



SECRETARY OF STATE
MINISTRY OF DEFENCE
FLOOR 5, ZONE D, MAIN BUILDING
WHITEHALL LONDON SW1A 2HB



4.7.3.1

19 December 2022

Dear Mrs Hunt,

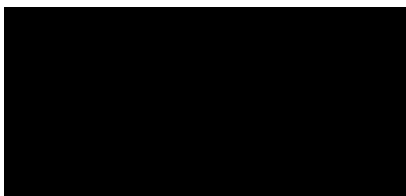
HM SENIOR CORONER'S REGULATION 28 REPORT TO PREVENT FUTURE DEATHS

Thank you for writing us about this important matter.

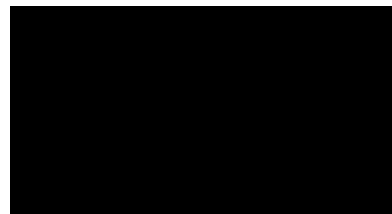
We write in response to your Prevention of Future Deaths reports delivered under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013, in respect of the Inquest held into the deaths of Mr Kamil Iddrisu and Mr Youngson Nkhoma which concluded on 18 October 2022.

In your Prevention of Future Deaths reports dated 24 October 2022, you set out the circumstances giving rise to your concern. Please find enclosed at Annex A our response to your concerns.

We hope that our response has confirmed that the Ministry of Defence and Capita has learned and will continue to learn lessons from the tragic death of Mr Iddrisu and Mr Nkhoma. This response we hope, has provided you with sufficient assurance that the necessary corrective action has been taken in response to your Regulation 28 reports. We hope too that families of Mr Iddrisu and Mr Nkhoma will draw some comfort from the knowledge that your report has prompted action. As ever, our thoughts remain with them, and with all those friends and colleagues who continue to feel their loss so acutely.



Secretary of State for Defence



Chief Executive Capita plc

Mrs Louise Hunt
Senior Coroner for Birmingham and Solihull Areas
50 Newton Street
Birmingham
B4 6NE

RESPONSE TO HM SENIOR CORONER'S REGULATION 28 REPORT TO PREVENT FUTURE DEATHS

Matters of Concern 1 Sickle cell trait screening process and identifying Sickle Cell Trait in candidates:

1a The Inquest heard evidence that since these tragedies there had been twelve (thirteen as one incident includes two people) near misses where the process that had been put in place following these tragedies had not been followed. This resulted in three candidates at High Risk for Sickle Cell Trait according to their Family Origins Questionnaire undertaking the 2km run. One of these had self-identified to a Group Leader prior to the exercise but was directed to complete the Role Fitness Test (Entry) run element in any case. This raises a concern about the screening process may not be safe and effective.

Following a post-inquest review of Sickle Cell Trait risk management by six sigma qualified professionals, additional process control measures have been established to prevent high risk or unknown Family Origin Questionnaire candidates from attending an Assessment Centre. Individuals will not be loaded onto the course prior to being screened through the Family Origin Questionnaire or receiving their Sickle Cell Trait blood test results. This measure has been put into place to ensure that there is no prospect of such a candidate attempting the Role Fitness Test (Entry). If the candidate's Sickle Cell Trait status is positive or is not known prior to the Role Fitness Test (Entry), they will not participate in the Role Fitness Test (Entry) Multi-Stage Fitness Test. Post-inquest, Recruiting Group has also completed a pipeline review of all candidates to identify any individuals who have not completed a Family Origin Questionnaire and the above process has been applied to such candidates so that they are prevented from attending an Assessment Centre prior to screening being completed.

In addition, a thorough review has now been completed of each of the twelve incidents identified following Recruiting Group's Business Assurance Review. In all cases, the medical screening component worked as intended. However, in nine instances, a post-screening control measure failed due to an administrative error; Defence Recruitment System record was not updated, or an error was made in completing/recording pre-service screening medical outcomes. However, other measures such as manual checks of an individual's Sickle Cell Trait status worked as intended, so there was no risk of harm to the candidates involved.

In three cases, other measures failed, these are therefore classified as 'near miss' incidents. Two of these took place at a facility administered by the Army, and additional controls have now been introduced, including enhanced staff training and awareness of Sickle Cell Trait and exertional collapse, and procedural changes that ensure that Sickle Cell Trait candidates are clearly identifiable. One case took place at a Recruiting Group Assessment Centre (Pirbright), and specific enhancements have been introduced at this site, including an amendment to the Assessment Centre loading process that prevents high-risk Family Origin Questionnaire candidates from attending an Assessment Centre until blood test results are known, therefore removing the potential for at-risk candidates to undertake the run.

