

From Brigadier CMB Coles



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Major General R W Wooddisse MBE MC Reference: APSG/SI/[REDACTED]  
General Officer Commanding  
1<sup>st</sup> (United Kingdom) Division  
Imphal Barracks  
Fulford  
York  
YO10 4HD

22 February 2018

Dear General Ralph

**SERVICE INQUIRY INTO THE DEATH OF [REDACTED]**

1. A Service Inquiry (SI) to investigate the circumstances surrounding the death of [REDACTED] on 31 Oct 17.
2. 1<sup>st</sup> (United Kingdom) Division (1(UK) Div) will be the Convening Authority for the SI and is requested to issue the Convening Order. The Convening Order and Terms of Reference are to be approved by 1(UK) Div Legal Adviser and then passed to APSG for approval together with an indicative investigation plan and timeline. The conduct of this SI is to be in accordance with the guidance provided in JSP 832 and LFSO 3207.
3. The purpose of the SI is to:
  - a. Establish the facts of the matter.
  - b. Establish if Policy and Procedures were followed.
  - c. Assess the relevant extant policies.
  - d. Identify lessons and recommendations to prevent recurrence.
4. [REDACTED] AGC(ETS), Permanent President Service Inquiry (PPSI) Force Troop Command (FTC) has been assigned as the President to this Inquiry. [REDACTED] PPSI 1 (UK) Div and [REDACTED] PPSI, FTC have been assigned as panel members to the Service Inquiry.

Yours ever

[REDACTED]

Copy to:

FTC – SO1 PPSI  
1 (UK) Div – PPSI SO2  
1 (UK) Div – PPSI SO1  
1 (UK) Div – ADC  
1 (UK) Div – Legal  
FTC – PPSI SO2  
APSG Pers Svcs – BAS  
File

APSG/SI/ [REDACTED]

**CONVENING ORDER FOR A SERVICE INQUIRY**

**BY ORDER OF**

**MAJOR GENERAL R W WOODDISSE CBE MC**

**GENERAL OFFICER COMMANDING 1(UK) DIVISION**

1. A Service Inquiry (SI) is to be convened, in accordance with Section 343 of the Armed Forces Act 2006 (AFA 06), to investigate the circumstances leading to the death of [REDACTED] on 31 Oct 17. It is also to consider the policy and practice surrounding the management of vulnerable Army personnel.
2. A Service Inquiry Panel is to assemble during June 2018 to hear witness testimony, dates to be confirmed. The Service Inquiry is the Panel's priority task and takes precedence over any other duties.
3. The Service Inquiry Panel comprises of:
  - a. President: [REDACTED]
  - b. Member: [REDACTED]
  - c. Member: [REDACTED]
4. The legal adviser to the Inquiry is [REDACTED]
5. The Panel is to investigate and report the circumstances surrounding the incident, recording all relevant evidence and expressing opinions in accordance with the Terms of Reference at Annex A, save that the Panel is not to attribute blame, negligence<sup>1</sup> or recommend disciplinary action.
6. The General Officer convening the Service Inquiry directs that the evidence is to be taken on oath or by affirmation, as required, in accordance with Regulation 11 of the Armed Forces (Service Inquiries) Regulations 2008. Any document or other matter produced to the Panel by a witness, for use as evidence, shall be made an exhibit and treated in accordance with Regulation 11 of the Armed Forces (Service Inquiries) Regulations 2008.
7. Any person who, in the opinion of the President, may be affected by the findings of the Panel shall be treated in accordance with Regulation 18 of the Armed Forces (Service Inquiries) Regulations 2008. The President is to ensure that any such person is notified as early as reasonably possible.
8. The Panel may hear evidence from any such other witnesses or subject matter experts as it deems appropriate and may dispense with the attendance of any witness if it concludes that the witness evidence will not assist the Inquiry. The President should note that a witness statement taken by the RMP/SIB may not be admitted as evidence to the Inquiry, unless the express consent of the witness providing the statement has been obtained.
9. If it appears to the Panel at any time during the Service Inquiry that any person may have committed an offence against Service Law, including a criminal conduct offence contrary to Section 42 of the Armed Forces Act 2006, the President is to adjourn the Service Inquiry immediately and seek legal advice.

<sup>1</sup> See para 1.4 of JSP 832 and Annex B to Chapter 5.

10. The President is to inform all witnesses that a transcript of the Service Inquiry, whilst primarily for internal MOD use, may subsequently be released into the public domain. All such material accessible to the public would be released in a redacted form according to current Service policy on disclosure and adhering to current legislation, including the Data Protection Act 1998 and the Freedom of Information Act 2000.

11. The Service Inquiry is to express its opinion with regard to any material conflict in the evidence, which may arise and give reasons for reaching that opinion. Any conflict in the evidence should be determined on the balance of probabilities.

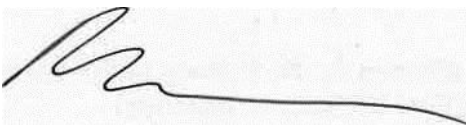
12. The President is required to submit monthly progress reports to the Convening Authority and APSG Service Inquiry Branch in accordance with Appendix 4 to Annex G to CH 2 of JSP 832 and paragraph 27h of LFSO 3207.

### GENERAL ADMINISTRATION

13. HQ 1(UK) Division is to provide the following:

- a. A Verbatim Court Recorder to be present to record evidence as required.
- b. An Orderly to assist as confirmed by the President.
- c. Stationery as required by the panel.
- d. Travel and subsistence for the panel for SI related business away from their primary place of residence.
- e. Travel and subsistence as required by any witnesses (for SI business).
- f. Food and refreshment as confirmed by the President.

14. The costs of the Service Inquiry are to be charged to 1(UK) Division [REDACTED]



RW WOODDISSE CBE MC  
Major General  
General Officer Commanding

Date: 23rd April 2018

Annex:

- A. Terms of Reference.

### TERMS OF REFERENCE

1. The Service Inquiry (SI) is to investigate the circumstances leading to the death of [REDACTED] on 31 Oct 17 and consider the policy and practice surrounding the management of vulnerable Army personnel.
2. On conclusion of the SI the President is to report on all relevant matters and comment on such matters, express opinions and make recommendations as deemed appropriate. In particular the President is to investigate and establish:
  - a. TOR 1. Establish the facts surrounding the death of [REDACTED] on 31 Oct 17.
  - b. TOR 2. Examine the relevant policies, procedures and welfare provisions and assess how they were understood and applied at [REDACTED].
  - c. TOR 3. Investigate the extent to which the Unit, welfare and medical agencies interacted in support of [REDACTED]
  - d. TOR 4. Consider any other matters relevant to the Inquiry and, based on the evidence, make such findings and express opinions as are appropriate to support recommendations in order to prevent recurrence.

### Procedure

3. During the course of the investigation, should the President identify a potential conflict of interest between the Convening Authority and the inquiry, proceedings are to pause and take advice from the Legal Advisor.
4. The President is to include in the record of proceedings a clear and concise précis of the case in an easy readable form, addressing each of the Terms of Reference listed above. In particular the Panel should:
  - a. Set out the facts that, in the opinion of the Panel, have been established by the evidence, on the balance of probabilities.
  - b. Set out any additional facts, relevant to the matter under inquiry, disclosed from the evidence, which have not been specifically referred to in the Terms of Reference.
  - c. Make recommendations against each element of the Terms of Reference in order to prevent recurrence.
  - d. Ensure that contained in the record are the transcripts of oral evidence, copies of witness evidence given to the Panel and any other evidence which the President decides should form part of the record.
5. The President is to forward one copy of the record of proceedings to the Convening Authority on completion of the SI.

APSG/SI/ [REDACTED]

**AMENDMENT TO CONVENING ORDER FOR A SERVICE INQUIRY**

**BY ORDER OF**

**MAJOR GENERAL R W WOODDISSE CBE MC**

**GENERAL OFFICER COMMANDING 1(UK) DIVISION**

1. The following person is appointed as an expert advisor to the Service Inquiry to investigate the circumstances leading to the death of [REDACTED] on 31 Oct 17.

a. Medical Expert: [REDACTED].



RW WOODDISSE CBE MC  
Major General  
General Officer Commanding

Date: 18 May 2018

NARRATIVE OF EVENTS

██████████ IN ██████████

Reference

Return To ██████████

1. ██████████ returned to ██████████ in Jul 15 from a 15 month tour (7 Apr 14 to 30 Jun 15) as an SNCO CSjt Instructor at the Mission Training and Mobilisation Centre (MTMC) as part of the Security Forces Advisory Training Team (SFATT) based in Folkestone. In his 14 / 15 Soldiers Joint Appraisal Report (SJAR) his First Reporting Officer described him as, *“One of the most pro-active and dynamic instructors I have come across in 2 years at MTMC”*. His 14 / 15 SJAR graded him B+<sup>1</sup> High.

F35  
F28

F29

2. ██████████ began employment with ██████████, in Alanbrooke Barracks, Paderborn, Germany, on 01 Jul 15 on promotion to ██████████. He was employed as the Training Warrant Officer, within the Unit Training Wing. The role saw him coordinate training within ██████████. In addition, his deployed / exercise role was that of Gunner within the CO's Warrior AFV and Commander of the CO's Tactical HQ. He deployed in this role to Canada on an Armoured Infantry exercise in May / Jun 16 where the then ██████████ (Witness 24) described his performance as *“excellent”*.

F35

T24/197/D  
T24/200/G  
T24/197/F

3. In his SJAR in Jun 16 his First Reporting Officer described him as *“Pro-active, motivated and reliable....always seeking to deliver to a high standard”*. The Commanding Officer described him as, *“Proactive, insightful and diligent....the foundations of the Battalion's success in BATUS can be laid at his feet”*. His SJAR in Jun 16 graded him as B+ High, his first report as a ██████████

F30

4. On 12 Jul 16 ██████████ moved with ██████████ as part of a unit move from Alanbrooke Barracks, Paderborn, Germany to Ward Barracks, Bulford, England. He continued to work as the Training Warrant Officer within the Training Wing.

F35  
FB

Period Aug To Dec 16

5. In the period Aug to Dec 16 there was a deterioration to the work output from ██████████; a drop from his usual very good standard. It was noticeable to the Battalion Chain of Command in particular due to the high profile role of Training Warrant Officer in preparing ██████████ for Op TEMPERER and Op CABRIT. During training events there were frequent administrative oversights. It was assessed that he was less attentive to his work as ongoing personal difficulties distracted him. The ██████████ (Witness 13) had occasion to speak to ██████████ about being late for work. ██████████ (Witness 17) carried out Minor Administrative Action against ██████████ for missing an All Ranks parade in Dec 16, awarding him extra duties. A lack in his professional ability had also been detected by his colleagues.

T24/198/H  
T24/199/A  
FB

T18/97/D  
T24/208/H  
T13/7/F  
T17/75D- T17/76C  
T15/33/C

6. Socially it was noticed by a close friend (Witness 15) that ██████████ was

T15/32/E

<sup>1</sup> B+ High is defined as “Performing above the standard required in most respects”.





█████ (Witness 23). The █████ (Witness 24) held a meeting in Dec 16 to discuss the concerns and ensure appropriate support measures were in place. He recalls that in attendance were █████ (Witness 17), the █████ (Witness 23), the █████ (Witness 13) and possibly, but he could not be certain, the █████ (Witness 12). The support measures put in place were based around enabling his family to stay in the Sjts' Mess and ensuring personnel, including duty staff, were around in the Sjts' Mess so █████ was not in the Sjts' Mess alone over the two week Christmas leave period.

T16/42/H  
T16/45/C  
  
T24/204/H  
  
T24/205/A-C

13. The █████ (Witness 24) determined during the pre-Christmas leave meeting that █████ had not reached the threshold to be placed on the Unit SVRM Register.

T24/205/C  
T24/201/G

### Period Jan to Apr 17

14. In Jan 17 it was noticed █████ returned following Christmas leave demonstrating a significantly improved work output. █████ (Witness 17) commenting "*there was a big positive change following Christmas*" and the █████ (Witness 16) noting "*there was a notable change post Christmas*". In the New Year, the █████ (Witness 24) spoke to █████ and noted he "*was looking forward rather than looking rearwards*". His close friend (Witness 15) noted post Christmas leave █████ had a "*different vibe*" about him. The █████ (Witness 20) noted that as █████ moved to more Op CABRIT specific activity in Jan / Feb 17 the performance of █████ improved. The █████ (Witness 12) noticed █████ "*certainly had a spring in his step. I'd see him out running all the time and he seemed quite happy*".

T17/66/E  
  
T16/52/E  
T24/210/E  
  
T24/210/G  
T15/38/B  
  
T20/140/B  
T12/285/E

15. In early 2017 █████ learnt he had been selected to become the CSM, HQ Coy, █████ later that year in Chepstow. This was a post which met his aspirations of becoming a CSM and his geographical preference of being close to his family. His close friend (Witness 15) described his demeanour after he got the news as "*pure buzzing*" and the █████ (Witness 14) noted his response as "*over the moon*". The █████ (Witness 12) commented "*he was really happy. He was getting a posting to █████, that's what he wanted..... he was really looking forward to it, happy, looking forward to his future*".

