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Your ref: 20110419/DCINCFLEET
Our ref: CPF/SI/AGP
Date: 31 May 11

SERVICE INQUIRY INTO ARMED GUARDING POLICY

1. The service inquiry panel assembled at Lancelot Building, HMNB Portsmouth on the 28 April 2011 by order of Vice Admiral G M ZAMBELLAS DSC, Deputy Commander-in-Chief Fleet for the purpose of conducting a review of Naval Service armed guarding policy, procedure and administration has concluded its inquiries and submits the provisional report (including the record of proceedings and supporting paperwork) for the convening authority's consideration.

PRESIDENT

Signed *BOARD MEMBER A*

MEMBERS

Signed *BOARD MEMBER B*

Signed *BOARD MEMBER C*

LEGAL ADVISOR

Signed..... *LEGAL ADVISER A*

2. The following inquiry papers are enclosed:

Part 1 (The Report)

- a. Narrative, findings and recommendations at Enclosure 1.
- b. Convening Order and TORs at Enclosure 2.

Part 2 (The Record of Proceedings)

- c. Diary of Events at Enclosure 3
- d. The list of witnesses at Enclosure 4.
- e. The list of documents used at Enclosure 5
- f. An electronic copy of the report and record of proceedings as listed above.

PART

1

**PROVISIONAL
REPORT**

ARMED GUARDING POLICY SERVICE INQUIRY – PROVISIONAL REPORT

President: BOARD MEMBER A

Members: BOARD MEMBER B
BOARD MEMBER C

Legal Advisor: LEGAL ADVISER A

PREAMBLE

1. The Service Inquiry into Naval Service policy, procedures and administration governing Armed Guarding was initiated on 19 Apr 11. Following preliminary meetings, it was convened formally on 28 Apr in Portsmouth. The Terms of Reference were specified and are included at Enclosure 2. We assess that the Panel has fulfilled its TORs, although we have concluded that in some areas further work may be required in a longer timescale and with deeper expertise. We have limited the geographical and functional scope of the Report to ships (taken throughout to include submarines but not necessarily RFAs), RN units and establishments in the UK, although a number of recommendations will necessarily have impact abroad or whilst deployed. We have excluded ships and people deployed in operational theatres, as these are covered by CDS Directive with arming policy determined by ROE (JSP 398). Throughout the inquiry we have kept legal issues to the fore, including any implications for potential criminal proceedings and any subsequent administrative action. This Report has been agreed by all members of the Panel, and we have signed to that effect.

STRUCTURE

2. We have decided to address the TORs with a thematic approach, structuring the Report in three principal parts. Firstly, we have addressed the policy's mandate, its derivation, currency and applicability. Secondly, we have examined the resultant Armed Guarding organizational posture, including arming states, training and effectiveness. The third part covers fitness criteria, including personnel selection, medical and personal issues, and the regulations and guidance pertaining to drugs, alcohol and other factors. We have not produced an executive summary, and recommendations are included sequentially within the text, and we have cross-referenced the TORs to the text at Annex A to Enc 2. We have concentrated chiefly on Armed Guarding undertaken by Servicemen/women (see Box) because for MOD Police (MDP), Military Provost Guard Service (MPGS) and MOD Guard Service (MGS)(cover only) the RN does not control policy, standards and operational detail. However, we make close comparison where relevant, as we do with other Services and (in outline) with other navies.

Guarding Agencies

Depending on the level and nature of guarding required at the site concerned, guard forces may be found from:

- *Service personnel including MPGS.*
- *Ministry of Defence Police (MDP).*
- *Ministry of Defence Guard Service (MGS)(cover only).*
- *Germany Guard Service (GGS)*
- *Northern Ireland Security Guard Service (NISGS)*
- *Commercial Guard Forces (CGF).*

MANDATE

3. The decision to implement continuous Armed Guarding of RN ships and submarines was taken in 1989, and since 2003 this has remained universally in place. The mandate derives from (the then) DCDS(C)'s Arming Directive of 3 Sep 08, amplified by CINCFLEET's Arming Directive of 24 Sep 08. These Directives reflect the recommendations contained in D Def Sy's Armed Guarding Policy of 22 Feb 07, codified in JSP 440 (Defence Manual of Security) and BR 8988 (RN Manual of Military Training, Operations and Tactics).

Conclusion: *Overall mandate for Armed Guarding in ships, units and establishments is assured.*

4. However, it is also apparent that CINCFLEET's Arming Directive 2008 is (with the exception of two lines of text) an exact copy of the DCDS(C) Directive, and that neither have been reissued in the three years since publication. We understand that there is a considerable amount of policy work in the MOD, with Director Business Resilience leading, much of it catalysed by the demands of PR11. That will need to be finalised before a revised MOD Directive can itself be issued. We also know that the CINCFLEET Directive is under review and that this revision is itself pending the revised MOD Directive (we believe this is now in abeyance). Notwithstanding the corpus of this ongoing work, it is taking place without deadline and indeed has already been underway for two years; on that basis, our assessment is that a revised CINCFLEET Arming Directive should be re-issued as soon as practicable.

Conclusion: *The policy is mandated but precise provenance and scope of its authority is blurred.*

Guarding Levels

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Establishment	Agencies	Guarding Level
<i>Navy Command HQ, HMS Excellent</i>	[REDACTED]	[REDACTED]
<i>HQ 3 Cdo Brigade, RMB Stonehouse</i>	[REDACTED]	[REDACTED]
<i>29 Cdo Regt RA, Plymouth</i>	[REDACTED]	[REDACTED]
<i>40 Cdo RM, Norton Manor</i>	[REDACTED]	[REDACTED]
<i>42 Cdo RM, Bickleigh</i>	[REDACTED]	[REDACTED]
<i>45 Cdo RM, Arbroath</i>	[REDACTED]	[REDACTED]
<i>RM Chivenor</i>	[REDACTED]	[REDACTED]
<i>RNAS Culdrose</i>	[REDACTED]	[REDACTED]
<i>RNAS Yeovilton</i>	[REDACTED]	[REDACTED]
<i>RM CTC Lympstone</i>	[REDACTED]	[REDACTED]
<i>BRNC Dartmouth</i>	[REDACTED]	[REDACTED]
<i>HMS Collingwood</i>	[REDACTED]	[REDACTED]
<i>Fleet Intelligence Centre (lodger unit within HMS Collingwood)</i>	[REDACTED]	[REDACTED]
<i>HMS Sultan</i>	[REDACTED]	[REDACTED]
<i>HMS Raleigh</i>	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
<i>RM Turnchapel</i>	[REDACTED]	[REDACTED]
<i>RM Instow</i>	[REDACTED]	[REDACTED]
<i>Defence Diving School, Horsea Island</i>	[REDACTED]	[REDACTED]

Arming States.

5. This conclusion is significant. The CINCFLEET Arming Directive's credibility and authority would be enhanced by annual currency and better tailored, specifically single-service direction. Currently it appears overtaken by subsequent developments. It is particularly important that as the weight of policy papers and reviews steadily increases there remains a single, unambiguous source of authority for RN Armed Guarding. CINCFLEET's Arming Directive is not fulfilling that role as crisply as it should. For example, in 2007 DCINC directed that all ships and submarines (less GLEANER and URNU) would be at Arming State █. This was not reflected in the CINCFLEET Directive the following year, which limited itself to repeating the general requirements laid down by MOD. Moreover, and despite the clear authority in DCDS(C)'s Directive that TLBs "have standing authority to order armed guarding [levels] in the UK", DBR's latest (Apr 11) Monthly Terrorist/Extremist Threat Assessment signal appears to be determining the Arming State itself (para 20: "Arming State: No Change – Arming State █").

