow a policy where people in these situations get the care that they need and the support that need. This doesn't have anything to do with rank or gender- lives are put at risk due to the attitude the MOD are treating people with. An acknowledgement needs to be made for anyone that has been in this situation, they need to bring it out in to the open, analyse what went wrong and put preventive measure in place. Those who have been medically discharged need to be treated with the duty of care that they deserve as ultimately they signed their LIFE to queen and country but all they get in return is to be treated like they don't exist, muted and every measure is then put in place to shut them out when they want answers.

Has appropriate guidance and policy been developed and implemented? Is it being adequately practiced at all levels? How is it monitored?

From the start of training, sustaining an injury to the point of reporting misconduct I was never informed nor briefed of any guidance or policy that exist that could provide any guidance to my situation. No duty of care displayed when I was medically

discharged, I was completely left in the dark. Considering the condition they medically discharged me, I wasn't given any guidance on how I could get the medical treatment that I needed through to processing the Armed Forces Compensation Scheme. I had then had to prove to the military what happened to me, even though they put through the sheer and utter hell of the whole situation to medically discharging me. The process should be in these circumstances that the support and guidance is invested to me, not me having to then further invest of them. Which clearly demonstrates it isn't being practiced let alone adequately implemented. The monitoring element doesn't get to flow through because the initial implementation hasn't begun.

There is no purpose or value if the guidance and policies do exist aren't being remotely followed let alone implemented.

How are lessons being captured, disseminated and learnt?

The manner and attitude that I was met with when questioning or raising concern about matters that I was going through was dismissive. Lessons weren't learnt as they were never captured in the first instance. An example of this would be when I approached a senior ranking medical individual. I gave them documentation that was a record of my experience since the moment of injury up until that moment in time. Colleagues were going through similar experiences, which I felt had to be answered and procedures had to change as it obviously wasn't right, and concerns weren't being acknowledged. When I later met with them (by this point they had had the time to go through the document). Instead of acknowledging and raising concern to the points I had made regarding; procedures not being followed, attitude of staff, medical neglect, general dismiss of people's well-being, they tried to justify a reason. Though every point I made could've been preventable and controlled but down to the lack of duty of care nothing ever came of this.

Medical downgrade

I was never at any point explained the implications of what this meant. From the point of injury to being transferred onto the remedial flight I was never informed let alone explained what was going to happen as an outcome of this. I was completely isolated. The medical staff have a duty of care to ensure that their patients know the reason behind and the potential outcome of the process and path that they put their patients on. There was no duty of care displayed as I was never given an explanation at any stage.

Multi-Disciplinary Team Meeting (MDT)

There was *supposed* to be a MDT every 1-2 months (or at request) that would cover all aspects of your medical progress, what you needed, areas of concern etc overall a deep dive into how you thought it was going essentially and what needed to happen from it. Sadly, this never played out the way it was supposed to. The meetings schedule never went to plan, those who actually required one and were struggling with progress or had more complex health concerns were 'avoided like the plague', refused a meeting and silenced. The actual conversation (when it did occur), the patient wasn't included in! How ironic, the actual patient didn't even get a

say, the sole reason the meeting was occurring; wasn't included in the conversation. You were then put into the mentally draining and emotionally daunting situation, to go into a room where you know you have been 'discussed' by people that haven't even taken an interest in your care in the first place. In healthcare rank structure should have no meaning, but this wasn't the case. Due to the fact I was in a military training environment this seemed to have obvious influence on the treatment I received. E.G I was expected to somehow whilst on crutches to walk into a room, sit up in a drill manner to those I was receiving medical care from. I was sat in what seemed like the 'lion's den'. The physio, rehab PTI, doctor and Flt staff were all sat in a circle above me, looking down on me basically telling me what was going to happen from their own opinion.

Repeatedly raising concern

I repeatedly attended the medical-centre and informed the medical/rehab staff to raise my concern that my health was deteriorating but nothing was ever actioned. I was prescribed opioid drugs, gabapentin and amitriptyline all which cause extreme sedative affects, extreme drowsiness, confusion to hallucination. It states on the drug packet not to operate machinery or heavy equipment. I was expected to attend rehab in a gym full of this type of equipment and machinery- which could cause extreme harm not only to the safety of myself but others.