T24/210/F  
T15/33/H  
T14/20/G  
  
T12/285/F

### Op CABRIT

16. █████ took pre-tour leave over the period 6 to 19 Mar 17. █████ deployed on Op CABRIT to Estonia on 5 Apr 17; he showed none of the signs which had caused concern to █████ in 2016. █████ was keen to deploy on Op CABRIT and █████ (Witness 17) described him as "*busting to go on ops*". The █████ (Witness 22) confirmed he was fit to deploy as MLD (Temporary)<sup>2</sup>, in accordance with restrictions stated in his Appendix 9 Form for Notifying Medical / Functional Restrictions to the Unit. There was no record of an Appendix 26 Deployment Medical Risk Assessment form having been completed by █████ The lack of an Appendix 26 Deployment Medical Risk Assessment form for the deployment of █████ to Estonia is covered in more detail under TOR 4, paras 14 to 18.

F36  
FB/4e  
T24/211/C  
  
T17/78/E  
T22/172/D  
F83  
F63/18

17. █████ was employed as the Training / Operations Warrant Officer, initially running the █████ RSOI package and ranges. █████ was the

F31

<sup>2</sup> █████ (Witness 22) had conducted a Medical Board on █████ on 23 Mar 17 grading him as MLD (Temporary).

link between the [REDACTED] Battlegroup and Estonian Range Control. His role was to enable training and to support training. The [REDACTED] (Witness 20) described his performance *"He engaged well across the Battlegroup, SASC and Estonian Forces to enable complex live firing in a new training environment. He has forged relationships to enable training and he has the tact and diplomacy to smooth issues at the lowest level"*. The [REDACTED] (Witness 24) described his performance during Op CABRIT as *"excellent"* and that [REDACTED] did *"really well"*.

T20/141/G  
F31

T24/197/G  
T24/210/C

#### Departure From [REDACTED]

18. [REDACTED] returned on 16 Jun 17 from a 10 week period on Op CABRIT as he was scheduled to move to [REDACTED] to take up his new appointment as CSM, HQ Coy, [REDACTED]. The [REDACTED] (Witness 24), whilst not recalling the exact detail of any farewell interview / conversation with [REDACTED] believes he left on a positive note, moving on a high. Neither the [REDACTED] (Witness 14) had any concerns over the welfare of [REDACTED] as he moved to [REDACTED]. The [REDACTED] (Witness 23) noted as he came to the end of his time with [REDACTED] *"he was really looking forward to going off to be HQ Company Serjeant Major with another [REDACTED] battalion"*.

FB/4e  
T24/212/B-E

T24/214/B  
T14/23/D

T23/185/D

19. [REDACTED] had only brief interaction with the [REDACTED] Rear Operations Group (ROG) on return to the UK. He discussed accommodation options with [REDACTED] (Witness 12) who signposted him to [REDACTED] (Witness 2), an officer who [REDACTED] knew well from serving together previously [REDACTED] (Witness 17), who was also at that time OC ROG, recalls *"I think we had a flying interview. He was in a rush to get away and ... but definitely [!] said goodbye to him"*.

T12/286/G

T17/86/F

20. In his SJAR in Jun 17 on departure from [REDACTED] covering his second year in post as Training Warrant Officer [REDACTED], his First Reporting Officer (Witness 20) described him as a *"committed and ambitious man who has demonstrated selfless commitment to the Regiment...hard working and dedicated."* The [REDACTED] (Witness 24) described him as *"a high quality WO adding real value across the Battlegroup"*. He was graded as B+ High, his second report as a WO2. 2017 would have been his first of six chances for promotion selection to WO1.

F31

F31

#### Arrival in [REDACTED]

21. [REDACTED] reported for duty at [REDACTED] on 19 Jun 17 and subsequently took leave from 25 Jun to 2 Jul 17. [REDACTED] fitted in seamlessly and settled in well to his new role. He hit the ground running and made a great impact; getting to know his soldiers within the diverse HQ Coy portfolio within a month. [REDACTED] (Witness 3) described him at the forefront of PT within HQ Coy and a really happy person. He was proving to be a professional and reliable CSM, HQ Coy and gave his Chain of Command no cause for concern about his welfare. [REDACTED] (Witness 1) viewed [REDACTED] as a *"strong personality"* and that *"he seemed quite thrusting"*.

F36, FA/3a  
T11/239/C  
T3/93/H,  
T3/94/A  
T3/92/C  
T2/41/E  
T8/167/B  
T11/239/F  
T1/8/E

22. [REDACTED] had been allocated SLA within the Sjts' Mess Annex, within Beachley Barracks. The accommodation was a flat, the biggest room in the Mess. The flat consisted of a sitting room, a bedroom, a small kitchen and a bathroom. He was allocated the accommodation in order that he could

T1/5/G, T2/41/F  
T5/139/F  
F47, F50

accommodate his family when they visited.

23. The Chain of Command within [REDACTED] were aware [REDACTED] was living in the Sjts' Mess and going through a difficult time in his personal life and that his family were based 70 miles away. However, these difficulties appeared to be causing him no greater issues / stresses than were to be expected in an admittedly challenging set of personal circumstances. [REDACTED] had no indication of any significant welfare/disciplinary issues with [REDACTED] until 18 Oct 17.

**Civilian Agency Contact**

24. At 1130 hrs on Wed 18 Oct 17, the [REDACTED] (Witness 2) was telephoned by an external civilian agency and asked to participate in a telephone conference later that day (1400 hrs) to discuss [REDACTED]. The [REDACTED] was asked by the civilian agency to confirm with the Army medical chain whether [REDACTED] was being treated for [REDACTED]. The [REDACTED] contacted the Beachley Barracks Medical Centre and asked the Locum Dr (Witness 10) whether [REDACTED] was being treated for [REDACTED]. The [REDACTED] recalls the Locum Dr was unable to release the medical information regarding [REDACTED] for reasons of medical confidentiality. Witness 10 did not recall the detail of the call but during Hearing One of the Service Inquiry confirmed that, as at 18 Oct 17, he had no medical concerns regarding [REDACTED].

25. At 1400 hrs on Wed 18 Oct 17, the [REDACTED] (Witness 2) participated in a telephone conference coordinated by an external civilian agency to discuss [REDACTED]. At the meeting, it was revealed that a serious allegation had been made against [REDACTED]. The Police made a request to the [REDACTED] that the Army did not make [REDACTED] aware he was under investigation. Following the meeting the [REDACTED] informed the [REDACTED] (Witness 11), [REDACTED] (Witness 8) and [REDACTED] (Witness 4).

**Arrest of [REDACTED]**

26. On Wed 18 Oct 17 (circa 1600 hrs) [REDACTED] was arrested by [REDACTED] Constabulary. He was arrested in [REDACTED] whilst undertaking a car journey and taken to a Police Station. At 2230 hrs [REDACTED] Constabulary executed a search warrant on [REDACTED] room in the Sjts' Mess, seizing a satchel containing a laptop and hard drive. At 0140 hrs on Thu 19 Oct 17 [REDACTED] was released on bail (to report on Wed 15 Nov 17) with specific conditions that he could have no form of contact with five individuals and not enter the County of [REDACTED].

27. [REDACTED] returned to Beachley Barracks in the early hours (circa 0400 hrs) of Thu 19 Oct 17 and went to his room in the Sjts' Mess. The [REDACTED] (Witness 2) visited [REDACTED] in his room at 0740 hrs and provided emotional support by chatting to him (for approximately 30 mins) about the events of the previous evening. Initially [REDACTED] was in tears. The [REDACTED] noted "*after that he sort of turned around. He sorted himself out and went back into work*". The [REDACTED] spoke to [REDACTED] later in the morning and he was then back to his normal self and dealing with his Company.

28. On Thu 19 Oct 17 [REDACTED] (Witness 4) met with [REDACTED] at 1630 hrs (for approximately 30 mins) to discuss the allegations, provide support and

T3/91/H-T3/92/B  
T4/105/G  
T4/106/F-G  
T2/42/C  
T11/239/F-G  
T8/168/B

T2/43/A

FA/3d

T2/44/B – T2/45/A

T10/220/G  
T10/221/B

T2/44/B-D  
FA/3d  
F49, F50, F60  
T2/44/D  
FA/3d  
T2/45/C  
T8/168/B

F48  
F93  
F49 F99  
T8/169/B  
FA/3e  
F48, FA/3e  
F60

FA  
T2/46/E

T2/47/D

F60

T2/47/E

T4/107/E-F  
T4/111/H  
F59

ask him how he felt. [REDACTED] explained his thoughts about the motivation behind the allegations. [REDACTED] appeared to be fairly upbeat in mood, positive in outlook, quite defiant, outraged by the accusations but determined to quash the allegations. [REDACTED] offered [REDACTED] the opportunity to take some time off but he wished to carry on in post. [REDACTED] appeared to [REDACTED] to be under the impression that the accusations could all be easily resolved and this was just a wild allegation that he could quite easily disprove.

### Suicide Vulnerability Risk Management Meeting

29. [REDACTED] (Witness 11) conducted a formal Suicide Vulnerability Risk Management (SVRM) meeting on 19 Oct 17 (1700 hrs). The meeting was attended by the [REDACTED] (Witness 4), [REDACTED] (Witness 8), [REDACTED] (Witness 2) and [REDACTED] (Witness 1). No doctor was present as there was no doctor in Beachley Barracks on 19 Oct 17. The [REDACTED] (Witness 9) was absent on a course. The [REDACTED] noted "he [REDACTED] wasn't showing any signs of distress" and that "he was his usual stoic self". During the SVRM meeting the [REDACTED] determined there was no requirement to remove [REDACTED] from his post of CSM HQ Coy and that he was not at risk of suicide and should not be placed on the Unit SVRM register. [REDACTED] placed him on the Unit Welfare Register to track his welfare following the arrest.

30. The SVRM Meeting is covered in more detail under TOR 2, para 12 to para 16.

31. Following the SVRM Meeting [REDACTED] (Witness 4) met with [REDACTED] to update him on the outcome of the meeting. [REDACTED] told him the [REDACTED] had decided he could carry on as CSM HQ Coy but if he felt he needed any support he could contact him. [REDACTED] was out of station (at MOD St Athan, Vale of Glamorgan, Wales) for a two week rehabilitation course but continued to communicate with [REDACTED] via WhatsApp<sup>3</sup>.

### [REDACTED] Activity Post Arrest

32. [REDACTED] appeared outwardly to [REDACTED] personnel to be in good spirits and fairly upbeat following his arrest. [REDACTED] (Witness 4) described his attitude as "quite defiant"...determined to quash the allegations". On the evening of Mon 23 Oct 17, as President of the Sjts' Mess Entertainments Committee (PEC), [REDACTED] organised and ran a successful Sjts' Mess Oktoberfest party, to which the Officers' Mess were also invited. [REDACTED] was dressed in fancy dress and appeared in good spirits but not drinking to excess at the event, which he attended with his [REDACTED] (Witness 6) who had been staying with him in the Sjts' Mess since Fri 20 Oct 17. [REDACTED] had indicated to [REDACTED] (Witness 4) that following the Oktoberfest he planned to take leave.

33. On Tue 24 Oct 17 [REDACTED] (Witness 4) met with [REDACTED] and agreed he could take some leave he had outstanding. [REDACTED] granted [REDACTED] leave AD Tue 24 Oct to FP Wed 1 Nov 17; a slightly amended version of the [REDACTED] half term leave week which was due to take place AD Fri 27 Oct to FP Mon 6 Nov 17. [REDACTED] was aware [REDACTED] planned to spend the leave period with his [REDACTED]. He also believed it was an opportunity

T4/108/A

T4/107/H  
T8/171E  
T4/112/A-B

FA/3f

T11/240/D  
F109  
T9/202/C

T11/241/C-D

T8/172/C

F59

T4/112/C

T2/56/G, T2/57/B  
T4/108/A, T4/107/F

T4/129/F, T8/177/D  
T6/147/A-B  
T11/239/D, T7/159/B,

T4/112/D, T6/153/F

FA/3g  
T4/115/G  
T4/116/B  
T4/112/E  
T4/113/D  
T4/115/H

<sup>3</sup> Whats App Messenger is a cross platform mobile messaging application.

for [REDACTED] to get away and to reflect. This was the last occasion [REDACTED] saw [REDACTED] alive or communicated with him.

34. The [REDACTED] (Witness 8) noted [REDACTED] had made preparations for, and was looking forward to, attending the [REDACTED] Command and Staff Training (CAST) exercise in Catterick, North Yorkshire which he was due to travel to on Wed 01 Nov 17.

35. [REDACTED] spent the leave period with his [REDACTED] (Witness 6). Initially the couple remained in Beachley Barracks, Chepstow before travelling on either 24 or 25 Oct 17 (her recollection was not clear) to her home. They remained at her home until returning to Beachley Barracks, Chepstow on Sat 28 Oct 17, where his [REDACTED] remained until Mon 30 Oct 17 (0620 hrs) when she left to travel to work (the last time she saw [REDACTED] alive).

36. During the period they were together [REDACTED] (Witness 6) described the emotional state of [REDACTED] as going through a cycle of feeling quite down and angry and then being determined to fight the allegations. She believed he wanted something he could be in control of and that he was concerned if he was charged because of the allegations he would lose his job.

[REDACTED]

[REDACTED] Witness 6 did not inform anyone in [REDACTED] about her concerns about the state of mind of [REDACTED]. The [REDACTED] (Witness 6) was aware [REDACTED] was contacting the Investigating Officer at [REDACTED] Police daily to get an update until the Police Officer requested he stop calling him.