Conclusion: *It is not sufficiently clear which document or measure has primacy for setting Armed Guarding Levels and States within the RN.*

Recommendation A: CINCFLEET's Arming Directive should be reviewed and re-issued annually. It should be more specifically tailored to RN requirements, thereby enhancing its authority and relevance as a 'live' document. Maple Matrix provisions would continue to be applied in accordance with the monthly Force Protection signal. (Priority)

POSTURE

6. We then examined the posture adopted by the RN in respect to the categorisation of sites (including ships), the levels of Arming State applied and the overall effectiveness in terms of defence and deterrence. The categorization of sites (see previous box) is very clear and the delegation from the MOD to CINCs to assess and set consequent and correlated guarding levels appears wholly appropriate (subject to the caveat, *above*, on how this is working *in practice*). We further assess that CINCFLEET's decision not to delegate to 1* level the setting of Arming States (as allowed for in the DCDS(C) Arming Directive) but instead to retain this with DCINC for TLB consistency and focus, is wholly correct even if, for example, Land Command do delegate to 1* regional commanders. We could find no evidence that there were any RN local orders at any level.

Conclusion: *Categorization of sites and levels of arming states are clearly defined.*

7. The practical effect of the RN's interpretation of Armed Guarding Levels and States is that current measures represent an increase above the MOD's Armed Guarding minimum baseline levels. It should be emphasized that this in no way compromises safety of people - probably the opposite. However, the RN posture *appears* inconsistent, is certainly costly and may possibly be unnecessary in terms of the threat. It also appears to diverge from higher MOD policy, which determines a 'Risk Appetite' that should be Medium/High. This factor will become increasingly relevant in light of Director Business Resilience's work following PR11 measures, especially a likely requirement to sharpen further MOD Risk Appetite in order to realize savings from MDP/MPGS. We examined, therefore, the logic supporting such a posture.

Conclusion: *The RN arms to a level higher than the MOD's minimum baseline, without clear articulation of the logic leading to such a decision.*

CONTEXT

8. In terms of the effectiveness of the current Armed Guarding posture, we separated the two constituent issues of defence and deterrence. We should briefly set the quantifiable scope to give context. Since its inception in 1989, the RN has not always operated a continuous policy of armed guarding, but has done so since 2003. Analysis of the period 2003-2011 puts a conservative estimate of the number of individual armed duties completed at 385,000, with the total since 1989 similarly conservatively estimated as being in excess of one million. There have been instances of potentially serious incidents, such as negligent discharges and alcohol related unfitness for duty and even known cases of suicide, but only a single incident of an armed guard allegedly killing another person intentionally.

Conclusion: *Precise statistics will always remain elusive (although we have used a methodology to arrive at the numbers above), but we assess that incidents of carelessness, malpractice or criminality are very rare indeed.*

THREAT

9. Armed Guarding's effectiveness as a successful defensive measure in the event of armed or lethal attack is difficult to assess, simply because we can find no instance of an Armed Guard being attacked by a terrorist or lethal criminal, nor of an Armed Guard knowingly repelling an attack by presence or fire. There is some loose, misty anecdote but nil hard fact. However, as the section on training, below, will amplify, the RN's training, approach and attitude to Armed Guarding are very professional. We paid official visits to several ships and a submarine, less formally conducted numerous 'spot visits', and examined training in detail, and throughout we saw nothing other than seriousness, knowledge and keen awareness of responsibilities. We assess that if a terrorist or criminal were intent on pursuing an objective using lethal or potentially lethal force against an RN target the response would be effective.

Conclusion: *There is a deep-set and instinctive professionalism in the RN's approach and individuals' attitudes to Armed Guarding. Armed Guards are trained to a high standard, and their skills are more than sufficient to enable them to conduct – and be seen to conduct – armed duties.*

10. The likelihood of such an attack is the subject of regular assessment, most immediately during the monthly meetings of the Counter Extremist Assessment Group (CEAG), in which PSyA is represented. Deterrence, of course, is an endlessly subjective and continuously reshaped concept, in which there is no right or wrong. The simplest conclusion would be that, as shown, there has been no lethal attack on the RN, when there have been several (and many more foiled, disrupted or stillborn) on 'softer' targets in UK; deterrence may well have worked. However, the panel found that there were two relevant aspects that needed to be considered before concluding 'deterrence works, so leave the posture alone'.

11. Firstly, the Monthly Terrorist/Extremist Threat Assessment (most recently Apr 11) places MOD establishments, whether 'iconic' or not, at 'Moderate' level, with nil specific threat. This translates into a 'Heightened' Response Level. By continuing to set Arming State ■, we reduce the opportunity to escalate the Armed Guarding Level should the threat increase to Substantial, Severe or even Critical. If we arm at too high a level routinely we probably detract from our ability to ramp up individuals' reactions ('the adrenaline factor') if faced with a rapidly changing situation. Secondly, in our polling of RF/DF members we found a majority 'were not convinced of the validity of the threat'. They continued to be highly professional, not least in their attitude to safety procedures, but they sometimes lacked conviction. This view was exacerbated when alongside in HM Naval Bases when under the further protection of armed MDP afloat and armed MPGS on the gates. The overall result is that an SSN is protected to the same degree as an MCMV. However, it is also relevant that ships' companies felt instinctively and subjectively reassured by the presence of Armed Guards on gangways and entrances.

Conclusion: Arming States should be responsive to the threat and not necessarily maintained at the highest state. However, any change would need to take account of providing reassurance to those guarded that they were not subject to increased risk.

Recommendation B: RN Armed Guarding Baseline Measures, Risk Management and consequent Arming States should be reviewed to ensure that they are set at a minimum level commensurate with the threat, and not defaulted to the highest level. This should include review of the utility of the full range of Arming States.

(Priority)

Recommendation C: If the setting of Armed Guarding levels higher than the minimum laid down by the MOD is to be retained, the logic should be reasoned and justified in CINCFLEET's (recommended annual) Arming Directive in order to provide better 'mandate'. This would further re-establish it as the RN capping document, whilst still allowing monthly 'tactical' reassessment by CEAG and Fleet Force Protection.

(Routine)

SELECTION

12. All personnel who join the RN are eligible for selection for Force Protection Training and for subsequent employment on armed duties, although Deterrence Force individuals in ships and submarines are largely provided by the Warfare Branch. The principle that all who enter the Forces have a liability to bear personal weapons is held across the 3 Services, and we consider that this should remain RN policy. Whilst there is no specific assessment with respect to suitability for

such duties, there are several milestones before joining and during training where individuals may be assessed.

Prospective entrants are subjectively assessed according to their personal circumstances, ability to socialise, suitability for training, adaptability, trustworthiness and aspirations, and marked accordingly on a scale of 0-6. An overall score of 18 is required to be further considered for entry, and a score of 0 in any category will result in instant rejection.

13. Prior to joining, all ratings undergo an interview at the Armed Forces Career Office, during which they are assessed according to a Personal Qualities Assessment framework. Candidates are always made aware of the requirement to bear arms.

Conclusion: *We assess that the 'universal' requirement to bear arms is valid, and that any alternative would militate against the concept of 'a fighting Service'.*

MEDICAL ASPECTS

14. RN personnel are medically screened prior to acceptance through the Armed Forces Career Office Medical Examiner system. They complete a self-declaration of health before being reviewed and examined by the AFCO(ME). The self-declaration and scrutiny includes the exclusion of personnel with significant psychiatric and psychological symptoms laid out in JSP 950, Part 6 Chapter 7 (ex JSP 346 Chapter 3 Leaflet 14). This medical is checked by re-scrutiny at the new entry establishment.