Reporting processes have also been enhanced; any similar future incident will be investigated promptly and jointly by the medical and health and safety teams. These include automated notification of Recruiting Group's Chief Medical Officer and Head of Health and Safety, to enable them to trigger an investigation by a newly established Joint Lessons Learnt Panel. This panel includes senior Recruiting Group and Army colleagues in operational, clinical, and health and safety leadership roles. The Panel has an enduring remit to review all reported accidents and near misses within 96 hours and make appropriate recommendations, although in practice incidents are reviewed within 48 hours. The panel also directs a suitably qualified individual or body (such as Recruiting Group's Clinical Oversight Board) to conduct a more detailed Learning Account investigation. Once finalised, the Learning Account is reviewed monthly to ensure progress is made in implementing all recommendations. Learning Account reports are disseminated to Joint

Lessons Learned Board members who have the opportunity to challenge/comment. The recommendations are added to an action tracker and assigned an owner and completion date, and progress is reviewed at the monthly Corporate Governance Review Board meeting.

From an Army perspective, the Sickle Cell Trait screening process for all streams of candidates continues to be reviewed and refined on a regular basis (and informed where necessary, by the outcomes of any Joint Lessons Learnt Panel, Clinical Oversight Board or Learning Account recommendations) within the four Soldier Assessment Centres and the Army Officer Selection Board. Similarly, Recruiting Group and Army Recruiting and Initial Training Command have reviewed the Sickle Cell Trait risk-management process and associated Risk Assessments for moving a candidate from the initial stages of recruiting activity through to the Pre-Service Medical Assessment and Role Fitness Test (Entry).

To further reinforce these control measures, scenario-based simulation training exercises are conducted (and recorded) by each soldier Assessment Centre each quarter. All Assessment Staff attend scenario-based training that test understanding of Standard Operating Instructions/emergency response procedure for a variety of incident types. These exercises test understanding of Standard Operating Instructions, and emergency plans, including individual responsibilities. In addition, all new members of staff receive comprehensive Sickle Cell Trait related education and awareness during their induction training. This is based on developing awareness and an understanding of Sickle Cell Trait and the end-to-end risk management of candidates, through adherence to Standard Operating Instructions and familiarity with emergency response plans. Accordingly, the Sickle Cell Trait screening process is now deemed to be as safe and as effective as it can practicably be and will be subject to twice-yearly scrutiny by both the Recruiting Group assurance team, and Army-directed assurers.

1b The inquest was told that the Royal Air force and Navy are not screening any candidates for Sickle Cell Trait. The Army are. Both services are recruiting from the Commonwealth. Medical evidence at the inquest confirmed screening was the only way to safely identify candidates at risk. This raises a concern that the recruitment process is not safe and effective.

Updated policy (Defence Instructions and Notice (DIN 2022DIN06-021) was issued on 04 November 2022, that mandates that all military recruits or potential military recruits, across the Army, Royal Navy and Royal Air Force, be screened for Sickle Cell Trait. The screening process for identifying Sickle Cell Trait is split into two stages:

- Stage 1 – screening questionnaire: All recruits (regardless of origin and application stream) are required to complete an adapted Family Origin Questionnaire.
- Stage 2 – blood tests: Those identified as at-risk in the Family Origin Questionnaire proceed to blood testing to determine if they are Sickle Cell Trait positive or negative.

Where recruits and/or potential recruits are identified by the screening process as having Sickle Cell Trait, the new policy mandates that this must be considered in the risk assessment for all intense exertional activities and suitable control measures must be applied based on input from medical professionals. The new process is to be implemented by the Royal Air Force and Royal Navy Commands no later than 1 January 2023. Army Recruiting and Initial Training Command and Recruiting Group have engaged with the Royal Navy and Royal Air Force to exchange best practice in respect of Sickle Cell Trait screening processes and risk management.

