



Ministry of Defence

Army Policy and Secretariat
Army Headquarters
IDL 24 Blenheim Building
Marlborough Lines
Andover
Hampshire, SP11 8HJ
United Kingdom

Ref: Army/PolSec/W/F/FOI2024/11843

E-mail: armysec-group@mod.gov.uk

Website: www.army.mod.uk

29 July 2024

Dear [REDACTED]

Thank you for your email of 28 June 2024 in which you requested the following information:

answer these questions and outline the exact policies with link.

- 1. Is a soldier who has filed a service complaint about his CoC for bullying & Harassment allowed to have his employment terminated the same day his service complaint was accepted as valid?*
- 2. What is the average time a soldier has to wait to sit his medical board to be given a date of release.*
- 3. How do you protect whistleblowers in the military and can they be terminated without having a meeting or any paperwork to that affect?*
- 4. What is the protocol to report corruption when the RMP & DSCU aren't interesting in taken a report as " they can't investigate their bosses"*

Please also provide contact details to report this type of corruption as DIR Cell don't take reports that involve officers, only soldiers.

- 5. What is the usual rank of an investigating officer.*
- 6. What does a medical board appointment look like and how many people attend this board?*
- 7. What is the protocol when a commanding officer commits unlawful fraud conspiracy & removes a military wife 8 weeks prior to the rest of the unit, to avoid an emergency injunction and prosecution?*
- 8. How many service complaints have been filed within 1PWRR and their outcome between
2018-2020
2020-2021
2021-2023
2023-2024*
- 9. How many serving personal have had their employment terminated DURING an active service complaint since June 2022.*

I am treating your correspondence as a request for information under the Freedom of Information Act (FOIA) 2000. A search for the information has now been completed within the Ministry of Defence, and I can confirm that information in scope of your request is held, however some of the information is exempt from release as the following exemptions apply; Section 21 of the FOIA because it is reasonably accessible to you by other means as it is already in the public domain and Section 40(2) (Personal data). Section 40(2) has been applied to information requested at parts eight and nine of your request in order to protect personal information as governed by the Data Protection Act 2018.

Section 40(2) requires the Department to conduct a balancing exercise, this exercise involves balancing the rights and interests of individuals against the legitimate interests in disclosure, this is not the same as carrying out the public interest test associated with certain exemptions in FOIA. The balancing exercise is carried out in order to decide whether the absolute exemption in Section 40(2) is engaged. In particular, there is no assumption of disclosure in the legitimate interests test, as there is with qualified exemptions. The outcome of the balancing exercise lay in withholding the third-party personal data identified in the attached information. Therefore, exact figures have not been provided in answer to parts eight and nine of your request.

Section 21 of the Act is an absolute exemption and there is no requirement to consider the public interest in making a decision to withhold the information. The information requested has been provided at the attached annex. Links to publicly available information has been provided where Section 21 has been applied.

If you have any queries regarding the content of this letter, please contact this office in the first instance. Following this, if you wish to complain about the handling of your request, or the content of this response, you can request an independent internal review by contacting the Information Rights Compliance team, Ground Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.uk). Please note that any request for an internal review should be made within 40 working days of the date of this response.

If you remain dissatisfied following an internal review, you may raise your complaint directly to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not normally investigate your case until the MOD internal review process has been completed. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website at <https://ico.org.uk/>.

Yours sincerely,

Pers Leader B

Army Policy and Secretariat

1. Is a soldier who has filed a service complaint about his CoC for bullying & Harassment allowed to have his employment terminated the same day his service complaint was accepted as valid?

Yes. The Service Complaints process applies to those who are serving and who have left service. Further information on the Service Complaints process including JSP 763 is available at:

<https://www.gov.uk/guidance/armed-forces-service-complaints-process>

2. What is the average time a soldier has to wait to sit his medical board to be given a date of release.

The average waiting time from a Full Medical Board being held and a medical discharge date being set and notified to the Army Service person is currently six weeks.

3. How do you protect whistleblowers in the military and can they be terminated without having a meeting or any paperwork to that affect?