JSP 950 Conditions considered for exclusion:

*Mental and Behavioural Disorders Due To Psychoactive Substances (alcohol and drugs)
Schizophrenic and Delusional Disorders
Mood (Affective) Disorders (e.g depression)
Other Anxiety and Stress-related Disorders
Post Traumatic Stress Disorder
Obsessive Compulsive Disorder (OCD)
Dissociative Disorders
Somatoform Disorders
Eating Disorders
Disorders of personality
Disorders of psychological development
Self Harm*

15. These exclusion criteria are also applied to personnel of the other 2 services and are similar to those used by UK Police Forces (in discussion with MDP Medical Policy Advisor and ex-Metropolitan Police Recruitment Medical Officer). The USN has similar exclusion criteria for recruitment of personnel.

16. The Army and RAF use the same entry standards and similar assessment systems. The only difference between the 3 services is that the Army, post Deepcut, seek corroboration of the

candidate's medical statement with their current GP (average cost: £80), although it is not considered that this adds any significant additional value.

17. No further formal medical assessment is undertaken before commencing weapons training courses in the RN or the other 2 armed services.

Conclusion: Candidates with readily identifiable (at least at GP level) psychological problems and psychiatric illnesses likely to render them unsuitable for armed guarding duties are screened out at initial medical assessment.

SECURITY CLEARANCE

18. Following other tests and completion of the recruitment process, a Security Clearance procedure is initiated for successful candidates. This is limited and consists mostly of police and criminal record checks. Failure to declare convictions which are then revealed during the clearance process will result in rejection, although spent convictions (with a few exceptions) are not checked and not need to be declared. For comparison, the USN excludes personnel from armed duties if they have previously committed a felony, with particular emphasis on domestic violence convictions. Within the Australian Police screening process previous convictions for substance abuse / related crimes are considered predictors of future problem behaviour.

19. Since there can be a considerable time between acceptance for and joining the RN, candidates are reminded on arrival of the requirement to declare any fresh criminal record or pending charges. Depending on the nature of the conviction or charge a decision will be taken on whether to continue with training or not; any failure to declare will result in immediate discharge if subsequently discovered during Phase 1 training.

Conclusion: The current levels of security screening are generally sufficient. Not only would there be considerable resource implications in implementing enhanced screening, it is also unlikely that this would be any more effective in establishing increased levels of trustworthiness in Armed Guarding or significantly improving responsiveness to training with personal weapons.

Recommendation D: Retain current screening process, which represents an adequate minimum level in terms of cost-benefit analysis.

(Routine)

PROFILING

20. Worldwide many police services undertake personality or psychological profiling as part of their recruiting process. This includes police services in Australia, New Zealand, the USA, and France, but not in the UK. The MDP do not profile recruits, even though all MDP Officers are required to train on and carry firearms. From evidence available from open source literature and discussion with police OH staff there is no formal profiling undertaken by UK police services on selection for firearms duties. The only significant UK military use of profiling is in ■ selection. In the USN it is used for submariner selection (SUBSCREEN) which is aimed mainly at excluding those who may not respond well to confinement and separation.

21. A consensus view on the utility of profiling was sought from the Defence Consultant Advisor and military Professor of Psychiatry, the DMS Senior Clinical Psychologist and the Army Senior Psychologist responsible for recruit selection policy. All feel that personality or psychological profiling has a place to play in the assessment and management of clinical cases but that its predictive value as a screening tool is very limited. There are a wide variety of screening tools which can produce a scored personality index when completed and assessed by an experienced psychologist. The personality traits or types reported on by the test vary test-to-test and their significance in a normal (non-clinical) population as a predictor of future behaviour has not been fully established.

The official reports on the shootings at Hungerford, Dunblane and Whitehaven all looked at predicting the risk that the holder of a legally registered firearm would use that weapon to injure others. Lord Cullen's Dunblane Inquiry report looked at the medical requirements for licensing and concluded:

8.120 From the discussion in this chapter I draw a number of conclusions. However, as regards ensuring the suitability of the applicant or holder - the aspect which is of greater importance for public safety - there would still be significant limitations. The provision of medical information can provide warning signs in some cases but there is no certain means of excluding the onset of a mental illness which poses danger or of identifying those whose personalities harbour dangerous propensities. These limitations would be inherent in the system itself, quite apart from any failure to operate it adequately.

22. Profiling is a single point assessment and unless repeated frequently does not detect the day-to-day fluctuations in mental state, mood and mental distress caused by changing life events. Thus someone successfully completing a profile may act in an unusual way under certain stressful circumstance (e.g. the NASA Shuttle Pilot who drove across the US to assault her ex-partners new love interest). This severely limits the utility of profiling in the routine management of weapons safety.

Conclusion: *Whilst of course our investigation could only skim the surface of such a complex topic, we nonetheless failed to come across evidence that indicated that profiling would yield benefit in the area of Armed Guarding. On balance, therefore, we assess that the current screening process is satisfactory.*

Recommendation E: We consider it highly unlikely that further screening of personnel at the recruitment or initial weapons training stage is likely to detect those who may go on to use service weapons in an inappropriate manner and therefore do not recommend any change in the current screening process.

(Routine)

INITIAL NAVAL TRAINING

23. Initial Naval Training (INT) is a 10 week package delivered at HMS Raleigh, designed to prepare recruits for professional training and further service. During this period a robust system of Duty of Care, implemented following the Blake report into trainee deaths at Deepcut Barracks, and

the subsequent DHALI¹ and DITC² reports, is in place³. Trainees are continuously assessed for their suitability for Naval Service and monitored by their Training Officers and Senior Rates, using regular divisional interviews and feedback from instructors, and, on occasion, fellow recruits. Should there be any doubts about a trainee's suitability on any grounds, further interviews are conducted and a case conference called to decide whether to retain or discharge. The training organisation has set standards which all trainees must meet, rather than a quota, and inadequate performance or inappropriate behaviour will almost inevitably lead to discharge.

24. INT includes a 1 week Military Training element, delivered by the Military Training Unit (MTU) which is also at Raleigh. This is familiarisation training only, designed to expose the trainees to weapon handling and safety procedures. Completion of this element confers no formal qualification in the handling of weapons but is necessary to complete training and be considered for further more formal qualification training. Safety is emphasised throughout the training, and any digression from mandated procedures will result in failure and usually back-classing. Inappropriate behaviour when in possession of a weapon, whether capable or not of firing live rounds, will result in swift discharge from the service, of which there have been several examples in the memory of the staff interviewed. Inappropriate comments with regard to weapons are treated equally seriously, and trainees have been discharged on such grounds – indeed, such is the culture of Phase 1 training, where the naval core values are instilled and rigorously applied, that trainees are obliged to report the behaviour of others where they consider it to be incompatible with service values.

Conclusion: At no time during INT are trainees assessed solely on their suitability for armed guarding duties, rather they are judged in the round as suitable to progress to professional training. If at any time however, their behaviour raises doubts about their suitability then the system is sufficiently responsive to deal with them and, invariably in cases of genuinely inappropriate behaviour, they will be discharged.

TRAINING AND ASSESSMENT OF ARMED GUARDS

25. All Naval training with respect to the carriage of arms and conduct of armed duties is strictly governed by the Army Operating Shooting Policy (AOSP), which gives legal validation to the training delivered. Following completion of INT, when ratings are deemed ready for further training, those who are required, in accordance with the Unit Establishment List of their destination ship or submarine, will be assigned to the Ship's Protection Force Team (SPFT) Course. The concept of universal eligibility (*see above*) for such duties is fully supported, indeed considered to be a fundamental responsibility of all in the armed forces should circumstances require. In practice however, armed duties are largely, but not exclusively, the preserve of Warfare Branch ratings.