The Royal Navy and the Royal Air Force have adopted the two-stage screening as part of their recruitment processes. It will initially be an in-house solution until a contract can be let in early 2023. The screening will be completed by all candidates irrespective of origin and application stream (Officer, Regular, Reserve). Candidates who are identified with Sickle Cell Trait from the Family Origin Questionnaire, will be blood tested prior to the

Pre-Joining Fitness Testing and can attempt a supervised, sub-maximal pre-joining physical test instead if they are found to be Sick Cell Trait positive. Any candidates identified with Sick Cell Trait are strongly encouraged to wear a wrist band during the pre-joining phase and in the first four weeks of initial training to identify them to staff as being at increased risk of exertional collapse. As a safeguard, if the candidate chooses to not wear a wristband (e.g. they do not want their medical status to be made public), Physical Training Instructors will know which candidate has Sick Cell Trait which would allow for sufficient supervision of them. All entry streams undertake a minimum, four-week Graduated Training programme incorporating Universal Training Precautions. The Royal Navy and the Royal Air Force have updated and communicated their policies and processes to improve understanding of Sick Cell Trait amongst their personnel. This includes Defence direction for screening and reporting all suspected or confirmed cases of heat illness and exertional collapse in their policies.

Matters of Concern 2 Training and Education

2a The near miss incidents lead to a concern that staff involved in the selection process and Role Fitness Test (Entry) assessments are still not aware of the risk associated with Sick Cell Trait given that in one case the person was directed to undertake the run despite knowing he was at high risk of developing exertional rhabdomyolysis associated with Sick Cell Trait.

In respect of the near miss incidents referred to, Director Operations, Headquarters Army Recruiting and Initial Training Command has issued Army guidance to all staff ('*A Commander's Guide to Exertional Collapse*' and '*Sick Cell Trait The Facts*') to all personnel within Recruiting Group on 21 October 2022 and, following a process review, additional guidance on the management of Sick Cell Trait candidates at Assessment Centres has been published (Standard Operating Instruction 26 dated 21 October 2022) – which every individual has been required to sign to say they have read and understood. In

addition, scenario-based simulation training exercises are conducted by each soldier Assessment Centre every quarter and new members of staff receive comprehensive Sickle Cell Trait related education and awareness during their induction training. All Assessment Centre staff participate in quarterly scenario-based simulation exercises – including Physical Training Instructors. Further, staff receive regular updates to policies and procedures through formal briefing notes, cascaded communications and through various management forums. The Recruiting Group assurance framework, which includes checks by local line managers and compliance assessments by the Business Assurance Team, then verifies that amended policies and procedures are being adhered to and that they are effective in reducing the residual risk to as low as reasonably practicable. This method is consistent with the Army’s Safety Risk Management approach which is based on five principles as laid down in Army Command Standing Order 1200 – The Army Safety and Environmental Management System. This replaced Army Command Standing Order 3216, which was extant at the time of the incidents, on 1 January 2021.

To support the understanding of this approach there is structured training and an education package starting with awareness for practitioners and professionals (Safety Risk Management instructors) who will gain a recorded competency qualification. Additionally, the Army requires any Ministry of Defence person (Military or Civilian) responsible for conducting a risk assessment to also be suitably competent (trained, experienced and current), again with an associated competency qualification at both practitioner and instructor level. This risk assessment competency is valid for five years.

2b The lack of screening in the Navy and Royal Air Force leads to a further concern about the level of understanding regarding the risks associated with Sickle Cell Trait – the evidence at the inquest said this risk was unpredictable.

As covered under Matters of Concern 1b, a new Defence policy has been issued (Defence Instructions and Notices (DIN 2022DIN06-021 dated 4 November 2022) that directs that all military recruits or potential military recruits, across the Army, Royal Navy and Royal Air Force, are to be screened for Sickle Cell Trait.

2c The inquest heard evidence that there is no standardised way to identify Sickle Cell Trait candidates who are going through the selection process as the different services were considering using different colours wrist bands in different services. The raises a concern about the ability to identify those candidates who have Sickle Cell Trait.

The Army have shared their wristband design with the Royal Air Force and the Royal Navy. The Royal Air Force and the Royal Navy have decided to adopt the Army's approach to and design of wristbands in their entirety. This is covered under Matters of Concern 1b.

Recruiting Group will clearly comply with Defence direction to utilise coloured wristbands to identify Sickle Cell Trait Candidates but, as an additional control measure, also intends to use coloured bibs to ensure that high risk candidates are easily identifiable from a distance for all Assessment Centre staff during the assessment process. The wristbands and bibs will be issued by the Doctor to the candidate following the Pre-Service Medical Assessment. This process should be in place by early 2023.