### The Incident

37. On Tue 31 Oct 17 (circa 1700 hrs) the lifeless body of [REDACTED] was discovered by his [REDACTED] the bedroom of his Single Living Accommodation (SLA) in the Sjts' Mess, Beachley Bks, Chepstow. The emergency services attended and confirmed [REDACTED] was dead. The NOK were informed in a timely manner by the Civilian Police.

38. The incident is covered in full detail under TOR 1.

### Post Incident Investigations

39. The following summarises the additional investigations conducted after the incident, a summary of Key Findings are at Flag E:

a. **Civilian Constabulary.** [REDACTED] Constabulary attended the scene and subsequently conducted an investigation to establish whether there were any suspicious circumstances or third party involvement on behalf of the Coroner.

b. **RMP.** HQ PM (Army) confirmed there was no Service Police investigation into the circumstances surrounding the death of [REDACTED] as the civilian police had primacy.

T8/177/D  
T8/184/C, T8/198/A  
T4/116/C

T6/153/F-G

F100

T6/153/G

T6/145/E-F

T6/145/G  
T6/147/G  
T6/146/G

T6/147/D  
T6/146/A

F43  
T6/149/D – T6/150E  
FA/4b

F47

F99

- c. **Gloucestershire Coroner.** A Pre Inquest Review was held by the Coroner on 08 Mar 18 and 20 Sep 18. An Inquest will be held in Gloucester on 23 May 19.
- d. **Pathologist Post Mortem.** A Post Mortem was conducted on 2 Nov 17.
- e. **Unit Learning Account.** [REDACTED] (Witness 11) and [REDACTED] (Witness 25) each produced a Unit Learning Account in Nov 17 which was distributed to their respective Bde and Div HQs, along with HQ Army Personnel Services Group (APSG).
- f. **Forensic Toxicology Report.** Analysis of post mortem specimens was conducted on 9 Nov 17.

F38, F39

F41

FA, FB

F42

**Protagonists/Key Players**

40. [REDACTED] (**Deceased**). A [REDACTED] [REDACTED] with 18 years' military service at the time of his death aged 35 years on 31 Oct 17. He completed operational tours to Northern Ireland, Sierra Leone, Iraq, Afghanistan and Estonia. He was promoted to [REDACTED] on 1 Jul 15 and completed his [REDACTED] in Feb 16. [REDACTED] assumed the appointment of CSM HQ Coy 1 [REDACTED] on 19 Jun 17.

F35

41. [REDACTED]. Personnel from [REDACTED] referred to in this report, and who played a role before and after the death of [REDACTED] on 31 Oct 17, are as follows:

F112

a. **Witness 1.** A [REDACTED] Warrant Officer with 22 years' military service during which time he had completed operational tours to Northern Ireland, Kosovo, Iraq and Afghanistan. He served as [REDACTED] for the period May 16 to Jun 18. He first met [REDACTED] in Jun 17 on his arrival at [REDACTED]

T1/4/G  
T1/6/F

b. **Witness 2.** A [REDACTED] Officer with 23 years' military service (20 years in the ranks and 3 years commissioned service) during which time he had completed operational tours to Northern Ireland, Iraq and Afghanistan. He was [REDACTED] from Apr 16 to Nov 17. He attended Part 1 [REDACTED] in Jul 16 but had not attended Part 2 of the [REDACTED]. He knew [REDACTED] well having served with him previously in [REDACTED]

F112  
T2/29/G  
T2/30/G  
T2/31/B  
T2/37/A  
F101

c. **Witness 3.** A [REDACTED] Officer with 29 years' military service (21 years in the ranks and 8 years commissioned service) during which time he had completed operational tours to Northern Ireland, Bosnia and Iraq. He was [REDACTED] Jul 15 to Aug 17 and was the immediate superior of [REDACTED] when he arrived at [REDACTED] in Jun 17. He had not known [REDACTED] prior to Jun 17.

F112  
T3/89/F  
T3/90/G  
T3/91/B

d. **Witness 4.** A [REDACTED] Officer with 32 years' military service (22 years in the ranks and 10 years commissioned service) during which time he had completed operational tours to Northern Ireland, Bosnia, Iraq and Afghanistan. He was [REDACTED] from Aug 17 onwards, and

F112  
T4/103/E-F  
FA/1  
T4/104/B

was the immediate superior of [REDACTED] at the time of his death on 31 Oct 17. He had not met [REDACTED] before his arrival at [REDACTED]

e. **Witness 5.** An [REDACTED] SNCO with 22 years' military service during which time he had completed operational tours to Northern Ireland, Bosnia, Kosovo, Iraq and Afghanistan. He was duty [REDACTED] on 31 Oct 17 and was the first military person on the scene when the body of [REDACTED] was discovered.

f. **Witness 7.** A [REDACTED] officer with 25 years' military service (22 years in the ranks and 3 years commissioned service) during which time he had completed operational tours in Northern Ireland, Former Republic of Yugoslavia, Kosovo, Iraq and Afghanistan. He was [REDACTED] on 31 Oct 17 when the body of [REDACTED] was discovered and coordinated the [REDACTED] response.

g. **Witness 8.** A [REDACTED] Officer with 8 years' military service during which time he completed an operational tour in Afghanistan. He was [REDACTED] from Sep 16 to Jun 18. He attended the [REDACTED] in Oct 16. He had not met [REDACTED] prior to Jun 17.

h. **Witness 9.** A [REDACTED] [REDACTED] 24 years' military service (22 years in the ranks with the Royal Signals and 2 years commissioned service) during which time he completed operational tours in Northern Ireland, the Gulf, Bosnia, Kosovo and Iraq. He had been [REDACTED] since Jan 17. He had not met [REDACTED] prior to Jun 17.

i. **Witness 10.** A former [REDACTED] with 20 years' experience working with Defence Medical Services. He was the Locum GP at [REDACTED] for the period starting Aug 17 and was in this appointment at the time [REDACTED] died.

j. **Witness 11.** A [REDACTED] Officer with 23 years' military service (3 years service in the Reserve and 20 years Regular service) during which time he completed operational tours in Northern Ireland, Kosovo and Afghanistan. He assumed command of [REDACTED] in Mar 17 having attended his [REDACTED] 28 Feb to 10 Mar 17. Witness 11 had been a [REDACTED] [REDACTED] had served under him as both a JNCO and SNCO. Witness 11 felt he knew [REDACTED] well.

42. [REDACTED]. Personnel from [REDACTED] referred to in this report, and who played a role before the death of [REDACTED] on 31 Oct 17, are as follows:

a. **Witness 12.** A [REDACTED] Officer with 28 years' military service (26 years service in the ranks and 2 years commissioned service) during which time he completed operational tours in Northern Ireland, Bosnia, Kosovo, Iraq and Afghanistan. He was the [REDACTED] [REDACTED] from Feb 16 to Jun 18. He attended the [REDACTED] Part 1 in Mar 16 and [REDACTED] Part 2 in Sep 16. He had known [REDACTED] since 2006.

b. **Witness 13.** A [REDACTED] Warrant Officer with 19 years' military

F112  
T5/138/D, F  
T5/139/H  
FA/4a

F112  
FA  
T7/156/E  
T7/157/E

F112  
T8/164/C  
T8/164/E  
T8/166/G

F112  
T9/201/G  
T9/202/G

T10/214/G  
T10/215/B

F112  
T11/236/A  
T11/237/G  
T11/237/G-H  
T11/241/D

F112  
T12/258/C, G

T13/4/C, D  
T13/5/B

service during which time he completed operational tours in Northern Ireland, Iraq and Afghanistan. He was [REDACTED] for the period Mar 15 to Feb 17. At the time of his appointment the [REDACTED] had not been introduced. He first met [REDACTED] in early 2015.

T13/4/F  
T13/5/C

c. **Witness 14.** A [REDACTED] Warrant Officer with 23 years' military service during which time he completed operational tours in Northern Ireland, Bosnia, Kosovo, Iraq, Afghanistan and Estonia. He assumed the appointment of [REDACTED] on 20 Feb 17. He attended the [REDACTED] in Jun 18. He had not met [REDACTED] prior to joining [REDACTED]

T14/17/C, D, F, G

d. **Witness 15.** A [REDACTED] Warrant Officer with 20 years' military service during which time he completed operational tours in Northern Ireland, Iraq, Afghanistan and Estonia. He is currently [REDACTED] [REDACTED] He knew [REDACTED] well having served with him for 15 years.

T15/31/C, G

T15/32/A  
T15/35/D

e. **Witness 16.** A [REDACTED] Officer with 7 years' military service during which time he completed an operational tour to Afghanistan. He [REDACTED] [REDACTED] for the period Mar 16 to Mar 17.

T16/40/C-E  
T16/40/G

f. **Witness 17.** A [REDACTED] Officer with 32 years' military service (22 years service in the Reserve and 10 years in the Regular Army) during which time he completed 4 operational tours to Afghanistan. Witness 17 was [REDACTED] from Jul 15 to Jul 17 and was [REDACTED] [REDACTED] Witness 17 was the [REDACTED] for the move of [REDACTED] from Germany to Bulford over the summer of 2016. He was [REDACTED] during the [REDACTED] Op CABRIT deployment from Mar 17 until he left the unit in Jul 17.

T17/58/E, G

T17/59/A  
T17/68/G

g. **Witness 18.** A RIFLES Officer with 8 years' military service. He was [REDACTED] from May 15 to mid Feb 17. He attended the [REDACTED] in Apr 15. He first met [REDACTED] in Aug 15.

T17/59/B-C

T18/96/D-F

h. **Witness 19.** A [REDACTED] Officer with 7 years' military service during which time he deployed on operational tours to Iraq, Afghanistan and Estonia. He was [REDACTED] from Feb 17 onwards. He attended the [REDACTED] in May 17 and knew [REDACTED] only briefly.

T19/116/C-D

T19/116/F-G

i. **Witness 20.** A [REDACTED] Officer with 17 years' military service during which time he deployed on operational tours to Iraq, Afghanistan and Estonia. He was [REDACTED] from Jun 16 to Aug 17 including a period from Mar to Jul 17 as the [REDACTED] for Op CABRIT 1. He had known [REDACTED] since 2004 and employed him as his CQMS within C Coy, [REDACTED] during the period Oct 12 to Apr 14.

T20/136/D-E

T20/136/G-H

T20/137/B  
F27

j. **Witness 21.** A [REDACTED] Officer with 7 years' military service during which time he deployed on operational tours to Afghanistan and Estonia. He was [REDACTED] from Feb 15 to Feb 18. He first met [REDACTED] in Feb 15. He deployed on Op CABRIT 1 as Ops Offr and worked with [REDACTED] daily over the period Apr to Jun 17.

T21/148/D  
T21/148/F  
T21/148/E

T21/150/H

k. **Witness 22.** A [REDACTED] with 14 years' military service during which time he deployed on an operational tour to Afghanistan and Estonia.

T22/158/D-E



He was [REDACTED] from Aug 16 onwards. He first met [REDACTED] in a clinical context in Aug 16. He deployed with the [REDACTED] on Op CABRIT 1 over the period Apr to Nov 17.

T22/159/B  
T22/158/G

l. **Witness 23.** A [REDACTED] with 5 years' military service (2 years Reserve Service and 3 years Regular service). He was [REDACTED] from Jun 15 to Nov 17 including a period Mar to Nov 17 on Op CABRIT 1. He first met [REDACTED] in Jan 16.

T23/177/D-E

T23/178/B

m. **Witness 24.** A [REDACTED] Officer with 22 years' military service during which time he deployed on operational tours to Bosnia, Kosovo, Northern Ireland, Iraq, Afghanistan and Op CABRIT 1. He [REDACTED] between Dec 14 and Jun 17. He completed the [REDACTED] in Nov 14. He first met [REDACTED] in Jul 15 and subsequently during early 2016 got to know him well as [REDACTED] became his Gunner, sitting side by side in the turret of a Warrior AFV during a month long Armoured Infantry exercise in Canada.

T24/195/D  
T24/195/C

T24/197/B,D

T24/198/A

n. **Witness 25.** A [REDACTED] Officer with 18 years' military service during which time he deployed on operational tours to Northern Ireland, Bosnia, Iraq and Afghanistan. He assumed [REDACTED] on 23 Jun 17 and did not meet [REDACTED]. He attended the [REDACTED] in Feb 17.

T25/227/E  
T25/227/D  
T25/227/C  
T25/227/F

o. **Witness 27.** A [REDACTED] Officer with 28 years' military service, 24 years service in the ranks and 4 years commissioned service, during which time he completed operational tours in Northern Ireland, Bosnia, Kosovo, Iraq, Afghanistan and Estonia. He was the [REDACTED] from Jan 14 to Feb 16. He attended the [REDACTED] Part 1 in Jan 14 and [REDACTED] Part 2 in May 14. He had known [REDACTED] since 2007.

F112

43. The following civilian witnesses are referred to within the report:

a. **Witness 6.** The [REDACTED] of [REDACTED] since Jun 17. She discovered the lifeless body of [REDACTED] in his room in the Sjts' Mess on 31 Oct 17.

T6/143/G-H  
T6/144/C  
FA

b. **Witness 26.** The former wife of [REDACTED]

### Unit Descriptions

44. The two Units that [REDACTED] served with during the period Jun 15 to Oct 17 were [REDACTED] followed by [REDACTED]

T24/195/F

a. [REDACTED]. A Regular Armd Inf Bn with an ORBAT of 733 personnel based in Ward Barracks, Bulford, Wiltshire. [REDACTED] are part of 20 Armd Bde as part of 3 (UK) Div. The Unit had arms plotted to UK from Germany over the summer of 2016, following a Bn level exercise in Canada. [REDACTED] were on standby for Op TEMPERER for the period Oct 16 to Jan 17, followed by a deployment on Op CABRIT in Estonia from Mar 17 to Nov 17.