Joint Service Publication 492 – Defence Ethics, Propriety and Standards extract:

No-one who raises a genuine concern (one made in good faith that they reasonably and honestly believe to be true) in line with this policy and procedure should suffer a detriment because of raising that concern. This includes where further enquiries or an investigation subsequently finds there has been no wrongdoing.

If anyone is worried about the wellbeing of a Service person, they should escalate the matter to the pertinent Unit Commander immediately (or contact the Employee Assistance Programme if the matter relates to the Unit Commander)..

...Whilst Service personnel should note that they are not covered by the provisions set out in the PIDA [Public Interest Disclosure Act 1998], Defence has an equal duty to protect all its personnel and as long as you have reasonable belief that your concern is true and have followed the procedures set out in this guidance, you will be protected from any unfair or negative treatment (victimisation) due to raising the concern. If you are victimised for raising a concern, Defence will take appropriate disciplinary action against those responsible in accordance with their terms and conditions of service."

Under Section 16 (advice and assistance) you may wish to note that further information about termination of service and the processes used in the Army is available in the Queens Regulations for the Army, Section 6:

https://assets.publishing.service.gov.uk/media/5d5aaa46e5274a07640aefc7/The_Queen_s_Regulations_for_the_Army_1975.pdf

4. What is the protocol to report corruption when the RMP & DSCU aren't interested in taken a report as " they can't investigate their bosses" Please also provide contact details to report this type of corruption as DIR Cell don't take reports that involve officers, only soldiers.

Information on how to make a complaint about the Service police is available at the following links:

<https://www.gov.uk/guidance/the-service-police-complaints-system>

<https://www.gov.uk/guidance/defence-serious-crime-unit-dscu>

<https://www.gov.uk/government/publications/service-police-complaints-jsp-849>

5. What is the usual rank of an investigating officer.

This part of the request has been scoped as being in relation to Service Complaints.

The answer depends on the complaint. The Service Complaints Investigation Team have investigators ranging in rank from Sergeant to Warrant Officer 2. Bullying, Harassment, Discrimination and Victimisation complaints are sent to the Outsourced Investigation Service who provide independent investigators (not currently in military service). Voluntary Ex-Regular Reservists are also used as investigators these are ranked OF3 (Major) or above.

6. What does a medical board appointment look like and how many people attend this board?

See below extract: Appendix 4 to Chapter 78, Army General Administrative Instructions.

APPENDIX 4 TO CHAPTER 78

Instructions for Full Medical Boards AND GRADING OF MND(P) L6

1. **Authority.** A Full Medical Board (FMB) is convened under the authority of Army Medical Employment Policy (this AGAI). It is a consultant led and Medical Officer (MO) delivered service.
2. **Composition**
 - a. **President.** The President should be a Cons OM where possible a serving Army MO and Cons OM¹⁰⁰ (for recruits this will be Cons OM ARITC). The President is responsible for ensuring the JMES awarded is in accordance with this document, recording any outstanding issues identified by the Board on the F Med 23 and selecting appropriate members of the Board. The President is not required to be present but their review and ratification of board outcomes is mandatory.
 - b. **Members.** Members. The FMB members comprise two other medical professionals to satisfy Defence requirements stipulated in JSP 950. Only one member (or the President) need to be present to conduct the board. Others may be in absentia. The in absentia participant's role is to scrutinise the FMed 23 narrative.
 - c. One member (normally the *in-absentia* member) will be appointed by the President which may include the MO with current clinical responsibility for the SP. Their role is only to acknowledge and consider any recommendations relating to medical care arising from the board. Where appropriate, the member can be invited to attend the Board in person (e.g. at the patient's request or as their RMO).
 - d. The other sitting member can be any other MoD employed doctor or Occupational Health Nurse at the request of the President, such as a specialist relevant to the patient.
3. **Function.** FMBs are to assess officers and soldiers for invaliding, discharge or retirement recommendations on medical grounds from the Service in grade L6E5 *medically unfit for service* (P8).
4. **Application.** MOs should refer patients to the Army ROHT responsible for an FMB. Referrals for FMB should contain sufficient information to allow the President to convene an appropriate board and provide a brief overview of the case focusing on any outstanding issues, such as treatment.
5. **Pre-Board Administration by Referring MO:**
 - a. Confirm current Visual Acuity is correctly recorded on the e-HR, ensuring accuracy in cases referred for ophthalmic conditions. Screening audiometry should be either confirmed as in date for Army Hearing Conservation requirements (either within last 12 months or since incident leading to referral in the case of instances whereby hearing may have been affected) or arrange for it to be carried out. Where potential hearing loss is detected the MO should act on the findings without delaying referral where the primary cause for requesting an FMB is not hearing related.
 - b. A referral is to be made on either an FMed 7 or by consultation entry linked to the referral on the e-HR (this may include an Appendix 10). The consultation should contain the Read Code relating to the principal condition leading to referral.