2d There should be a review of the wording used and rationale for including questions for candidates regarding 'cola coloured urine' in the Pre-Medical Screening Assessment. Dr Gupta, an expert hematologist at the inquest, informed the court that this is not always a sign of Sickle Cell Trait as an individual can get cola urine from hepatitis. This raises a concern about the level of understanding of the significant of "cola coloured urine" and what it might indicate.

The Joint Service Publication 950 which includes this wording will be reviewed through the Medical Employment Standards Military Judgement Panel in early 2023.

A history of cola coloured urine is an indicator for several health conditions, some of which are significant and include muscle and kidney damage. It can also be due to medication (several can cause darkening of the urine), or even diet (eating large amounts of fava beans, rhubarb or aloe can cause dark brown urine). The rationale for asking this question, and the need for any additional explanation will be reviewed

through the Medical Employment Standards Military Judgement Panel. The Subject Matter Expert leading the panel, on behalf of Surgeon General, will be the Defence Consultant Advisor Occupational Medicine, supported by Surgeon General's Medical Policy team and the relevant Defence and single Service experts.

Matters of Concern 3 Reporting and investigation

3a The inquest heard how Capita have set up a Clinical Oversight Board to review any incidents. First this board did not appear to have reviewed or audited any of the near misses referred to above and second it does not include a representative from the Army. This raises concerns about the lack of joined up thinking for an incident between Capita and the Army and the safety of the new process.

The Recruiting Group Clinical Oversight Board was established on 19 May 2022. Nine of the twelve identified Sickle Cell Trait related near misses occurred before this date. The Clinical Oversight Board did not examine three incidents following its establishment because, while Incident Reports were filed in all cases, they were not disseminated to key stakeholders at the time due to Incident Reports not going to functional leads such as the Chief Medical Officer and Health and Safety Manager. That has changed – the Chief Medical Officer, Deputy Chief Medical Officer and Health and Safety Executive Manager now directly receive all Incident Reports and initiate the Joint Lessons Learnt Panel process and subsequent review by the Clinical Oversight Board.

The Clinical Oversight Board's Terms of Reference have been reviewed and approved by all relevant stakeholders and subject matter experts following the inquest. Standing membership now extends to military Occupational Health colleagues from Headquarters Army Recruiting and Initial Training Command. In addition, all twelve near miss cases have been examined by the Clinical Oversight Board (as detailed in response to Matter of Concern 1a). Appropriate action has been completed or is in progress with a defined completion date.

Since the inquest, the Joint Lessons Learnt Panel which is co-chaired by the Capita Director Quality & Compliance and Assistant Director Recruiting (Colonel) has met four times to review incidents and near misses that resulted in, or had the potential to result in, death or serious injury/illness. The Panel has convened virtually to review the Incident Report and any related Capita Accident, Safety, property and Environmental Reporting or Defence Unified Reporting and Lessons System accident report with the aim of identifying primary causal and aggravating factors and determining whether any immediate action is required to prevent a reoccurrence. The Joint Lessons Learnt Panel has subsequently directed suitably qualified personnel to conduct a more thorough Learning Account investigation and make appropriate recommendations. Three Learning Accounts have been generated since the inquest, all of which were completed within ten days of being initiated. Recommendations have been assigned to action owners with completion dates and progress is reviewed monthly by the Clinical Oversight Board.

This governance and assurance activity supplements the monitoring of all accident reports submitted via the Defence Unified Reporting and Lessons System and Capita Accident, Safety, Property and Environmental Reporting systems. Both the dedicated Army Recruiting and Initial Training Command Safety, Health and Environment staff officer and the Recruiting Group Health and Safety Executive Manager now have permissions on Defence Unified Reporting and Lessons System to undertake their monitoring, analysis and reporting responsibilities, enabling joined-up thinking in relation to all safety matters. Enhancements to the Capita Accident, Safety, Property and Environmental Reporting accident reporting system (described in the response to Matter of Concern 3d below) will also trigger an investigation for all Tier 1 (Fatalities) and Tier 2 (Reporting of Injuries, Diseases and Dangerous Occurrence Regulations reportable/lost time/significant near miss) incidents. This will also contribute to joint organisational learning.

3b Reporting of incidents: the majority of the twelve near misses were not investigated at the time they occurred which indicates the present process is not safe and effective.