T24/208/E

b. [REDACTED]. A Regular Light Role Inf Bn with an ORBAT of 630 personnel, based in Beachley Barracks near Chepstow. [REDACTED] are part

T1/236/C

of 160 Bde within 1 (UK) Div. HQ Coy, [REDACTED] main focus in Oct 17 was preparing to deploy to Kenya for exercise ASKARI STORM in Jan 18.

T4/104/A

**Operation Descriptions**

45. The two operations in which [REDACTED]<sup>4</sup> participated were:

F113

a. **Op TEMPERER.** The provision of Defence assistance to the Home Office and Police following in the aftermath of, or suspected build up to, a terrorist attack within the UK. The MOD and National Counter Terrorism Police have refined plans for military force elements to support the police with additional armed security tasks, aiming to help protect civilians at times of a high terror threat. Elements of the Armed Forces are held at readiness to work under police command, typically guarding key sites usually guarded by armed police officers, allowing the police to significantly increase the number of armed officers on patrol in key locations.

F113

b. **Op CABRIT.** Involves UK Armed Forces having a leading role in NATO's Enhanced Forward Presence (EFP), with British troops leading a multinational Battlegroup in Estonia from 2017. The EFP in the Baltic States is a deployment of robust, multinational, combat-ready forces to Estonia, Latvia, Lithuania and Poland, on a persistent, rotational basis. This movement is part of wider initiatives designed to enhance Euro-Atlantic security, reassure our Allies and deter our adversaries. About 800 British personnel will rotate on a continuous basis alongside Danish, French, and host nation Estonian forces.

**Family Circumstances**

46. **Immediate Family.** [REDACTED] The [REDACTED] noted that the Unit were unaware where [REDACTED] was in the [REDACTED] and that, post death, they struggled to find the [REDACTED]. The [REDACTED] was granted in Apr 17.

T2/42/F

F32

<sup>4</sup> Commitments Branch, Army Directorate of Operations and Commitments (ADOC), HQ Fd Army provided description.

## FINDINGS AND OPINION

### Introduction

1. The Findings and Opinion section (Side Flag E1 to E4 inclusive) covers each Terms of Reference (TOR) question individually. Each section outlines the key findings against each question and provides an opinion based on the evidence found throughout the Inquiry which aims to support the various recommendations made. Recommendations are listed at the end of each TOR section and collated at **FLAG F**.

### Summary of Other Relevant Investigation Reports

2. The following section outlines the key findings of the additional investigations carried out after the death of [REDACTED]

a. **Civilian Police.** The civilian Police attended the scene and subsequently conducted an investigation. They determined that there was no evidence of any third party involvement in the death of [REDACTED]. The death was referred to the Gloucestershire Coroner.

b. **Gloucestershire Coroner.** A Pre Inquest Review was held by the Coroner on 08 Mar 18 and 20 Sep 18. An Inquest will be held in Gloucester on 23 May 19.

c. **Pathologist Post Mortem.** A Post Mortem examination was conducted on 02 Nov 17. The results will be released during the Inquest to be held on 23 May 19.

d. **Forensic Toxicology Report.** Analysis of Post Mortem specimens was conducted on 09 Nov 17 and did not detect any abnormal level of alcohol or non-prescription drugs.

e. **Unit Learning Account.** [REDACTED] and [REDACTED] each produced a unit Learning Account in Nov 17 in accordance with LFSO 1118<sup>1</sup> which was distributed in a timely manner to their respective Bde and Div HQs, along with HQ APSG. The Learning Accounts established the facts as known by each Unit at the time of the death of [REDACTED]. The Unit Learning Accounts were used to establish the required personnel to attend the SI as witnesses.

### Outline of Inquiry Key Events

3. The SI Panel, consisting of a Lt Col (RA) and two Maj's (AGC(SPS) and RLC), supported by a Medical Advisor (Col Late RAMC) and Legal Advisor (Maj, AGC(ALS)) conducted two Hearings and three bespoke interviews. The Medical Advisor had full access to [REDACTED] medical records. All witnesses attended in person.

4. **Hearing One - 11 to 14 Jun 18.** The following witnesses appeared at Hearing One held at the Military Court Centre, Bulford. The Hearing focused in the main on the activity of [REDACTED] whilst at [REDACTED]. Their testimony is captured by Verbatim Court Recorder in Transcript 1:

Cipher	Appointment	Notes
Witness 1	[REDACTED]	
Witness 2	[REDACTED]	
Witness 3	[REDACTED]	Jul 15 to Aug 17
Witness 4	[REDACTED]	Aug 17 onwards
Witness 5	[REDACTED]	On 31 Oct 17
Witness 6	[REDACTED]	

<sup>1</sup> Land Forces Standing Order 1118 Army Lessons Process requires a Learning Account to be produced following incidents resulting in a SP being medically listed as Seriously Ill/Injured (SI) or above.

Cipher	Appointment	Notes
Witness 7		On 31 Oct 17
Witness 8		
Witness 9		
Witness 10		
Witness 11		
Witness 12		

5. **Hearing Two - 9 to 12 Jul 18.** The following witnesses appeared at Hearing Two held at the Military Court Centre, Bulford. The Hearing focused on the activity of [REDACTED] whilst at [REDACTED]. Their testimony is captured by Verbatim Court Recorder Transcript 2:

Cipher	Appointment	Notes
Witness 13		Mar 15 to Feb 17
Witness 14		Feb 17 onwards
Witness 15		
Witness 16		
Witness 17		
Witness 18		May 15 to Feb 17
Witness 19		Feb 17 onwards
Witness 20		
Witness 21		
Witness 22		
Witness 23		
Witness 24		Dec 14 to Jun 17
Witness 25		Jun 17 onwards

6. **Bespoke Interviews.** The following bespoke interviews were conducted:

a. 13 Nov 18.

Cipher	Appointment	Notes
Witness 26		

b. 21 Nov 18.

Cipher	Appointment	Notes
Witness 12		

c. 4 Dec 18.

Cipher	Appointment	Notes
Witness 27		Jan 14 to Feb 16

**Overall Summary In Brief**

7. **TOR 1.** Establish the facts surrounding the death of [REDACTED] on 31 Oct 17.

a. The Panel are awaiting the findings of fact and conclusion from the Coroner's Inquest due to be held on 23 May 19.

b. The Panel are of the opinion that [REDACTED] effectively concealed his emotions from those working alongside him, disguising his emotions so that his Chain of Command, colleagues and friends within the Army were unaware of the extent of his concerns. [REDACTED]

██████ presented himself as a professional Infantry Company Serjeant Major until the end of his life.

8. **TOR 2.** Examine the relevant policies, procedures and welfare provisions and assess how they were understood and applied at ██████████

a. **Suicide Vulnerability Risk Management Policy (SVRM).** ██████████ were aware of the Army SVRM policy and the SVRM process was in use in both units. However, the relevant publication, AGAI Vol 3, Chap 110, Army SVRM Policy, was not used / referred to at key moments ██████████ (Witness 17) entry of ██████████ onto the Unit SVRM register and ██████████ during the ██████████ SVRM Risk Conference). During early to mid 2016 there was a lack of control exercised over the SVRM process within ██████████ by the Unit SVRM lead, due to a lack of awareness of his responsibilities. Both units had an out of date SVRM Bn Standing Order, which did not reference the SVRM process / responsibilities within the unit, or the use of VRMIS. This was coupled with perceived lack of effective SVRM pre-employment training (CO, OC, UWO). These factors combined to reduce the effective application and understanding of the SVRM process within both Units.

b. **JPA Welfare Tool.** The overall application and understanding of the JPA Welfare Tool within both ██████████ was low. It was not in use in either unit. The Panel assess the lack of awareness of the existence of the JPA Welfare Tool to be the reason that the JPA Welfare Tool was not in use at either ██████████

c. **Commanders' Guide to Medical Confidentiality.** Within both ██████████ awareness of the Commanders' Guide to Medical Confidentiality issued by Sp Br, HQ Fd Army in Aug 17 was low and thus the understanding about disclosure without patient consent varied. The use of the guide would have assisted the Chain of Command and the Medical services in communicating together regarding the health and wellbeing of SP. The Panel assess the lack of awareness of the existence the Commanders' Guide to Medical Confidentiality to be the reason for the varying levels of understanding within both units.

9. **TOR 3.** Investigate the extent to which the unit, welfare and medical agencies interacted in support of ██████████

a. **Medical Interaction.** ██████████ was being treated for a medical condition which involved specialist treatment. His treatment progressed as scheduled over a two year period, 2015 to 2017, before concluding in Sep 17 when he returned to full fitness. At all times the medical services Unit MO ██████████ ensured that the Chain of Command were aware of any functional restrictions relating to the employment of ██████████ via the Appendix 9<sup>2</sup> and Unit Health Committee Part 2 process. At no stage did the medical services have a concern regarding the safety of ██████████, or others, that required them to break medical confidentiality to inform the Chain of Command of the exact nature of his medical condition. From the point of diagnosis to the completion of his recovery to full fitness, in the opinion of the Panel Medical SME, the Medical Professionals involved with treating ██████████ ██████████ interacted appropriately at all levels and fully supported his recovery whilst he was receiving routine care from DCMH.

b. **Welfare Interaction.** In the opinion of the Panel the Welfare staff at unit level interacted appropriately with unit medical staff and the Chain of Command. There was no requirement identified by either ██████████ for external Welfare agency support; however, ██████████ referred ██████████ to the AWS in an attempt to resolve his personal issues.

<sup>2</sup> Appendix 9 – Form for notifying medical functional restrictions to a Unit.

10. **TOR 4.** Consider any other matters relevant to the Inquiry and, based on the evidence, make such findings and express opinions as are appropriate to support recommendations in order to prevent recurrence.

a. **Op CABRIT 1 Post Operational Stress Management (POSM) Plan.** [REDACTED] sought direction and guidance on the POSM required for the first deployment on Op CABRIT, which was a bespoke operation to a new environment. [REDACTED] applied military judgement to develop a POSM procedure for Op CABRIT 1 when no formal Chain of Command direction was provided. The Panel are of the opinion that clear guidance must be provided to deploying units as to the required POSM to be conducted and POSM recording requirements.

b. **Retention of Information.** [REDACTED] were unable to provide the Service Inquiry with certain Unit Standing Orders which were in place in 2016 when [REDACTED] served with the Unit. [REDACTED] overwrote existing Bn Standing Orders when updates took place, without archiving previous versions and therefore did not comply with the requirement to retain Unit Standing Orders for set period of time as required by policy (JSP 441 and ACSO No 1811). The Panel assess that lack of awareness of the requirement to retain information for a set period was the reason that the Unit Standing Orders were not retained

c. **[REDACTED] Lack of Deployment Risk Assessment Form (Appendix 26) [REDACTED] Deployment On Op CABRIT.** The evidence presented to the Panel demonstrates [REDACTED] were aware of and applied the mandated Deployment Risk Assessment process as directed by PULHHEEMS Administrative Pamphlet (PAP) 2010 Version 4. The Panel note [REDACTED] had previously produced Deployment Risk Assessment forms in respect of [REDACTED]. However, the Panel were unable to determine that a Deployment Risk Assessment Form (Appendix 26) was produced by [REDACTED] to support the 10 week deployment of [REDACTED] on Op CABRIT in early 2017. In the opinion of the Panel Medical SME the lack of a Deployment Risk Assessment did not have any impact on the health of [REDACTED]

d. **Lack of Unit Welfare Management Committee Meeting.** Neither [REDACTED] [REDACTED] held a monthly Unit Welfare Management Committee Meeting as required by AGAI Vol 3, Chap 81, Army Welfare Policy, nor did their Unit Standing Orders reflect the requirement to do so. The value of the Welfare Management Committee is that it focuses on broader welfare themes rather than individual SP welfare cases; it can be likened to the Unit Health Committee Part 1. The Panel assess lack of awareness of the mandated requirement to be the primary cause of the omission.

**FINDINGS AND OPINION**

**Terms of Reference**

**TOR 1.** Establish the facts surrounding the death of [REDACTED] on 31 Oct 17.

**Findings**

**Events of Tue 31 Oct 17**

**Discovery**

1. At 1500 hrs the [REDACTED] (Witness 6) of [REDACTED] travelled from her home town to Beachley Barracks, Chepstow arriving just before 1700 hrs. She parked outside the Sjts' Mess and walked towards [REDACTED] SLA accommodation, a large flat consisting of a sitting room, bedroom, small kitchen and bathroom.

2. At 1700 hrs [REDACTED] (Witness 6) entered the flat, which was unlocked as it usually was. She walked into the living room and could see [REDACTED] was not in that room. On looking into the bedroom area she saw his phone was on charge on the desk. [REDACTED]

[REDACTED]. On entering the bedroom the [REDACTED]. On turning around she saw the body of [REDACTED] and ran out of the building shouting for help.

3. At 1705 hrs the [REDACTED] for 31 Oct 17 (Witness 5) encountered the [REDACTED] (Witness 6) in a distressed state as she ran out of the Sjts' Mess Annex. The [REDACTED] was calling out for assistance and told the [REDACTED] that [REDACTED]. The [REDACTED] accompanied the [REDACTED] back to [REDACTED] SLA and entered the bedroom. The [REDACTED] checked [REDACTED] for signs of life but found none.