As a result of their delay in actioning anything, it got to a point where I had to receive critical care and rushed to A&E. The attitude of the individual of duty when I started to get a nose-bleed, woke up covered in bruises, my body was basically in laymen terms bleeding internally. I wasn't taken seriously, and he didn't act upon my concern. Despite it being communicated by the Haematologist at High Wycombe if I was to have any further bleeding or bruising I had to go to A&E immediately. To the point my Mother had to phone the camp and raise a complaint. I was very weak and barely able to speak on the phone. My colleague had to speak to her as I was extremely upset by this point, they were now concerned for my life and said she would phone 999 to get an ambulance onto the camp if they didn't do something immediately. There was no duty of care instilled at any point when my life was at risk. The individual on duty that evening was dismissive and condescending down to fact that I was trainee and he 'outranked' me he insisted he had the control on the outcome and deemed 'just a nosebleed' as not a concern. Despite there being strict and frequent communications given by the consultant to the medical staff at RAF Halton that any instance of further bleeding I had to admit myself to A&E immediately. There is no procedure in place- that I am aware- when this sort of situation, when a recruit is in imminent danger and requires emergency medical care. (And if there is it's not being implemented).

Attitudes

The attitude of the medical/rehabilitation staff- I was expected to wait outside the gym (sometimes in snow conditions) whilst on crutches, no-where to sit (often up to half an hour). To wait until the rehab staff could be bothered to show up and to let us in. He purposely teased that he was in control for how long we would wait for- despite it being his duty of care to be there for us.

This was an attempt for him to assert his authority and control of us- but when we raised our concern it was not listened to. I couldn't stand for this long like many others from those who had pelvic stress-fractures to fractured ankles. Let alone the implications this would have on our health having to stand outside in shorts and t-shirts in sometimes minus temperatures. As rehabilitation/medical staff he had a duty of care to his patients. To ensure the best possible and necessary treatment, programme and care was carried out on his patients- but instead it was the opposite.

What steps are taken to ensure key safety policy documents are easily understood and updates are communicated and practiced?

At the point on injury, this was not reported/recorded by the PTI, Flt or medical staff. Nor was a risk assessment recorded. Basically, there was no record of me sustaining an injury on duty recorded- almost as if it never happened. I was not made aware that this SHOULD have been recorded immediately nor that this type of paperwork even existed. All training staff at Halton have the duty of care to ensure that this paperwork is completed and submitted.

Months after sustaining the injury to my knee, due to the lack of duty of care from the medical staff. I had to escalate this to my Line Manager. The staff on the remedial Flt started raising concerns/questions about my well-being after multiple emergency hospital admissions, lack of response from the medical team, distribution of medication, the overall deterioration of my physical and mental health. I questioned what to do in this situation, after repeatedly doing everything within my power as a recruit to try and get the help that I needed but it wasn't being acted upon nor investigated. My line manager (a widely experienced rehabilitation PTI) at this point began communication with his contacts. He wanted me to be seen at Hedley Court- the heart of 'Defence Medical Rehabilitation'. This gauged a very negative reaction; due to the fact this had never happened before. It was a first and it became apparent this was raising eyebrows and attracting attention. Which resulted in him getting his 'knuckles severely wrapped' for doing so. By trying to get me help I needed and was going to reflect negatively on his 'career performance' and that he was strictly told to never do such like again. This was the only instance that I was shown any form of duty of care the MOD's response to this was complete outrage due to the attention it was receiving. Given the fact it was highlighting the utter medical neglect and lack of action upon concerns that were repeatedly highlighted. Their attitude and response to this highlighting the misconduct and lack of care was to shut it out, act like this never happened, brush it under the carpet and punish those that tried to get me the help I required.

Is a positive safety culture being instilled across the Armed Forces at all levels?

No- During the 'green-phase' training the week came to complete the weapons handling test and to go onto the live firing range and get into multiple firing positions. Despite not being able to do this, being unable to get into any of these positions or bare weight onto my right leg I was instructed to continue to complete the test on the range. When I got onto the range my section commander questioned why I was permitted by the medical staff to allow me onto the range to partake in the drills. This required me to get into 4 firing positions for a long period of time and fire a live rifle.

Due to the extent of the discomfort and pain I was beginning to become more and more disorientated, I was having severe difficulty handling the weapon as I was trembling and shaking in pain. I became aware of the fact I was forced to handle a live weapon I was then jeopardising myself and others safety on the range and put the rifle on safety mode and placed it on the floor. One of the regiment corporals then became confrontational at this point and demanded I got into the kneeling firing position, my section commander at this point then intervened and instructed me to get off the range. At this point I was wailing in pain and was taken to the medical centre and transferred onto Mcteague Flight. There was no duty of care from the medical staff- it should have stated on my medical chit that I was not fit for this nor was there any duty of care from the regiment staff towards myself or anybody else that was on the range at this point. Somebody that is experiencing what I was should not be made to go and fire a live weapon that could endanger their own life or someone else's. No risk assessment was carried out prior or after this occurring, so it will never have been recorded nor learnt from.