As detailed in response to Matter of Concern 3c, Incident Reports (see Annex B) were raised for each near miss incident at the time, but these reports were not correctly elevated and reviewed because they were not distributed to the necessary stakeholders. As detailed above, all Incident Reports are now directed to a wider stakeholder community within Recruiting Group, both military and civilian, including the Chief Medical Officer, Deputy Chief Medical Officer and the Health and Safety Executive Manager. In addition, the Health and Safety Executive Manager now has visibility of, and direct access to, the Defence Unified Reporting and Lessons System. Both the Army and Recruiting Group have now reviewed each of the twelve ‘near misses’ to identify root causes, trends and lessons.

Since the time of the incidents the Army has introduced a new reporting system, the Defence Unified Reporting and Lessons System (see Annex C). This went live on 10 January 2022 replacing the Incident Notification System which was in use in 2019 at the time of the incidents. The system is a data driven platform with auto-notifications built in allowing for automated notification to interested parties in real time. To this end, if a Defence Accident Investigation Branch notification threshold is crossed, the Defence Unified Reporting and Lessons System informs the reporter who is then able to activate a direct notification to Defence Accident Investigation Branch. As part of lessons learnt from this incident, the Defence Accident Investigation Branch have recently consolidated their various phone numbers for individual Services into a single number for all varieties of incidents and for all Services. The Defence Unified Reporting and Lessons System will be Defence wide by mid-2024, is funded for the next ten years and is designed to continually evolve to maintain its currency and utility.

3c There is no system to audit whether incidents are being correctly processed and investigated.

As detailed in the response to Matter of Concern 3a above, all actual and ‘near miss’ incidents are reviewed at the monthly Clinical Oversight Board. Audit takes place at the quarterly Joint Health and Safety Executive Manager’s Conference, the quarterly Joint

Assurance Group (attended by both Capita and Army staff) and via appropriate Army Permanent President Service Inquiries and Army Personnel Services Group oversight mechanisms. This is further supplemented by Ministry of Defence oversight of Defence Unified Reporting and Lessons System reporting through the single Service Safety Centres, the Defence Accident Investigation Branch, the Defence Safety Agency; and, separately, through Capita Health and Safety Executive oversight of Capita Accident, Safety, Property and Environmental Reporting and via reporting at Capita Divisional and Group level. In addition, the Chief Executive Officer Recruiting Group has directed an external audit of Sickle Cell Trait risk management procedures by Capita Group Internal Audit during the second half of 2023.

In addition, Defence operates an assurance model for Health Safety & Environmental Protection to ensure that its policies are being implemented and reviewed and actions taken.

- The first level of assurance is carried out by the Commands, the Royal Navy, Royal Air Force and Army – they conduct assurance on themselves at regular intervals and annually. As part of this it will be expected that they will examine and assure themselves that Sickle Cell Trait screening policies are being complied with.
- The second level of assurance is carried out by personnel from the Health Safety & Environmental Protection Directorate on the Commands’ annual self-assessment and against the Defence Safety Management System Framework as detailed in Joint Service Publication 815 Part 1. It is expected that any failure to assure compliance on Sickle Cell Trait screening will be identified and brought to the Commands’ attention for action to rectify.

3d The reporting system continues to use two parallel reporting forms for Capita Accident, Safety, Property and Environmental Reporting, and the Army Defence Unified Reporting and Lessons System. These are on separate Information Technology systems. This raises a concern that there is no “one version of the truth”. The inquest heard evidence that Capita were unclear if they had resolved the issue in their Capita Accident,

Safety, Property and Environmental Reporting, system associated with the drop-down menu options and the fact that non-work-related incidents close investigations automatically.

Immediate action has been taken to ensure that all colleagues within Recruiting Group are clear that deaths, incidents that result in serious injury or illness and all suspected or confirmed cases of exertional collapse are reported to the Defence Accident Investigation Branch without delay by the person closest to the incident. This direction will be replicated in Recruiting Group incident reporting policy and in a revised mandatory e-learning training module by 31 January 2023.

Both partners within Recruiting Group (Army and Capita) have organisational obligations that necessitate the ongoing use of two accident reporting systems. Recognising the risk of a lack of coherence between these two systems, Recruiting Group, in consultation with Army Recruiting and Initial Training Command, has implemented a number of changes to maintain consistency. The Capita Health and Safety Executive Manager now has access to the Defence Unified Reporting and Lessons System so he can ensure consistency between this system and Capita Accident, Safety, Property and Environmental Reports. He also maintains an accident reporting register (a new post-inquest measure) that details all reports received – this is presented to the Corporate Governance Board each month. Within the Assessment Centre, as a further safeguard, the same individual, the Assessment Centre Sergeant Major, completes both of the reports mentioned above. These changes ensure that reportable incidents and near misses are elevated, captured, analysed, and addressed by both partners (Ministry of Defence and Capita) leading to a joint response to identify and mitigate any residual risk of a reoccurrence.