4. Inside the bedroom on the bedside table [REDACTED]. [REDACTED] medals, watches and two V5 log books for his vehicles were laid out on a table. The flat was in a clean and tidy condition.

5. At around 1707 hrs [REDACTED] (Witness 5) escorted [REDACTED] (Witness 6) out of the flat and away from the scene. He informed the Guard Room of the incident, requesting the emergency services be informed. The [REDACTED] also telephoned the [REDACTED] (Witness 2) who made his way immediately to the Sjts' Mess, arriving within circa 5 minutes.

**Follow Up**

6. At 1713 hrs the Guard Room called the emergency services. At approximately 1730 hrs an Emergency Services First Responder arrived, shortly followed by an Ambulance at 1735 hrs. The [REDACTED] (Witness 2) and [REDACTED] (Witness 5) escorted the emergency services to [REDACTED] room. [REDACTED] was diagnosed as life signs extinct by the Ambulance crew at 1738 hrs. At 1738 hrs, the civilian Police arrived at the Sjts' Mess.

**Reference**

F43  
T6/149/D

F47

F43  
T6/149/F

T6/150/C

F43

F44  
T5/139/E  
F47

T5/140/A-B

F47

FA/Annex A  
T5/140/C-D  
T2/59/D

F46  
FA/4b

T5/140/E

T2/60/B

T2/60/D

7. At approximately 1730 hrs the [REDACTED] (Witness 11) arrived on scene having been informed by [REDACTED] (Witness 2), as did [REDACTED] (Witness 4) who was summoned by the [REDACTED]

T11/245/C  
T4/119/F

8. At circa 1830 hrs [REDACTED] (Witness 9) arrived on scene and subsequently provided emotional support to [REDACTED] (Witness 6); prior to that point she had been cared for by members of the Sjts' Mess, including [REDACTED] (Witness 1) (who is unable to recall the time he arrived at the Sjts' Mess) and also interviewed by the Civilian Police.

T9/204/F-H  
T9/205/A-B  
T1/19/F  
F43

9. At 1835 hrs, the Fire Service arrived at the same time as the [REDACTED] (Witness 7), who had been working away from Beachley Barracks on 31 Oct 17. At this point the DFO took over from the [REDACTED] (Witness 2) in coordinating the [REDACTED] response to the incident. At 1910 hrs, the Fire Services declared the area safe.

FA/Annex A  
T7/157/E-G  
FA/4c

10. At 1920 hrs, the civilian Police SOCO (Scene of Crime Officer) and CID entered the Sjts' Mess and began collecting evidence and interviewing [REDACTED] personnel.

FA

11. At 1925 hrs all civilian medical agencies left Beachley Barracks.

FA/Annex A

12. At 2140 hrs the Gloucestershire Coroner's representative and undertaker arrived and at 2150 hrs removed the body of [REDACTED]

FA/Annex A

13. At 2200 hrs [REDACTED] SLA accommodation was secured by [REDACTED] (Witness 7) and the incident declared closed by [REDACTED]

FA/Annex A

#### **KINFORMING**

14. At approximately 2200 hrs the civilian Police informed the NoK [REDACTED] and on 01 Nov 17 a Visiting Officer (VO) was appointed.

FA/4e  
FA/4f

15. At approximately 2345 hrs the civilian Police informed [REDACTED]. On 01 Nov 17 a Visiting Officer (VO) was appointed.

FA/4f  
FA/4h

[REDACTED]

16. [REDACTED]

F93

#### **Police Investigation**

17. The results of the civilian Police investigation are that there is no evidence of any third party involvement in the death of [REDACTED]

F47

#### **Opinion**

18. The Panel are awaiting the findings of fact and conclusion from the Coroner's Inquest due to be held on 23 May 19.

19. The Panel are of the opinion that [REDACTED] effectively concealed his emotions from those working alongside him, disguising his emotions so that his Chain of Command, colleagues and friends within the Army were unaware of the



extent of his concerns. [REDACTED] presented himself as a professional Infantry Company Serjeant Major until the end of his life.

**Recommendations**

20. There are no recommendations arising from TOR 1.

**FINDINGS AND OPINION**

**Terms of Reference**

**TOR 2.** Examine the relevant policies, procedures and welfare provisions and assess how they were understood and applied at [REDACTED]

**Reference**

**Findings**

**Application of AGAI Vol 3 Chap 110 - Army Suicide Vulnerability Risk Management (SVRM) Policy<sup>1</sup>**

**F107**

1. **Aim.** The aim of the AGAI Vol 3, Chap 110, Army SVRM Policy is to provide guidance to Commanders by assisting them to identify those who may be at risk of suicide. Subsequently signposting appropriate responses and management tools to mitigate identified risk in order that they may make a judgement as to how to actively manage vulnerable personnel. The publication describes SVRM as a measured, individual assessment designed to assist in identifying potential suicide victims and give a measure of structure to subsequent support.

**F107/1**

2. **Applicability.** AGAI Vol 3, Chap 110 describes SVRM as mandatory policy for all units in the Army, and, where possible, should be adopted by any organization with Army personnel on or off operations.

**F107/2**

3. **Availability.** AGAI Vol 3, Chap 110, Army SVRM Policy is available to all service personnel via the Defence Intranet.

**F128**

4. **Unit Lead.** Units are required by AGAI Vol 3, Chap 110 to identify a competent authority and appoint a unit lead who must be widely known throughout the unit chain of command. The publication does not direct units to appoint a deputy unit lead.

**F107/2**

5. **Stages of the SVRM process.** There are five stages to the SVRM process:

a. **Stage 1 - Risk Identification.** Comprehensive guidance is provided within Annex C of AGAI Vol 3, Chap 110 to identify risk factors and recognise distress in individuals. Including those personnel under investigation in relation to certain offences.

**F107/2**

b. **Stage 2 - Risk Conference.** The task of a Risk Conference is to determine and analyse all the known circumstances pertinent to each referred individual with a view to assisting a CO to decide whether an individual should be included in the unit SVRM Register. Inevitably, the decision to include an individual on a unit SVRM Register will be a subjective judgement based on the guidance at Annex C (A Guide to Risk Factors and Recognizing Distress in Individuals), intimate knowledge of the individual, the immediate circumstances, military experience and common sense. AGAI Vol 3, Chap 110 reminds COs to err on the side of caution and place individuals on the SVRM register in circumstances where there is doubt. AGAI Vol 3, Chap 110 recommends the following

**F107/3**

<sup>1</sup> D/DPS(A)/PS4(A)/SVRM Issue 144 dated May 12.

personnel should attend the Risk Conference as a minimum: CO, Adjt, RSM, UWO, MO, Padre, Individual's OC.

c. **Stage 3 - Initiating the Care Assessment Plan.** Once a Risk Conference has decided an individual is at the risk of suicide, the risk is to be actively managed and a programme of proactive management and care for the individual provided through the implementation of a Care Assessment Plan. A guide to the construction of a Care Assessment Plan is contained in Annex D to AGAI Vol 3, Chap 110.

F107/3

d. **Stage 4 – Reviews and Closure.** SVRM is a dynamic process and inherent in managing an individual at risk is the need to review and update progress. This is achieved by altering the management and care regime as necessary to meet an evolving pattern of risk, which should eventually culminate in an individual being allowed to return to a 'normal' unregulated regime once the individual is deemed to be no longer 'at risk'. As a minimum, all soldiers on the unit SVRM Register must be informally assessed and documented at least once a month and a full risk conference at least every three months. Formal assessments must be properly documented.

F107/4

e. **Stage 5 – Reports.** An annual report is raised by Senior Health Advisor (Army), Army HQ, to the Chain of Command highlighting the number of new cases, suicide figures and the reasons given for inclusion in that year.

F107/5

6. **VRMIS.** A Vulnerability Risk Management, Management Information System (VRMIS) was introduced by PS4 (A) (Personal Services Branch 4 (Army), of the DPS (A) (Directorate Personal Services (Army))), in 2015 to replace paper based records held at unit level. Detail / direction for the use of VRMIS has yet to be included in AGAI Vol 3, Chap 110 which contains direction only on the use of paper based SVRM records.

F128

7. **Ownership.** Ownership of AGAI Vol 3, Chap 110 sits with Senior Health Advisor (Army), Army HQ, although the current publication lists PS4 (A) (Personal Services Branch 4 (Army)), a now defunct organisation. The listed contact details are out of date.

F107/5  
F128

### Application and Understanding of AGAI Vol 3 Chap 110 - Army Suicide Vulnerability Risk Management (SVRM) Policy

#### Standing Orders

8. [REDACTED] Battalion Standing Order (BSO) 1502 covers the Battalion policy on SVRM. BSO 1502 is dated 01 Dec 14 but used out of date source material as it has been written using AGAI Vol 3, Chap 110, dated 20 Nov 07 rather than AGAI Vol 3, Chap 110, dated May 12. Specifically, it refers to 4 stages of the SVRM process, rather than 5 stages which have been in place since 2012. BSO 1502 refers to Annex B containing Risk Factors and Annex D containing the format for a Care Assessment Plan (CAP) these relate directly to the 2007 publication not the 2012 publication of AGAI Vol 3, Chap 110.

F57

F106/3

F106/B-13  
F106/D-26

9. The BSO does not identify by name or appointment a Unit SVRM competent authority or appoint a Unit SVRM lead. Although during Hearing 1 it was clear that it was well known amongst those witnesses with eight of nine [REDACTED]

F57, T1/T21/G  
T2/T65/D T3/T97/D  
T4/T122/C T7/159/E  
T8/T188/F

██████ personnel stating the ████████ Unit lead for SVRM was the UWO and only one person believed the Unit lead was the Adjt.

10. BSO 1502 contains details on the use of paper based SVRM records although the unit had adopted the electronic VRMIS system for managing SVRM records. BSO 1502 did not give unit specific guidance on the use of VRMIS including the Unit policy for creating a VRM entry and maintaining a CAP.

11. BSO 1502 did not contain any Unit guidance on the process to be followed within ████████ when an SP on the SVRM was either posted in/out of the Unit or sent / received on a temporary detached duty.

### SVRM Risk Conference

12. ████████ (Witness 11) conducted a formal SVRM Meeting on 19 Oct 17 (1700 hrs) to discuss ████████ following his arrest on 18 Oct 17 for a serious offence.

13. The meeting was attended by the ████████ (Witness 4), ████████ (Witness 8), ████████ (Witness 2) and ████████ (Witness 1). No doctor was present, as there was no doctor in Beachley Barracks on 19 Oct 17. ████████ (Witness 9) was absent on a course. During the SVRM Meeting the ████████ determined there was no requirement to remove ████████ from his post of CSM HQ Coy and that he was not at risk ████████ and therefore he should not be placed on the Unit SVRM register ████████ placed ████████ on the ████████ Welfare Register to track his welfare following the arrest. The UWO described the Welfare Register as a register, maintained by him, for tracking all welfare cases and that an entry on the register triggered subsequent discussion at a Unit Health Committee. Handwritten notes which recorded the decisions made during the meeting were taken by Adjt ████████ as the meeting secretary.

14. The ████████ (Witness 11) and ████████ (Witness 8) confirmed that the AGAI Vol 3 Chap 110 - SVRM Policy was not used or referred to during the ████████ SVRM Meeting. Although the ████████ had previously read the publication, without having directly referred to the publication during the meeting the ████████ was unaware of the Guide to Risk Factors and Recognizing Distress in Individuals contained at Annex C. Also, that specific guidance was provided covering Service Personnel under investigation in relation to certain categories of offences. The guidance was "*In principle, an investigation for [certain offences] would warrant an individual being placed on the SVRM Register*". The offence that ████████ was under investigation in relation to was one of the offences in this category.

15. No doctor attended the SVRM meeting for ████████ as the ████████ ████████ (Witness 10) was not in Beachley Barracks on 19 Oct 17 therefore the meeting took place without any medical input. The locum doctor was not contacted by ████████ at the next available opportunity to confirm whether he endorsed the decision or if he had any relevant medical input subsequent to the SVRM meeting. The locum doctor stated he was not consulted by ████████ at any stage following the SVRM meeting and prior to the death of ████████

16. No Padre attended the SVRM meeting on 19 Oct 17 as ████████ (Witness 9) was attending a course over the period 18 to 23 Oct 17. The meeting took place without any input from the ████████. The ████████ did not become aware of the arrest of ████████ until 26 Oct 17 at a routine weekly welfare

T10/229/F  
T11/248/B T9/208/C

F57  
T8/189/F  
T2/T67/F

F57

T11/240-242  
FA

F109  
T8/171-173  
T2/49-50  
T4/109-110  
T12/241/E  
T12/246/C

T2/54/B-C

F59

T8/174/C  
T12/243/D

F107/C-2.i

FA  
F109  
T8/176/B-G  
T4/111/B

T10/T222/G

T9/T202/C

T9/T204/C

meeting, by which time [REDACTED] had departed on leave (AD 24 Oct to FP 01 Nov 17).

**[REDACTED] Application and Understanding of AGAI Vol 3 Chap 110 - Army Suicide Vulnerability Risk Management (SVRM) Policy**

**Standing Orders**

17. [REDACTED] were unable to supply the SVRM Battalion Standing Order (BSO) that was in place during 2016 as they did not retain copies of previous Standing Orders. (See TOR 4 for further details). [REDACTED] supplied the 2017 edition. BSO 1502 covers the 5 RIFLES policy on SVRM.