26. In 2010, following a review of training, the SPFT Course was increased in length from 1 to 4 weeks in order to achieve compliance with the standards set in the AOSP. The course now teaches marksmanship, fieldcraft (group manoeuvres, gate guarding duties, searching) and concludes with an overnight exercise where all skills are put into practice. Weapon safety procedures are a core skill and continually assessed. Failure to achieve the standard required at any time will result in

¹ Directorate of Operational Capability (D), House of Commons Select Committee (H) and Adult Learning Inspectorate (ALI)

² Directorate of Individual Training Capability

³ The standard for officers is identical during training and has not been considered separately.

initiation of a warning procedure, with serious failure leading to immediate withdrawal from course and return to unit, with accompanying signal, letter to Commanding Officer and recommendations as to further training. Negligent Discharges (ND) were not uncommon during training, but these were almost wholly due to error and judged unintentional. These are considered to be an occupational hazard of running a live range and once the cause of the ND has been confirmed and no serious safety implications no further investigation is required. Those who commit NDs are immediately disqualified from weapon handling responsibilities until they have retaken and successfully passed a Weapons Handling Test (WHT).

Conclusion: It is strongly felt among MTU staff that the increased course length has led to an improvement in the weapon handling skills of naval ratings, and that it has also allowed a better opportunity to know the trainees and thus to assess them more fully. Staff interviewed had no recollection, nor could they provide any evidence of ratings who had been classified as totally unsuitable for armed duties.

27. The SPFT qualification lasts indefinitely, but in order to be employed on armed guarding duties, all must pass the WHT at least 6 monthly, and be in date for an annual live firing (Basic Close Combat Role (BCC)). The WHT is a short but carefully scripted safety test which may be administered locally by the Ship's Protection Force Manager (SPFM). If at any time, for any reason, a rating to be employed on armed guarding duties is out of date for WHT, then his or her qualification is rendered invalid and, without exception, they are not allowed to keep armed duties until they have passed the WHT. In exceptional circumstances a Fleet dispensation may be granted to units that have been unable to comply with the live firing requirement (eg deployed SSBN), although careful management of the armed guarding pool by the SPFM should obviate the need for this. There is no requirement to requalify SPFT, regardless of the amount of time spent out of date.

Conclusion: Further assessment would be required on the practicability, cost and efficacy of instituting an abridged SPFM re-qualification course for those who are more than 12 months out-of-date.

Recommendation F: That further work be undertaken to identify the benefits of commissioning a more comprehensive re-qualification course.

(Routine)

28. After initial SPFT training, all subsequent continuation training can be conducted locally, either onboard by the SPFM or ashore using visiting MTU staff or Flotilla support staff. The standards set are exactly the same as at MTU. Annual Judgemental Assessments iaw BRd 9274 are mandated, which test the individual's understanding of the principles of ROE and application of force. Additional training, in the form of briefings whilst duty, tabletop exercises, intruder exercises and DVD based training also serve to maintain the currency and competence of those employed on armed duties.

29. The onboard SPF organisation is inspected by FOST staff during administration checks, where the documentation, physical security of weapons and ammunition and onboard management are thoroughly checked. MTU Raleigh comes under the auspices of MWS Collingwood, and is the lead MTU School within the RN, with subordinate schools in HMS COLLINGWOOD and HMS EXCELLENT. All are subject to periodic inspections by the Small Arms School Corps, an Army organisation.

Conclusion: *The training delivered is of a high standard, with weapon safety running as a continual thread throughout. It is considered without doubt by the staff at MTU that no SPFT graduate could claim to be unaware of the safety implications of weapon handling.*

SHIP WEAPON HANDLING PROCEDURES

30. The SI team visited two ships and a submarine to witness weapon handling procedures, in particular the arming procedures for the oncoming armed guard. These were conducted in a rigorous and methodical fashion, and it was clear that all involved fully understood safety procedures and individual responsibilities. In one ship, weapon handover procedures were conducted without the need to transit through the ship, and it was claimed that the Ship's Company would be alarmed to see an armed guard with a loaded weapon below decks. However, further questioning revealed that this was founded on the premise that all had recently undergone the ship's induction briefings. These are, however, run on a monthly basis and may not catch new joiners immediately. Moreover, the passage of time for the rest of the ship's company will inevitably diminish any instinctive reaction to such an incident. In the other ship visited, it was believed that such a sight would not arouse suspicion due to the familiarity with boarding party operations and other exercises. In the submarine, weapon handovers are conducted below decks to avoid impeding access, and both oncoming and offgoing armed guards must routinely transit through populated areas en route to and from the casing. There are only 2 possible routes, and it was considered that any deviation from these would arouse suspicion and prompt challenge, but that the sight of armed guards in transit was accepted without question. Armed guards are not permitted to leave the casing without relief during the course of their watch for any reason; should this be necessary then a temporary relief is armed in the designated weapon handling area and conducts a formal handover of the armed watch.

Conclusion: *The sight of unaccompanied armed guards with loaded weapons below decks, though unusual in some ships, is not considered universally likely to be abnormal or to arouse query or suspicion. We consider carriage of a loaded weapon between decks in any circumstance other than emergency to introduce unnecessary risk, and that any individual on Armed Guarding duties who needs to go between decks should first unload the weapon and place the magazine in the webbing pouch. This will require additional provision of unloading tubes.*

Recommendation G: Except in response to emergency situations, any armed guard requiring to proceed between decks during the course of his or her watch must unload and check the weapon clear prior to doing so.

(High Priority)

DIVISIONAL AND PERSONAL

31. The Divisional system within the RN retains a key function in monitoring and assisting personnel with psychological, emotional and welfare problems. This is supplemented by access to Chaplains, NPFS and the medical chain. Divisional Officers and Senior Rates may be given information by individuals which they are requested to keep in-confidence and Chaplains, Welfare and Medical staff have formal confidentiality requirements on privileged information.

32. It has proved difficult to ascertain exactly how personal information reported to the divisional system is used to make a decision on either selection for weapons training or continuing fitness for armed duties. Anecdote indicates that personnel interviewed during the inquiry know of occasions where information on personal or emotional problems from the divisional chain has been used to remove individuals from armed duties for a short period to allow resolution of problems, but there is no formal policy laid down within BRd 3 Part 5 Section 4 as to when a DO or DSR should consider fitness for work and particularly safety related tasks, when presented with an individual in distress due to an emotional, domestic or welfare problem.

Conclusion: *The Divisional system is designed for dealing with just these types of issues, but it may need further reinforcing. On that basis, it would be prudent to provide DOs and DSRs with more guidance on the assessment of fitness for work for those presenting to the Divisional system with personal, emotional or welfare problems.*

Recommendation H: That the level and type of information taught on assessment of fitness for work of personnel presenting with emotional distress should be reviewed and, if necessary, reinforced on Divisional Officers' and Divisional Senior Rates' courses, backed up by review of BRd 3.

(Routine)

33. Individuals may self-refer to Chaplains or to welfare services ashore (NPFS / RMW). Both these groups are bound by confidentiality requirements although the instructions for NPFS / RMW on confidentiality in BRd 3⁴ make it clear that where there are concerns over the risk to others or that a criminal act may be committed then confidential information may be released. The guidance on confidentiality to Chaplains is more restrictive implying that anything said in confidence to a Chaplain must remain so⁵. There is a risk that the specific requirements of fitness for armed guarding duties will not be considered in an assessment by Welfare services or Chaplains.

Recommendation I: That additional guidance should be placed in BRd 3 or desk-level instructions for Welfare staff and Chaplains indicating the importance of considering fitness for armed duties when deciding on disclosure of information to the chain of command.