In addition, the Recruiting Group Health and Safety Executive Manager now has a Defence Unified Reporting and Lessons System account and can see all submitted reports in addition to those raised on Capita Accident, Safety, Property and Environmental Reporting. Recruiting Group have implemented a monthly accident reporting tracker, which captures all Recruiting Group accident reporting, links to the corresponding Incident

Reports, and is reviewed monthly by Recruiting Group's Corporate Governance Review Board (chaired by the Recruiting Group Chief Executive Officer). Recruiting Group has also developed a mandatory e-learning package for all personnel covering incident and accident reporting procedures which is currently being reviewed in light of the inquest findings.

Following the inquest, the Capita Group is reviewing the functionality of the Capita Accident, Safety, Property and Environmental Reporting system to report 'non-work related' incidents to ensure that they are appropriately classified and elevated for investigation. The incident reporting process within Capita Accident, Safety, Property and Environmental Reporting automatically logs all Fatalities / Deaths as a Tier 1 Event which then triggers a formal investigation by the Divisional Health and Safety Executive Director. A revised Capita Accident, Safety, Property and Environmental Reporting platform rollout is scheduled by early 2023.

The Defence Unified Reporting and Lessons System makes reporting more straightforward for all those Ministry of Defence staff with Defence Connect access and to ensure Capita has similar capability, the Recruiting Group Health and Safety Manager has the Defence Unified Reporting and Lessons System permissions and has access to report, review reporting and investigations, and analyse the data and trends that Recruiting Group would find insightful.

3e It was unclear from the evidence whether the Recruiting Group has a clear identifiable person to take responsibility for the review health and safety incidents and to ensure adequate investigation is undertaken. Specifically, it was still not clear that any oversight of the medical incidents fell within the remit of the Capita Head of Health and Safety.

Recognising the important relationship between 'health' and 'safety' in understanding and responding to any incident, the Chief Medical Officer of Recruiting Group is responsible for the medical aspects of service delivery and for clinical governance as part of the contract, and the Health and Safety Executive Manager is responsible for all Health and

Safety Environmental matters. Both individuals work together and now receive all Incident Reports and are members of the Joint Lessons Learnt Panel. As such, both are accountable for investigating incidents and producing Learning Account reports and associated recommendations (as directed by the Joint Lessons Learnt Panel Chair) which are presented to the monthly Recruiting Group Corporate Governance Review Board (Capita) and to the quarterly Joint Assurance Group (Capita and Army). To be clear, the Joint Lessons Learnt Panel process directs one Learning Account investigation lead by the most appropriate individual but supported, as necessary, by additional subject matter experts.

3f It was unclear from the evidence whether the Recruiting Group act as one entity regarding health and safety issues with a clear line of responsibility for global risk assessment (and promoting information gathering & investigation) of incidents of any nature. The Inquest heard evidence that 'H&S at work' is considered differently to any medical risk, which is supported by the lack of investigation of the near misses.

Recruiting Group acts as one entity for health and safety issues through joint (Army and Capita) forums including a Joint Risk Management Board, the Joint Lessons Learned Panel, Clinical Oversight Board, quarterly Joint Health, Safety and Environment reviews and the quarterly Joint Assurance Group. Policies and procedures are reviewed and approved by both partners to ensure clarity and coherence. This joint governance framework supports a proactive and coherent approach to risk management and a more robust, timely and effective response to reported incidents and organisational learning.

Since the inquest, eleven accident reports have been raised on Defence Unified Reporting and Lessons System and replicated on Capita Accident, Safety, Property and Environmental Reporting. For coherence, the originator of both reports is the same person within each Assessment Centre and the Recruiting Group Health and Safety Executive Manager is now alerted to and can see both reports. Once logged, the reports are captured in a monthly Health and Safety Executive tracker that is presented to Chief Executive Officer Recruiting Group. Any inconsistencies in reporting between the two systems can

therefore be identified quickly and addressed. In addition, the Health and Safety Executive Manager is able to record whether the Defence Accident Investigation Branch has been alerted to any incident, recording when notified, how and by whom and is asked to raise and escalate any omissions immediately. The accident reporting tracker is used to ensure that all cases are subsequently reviewed by the Clinical Oversight Board.