18. Whilst BSO 1502 is undated, the [REDACTED] (Witness 12) believed that it was last updated probably at least 12 months previously (prior to Hearing 1 in Jun 18). [REDACTED] (Witness 18) stated that all Battalion Standing Orders were updated during the Unit Arms Plot move from Germany to UK in mid 2016. BSO 1502 is out of date and makes references to AGAI Vol 3, Chap 110, SVRM dated 20 Nov 07 rather than AGAI Vol 3, Chap 110, SVRM dated May 12. Specifically, it refers to 4 stages of the SVRM process, rather than 5 stages which have been in place since 2012. BSO 1502 refers to Annex B containing Risk Factors and Annex D containing the format for a Care Assessment Plan (CAP). These relate directly to the 2007 publication, not the 2012 publication of AGAI Vol 3, Chap 110, SVRM.

19. The BSO does not identify by name or appointment a Unit SVRM competent authority and / or appoint a Unit SVRM lead. During Hearing 2 it was clear that it was not widely understood amongst witnesses as to who was the lead for SVRM within [REDACTED] at the time. Only five of the ten [REDACTED] personnel asked correctly stating the [REDACTED] Unit lead for SVRM was the UWO. [REDACTED] (Witness 17) stated he was not aware at the time in Aug 16 who was the [REDACTED] lead for SVRM.

20. The [REDACTED] (Witness 12) confirmed [REDACTED] had adopted the use of the electronic VRMIS system for managing SVRM records. However, BSO 1502 only provides [REDACTED] policy on the use of paper based SVRM records. BSO 1502 did not give [REDACTED] personnel specific guidance on the use of VRMIS including the Unit policy for creating a VRM entry and maintaining a CAP.

21. BSO 1502 did not contain any Unit guidance on the process to be followed within [REDACTED] when an SP on the SVRM was either posted in / out of the Unit or sent / received on a temporary detached duty.

**General SVRM Knowledge**

22. The [REDACTED] Unit Lead on SVRM, [REDACTED] (Witness 12), confirmed his initial knowledge as lead on the Units SVRM increased gradually following his appointment as [REDACTED] in Feb 16. *"I would say I didn't have the greatest grip on VRM before the Arms Plot move [Summer 2016]. It really came about when I got back to England, I felt that I didn't have a grip of it and I was aware of it and so I called [SO2 Mental Health & Wellbeing Policy, Senior Health Advisor (Army)] in Army HQ and arranged a meeting and she came down and we had like a lengthy teaching period..... She certainly made me realise that I wasn't doing what I was supposed to be doing at the time."*

F63/8

F72

F72  
T12/269/G  
T18/113/H

F106/3

F106/B-13  
F106/D-26

T13/13/A T14/25B  
T16/53/B T17/70/E  
T18/101/A  
T19/118D  
T22/168/C  
T23/183/D  
T24/216/E  
T25/232/C

T12/270/A  
T12/280/D  
F72

F72

T12/278/G

T17/71/B - C

T17/93/C  
T17/77/D  
T17/93/C

23. [REDACTED] (Witness 17), who subsequently put [REDACTED] onto VRMIS, had not attended the Combined Arms Tactics Course which contains an introduction to SVRM, nor had he received any local training on the use of VRMIS within [REDACTED]. [REDACTED] had not read AGAI Vol 3, Chap 110, SVRM dated May 12 during his tenure as Coy Comd; nor did he refer to it when creating the VRMIS entry for [REDACTED]. He had last read it during a previous appointment during Op HERRICK 9<sup>2</sup>. [REDACTED] was not aware who the Unit lead for SVRM was within [REDACTED]

T17/70/E

### Op CABRIT / ROG SVRM Policy

F66  
F72

24. In Jan 17, [REDACTED] produced their Op CABRIT G1 order which contained at Annex C the SVRM policy for the ROG. The SVRM policy for the ROG was an almost direct copy of the out of date [REDACTED] BSO 1502, with the exception that it put OC ROG in place of the CO and no longer referred to the Army policy for SVRM; AGAI Vol 3, Chap 110, SVRM dated May 12. [REDACTED] did not produce a SVRM Policy / Plan covering those personnel on Op CABRIT. Initially [REDACTED] deployed with no personnel on the VRM, with the exception of the [REDACTED] entry, but subsequently entered some (an unknown number) whilst deployed on Op CABRIT.

T19/123/C

### [REDACTED] Entry onto SVRM Register/VRMIS By [REDACTED]

T17/64/B-C  
F34  
T17/72/C  
T17/69/A

25. On 5 Sep 16, [REDACTED] (Witness 17) entered [REDACTED] onto VRMIS. [REDACTED] stated he carried out this action as he had received an email instructing him to do so and directing him to contact [REDACTED] and the [REDACTED] (Witness 16). At the time [REDACTED] was OC Rear Party, [REDACTED] involved with the handover of Alanbrooke Barracks, Paderborn, Germany, not returning to the UK until 13 Sep 16. [REDACTED] contacted both [REDACTED] and the [REDACTED] by telephone but could not recall in detail the contents of the telephone call with either party. [REDACTED] made an entry onto VRMIS in the "CAP Initiated" section, and dated it 23 Aug 16, noting that he had "*Discussed [REDACTED] case with him and the [REDACTED] [Witness 16]*", and outlined the personal issues that [REDACTED] was encountering. [REDACTED] noted in the same VRMIS entry that "*he [REDACTED] will have to be managed carefully in order that he can get through this period without enabling him to fail at work and thereby exacerbating the situation. His performance and workload must be monitored and managed accordingly.*"

T17/72/F  
T17/74/A-E

F34C

26. [REDACTED] (Witness 17) was "*fairly sure*" the email instructing him to enter [REDACTED] on the Unit SVRM register came from [REDACTED] (Witness 24) but did not retain a copy of the email. [REDACTED] was clear that he had no recollection of giving any direction to [REDACTED] to add [REDACTED] to the Unit SVRM register. [REDACTED] made an entry onto VRMIS in the "Initial Discussion" section, and dated it 19 Aug 16, stating "*Instruction received by email regarding registering [REDACTED] on the VRM*". The VRMIS entry by [REDACTED] did not state who the email was from

T17/73/D  
T17/64/B  
T17/73/A  
T24/201/F  
T24/204/C-D, F  
F34C

T17/76/D-E  
T17/70/F

27. When creating the Care Assessment Plan (CAP) within VRMIS [REDACTED] (Witness 17) did not consult the [REDACTED] (Witness 22), [REDACTED] (Witness 23) or [REDACTED] (Witness 12) as the Unit SVRM lead. He did not consult the Army policy on SVRM or the guidance on creating a CAP, both contained in AGAI Vol 3, Chap 110, SVRM. The VRMIS record for [REDACTED] created by [REDACTED] was electronically locked down when created, listing [REDACTED] as both VRM Lead

T17/77/D  
F34

T24/218/D

<sup>2</sup> Op HERRICK 9 was conducted Nov 08 to Apr 09.

and CAP lead. In addition it gave access to the [REDACTED] (Witness 24) who was not a VRMIS user. The UWO, as Unit SVRM Lead was unable to view on VRMIS that [REDACTED] had created a VRMIS entry for [REDACTED]. The record was incorrectly locked down when created to show [REDACTED] as both CAP Lead and SVRM lead.

T12/280/E

28. AGAI Vol 3, Chap 110 states that informal monthly assessments should be carried out and a formal risk assessment held every three months, both required to be documented within the CAP, however this did not occur. When [REDACTED] deployed on Op CABRIT the CAP should have been handed over, however this did not occur. [REDACTED] (Witness 17) made only two entries into the SVRM record; one when he created the entry and a second update four months later on 23 Jan 17.

F107/5  
T17/77/F  
T17/78/A  
T17/79/A  
T17/79/B  
F34c

29. When [REDACTED] moved from [REDACTED] on 19 Jun 17, [REDACTED] (Witness 17) did not close or transfer the SVRM record and CAP to [REDACTED]. When [REDACTED] left [REDACTED] in Jul 17 on posting to a new appointment, the [REDACTED] SVRM record and CAP remained open and assigned to Witness 17 by name. The SVRM record remained open until closed by Senior Health Advisor (Army) on 05 Jun 18 to be accessed for this Service Inquiry.

F34c  
T17/59/A  
T17/79/D  
F34b

**Decision to Place [REDACTED] Onto SVRM Register / VRMIS By [REDACTED]**

T24/206/E  
T24/222/G  
T24/222/E

30. The Panel has been unable to find evidence of [REDACTED] (Witness 24) deciding to place [REDACTED] onto the Unit SVRM Register/VRMIS. In the opinion of [REDACTED] the personal issues of [REDACTED] had not reached a threshold which warranted him being placed on the SVRM, nor was it his intent that [REDACTED] be placed on the unit SVRM Register. [REDACTED] did not recall ever being briefed by [REDACTED] (Witness 17) that he had entered [REDACTED] onto VRMIS. The [REDACTED] (Witness 12), as the Unit SVRM Lead, was not informed by [REDACTED] that an entry onto VRMIS in the name of [REDACTED] had been made.

T24/222/F  
T12/276/A  
T12/279/B

31. The [REDACTED] (Witness 24) was regularly kept up to date on [REDACTED] via briefs from the [REDACTED] (Witness 12) and updates from the [REDACTED] (Witness 23) during the period Sep to Dec 16. In Dec 16, when the welfare concern for [REDACTED] was at its highest prior to the Christmas leave period, the CO determined there was no necessity to place [REDACTED] on the SVRM. The CO was very clear that his view was [REDACTED] was not on the Unit SVRM Register, that the entry onto to VRMIS by [REDACTED] (Witness 17) was just a "digital entry onto a computer" and "a data entry does not mean he's on the VRM".

T24/201/F-G  
T24/206/B-E

32. [REDACTED] (Witness 17) did not believe [REDACTED] had met the threshold to be placed on the SVRM and that he was merely going through difficult personal circumstances and needed support. The [REDACTED] (Witness 12) did not feel the welfare circumstances of [REDACTED] warranted him being placed on the SVRM at any stage between Aug 16 to Jun 17.

T24/222/F  
T17/80/A

**SVRM Training [REDACTED]**

T12/298C

33. **Unit Comd.** [REDACTED] (Witness 11) and [REDACTED] (Witness 24) followed by (Witness 25) felt that training on SVRM policy was not covered at the required level during the Commanding Officers Designate Course (CODC). [REDACTED] (Witness 25) commented it was "not quite as good as it could be", [REDACTED] (Witness 11) "a greater amount of training would be beneficial" and [REDACTED]

T11/248/D-E  
T24/217/F  
T25/232/B

██████████ (Witness 24) *"I think the VRM probably should be covered in greater detail on the CODC course"*. SHA (A) confirmed that the CODC course contains a 5 to 10 minutes overview of Army SVRM policy delivered by the Senior Health Advisor (Army) or a departmental OF 5 grade (Colonel) Officer.

F128

T3/98/A  
T4/122/E  
T17/71/B

34. **Sub Unit Comd.** None of the three OC HQ Coys responsible for ██████████ within ██████████ during 2016 / 2017 had received any role specific SVRM training prior to taking up their appointment. HQ Company Commanders are not required to attend the Combined Arms Tactics Course (CATAC) prior to assuming their appointment and therefore do not conduct the same SVRM training as a rifle company commander undergoes on CATAC. ██████████

T25/232/B-C

T17/71/C

██████████ (Witness 25) commented that there is an education gap for Company Commanders and they felt underprepared. He commented *"my Company Commanders would say they were slightly unprepared for the level of G1 management and scrutiny and time that it takes to manage these ..... individuals and ...understanding how the ... software works"*. ██████████ (Witness 12) noted that from his experience *"of every OC [that] has changed over. When you talk to them about VRM unless they've been an Adjutant somewhere and dealt with it, they sort of just go, 'I don't know. You need to show me what it is.... They have no idea."* SHA (A) confirmed that the CATAC course contains 45 mins instruction on Army SVRM policy and the use of VRMIS delivered by SO2 Mental Health and Wellbeing, SHA(A).

T12/292/C

F128

T2/68/D

T12/291/F-G

35. **UWO.** As unit lead for SVRM both ██████████ and ██████████ felt their pre employment SVRM training was not at the required level. ██████████

F128

██████████ (Witness 2) described his knowledge of SVRM policy as being self taught and that the UWO course had very little training. ██████████ (Witness 12) stated that he had never received any training on SVRM and that SVRM did not feature on the UWO course he attended. He commented *"I suddenly realised that.....this was a really big fish and I had really no knowledge other than ....a sort of very brief discussion during my handover"*. SHA (A) confirmed that there had been unilateral action by the external contractor responsible for delivering the Unit Welfare Officer Course and that he had removed the SVRM content from the UWO course (date unknown); it has since been reinstated. SHA (A) confirmed that the UWO course contains 45 mins instruction on Army SVRM policy and the use of VRMIS delivered by a contractor.

F85  
F86

**JPA Welfare Tool**

36. **Introduction.** The JPA Welfare tool was developed following the Army Welfare Review in 2014. It had been identified previously that individuals had suffered a lack of welfare support due to a breakdown in communications between units. The Army Welfare Review recommended that improved welfare tracking was required. Thus, a Welfare Tracking Tool on JPA was created. The JPA Welfare Indicator went live on JPA in Mar 16.

F86

37. **Aim.** The aim of the JPA Welfare tool is to ensure SP have continued welfare support from one assignment to another whilst ensuring their Chain of Command are aware of the situation.