(Routine)

MEDICAL

34. Medical information available to the chain of command is limited by the requirements of medical confidentiality. As a routine only the information from the Joint Medical Employability System is routinely visible via JPA. This will indicate deployability, employment restrictions and any specific medical employment limitations assigned to that individual by a medical officer. These are automatically translated from the medical information system into JPA.

⁴ BRd 3 Part 5 Chapter 24 Art 2413

⁵ BRd 3 Part 5 Chapter 31 Art 3108 (f)

35. Other information that may be passed directly to a CO from their medical officer or MBR is a specific diagnosis on cases where that illness may require landing or may have a direct impact on OC. To maintain medical confidentiality this information is only available to the CO, not to the DO or HOD. This might include concerns about arming a particular individual.

36. Requirements from the General Medical Council and the Nursing and Midwifery Council on confidentiality mean that medical information should not be released outwith the care pathway unless there is full consent from the patient to do so. Disclosure without consent may also be made when required by statute or in the public interest. There is no statutory requirement to report medical information on fitness for military service or the carriage of military firearms. A public interest disclosure without consent may be made in cases where it is necessary to protect the patient or others from harm.

37. Although not registered with either the GMC or the NMC Medical Branch Ratings are required to exercise a similar duty to maintain patient confidentiality.

GMC Confidentiality Guidance 2009.

36. Personal information may, therefore, be disclosed in the public interest, without patients' consent, and in exceptional cases where patients have withheld consent, if the benefits to an individual or to society of the disclosure outweigh both the public and the patient's interest in keeping the information confidential. You must weigh the harms that are likely to arise from non-disclosure of information against the possible harm, both to the patient and to the overall trust between doctors and patients, arising from the release of that information.

53. Disclosure of personal information about a patient without consent may be justified in the public interest if failure to disclose may expose others to a risk of death or serious harm. You should still seek the patient's consent to disclosure if practicable and consider any reasons given for refusal.

38. Therefore, unless a medical officer considers a patient's mental or emotional state to be sufficiently disturbed to be a risk to themselves or others they are unlikely to break confidence to pass on that information to the chain of command. It is probable, therefore, that there is a risk that the specific fitness requirements for armed guarding duties may not be fully considered in an assessment by an MO or MBR.

Recommendation J: That New Entry Medical Officers and Medical Ratings at Entry and on PJT courses should receive instruction on the assessment and reporting of concerns over weapons handling, and that these issues should be refreshed regularly.
(Priority)

MEDICAL LIMITATION 480 – UNFIT FOR WEAPONS HANDLING

39. One method to expose concerns over fitness for Armed Guarding duties would be to limit the employability of personnel by changing their JMES and using the Medical Limitation Code 480 – Unfit for Weapons Handling. This code is seen by some medical officers as being specific for those patients with psychiatric or psychological problems disbaring them from weapons duties. This may lead to under-use of the limitation to avoid the stigma associated with mental health

diagnoses. The code may also not be used if the patient is being downgraded sufficiently to remove them from a ship, and therefore from the armed guarding role. Discussions with RN psychiatrists indicate their use of the limitation is based upon a risk assessment including risks of harm to self, to others and of neglect of self or others. This level of formal risk assessment may not be universally applied outwith the psychiatric setting.

40. This medical limitation is intended to be used for all physical, psychological and psychiatric conditions that have an effect on the ability to undertake work with any form of weapon or ammunition and thus should not be restricted to mental health cases or armed guarding only. Additional direction and guidance to medical staff should allow more appropriate use of the medical limitation.

Conclusion: *A specific exclusion already exists, but we consider that some misunderstanding of the medical limitation and its implications for personnel may be reducing the effective use of the limitation by MOs.*

Recommendation K: That NCHQ Medical Division issue guidance to medical officers and ratings on the use of Medical Limitation Code 480 and incorporate this into BR 1750A. The limitation's utility should be more widely adopted.

(Priority)

FITNESS TO ASSUME A DUTY

41. BRd 8988 mandates that at the start of each day the armed guarding personnel are briefed by their **Duty Petty Officer or SPF Team Leader** on the threat, ship's and harbour activities and other information which may affect their conduct of the duty. At that point they are read a disclaimer on alcohol consumption and the supervisor is required to make a decision on whether any of the duty personnel appear to be unfit to assume their duty iaw BRd 8988 Chapter 2 Art 0216.

0216. Presence of Mind

If, for whatever reason, there is any doubt about the presence of mind of personnel detailed to bear arms, THEY ARE NOT TO BE ISSUED WITH WEAPONS AND/OR AMMUNITION. This equally applies to those charged with supervisory duties (see Para 0217 WARNING 4 and Para 0806).

42. The supervisors are given no further guidance on what constitutes an altered presence of mind or in what circumstances other than concern over alcohol consumption that they should refuse to arm a member of the duty party. The RN lacks sufficient guidance to supervisors / OOD in performing an assessment of the fitness for duty of armed guarding personnel.

Recommendation L: That the Force Protection supervisors' training course includes instruction on assessing fitness of personnel for armed guarding duties. Assistance should be sought from Military Professor of Psychiatry to produce the training.

(Routine)

43. The RAF Arming and Guarding Directive Annex D included in the statement on eligibility the words:

'Commanders are to ensure that personnel with known character flaws such as unreliability or psychological disorders are not employed on arming duties'. The same document also lays a duty on the individual to report on their suitability for duty:

Suitability for Duty. *Personnel are to notify their chain of command of issues that may impact on their suitability as armed-capable or armed guards, prior to taking up duty. Personnel who are aware of circumstances which would render them unsuitable for armed duty and fail to inform their chain of command may be subject to disciplinary action.*

44. The Association of Chief Police Officers ARMED OFFICERS: Manual of Guidance on the Management, Command and Deployment of Armed Officers (July 2010) 4.10 -12 discusses police fitness for firearms duties and recommends:

FITNESS FOR DUTY

4.10. The use of drugs in medical treatment or consumption of alcohol can reduce an officer's alertness and performance. The Standards of Professional Behaviour provided under the Police (Conduct) Regulations 2008 address the importance of officers' fitness for duty and issues associated with consumption of alcohol, illegal drugs and prescription drugs. These standards are particularly important in respect of officers undertaking firearms duties. An officer who is receiving a course of drug treatment must seek the advice of their own doctor or occupational health unit if they are concerned about side effects of the drugs. Any other relevant concerns or medical advice given to an officer must be brought to the attention of their immediate supervisor or force occupational health unit, who should take appropriate action.

4.11. AFOs, commanders and Tactical Advisors, without prejudice to the role they undertake, can request to be temporarily stood down from such duties. This is particularly relevant where there are medical, emotional or other life stresses which may interfere with the discharge of critical decision making or their overall effectiveness. This process should also apply to those involved in key support roles.

4.12. AFOs have a personal responsibility to inform the issuing officer or a supervisor of any circumstances where they believe that they may be unfit to carry out their duties as an AFO. The issuing officer or supervisor is responsible for deciding whether that officer should be issued with a firearm and record their decision and the rationale for it.

45. Currently there is no official route for self-declaration of unfitness for armed duties within the RN procedures, nor do personnel at the start of a duty have to declare themselves fit for that duty, with the exception of the declaration of alcohol consumption. This can allow personnel to take up their duty when unfit due to illness or personal / psychological distress when it would be more appropriate for them to be replaced for a period during that duty. There will always be some degree of pressure to take the duty and not 'drop your oppo in it' to provide replacement cover. It also places the burden on the supervisor indirectly to ascertain through previous knowledge of the duty personnel whether they appear to be in their normal state of mind and fit to take up the duty. A revised brief for use on taking up the duty requiring personnel to declare any reason they consider themselves or others to be unfit for duty would place this responsibility back on the

individual and allow for an appropriate assessment of those who may be impaired for any reason at the start of a duty. Fitness should also be checked on each weapons handover.