¹⁰⁰ The Cons OM may be a civilian employed or commissioned MOD Cons OM with current registration with GMC and Faculty Occupational Medicine (FOM) to work in OM. They will have suitable previous and substantial military experience either within DPHC or ROHT and have maintained clinical currency if retired. CAOM is responsible for assuring the delivery organisations that an individual fulfils these criteria and has sufficient familiarity with the extant version of AGAI 78.

- c. Consider opportunistic screening for mental health issues which are prevalent in the population referred for FMB.
- d. Request that an Appendix 18 is completed by the unit whilst concurrently referring the patient for FMB. This is a unit responsibility to provide but it is not to delay FMB if the President deems it is not essential for the Board to make its recommendations.
6. Immediate Post Board Administration by ROHT if the FMB grades *medically unfit for service* (L6 Perm):
- a. The member conducting the board of the FMB is to complete an Appendix 12 and provide the patient with a copy and ensure a copy is provided for the unit (ideally sent as a soft copy so that this can be retained on PPMIS).
- b. The member conducting the board will suggest the patient completes an FMed 24 (personal statement of the history from the patient's perspective) especially where it is felt this will inform APC/Veterans UK (formerly known as VETERANS UK) or if the patient wishes to provide additional information.
- c. The member conducting the board is to ensure that, following the Board, an Appendix 17 is completed by the patient who should be provided with a copy in addition to an Appendix 15. An appropriate Patient Information Leaflet should also be given.
7. If an FMB does not grade *medically unfit for service* ('P8' L6 MND (P)) then either Appendix 2 or 3 should be followed.
8. **Following Completion of an FMB Grading L6E5 MND(P).** The following must be scanned onto the e-HR and an email sent to APC-CMOps-OH-Group-Mailbox@mod.gov.uk stating that the App 17b is signed and consent is available for OH APC with a copy of the App 12 attached.
- a. Appendices 12 and 17.
- b. Appendix 18^{169/170} provided by the unit (this is not mandatory). If this information is on PPMIS¹⁷¹ then no further action is required.
- c. An FMed 24 where completed (this is not mandatory)¹⁷².
- d. The completed FMed 23 is to be endorsed (in the text) with a recommendation for discharge under the appropriate paragraph of PAW or QR(Army). Any request for extension to service on the grounds of access to service specific medical care must be clearly justified in the summary paragraph.
9. **Notes on the application of the PAW 20 and QR(Army) to leaving the Service on Medical Grounds.**
- a. All Officers are to be retired in line with the **PAW 20 paragraph 199**.
- b. All Soldiers may be discharged on the basis of the authorities contained in QR(Army). The appropriate paragraphs are summarised below:

¹⁶⁹ In the event the President requires an Appendix 18 for the board's recommendations and it has not been provided, the board should proceed and the FMed 23 narrative should record its absence.

¹⁷⁰ The Appendix 18 is not required for BT/ITT trainees or the Appendix 21 process.

¹⁷¹ PPMIS is the electronic version of the process, see Part 13 for more details.

¹⁷² Forwarding of board paperwork should not be delayed beyond 10 working days if it has not been completed.