F111  
F86  
F88

38. **Policy and Practice.** AGAI 81 Vol 3, Chap 81 Army Welfare Policy gives an introduction to the use the JPA Welfare Tool along with Army Command Information Network (ACIN) Note 16/16 issued in Apr 16 following the introduction of the Tool. The technical JPA application is covered for RCMOs in a JPA Business Process Guide.



39. **Applicability.** AGAI 81 Vol 3, Chap 81 outlines that previous practice was that UWOs of losing and receiving units speak with reference to an SP with ongoing welfare needs. The JPA Welfare Tool provides an additional safety check enabling a unit to double check if there is a welfare issue. RCMOs, supported by UWOs, are required to highlight on JPA if a SP has a welfare issue. On receiving new soldiers into the unit, RCMOs are required to check the welfare tab and inform their UWO of an individual highlighted. The UWO will then be able to provide continued support at the required level. The tool does not give details of the welfare issue, just that there is one ongoing; inter unit UWO dialogue will still be required. The JPA flag (under Extra Information Type) will not be visible to SP but will allow the RCMO to see when an individual has a 1st or 2nd line<sup>3</sup> welfare issue and to inform the UWO. APC Glasgow will also be able to see the flag and should discuss with the RCMO before finalising an individual's suitability for future assignment.

F111

40. **Ownership.** AGAI 81 Vol 3, Chap 81 Army Welfare Policy including the policy for the JPA Welfare Tool is owned by Personnel Capability Branch, Army HQ.

F85

#### Application and Understanding of the JPA Welfare Tool

F103

41. The RCMO [REDACTED] was unaware in Jun 17, when [REDACTED] arrived at [REDACTED] that it was the RCMOs responsibility to check a SPs Welfare Indicator on JPA. He was not familiar with the policy contained within AGAI 81 Vol 3, Chap 81, Army Welfare Policy. [REDACTED] did not have a Unit policy on the use of the JPA Welfare Tool. The [REDACTED] (Witness 2) was also unaware of the policy for the JPA Welfare Tool and did not use it in his role as UWO. The [REDACTED] (Witness 11) described his knowledge as "vaguely aware of it".

T2/38/D

T2/39/E

T2/71/F

T2/77/A

T11/252/F

#### Application and Understanding of the JPA Welfare Tool

F104

42. The RCMO [REDACTED] was not aware in Jun 17, when [REDACTED] left [REDACTED] of the details of the JPA Welfare Tool contained in AGAI 81 Vol 3, Chap 81, Army Welfare Policy. He was also unaware of any [REDACTED] policy on the Unit use of the JPA Welfare Tool. However, [REDACTED] (Witness 12) was familiar with the JPA Welfare Tool and its use in raising a welfare flag on a SP's JPA record. [REDACTED] (Dec 14 to Jun 17) (Witness 24) knew about the JPA Welfare tool describing the [REDACTED] application as "I was aware of it but not in the way ... in which it should or could be employed, so ...and I don't recall us having a policy necessarily which attended to it".

T12/287/H

T12/297/H

T24/220/E

43. The [REDACTED] (Witness 19) commented on the JPA Welfare Tool "We've also been made aware of this JPA welfare function, which I've spoken to a lot of units and not many people are aware of that so I think probably some education across the army is needed on that, because again it's a tool that we could have used."

T19/124/C

#### Commanders' Guide To Medical Confidentiality

F108

44. **Introduction.** The Commanders' Guide To Medical Confidentiality was issued in Aug 17 to Formation HQs (1 (UK) Div, 3 (UK) Div, FTC, JHC, 16 AA Bde) by Support Branch, HQ Fd Army for downward dissemination to units.

F108

<sup>3</sup> First Line - Provision of welfare support from within unit resources. Second Line - provision of welfare support beyond unit level delivered by specialist trained staff (such support is usually provided by the Army Welfare Service)

45. **Aim.** The guide explains the role and responsibilities of soldiers, healthcare providers and the Chain of Command in providing and managing medical advice, acknowledging the limitations of medical confidentiality and the requirement for consent.

F108  
F148

46. **Ownership.** Commanders' Guide To Medical Confidentiality was produced and was owned by the Med Section, within Support Branch, HQ Fd Army until 1 Jan 19 when ownership was transferred to SHA (A).

**Application and Understanding of the Commanders' Guide To Medical Confidentiality**

T1/6/D T2/87/C  
T3/97/C T4/122/B  
T8/188/C T10/220/E  
T11/248/A

47. During Hearing 1, of the seven [redacted] personnel questioned [redacted] (Witness 11) [redacted] (Witnesses 3 and 4), [redacted] (Witness 8), [redacted] (Witness 2), [redacted] (Witness 1), [redacted] locum doctor (Witness 10), six personnel had not seen the Commanders' Guide To Medical Confidentiality, with only the UWO having seen it previously. Personal understanding of medical confidentiality and in particular when non consensual disclosure could occur varied considerably. [redacted] (Witness 10) commented that "I was surprised the number of times I was asked for medical information..... which I was not at liberty to meet, so I'm not sure that that was thoroughly understood as to how restricted we were in what we could say." and "I felt there was a real issue with confidentiality."

T10/220/B  
T10/225/F

**Application and Understanding of the Commanders' Guide To Medical Confidentiality**

T12/294/E T13/14/E  
T14/28/E T17/91/A  
T18/112/D  
T19/132/C  
T23/191/D  
T22/169/F

48. During Hearing 1 and 2 of the seven [redacted] personnel questioned on the topic [redacted] (Witness 12), previous [redacted] (Witness 13), [redacted] (Witness 14) [redacted] (Witness 17), [redacted] (Witness 18), [redacted] (Witness 19) [redacted] (Witness 23)), six personnel had not seen the Commanders' Guide To Medical Confidentiality, with only [redacted] (Witness 14) thinking he may have seen it in the past. The [redacted] (Witness 22) noted [redacted] were aware of the professional obligation of the RMO with regard to medical confidentiality.

**Opinion**

**SVRM Policy, Practice and Training**

49. The Panel found that in both [redacted] the Unit SVRM SOPs were a reproduction of out of date Army policy without any adaption for their individual circumstances. In the Panel's opinion Unit SOPs should reflect how the Unit are going to implement Army SVRM policy in their unique circumstances rather than just repeating large extracts of the Army Policy. The Panel were of the view that the unit SOPs should be clear as to the specific SVRM process that is to be followed within the Unit and the SOP should give direction in the use of VRMIS. Neither unit had appointed a nominated deputy to the unit SVRM lead. It is the opinion of the Panel, that whilst not implicitly required by AGAI Vol 3 Chap 110 - Army SVRM Policy, it is prudent to appoint a nominated deputy to the unit competent authority to cover periods of absence.

50. During the SVRM Risk Conference held within [redacted] on 19 Oct 17 the policy document AGAI Vol 3 Chap 110 - Army SVRM Policy was not used / referred to. The Panel are of the opinion that the use of, and reference to, AGAI Vol 3 Chap 110 - Army SVRM Policy during an SVRM Risk Conference meeting adds significant value. The Panel noted the publication has been designed to outline the process to follow during the Risk Conference and contains a useful

flow chart of action to be taken. In addition, at Annex C is a Guide to Risk Factors and Recognizing Distress in Individuals which will assist the CO in determining whether an SP should be added to the Unit SVRM register. The Panel were of the view that the guidance at Annex C of the document that *"In principle, an investigation for a [certain category of offence] would warrant an individual being placed on the SVRM Register"* would have been of use to the [REDACTED] during the SVRM Risk Conference held on 19 Oct 17. [REDACTED] (Witness 11) confirmed that *"since this incident I keep AGAI 110 on my desk..... will refer to Annex C to ensure that we are following policy and taking all the factors into consideration"*.

T11/T243/C  
T11/T249/E  
T11/T253/D

51. The Panel noted that the SVRM Risk Conference held within [REDACTED] on 19 Oct 17 did not have the full range of SMEs present. There will be occasions when the full range of SMEs (Adj, RSM, UWO, MO, Padre, Sub Unit OC) as required in AGAI Vol 3 Chap 110 - SVRM Policy to support the CO in his SVRM Risk Conference are not available. The Panel are of the opinion that on these occasions the SME input should be sought before the meeting or, if that is not possible, retrospectively at the next available opportunity. In addition, the Panel note that from Feb 18 onwards Defence Primary Healthcare (DPHC) have directed MOs to identify / flag up vulnerable patients on the Defence Medical MIS system; Defence Medical Information Capability Programme (DMICP). Therefore, an MO will have an action to take following an SVRM Risk Conference if an SP is placed on the unit SVRM Register.

F129/2+13

52. The Panel found that during [REDACTED] SVRM Risk Conference held on 19 Oct 17 the Adj, as meeting secretary, took handwritten meeting notes / record of decisions. AGAI Vol 3 Chap 110 - Army SVRM Policy does not direct formal minutes to be taken during SVRM Risk Conferences. The Panel are of the opinion that directing the taking of formal minutes at a SVRM Risk Conference would ensure effective management of individual cases and record the decision making process.

53. The [REDACTED] Op CABRIT G1 Order only contained a SVRM Policy / Plan covering those personnel remaining on the ROG therefore it did not cover personnel deployed on Op CABRIT. The Panel are of the opinion that on occasions when a Unit splits into a Main Body and a ROG it would be useful to produce a simple SVRM Plan as part of the G1 Annex of each instruction. The aim being to show how the unit will conduct SVRM activity and identify the appointments with SVRM responsibility in the unique circumstances.

54. The Panel found during early to mid 2016 there was a lack of control exercised over the SVRM process within [REDACTED] (Witness 12) as Unit SVRM lead. The Bn used a Bn Standing Order which was based on out of date source material, which did not reference the SVRM process / responsibilities within the unit, or the use of VRMIS. This was compounded by a lack of pre-employment SVRM training (UWO or OC HQ Coy) and lack of knowledge of the SVRM process [REDACTED] (Witness 17) by not reading AGAI Vol 3 Chap 110 - Army SVRM Policy, or consulting the Unit SVRM Lead for advice. The Panel are of the opinion that these factors combined to diminish the effective application and understanding of the SVRM process within [REDACTED] However, the Panel are of the view that [REDACTED] provided appropriate support to [REDACTED] outside the framework of the SVRM process by the oversight provided by his Chain of Command and support from the UWO. Therefore the Panel do not consider that these factors adversely affected the welfare support provided to [REDACTED]

55. It appears from the evidence that there was a lack of clarity within [REDACTED] surrounding the entry of [REDACTED] onto the VRMIS system. The Panel could not find evidence of the decision being made to enter [REDACTED] onto VRMIS. Neither the [REDACTED] (Witness 24), [REDACTED] (Witness 17) or [REDACTED] (Witness 12) were of the view that he had reached the threshold for entry onto the Unit SVRM register. The contents and originator of the email sent to [REDACTED] in Aug 16 requesting he load [REDACTED] onto SVRM could not be determined as the document was not located. However, it appeared to the Panel that the initial actions of loading [REDACTED] onto SVRM were carried out by [REDACTED] in good faith. The subsequent actions of not updating, handing over or closing the VRMIS record were determined to be as a result of a lack of training, combined with a failure to refer to policy, or consult the Unit SVRM lead for advice. The Panel are of the view that the actions of [REDACTED] in the creation and maintenance of the VRMIS entry did not adversely affect the welfare support provided to [REDACTED]

56. Both [REDACTED] highlighted training deficiencies in pre appointment training for their personnel. It is evident they felt there was a gap in the training of SVRM policy for key individuals: CO, Sub Unit Comd and UWO. The Panel are of the opinion that if individuals are insufficiently trained to understand and apply SVRM policy, it will undermine their ability to deliver effective welfare support to those for whom they have responsibility. In the view of the Panel the training delivered on the UWO course must sufficient to equip them to be a Unit SVRM lead and SVRM policy adviser to the CO.

57. The VRMIS system was introduced in 2015 to replace paper based SVRM records held at unit level. However, the Panel noted that AGAI Vol 3 Chap 110 - Army SVRM Policy has not been updated to contain detail / direction on the use of VRMIS. The Panel believe that updating the Army SVRM policy to contain detail of the required use of VRMIS would remove ambiguity in the process and procedure of the creation and maintenance of unit SVRM records.

58. When [REDACTED] held the SVRM Risk Conference on 19 Oct 17, [REDACTED] had only been in the Unit for circa four months. The Panel noted that where a SP has recently joined a unit the gaining unit should consider contacting the losing unit to ensure the full facts and recent history / circumstances are known to the CO in making the SVRM risk decision.

### **JPA Welfare Tool**

59. The overall application and understanding of the JPA Welfare Tool within both [REDACTED] was low. It was not in use in either unit. The Panel are of the opinion that the JPA Welfare Tool provides an opportunity to significantly improve the communication as SP with welfare issues / needs move between units. The Panel asses that lack of awareness of the existence of the JPA Welfare Tool to be the reason that the JPA Welfare Tool was not in use at either [REDACTED]

### **Commanders' Guide To Medical Confidentiality**

60. Within both [REDACTED] awareness of the Commanders' Guide to Medical Confidentiality issued by Sp Br, HQ Army in Aug 17 was low and thus the understanding about non consensual disclosure varied. The use of the guide would have assisted the Chain of Command and the Medical services in communicating together regarding the health and wellbeing of SP. [REDACTED] (Witness 19) described it as a very useful guide when he saw it for the first time

T19/132/C

during Hearing 2. The Panel assess the lack of awareness of the existence the Commanders' Guide to Medical Confidentiality to be the reason for the varying levels of understanding within both units.