Conclusion: *The current procedures for assuming an armed duty or watch change-over do not adequately allow personnel to report themselves unfit for duty.*

Recommendation M: That the daily brief for armed guarding personnel be revised to include a statement of personal responsibility for fitness for duty and to allow individuals to declare if they are unfit.

(High Priority)

Recommendation N: That continued fitness for duty is checked with both the oncoming and offgoing armed personnel at each weapons handover.

(High Priority)

Brief to be given 24 hours prior to assuming an armed or potentially armed duty:

At ...date...and...time...you will be taking over a duty where you may be required to be armed.

The conduct of an armed duty is covered by service regulations. As part of the preparation for that duty you are required to note the following warnings:

*a. **Consumption of Alcohol.** The consumption of alcohol is to be minimised in the 24 hours period before commencing duty (with no more than 5 units to be consumed) and NO alcohol is to be consumed in the 10 hours before commencement of the duty. NO alcohol is to be consumed whilst on duty.*

*b. **Tiredness.** Fatigue and tiredness can significantly reduce both alertness and the ability to react promptly to situations. In the 24 hour period before commencing your duty you should ensure that you get sufficient rest so that you are fully fit to take over your duty at the appointed time.*

c. If you have any reason to consider that you are unfit to take up your duty this must be declared to either your Chain of Command, Divisional or Medical staff before you are due to take up your duty.

It is your responsibility to ensure that you arrive for your duty in a fit state for that duty, including being armed. Failure to do so may result in disciplinary action.

To be read at the duty watch muster:

You have been informed of the requirements to minimise your alcohol consumption and be sufficiently rested to be fit to take up your duty. You have also been advised that it is your responsibility to ensure that you are fit in all respects for the duty you are about to undertake.

Have you all read or been briefed on the alcohol limits and guidance on tiredness and fitness for duty?

Does anyone present know of any reason why they or any other member of the duty watch might be considered unfit for any duty they may be called upon to perform?

46. Police forces require an annual medical check on officers appointed to firearms duties. This is not required for military personnel undertaking armed guarding duties who only need to comply with the single Service PULHHEEMS requirements and not be downgraded to remain medically fit. This reflects the fact that the military cover both the general practice and occupational medicine responsibilities for its personnel and thus have a greater knowledge of their health status than the police. The Inquiry did not feel it was necessary to institute additional medical checks on fitness of Armed Guarding personnel other than to remind medical officers and ratings of the specific considerations for armed duty as per the Recommendation above.

ALCOHOL CONSUMPTION

47. Limitations on alcohol consumption prior to undertaking a duty should be set to achieve two outcomes. Firstly they are to avoid personnel assuming a duty whilst directly under the effects of alcohol and secondly to minimise the risk that the hangover from alcohol will affect fitness.

48. The current RN policy in BRd 8988 Chapter 2 Art 0204 is below and is read to all personnel immediately before assuming a duty.

WARNINGS

1. ALCOHOL CONSUMPTION. THE CONSUMPTION OF ALCOHOL IS TO BE MINIMISED IN THE 24 HOUR PERIOD BEFORE COMMENCING DUTIES (AS A GUIDE, NO MORE THAN 10 UNITS) AND IN ANY EVENT, NO ALCOHOL IS TO BE CONSUMED FROM 10 HOURS IMMEDIATELY PRIOR TO THE START UNTIL COMPLETION OF DUTIES.
2. ANY INDIVIDUAL WHO IS DEEMED UNABLE TO CARRY OUT THE DUTIES EXPECTED OF THEM DUE TO THE CONSUMPTION OF ALCOHOL, SUSPECTED OF ALCOHOL EXCESS OR APPEARS TO BE SUFFERING THE EFFECTS OF ALCOHOL ARE NOT TO BE EMPLOYED, CONDUCT OR TAKE PART IN TRAINING OR ACT IN A SUPERVISORY ROLE IN ANY CAPACITY

49. It is difficult to establish an audit trail for this guidance or any validity in statute or other service guidance. It is also questionable whether the guidance will prevent all personnel being hung-over on assuming a duty. Equally the number of units is quoted as guidance and is unenforceable.

50. COMPARATIVE GUIDANCE

QR (RAF) 832.12(e) gives the following guidance:

Personnel of the guard force are not to consume alcohol whilst on duty (including standby commitment), nor are they to consume alcohol prior to commencing such a duty to such an extent they are unfit to fulfil the duty.

Army policy on alcohol consumption is to minimise consumption before guard duty and for the supervisor or duty officer to assess the fitness of an individual to undertake that duty on commencement.

Police fitness for duty falls under the ACPO guidance on general fitness for armed duties but different forces set their own standards. The MDP guidance is no alcohol within 24 hours of a duty as is that for Norfolk Constabulary. In contrast, the Metropolitan Police allow 2 units in the 24 hours before a duty provided none is consumed in the 12 hour immediately preceding the duty.

The RFA Drugs and Alcohol Policy (2 Feb 09) applies to everyone in a ship but distinguishes between being at sea and alongside. In summary, at sea no-one is to exceed the UK Drink Driving Limit (Blood Alcohol Concentration level of 80 mg/100 ml of blood), and alongside no-one is to report for work or duty with more than half that level. Breathalyser testing is available (under the Chief Officer) but this can only follow 'due cause'; breathalyser tests are evidential.

The obvious other military safety-critical comparator is aviation personnel who have their alcohol consumption regulated in JSP 550⁶ to not more than 5 units in the 24 hours before flying with none in the 10 hours preceding the expected flight time. Whilst this is not as stringent as police regulations the Inquiry felt that this is a long-standing defensible position which should minimise the risk of hangover effects on personnel assuming duties. It removes the guidance on alcohol consumption and makes the direction more explicit.

Conclusion: *The current alcohol policy is insufficiently precise and is in any case too liberal. It should be strengthened to match that applied in military aviation.*

Recommendation O: That RN instruction on alcohol consumption before armed guarding duties is changed to:

The consumption of alcohol is to be minimised in the 24 hours period before commencing duty (with no more than 5 units to be consumed) and NO alcohol is to be consumed in the 10 hours before commencement of the duty. NO alcohol is to be consumed whilst on duty.

(High Priority)

⁶ JSP 550 Vol 1 R305.115

51. Additionally, delivering a brief on alcohol consumption during the 24 hours prior to a duty only at the point of starting that duty is illogical: it is, literally, 24 hours too late. The brief should be issued at least 24 hours prior to commencing Armed Guarding duties in order to be relevant and effective. This would be administratively more onerous, we recognize, but it would deliver immediate and increased effect.

Conclusion: *The current briefing on alcohol consumption is delivered too late.*

Recommendation P: That the brief on alcohol is issued to the armed guarding part of the duty watch at least 24 hours before they are due to assume their armed guarding duties.

(High Priority)

52. Personnel reporting for duty who are considered to be under the influence of alcohol are assessed by their supervisor or superior and a decision made on their fitness to commence duty or to be removed for further investigation. This assessment is made on individual judgement and not backed by any form of measurable evidence nor set against a fixed standard. The Inquiry considered that there is a role for breath testing for alcohol to assist with these decisions. This would not only strengthen the actual decision by giving a set standard to test against but also would remove some of the incentive to allow borderline cases to pass the test to avoid becoming involved in a 'his word against mine' situation. Formal evidential breath testing would not be required at the point of muster. A non-evidential screening breath analyser could be used with evidential testing being referred to the Service Police if necessary.