Risk assessments are not being recorded at the point of injury occurring. So, there is nothing to trace an injury taking place whilst on duty to hold armed forces accountable for. They have a duty of care to ensure the safety of all airman during training. From the very initial point of their career a 'positive safety culture' isn't being pursued. The choices are- you either man up and shut up about it or fight against it and be shamed, isolated and hushed. This attitude makes it less likely for people to raise complaints and concerns- therefore they will not be acknowledged, recorded, critically used to see where we can do better and acted upon. They then make the complaints and compensation process so tedious, draining and near enough impossible to complete. That people whom are already in a vulnerable and traumatising position are beaten down even further. The endless pieces of documentations/forms aren't even being completely let alone submitted. But even in the rare case where victims are able to submit these applications to the 'Armed Forces Compensation scheme'- After going through easily one of the most negative experiences of my life completing one of these forms (quite honestly one of the most draining things I've had to do). It's then denied/rejected and questioned to an inch of its life. After plucking up every bit of courage to ask for this help you're then kicked back further into the gutter.

The MOD make the process of getting justice difficult and quite frankly a maze to get your head around. They offer no guidance/support in the process and expect you to face it on your own. They chip away until every bit until it is all gone. Justice is never able to swim, it just drowns. They want to take no accountability to any sort of 'bad press' or acknowledgement to complaints so they ensure the system is made near enough impossible to get anywhere with it and mute you when you want to speak up about where it went wrong.

How effective have the Defence Safety Authority and the Duty Holder Concept been in improving safety? How is safety measured?

When concerns are raised or the point of injury occur they are not recorded so anything can be acted upon. E.G the obstacle course at Halton camp. There was an instance that whilst completing the course that one of my colleagues was on the top of the metal railings and at this point of the course the objective is to cross to the

other side over some rope which is attached to the metal railing. She noticed that it did not seem stable (whilst about 16ft in the air). Apprehensive to cross at this point the PTI staff became aggravated and she was told to 'man up' 'get on with it'. Being met with this aggression she tried to cross the rope to which at this point the rope began to detach from the metal railings completely. She had to hold her body weight grasping onto the rope so she didn't fall 16ft to the solid rock ground which could easily break your neck and potentially paralyse yourself. What was the result that came from this? Nothing. No risk assessment, she wasn't met with are you okay? Let's ensure this doesn't happen again. She was given the label of the 'winger' 'girly' a sexist and dismissive attitude. It wasn't noted that clearly the course should after every use have a safety check from qualified engineers to ensure the safety and duty of care of trainees when completing the course.

On the occasion where I required emergency medical care in a life-threatening situation the MOD's response was completely delayed, dismissive and unorganised. There was poor (almost non-existent) communication and unaware on how to deal when this sort of situation arises. They didn't report on the occurrence, no risk assessment, no was there any after care provided. You would like to think that they could reflect on this in a positive critical manner in that they could put something in place to put the duty of care of recruits first. But no, yet again it is treated with the mute button.

Are the current support provisions provided to the families of those who have been injured or died appropriate?

When I was injured and became ill, my family they were offered no guidance, support or advice on what was going on. Due to the restrictions that were put on me because I was deemed in a 'training environment' I was not allowed on my phone from around say 6am to 8pm in the evening. I was tasked to then having to ensure that my kit was presentable for inspection the next day (whilst ill and barely able to stand) left little time to communicate with them. This was extremely upsetting for my family. When the situation did arise that I required emergency medical care, the feedback my mum received was that nothing was being acted upon, to the point she had to raise a complaint and informed the camp if nothing was acted upon this she would contact the police and the ambulance team. There was no support given to my mother in this traumatic and concerning situation.

What more can be done to ensure safety during hazardous training and selection without impacting operational effectiveness?

Since things are not reported on in the first place they cannot learn from their mistakes. There is so much of a blame culture. Mistakes cannot be learned from if they're not made known in the first place. Influence and authority of this shouldn't be down to rank or gender. Adversity and whistle blowing should not be shunned but appreciated- because the only outcome is beneficial. Preventative measure can then be put in place to stop it from reoccurring. Those in lower ranks are made to feel powerless and purposeless and this isn't right.

Act upon concerns. React positively to criticism- DON'T brush it under the rug and insist that it didn't even happen. Downward looking leadership instead of ignoring

problems, acknowledge them and proactively act upon them and put preventative measures in place.

Therefore, operational effectiveness will decrease- due to the ability to safely recruit and train individuals. Due to the lack of duty of care and safety measures in place there is many potentially extremely skilled and valuable assets the military are then losing because they cannot complete training.

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