- (1) **QR(Army) Paragraph 9.381 'Defect in Enlistment Procedure'**. This is used for conditions which were overlooked, inappropriately assessed, or were not declared at the time of the initial medical examination.
 - (2) **QR(Army) Paragraph 9.382 'Having made a False Declaration to a Question on the Attestation Paper'**. A failure to disclose previous medical discharge from the Service is the only medical reason to invoke this paragraph and a FWA must precede discharge action in these circumstances.
 - (3) **QR(Army) Paragraph 9.385 'Ceasing to Fulfil Army Medical Requirements, that is, Medically Unfit (for continued duty in their Arm or Service) Under Existing Standards'**. This paragraph applies to a soldier who is graded L5 MND (P) and who has fallen below retention standards for their Arm or Service. The Appendix 28 procedure is to be followed to allow, where appropriate employment in unit or elsewhere. If employment is not possible or the SP does not wish to be retained then discharge action must be taken, see **QR(Army) para 9.385 Ceasing to Fulfil Army Medical Requirements** for instructions. This QR(Army) paragraph relates to SP with medical limitations that mean further service is not appropriate but are unlikely to be a significant limitation to civilian employment.
 - (4) **QR(Army) Paragraph 9.386 'Ceasing to Fulfil Army Medical Requirements, that is, Temporarily Unfit for any form of Army Service'**. This applies to a SP graded medically unfit for service ('P8' L6 MND (P)) for a condition that may at a later date improve. SPs discharged under this paragraph are transferred to the Reserve and may be mobilised in future emergencies. If the SP's medical condition is incompatible with this commitment, discharge must be affected under paragraph 9.387.
 - (5) **QR(Army) Paragraph 9.387 'Ceasing to fulfil Army Medical Requirements, that is, Permanently Medically Unfit for any form of Army Service (now or in the future)'**. This is the correct type of discharge in the grade medically unfit for service ('P8' L6 MND (P)) if the condition is permanent.
10. **Refusal of consent to release medical information. Refusal of consent to release medical information.** Should a medically downgraded SP not consent to the CoC having access to their medical limitation information then the MO is to enter the JMES of A6L6M6E1 onto the e-HR. This JMES is not a grade that could occur in any other circumstance and will inform the CoC that the SP has not consented for their medical grade to be released. See **para 78.1025** for more information.
11. **Appeals.** The appeals process is at Appendix 19.
12. **Release Medical.** Personnel graded L6E5 MND(P) at FMB must undergo a pre-release medical and final medical prior to terminal leave - these can be combined. This is to ensure their medical condition is recorded at the point of discharge and that handover of medical care to the NHS has been completed. The FMed 133 should be issued at this medical.

7. What is the protocol when a commanding officer commits unlawful fraud conspiracy & removes a military wife 8 weeks prior to the rest of the unit, to avoid an emergency injunction and prosecution?

There is no individual specific policy which covers this scenario. However, if a Commanding Officer commits an unlawful offence, it should be reported and dealt with as appropriate. Below for reference is a link to the Manual of Service Law: [Manual of service law \(MSL\) - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

8. How many service complaints have been filed within 1PWRR and their outcome between
 2018-2020
 2020-2021
 2021-2023
 2023-2024

Dates	PWRR Numbers	Outcomes
1 Jan 2018-31 Dec 2019	6	Not Upheld, Partially Upheld, Out of Time, Inadmissible
1 Jan 2020– 31 Dec 2020	6	Withdrawn, Not Upheld, Partially Upheld, Inadmissible
1 Jan 2021-31 Dec 2022	6	Withdrawn, Not Upheld, Inadmissible
1 Jan 2023-28 June 2024	~	Upheld

9. How many serving personal have had their employment terminated DURING an active service complaint since June 2022.

Less than five Service Personnel in PWRR.

Notes for figures for parts eight and nine:

- Please note that the figures provided in answer parts eight and nine of your request are single Service estimates based on data which is not gathered for statistical purposes or subject to the same level of scrutiny as official statistics produced by Defence Statistics. The figures provided may therefore be subject to data quality issues affecting their accuracy.
- In the table above “~” represents less than five.