Breathalysers (breath analysers) are devices which estimate the blood alcohol content from the analysis of a breath sample. They may be used as a screening tool or as a device for gathering formal evidence to use in court. Screening breathalysers may be used to avoid driving over the limit after a night out or are used by companies running employee screening programmes. Evidence gathering breathalysers require to be correctly calibrated and operated in line with specific policies for the results produced to be admissible evidence. The evidential breathalyser falls into the remit of the service police.

53. The most recent provisions in the Armed Forces Bill 2010-11 appear only to strengthen authorization once an individual is suspected of an offence.

Testing for alcohol and drugs on suspicion of offence (Armed Forces Bill 2010-11: 4th Sitting HoC)

(1) After section 93 of AFA 2006 insert—

Chapter 3A

Testing for alcohol and drugs on suspicion of offence.

Preliminary testing for alcohol and drugs.

93A Commanding officer's power to require preliminary tests

(1) This section applies where the commanding officer of a person subject to service law has reasonable cause to believe that that person—

(a) is committing a relevant offence; or

(b) has committed a relevant offence and still has alcohol or a drug in the body or is still under the influence of a drug.

(2) In this section "relevant offence" means—

(a) an offence under section 20A; or

(b) an offence under section 20(1)(a) in respect of a safety-critical duty (as defined by section 93I).

(4) The commanding officer may require the person mentioned in subsection (1) or (3) ("the suspected person") to co-operate with any one or more of—

(a) a preliminary breath test (see section 93B);

(b) a preliminary impairment test (see section 93C);

(c) a preliminary drug test (see section 93D).

93B Preliminary breath test

(1) A preliminary breath test is a procedure administered by a service policeman under which—

(a) the suspected person provides a specimen of breath; and

(b) the specimen is used for the purpose of obtaining, by means of an approved device, an indication whether the proportion of alcohol in the person's breath or blood is likely to be such as is necessary for the commission of the suspected offence.

(2) A preliminary breath test may be administered only—

(a) at or near the place where the requirement to co-operate with the test is imposed;

(b) at a service police establishment determined by the service policeman; or

(c) at a medical establishment.

(3) In this section "the suspected offence" means an offence mentioned in section 93A(2) or (3)(a) which the commanding officer has reasonable cause to believe has been committed.

Conclusion: *Breath testing for alcohol is a useful adjunct to making fitness for armed duty decisions. Whilst the basic version may not be used in support of legal proceedings, it would be useful for reinforcing judgement and as an effective deterrent. The evidence-gathering breathalyser could be issued to Service Police in ships; it would also serve as a highly effective deterrent.*

Recommendation Q: **Breath testing for alcohol should be available to form part of the assessment of fitness to undertake armed guarding.**

(Priority)

DRUGS AND MEDICATIONS

54. All 3 services rely on education and the Compulsory Drug Testing policy to deter the use of illegal drugs and substances. These policies are considered out with the scope of the Inquiry but appear to be robust both in design and enforcement.

55. The use of medications by those undertaking armed guarding duties falls into 2 groups, prescribed and non-prescribed medications. Prescribed medications can only be legally sourced from a medical practitioner and their effects on fitness for armed guarding duties should be considered during the consultation where the medication is prescribed. Non-prescription drugs can be purchased over the counter or from a pharmacy. They include certain medications that may have sedative side effects e.g. pain-killers, anti-histamine and cough suppressants. Some of these medications may be bought to treat conditions which may themselves render an individual unfit for duty e.g. hay-fever affecting vision and concentration. By modifying the daily brief given to armed guards to indicate that they must declare any cause that makes them unfit, the risk of problems from medication and their side effects can be minimised.

Conclusion: *Any potential side effects of prescribed or non-prescribed medications would be minimised by the strengthening of the fitness criteria and adopting the advancing of the fitness briefing to 24 hours prior to assumption of the duty.*

FATIGUE

56. Fatigue affects judgement and the ability to respond promptly and appropriately. This is one of the reasons for limiting alcohol consumption prior to assuming an armed guarding duty. To avoid this problem during live-fire exercises the Army require an 8 hour rest period prior to participation, which must be in an appropriate place allowing sleep⁷. Extending the alcohol-free period from 10 to 12 hours may go a small way to reducing the likelihood of fatigued personnel reporting for duty. However the use of internet chat rooms, multi-media games and mobile communications technology can all lead to a reduction of appropriate rest and contribute to fatigue and errors (c.f the Great Heck (Selby) Rail Crash). The risks of fatigue in reducing function and judgement should be included as part of the initial and continuing training process for armed guarding personnel and should be emphasised along with alcohol in the pre-duty briefing at least 24 hours before commencing a duty.

⁷ Telecom PERSON A / LF ISTAR G2 Sy SRM SO2 19 May 11

Conclusion: *A poor understanding of the risks associated with fatigue may reduce the safety of weapons handling during armed guarding.*

Recommendation R: **Information on the effects of fatigue on performance and safety are to be included in weapons training packages and in the pre-duty brief for personnel.**

(Routine)

DURATION OF ARMED DUTIES

57. During ship visits the routine duration of armed guarding duties was stated to be 6 hours on, 6 hours off. Variation appeared to be allowed for environmental factors (mostly during cold and wet weather) at the discretion of the supervisor or OOD. There is no guidance on whether the 6 hour off should be a rest period or whether other tasks may be undertaken. The single armed sentry on a submarine does 3 hour watches unless in exceptional circumstances in which watches may be extended up to 4 hours. Whilst many ship's routines are based on "6 on, 6 off", armed guarding duties require considerable concentration in a variety of environmental conditions and the ability to make decisions over an unbroken 6 hour period. QR (RAF) 832.6 restricts RAF personnel to a maximum of 2 hours duty followed by redeployment to other work or rest with a maximum of 8 hours guarding in 24 hours if undertaking other duties or 16 hours in 24 if dedicated only to guarding. Army policy is to follow the European Working Time directive and limit personnel to 8 hours duty overnight with a maximum day duty of 12 hours with at least 1 hour of breaks.

Conclusion: *The current method of employment of armed guarding personnel may contribute to fatigue.*

Recommendation S: **That the duty periods for armed guarding are further reviewed for their routine duration, what work can be conducted during stand-down periods and to provide guidance for modification in different environmental conditions.**

(Routine)

SUMMARY OF RECOMMENDATIONS

SERIAL	RECOMMENDATION	PRIORITY	CROSS-REFERRED TOR No.
A	CINCFLEET's Arming Directive should be reviewed and re-issued annually. It should be more specifically tailored to RN requirements, thereby enhancing its authority and relevance as a 'live' document. Maple Matrix provisions would continue to be applied in accordance with the monthly Force Protection signal.	Priority	1
B	RN Armed Guarding Baseline Measures, Risk Management and consequent Arming States should be reviewed to ensure that they are set at a minimum level commensurate with the threat, and not defaulted to the highest level. This should include review of the utility of the full range of Arming States.	Priority	1
C	If the setting of Armed Guarding levels higher than the minimum laid down by the MOD is to be retained, the logic should be reasoned and justified in CINCFLEET's (recommended annual) Arming Directive in order to provide better 'mandate'. This would further re-establish it as the RN capping document, whilst still allowing monthly 'tactical' reassessment by CEAG and Fleet Force Protection.	Routine	1
D	Retain current screening process, which represents an adequate minimum level in terms of cost-benefit analysis.	Routine	2
E	We consider it highly unlikely that further screening of personnel at the recruitment or initial weapons training stage is likely to detect those who may go on to use service weapons in an inappropriate manner and therefore do not recommend any change in the current screening process.	Routine	3
F	That further work be undertaken to identify the benefits of commissioning a more comprehensive re-qualification course.	Routine	3
G	Except in response to emergency situations, any armed guard requiring to proceed between decks during the course of his or her watch must unload and check the weapon clear prior to doing so.	High-priority	1