The Army has a single methodology to Safety Risk Management based on activity using a holistic approach including factors such as Health and Safety, Environmental and Medical. The activity risk assessment should include all the identified hazards to the participants. The Army's approach to Safety Risk Management is contained in Army Command Standing Order 1200 with associated training, education and qualification as described above. This is now supported by Standing Operating Instruction 26, which governs the management of Sickle Cell Trait candidates at Assessment Centres. This is also supported by Standing Operating Instruction 20, which governs the management of candidates who become unwell at an Assessment Centre.

Matters of Concern 4 Medical response

4a Inquest heard how Lichfield had specialist medical staff on site in the medical training unit but there was no system for getting urgent medical attention on the base if needed. There was no mechanism to put a tannoy out for a medical emergency, but the Inquest heard evidence that this could be done for a cake sale.

The tannoy system was installed at Defence Medical Services Whittington when the site was redeveloped, and it came fully operational in April 2014. It is used for any type of emergency, and it can be used as part of a site awareness programme to advertise other events/activities if the Head of Establishment deems it appropriate, however its primary purpose is for emergency announcements.

The Defence Medical Services Whittington site was further developed during 2021 following the closure of the Defence Infrastructure Organisation in Sutton Coldfield and the staff based there were transferred to Whittington. During the building works for the

new Defence Infrastructure Organisation Headquarters the tannoy system unfortunately suffered some damage. The tannoy system went through a complete overhaul in 2021 and the early part of 2022. The system was fully functional by May 2022. If an emergency tannoy announcement is required, the request would be sent to the Guard Commander either via Head of Establishment Second in Command, the Adjutant or Regimental Sergeant Major. Any member of staff can also ring the Guardroom to state an emergency. A site wide broadcast is then made. Additional works are being undertaken to increase the number of external speakers around the site to ensure any announcement is heard, no matter where personnel are on the site.

Although the site is primarily occupied by Defence Medical Services, not everyone who works within the Defence Medical Services are medically trained personnel. The tannoy system can be used to summon a response in the case of an emergency but should not be used in lieu of the medical emergency Standing Operating Instruction.

Following the inquest, Recruiting Group has issued revised guidance (Standing Operating Instructions 20), which details how to respond if a candidate becomes unwell during an Assessment Centre event. The document details that Recruiting Group Doctors (Capita staff) should assist in an emergency as a 'Good Samaritan' drawing upon paragraph 26 of the General Medical Council's 'Good Medical Practice' guidance which states that 'You must offer help if emergencies arise in clinical settings or in the community, taking account of your own safety, your competence and the availability of other options for care'. The Recruiting Group Business Assurance team's audit and compliance of Assessment Centres includes an examination of individual and collective training records, the continuous professional development records of the Physical Training Instructors and the conduct of emergency response exercises.

4b All the services should consider whether there should be a generic policy for the treatment of exertional collapse (of any cause) as per United States Army where during training there is a clear medical plan with availability of essential medical treatment (e.g. oxygen and fluids) before hospitalization.

There is joint clinical policy in place for exertional collapse including Joint Service Publication 950 Leaflet 2-4-4: Exertional Heat Illness: Acute Treatment (v1.3 February 2022).

This policy leaflet applies to all Defence Medical Services personnel and contains medical management guidelines for first responders that include treatment measures to be taken in the specific event of exertional heat illness. The policy also identifies the responsibilities of all Defence Medical Services personnel to both be trained in the prevention and management of heat illness and the provision of relevant advice to the Chain of Command (appropriate to their level of competency and responsibility).

This policy is generic for other causes of exertional collapse and will be reviewed annually by the relevant Subject Matter Experts to ensure coherence with Exertional Collapse Associated with Sickle Cell Trait management guidance.

Work is under way with the Defence Medical Academy to ensure Defence Medic training (our most likely first responders) incorporates exertional collapse scenarios to ensure early differential diagnosis, particularly where this requires any specific interventions (for example, cooling with heat illness).

The policy enables establishment processes and procedures in the recruiting/selection/training where Defence clinical personnel provide support to emergency healthcare cover. It does not and cannot direct civilian healthcare providers, nor replace their well-rehearsed establishment processes and procedures in the delivery of an emergency response.