SERIAL	RECOMMENDATION	PRIORITY	CROSS-REFERRED TOR No.
H	That the level and type of information taught on assessment of fitness for work of personnel presenting with emotional distress should be reviewed and, if necessary, reinforced on Divisional Officers' and Divisional Senior Rates' courses, backed up by review of BRd 3.	Routine	3
I	That additional guidance should be placed in BRd 3 or desk-level instructions for Welfare staff and Chaplains indicating the importance of considering fitness for armed duties when deciding on disclosure of information to the Chain of Command.	Routine	3 / 4 / 5
J	That New Entry Medical Officers and Medical Ratings at Entry and on PJT courses should receive instruction on the assessment and reporting of concerns over weapons handling, and that these issues should be refreshed regularly.	Priority	3 / 4 / 5
K	That NCHQ Medical Division issue guidance to medical officers and ratings on the use of Medical Limitation Code 480 and incorporate this into BR 1750A. The limitation's utility should be more widely adopted.	Priority	6
L	That the Force Protection supervisors' training course includes instruction on assessing fitness of personnel for armed guarding duties. Assistance should be sought from Military Professor of Psychiatry to produce the training.	Routine	6
M	That the daily brief for armed guarding personnel be revised to include a statement of personal responsibility for fitness for duty and to allow individuals to declare if they are unfit.	High-Priority	6
N	That continued fitness for duty is checked with both the oncoming and offgoing armed personnel at each weapons handover.	High-Priority	6
O	That RN instruction on alcohol consumption before armed guarding duties is changed to: <i>The consumption of alcohol is to be minimised in the 24 hours period before commencing duty (with no more than 5 units to be consumed) and NO alcohol is to be consumed in the 10 hours before commencement of the duty. NO alcohol is to be consumed whilst on duty.</i>	High-Priority	6
P	That the brief on alcohol is issued to the armed guarding part of the duty watch at least 24 hours before they are due to assume their armed guarding duties.	Priority	7
Q	Information on the effects of fatigue on performance and safety are to be included in weapons training packages and in the pre-duty brief for personnel.	Routine	8
R	Information on the effects of fatigue on performance and safety are to be included in weapons training packages and in the pre-duty brief for personnel.	Routine	7 / 8

SERIAL	RECOMMENDATION	PRIORITY	CROSS-REFERRED TOR No.
S	That the duty periods for armed guarding are further reviewed for their routine duration, what work can be conducted during stand-down periods and to provide guidance for modification in different environmental conditions.	Routine	8



Navy Command

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20110419/DCINCFLEET

To the President and Members of the Service Inquiry

19 April 2011

CONVENING ORDER

1. A Service Inquiry is to be held under section 343 of the Armed Forces Act 2006.
2. The purpose of this inquiry is to review certain aspects of Naval Service policy, procedure and administration which relate to some of the circumstances arising in the shooting incident onboard HMS ASTUTE at Southampton on 8 April 2011. Criminal proceedings are under way following that incident and this inquiry must not inquire into, assess or analyse any matters or material which may prejudice those proceedings. See also paragraphs 6, 8 and 11 in that regard. Once those proceedings are complete, this inquiry may be reconvened or a separate inquiry convened to examine the facts and circumstances of the incident, which may draw on and apply the findings, conclusions and recommendations of this inquiry.
3. The Service Inquiry panel is to assemble at NCHQ on Apr at 0900.
4. The Service Inquiry panel comprises:

President:

BOARD MEMBER A

Members:

BOARD MEMBER B

BOARD MEMBER C

RESTRICTED - STAFF

5. The legal adviser to the inquiry is LEGAL ADVISER A (Fleet Legal Adviser).
6. The inquiry is to investigate and report on the matters specified in its Terms of Reference (TORs - attached at Annex A) and is strictly to comply with them so as not to prejudice civil criminal proceedings. It is to record all evidence and express opinions only as directed in the TORs. The Inquiry is to be conducted in accordance with JSP 832, QRRN Chapter 57 and other Service guidance.
7. Advisers and/or observers may attend the inquiry⁸ at the discretion of the President of the inquiry panel, subject to any conditions which may be imposed and in accordance with JSP 832. The legal adviser may attend as necessary to provide advice to the panel.
8. The inquiry is to consider such material as is necessary to form accurate conclusions. Whilst it may call for expert advice on any matter, should this be considered appropriate, no witness may be brought before the Inquiry without legal advice and the concurrence of the Hampshire Constabulary and the Chief Crown Prosecutor for Wessex. No person who has given or is anticipated to give witness evidence as part of criminal proceedings arising from the incident, whether to the prosecution or defence, may be brought before this inquiry.
9. Progress reports should be submitted to the Convening Authority and the Single Service Inquiry Co-ordinator (SSIC) (DNPers), every 14 days after the inquiry is convened.
10. When the President considers that the panel has fulfilled its TORs he is to ensure that a report is prepared and signed by all members of the panel, and is to provide that report to the Convening Authority by not later than 27 May 2011. In the event that some elements of the inquiry may not be achievable by that date, or may be precluded by the criminal proceedings, legal advice is to be sought and the Convening Authority informed.
11. The inquiry should not attribute blame or express a view on any legal liability, whether criminal or civil.
12. NCHQ is to provide facilities, equipment and assistance suitable for the nature and duration of the inquiry. Costs associated with running the Inquiry are in the first instance to be attributed to N5299E.

Vice Admiral G M ZAMBELLAS DSC
Vice Admiral
DCINC

Annex:

A. HMS ASTUTE Incident Service Inquiry Terms of Reference

⁸ See The Armed Forces (Service Inquiries) Regulations 2008 - Regulation 17.

SERVICE INQUIRY – TERMS OF REFERENCE

The Service Inquiry panel are to :

1. Review the Royal Navy's Armed Guarding policy and procedures and decide whether they are sufficient to meet appropriate safety requirements, sufficiently minimise risk, and deliver to the Command a protective and deterrent effect commensurate with those requirements and risk.
2. Review the Security Clearance (SC) process and status for armed guards, especially whether such clearances are sufficient to meet armed guarding operational requirements, including integral safety requirements, and make recommendations for change if deemed appropriate.
3. Review the policy and procedure for ensuring the Command is:
 - a. fully cognisant of personal (not medical) information relating to personnel conducting armed guarding duties, and
 - b. is able to utilise such information to inform appropriate employment, supervision and direction of such personnel sufficient to minimise any related risk to the lowest acceptable level.
4. Review the information, including medical, which exists and is made available, in judging the suitability, eligibility and selection of personnel to be trained in armed guarding duties, and make recommendations if appropriate.
5. In light of paragraphs 3 and 4, review what assurances are in place in relation to the mental state of armed guards. Within that sphere, review Command and Divisional access to medical information and the availability and use of Medical in Confidence information. Review and decide whether satisfactory safeguards exist for the protection of individuals, other personnel and equipment where such information is held, and make recommendations.
6. Separately to paragraph 5, review the status, use, and application of the medical category of 'unfit for weapon handling' and, in particular, review the information and sources which are relied upon in categorising an individual as such, and make any appropriate recommendations.
7. Examine Flotilla, Unit or other local briefings, orders and other instructions issued in relation to the foregoing areas of inquiry and determine whether they are appropriate, and best explained and/or give sufficient effect to Service policy and procedural requirements.
8. Consider other relevant factors concerning the handling or supervision of live weapons. In particular to identify any immediate lessons and make appropriate recommendations including supporting procedures, supervision, regulatory practices and Command actions.