## **Recommendations**

### **SVRM Policy, Practice and Training**

61. SHA (A), Army HQ update AGAI Vol 3, Chap 110 Army Suicide Vulnerability Risk Management (SVRM) Policy to contain the detail that the policy owner is Senior Health Advisor (Army), Army HQ, not Personal Services Branch 4 (Army), a now defunct organisation.

62. Directorate Personnel Capability, Army HQ include a SVRM Policy and Practice reminder on the Monthly Army Discipline Newsletter that AGAI Vol 3, Chap 110 Army Suicide Vulnerability Risk Management (SVRM) Policy contains guidance on Service Personnel under investigation for certain categories of offence. Namely that in principle an investigation for certain offences would warrant an individual being placed on the SVRM Register.

63. HQ Fd Army and HQ Home Command regularly remind Units to use and refer to AGAI Vol 3, Chap 110 Army Suicide Vulnerability Risk Management (SVRM) publication during and in preparation for SVRM Risk Conferences.

64. HQ Fd Army and HQ Home Command regularly remind units that on occasions when the full range of personnel (Adjt, RSM, UWO, MO, Padre, Sub Unit OC), as required by AGAI Vol 3, Chap 110 Army Suicide Vulnerability Risk Management (SVRM) Policy to support the CO in his SVRM Risk Conference decision, are not available either prior to or during the Risk Conference, their input should be sought retrospectively by the CO at the next available opportunity to ensure all factors have been taken into consideration.

65. HQ Fd Army and HQ Home Command regularly remind units to ensure their unit SVRM plan supports the entire unit (ie ROG and Main Body groupings).

66. Personnel Policy (Army), Directorate of Personnel, HQ Army review the effectiveness of the training delivery of SVRM Policy on the CODC. (Potentially through the use of External validation (EXVAL) conducted post course delivery to assess the training that was received and whether the training meets the requirements of the job holder).

67. Personnel Policy (Army), Directorate of Personnel, HQ Army conduct a review of the UWO Course to ensure Defence Systems Approach to Training (DSAT) compliance.

68. HQ Fd Army and HQ Home Command regularly advise units that in preparation for a SVRM Risk Conference where a SP has recently joined the unit the gaining unit must consider contacting the losing unit to ensure the full facts and recent history / circumstances are known to the CO in making the SVRM risk decision.

69. SHA (A), Army HQ include in the next revision of AGAI Vol 3, Chap 110 Army Suicide Vulnerability Risk Management (SVRM) Policy the direction that following a unit SVRM Risk Conference, sensitive information is to only be recorded and stored on the Vulnerability Risk Management Information System (VRMIS).

70. SHA (A), Army HQ include in the next revision of AGAI Vol 3, Chap 110 Army Suicide Vulnerability Risk Management (SVRM) Policy an explanation of the application and use of the Vulnerability Risk Management Information System (VRMIS).

71. Personnel Policy (Army), Directorate of Personnel, HQ Army consider whether HQ Coy Comds attend Phase 1 of the Combined Arms Tactics Course (CATAC) in order to gain role specific SVRM training as part of the one week G1/G4 CATAC package.

72. Personnel Policy (Army), Directorate of Personnel, HQ Army establish whether SVRM training is mandated pre-employment training for all sub-unit commanders.

### **JPA Welfare Tool**

73. Directorate Personnel Capability, Army HQ issue an Army Briefing Note on the JPA Welfare Tool in order to remind and refresh the Army on the existence of the JPA Welfare Tool and the policy / direction for its use, signposting AGAI Vol 3, Chap 81 (Army Welfare Policy) as the authoritative policy document and JPA Business Process Guide (IN914035) as the technical guide.

74. Directorate Personnel Capability, Army HQ update AGAI Vol 3, Chap 81 (Army Welfare Policy) to include details of the JPA Welfare Tool ie policy/direction for its use and signpost the reader to the JPA Business Process Guide (IN914035) for the technical application of the tool and provide units guidance on the creation of a Unit SOI / SOP covering the unit implementation of Army policy on use of the JPA Welfare tool.

75. Directorate Personnel Capability, Army HQ include a biannual JPA Welfare Tool reminder in the Welfare Matters Newsletter in order to maintain pan Army awareness and to signpost Units to the policy for its use within AGAI Vol 3, Chap 81 (Army Welfare Policy).

### **Commanders' Guide To Medical Confidentiality**

76. A training audit be conducted to review whether the Commanders' Guide to Medical Confidentiality is included / briefed / issued within the appropriate/required courses (the following courses are suggested as a minimum: CODC, Adjts, RSM, CATAC (Ph1), RCMO, UWO).

a. Personnel Policy (Army), Directorate of Personnel, HQ Army conduct a training review to ensure that the Commanders' Guide to Medical Confidentiality is included / briefed / issued within the CODC, Adjts, RSM, CATAC (Ph1) courses.

b. AWS, RC conduct a training review to ensure that the Commanders' Guide to Medical Confidentiality is included / briefed / issued within the UWO course.

c. APC conduct a training review to ensure that the Commanders' Guide to Medical Confidentiality is included / briefed / issued within the RCMO course.

77. HQ Fd Army and HQ Home Command regularly remind units to use and refer to the Commanders' Guide to Medical Confidentiality.

**Observations<sup>4</sup>**

78. SHA (A), Army HQ investigate the configuration of VRMIS to send an automatic MOD NET / DII email to remind the CAP Lead and Unit SVRM lead when a CAP monthly review or 3 monthly risk conference and has not been conducted, after the due date has passed.

79. SHA (A), Army HQ consider limiting the VRMIS access rights / permissions to upload a SP to VRMIS to only the Unit Nominated SVRM Lead and Deputy in order to prevent erroneous entries being created.

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<sup>4</sup> An Observation is a recommendation that has already been actioned by the organisation responsible.

**FINDINGS AND OPINION**

**Terms of Reference**

**TOR 3.** Investigate the extent to which the unit, welfare and medical agencies interacted in support of [REDACTED]

**Reference**

**Findings**

**[REDACTED] Welfare Support / Interaction**

1. When his personal issues began to manifest themselves in early 2016, [REDACTED] principal sources of welfare support came from the [REDACTED] (Witness 12) and [REDACTED] (Witness 23). The Bn welfare team had access to [REDACTED] (Witness 24) and the UWO would routinely make an office call on him every three to four days to back brief him on welfare issues. The UWO remarked that he found the CO to be very supportive and extremely welfare orientated.

**T12/260/G  
T23/180/D  
T12/263/A**

2. The [REDACTED] (Witness 23) first engaged with [REDACTED] in a pastoral sense at [REDACTED] instigation in Jan 16 and this involvement continued until he left [REDACTED] in Jun 17. The following month, Feb 16, the [REDACTED] (Witness 12) became aware that [REDACTED] was encountering welfare issues related to issues in his personal life and briefed [REDACTED] (Witness 24), and continued to update him regularly.

**T23/180/E  
T12/262/C**

3. The [REDACTED] (Witness 12) and [REDACTED] (Witness 23) worked collectively to support [REDACTED] in dealing with his personal issues and with facilitating his access to his family. The UWO's involvement with [REDACTED] increased when the unit returned to the UK in Jul 16. The [REDACTED] (Witness 24) remarks that the unit welfare team worked very well in support of [REDACTED]

**T12/283/G  
T12/267/B  
T24/199/F**

4. In Aug 16, [REDACTED] was referred to the Army Welfare Service (AWS) Initial Assessment Team (IAT) by [REDACTED] (Witness 23) in an attempt to assist with his personal issues. Unfortunately, efforts by AWS to support [REDACTED] ultimately failed as not all parties involved could agree on a course of action and became less inclined to cooperate. The Padre maintained contact with the AWS and was kept abreast of their interaction. AWS finally closed the case on 8 Nov 16.

**F51/17  
F51/4  
F51/27**

**F51/12**

5. Prior to the Christmas / New Year 16 / 17 stand-down, [REDACTED] (Witness 23) was concerned that [REDACTED] would be spending the period alone in the Sjts' Mess in Ward Bks, Bulford. He knew [REDACTED] was on duty during the stand-down and had been experiencing some issues in his personal life. To ensure [REDACTED] was not left alone during the festive period the Padre actively encouraged other Sjts' Mess members, who he knew to be remaining in barracks, to maintain contact with [REDACTED]

**T23/181/C  
FB/2/4d**

6. In the spring of 2017 the Bn (including [REDACTED]) deployed on Op CABRIT. The [REDACTED] (Witness 12) remained in UK as part of the ROG but the [REDACTED] (Witness 23) deployed and remained close to [REDACTED] whilst there, seeing him daily as they lived in the same accommodation as well as training and eating together. Through this daily interaction with [REDACTED] the Padre was in a strong position to observe and be available for support whilst having a comprehensive understanding of his welfare circumstances. On returning from Op

**T23/184/E**

**T12/286/G**



CABRIT, [REDACTED] remained only briefly in [REDACTED] unit lines before leaving on assignment to [REDACTED]. He spoke with the [REDACTED] Witness 12) regarding accommodation options at his new unit. At his point of departure from [REDACTED] in Jun 17, and with the extensive knowledge of [REDACTED] welfare circumstances over the past 18 months, the UWO had no concerns about the welfare of [REDACTED]. Neither [REDACTED] (Witness 24) nor [REDACTED] (Witness 14) serving with [REDACTED] on Op CABRIT had any welfare concerns regarding him at the time of his departure from [REDACTED].

T12/287/F  
T24/214/B  
T14/23/D

### **[REDACTED] Welfare Support / Interaction**

7. The principal welfare personalities in [REDACTED], [REDACTED] (Witness 2) and [REDACTED] (Witness 9) had a very close working relationship, speaking at length two or three times a week. They regularly attended meetings together and travelled together, giving them the opportunity to share information on individuals in the Bn. In the view of the Padre there were "no alarm bells" regarding [REDACTED] before his arrest. The Padre first met [REDACTED] in Jul 17, however it was not until Sep 17 that he became aware [REDACTED] had issues in his personal life. The Padre remarked that [REDACTED] gave the impression he had "everything under control" and was very professional. The Padre noted that the nature of the conversations was not alarming "... I wouldn't say that what he said to me was any different than a thousand other conversations that I had..."

T9/203/G

T9/202/G

T9/203/D

8. [REDACTED] (Witness 2), had a particularly close working relationship with the [REDACTED] (Witness 11) having known him for eight years and served as his CSM on a tour of Afghanistan. The CO had given the UWO "open door" access and he felt confident the CO listened to him. The [REDACTED] (Witness 8) remarked that the UWO was in the CO's office every day. Shortly after the arrival of [REDACTED] at the Bn in Jun 17, the UWO called upon him as they were old friends who had known each other for 20 years and served as PI Sgt and Sect Comd in the same coy with [REDACTED]. It was at this point that he was informed by [REDACTED] of his personal issues and he was able to give emotional support. In the following months the UWO spoke to [REDACTED] at least once a day, possibly three to four times daily, as part of the professional working interaction between the two of them, so had regular and consistent contact with him.

T9/203/F

T8/193/G  
T11/236/F  
T2/34/G  
T2/37/G  
T11/241/D  
T2/37/E

9. [REDACTED] was arrested on 18 Oct 17 by the Civilian Police and released on bail the following day. He returned to Beachley Bks early on the morning of 19 Oct 17 and at approximately 0740 hrs [REDACTED] (Witness 2) visited him in his room in the Sjts' Mess. The UWO provided emotional support and reassurance before [REDACTED] went to his place of work and called upon him in his office later that morning to check he was okay. On 19 Oct 17 [REDACTED] (Witness 12) convened a SVRM Risk Conference of his senior management team, including the UWO, to discuss [REDACTED]. (Full details of the SVRM Risk Conference are in TOR 2 para 12 to 16). The CO determined there was no requirement to place [REDACTED] on the Unit SVRM Register, as he was not at risk [REDACTED] placing him instead the Bn's welfare register<sup>1</sup>. A support plan was put in place in order that his welfare support could be formalised. This involved his being monitored by [REDACTED] (Witness 4) whilst in the working environment and regular interaction with the UWO. The Bn routinely held a weekly welfare meeting attended by the [REDACTED] (Witness 8), [REDACTED] (Witness 9) and MO at which individuals listed on the welfare register were discussed, in addition to the mandated monthly Unit Health Committee meeting.

T2/42/A

FA3/3e

T2/46/E  
T2/47/E  
T8/169/E  
T12/241/C-E  
T2/54/A  
T2/55/D  
F59  
T8/176/G

<sup>1</sup> Witness 2, [REDACTED] described the Welfare Register as a register, maintained by him, for tracking all welfare cases and that an entry on the register triggered subsequent discussion at a Unit Health Committee.

10. After 19 Oct 17 [REDACTED] (Witness 2) maintained contact with [REDACTED] by visiting him in the workplace, telephoning him and by WhatsApp. The UWO remarked on the determined attitude [REDACTED] had. The UWO offered to speak to RHQ [REDACTED] regarding financial assistance and welfare support.

T8/176/G  
T2/55/D-E  
T2/56/G

11. The [REDACTED] (Witness 2) last saw [REDACTED] on 25 Oct 17 as [REDACTED] went on leave. They discussed further [REDACTED] intention to fight his case and the UWO commented on [REDACTED] continued positive attitude, defining his situation as "my big fight" and that at no point did he suggest he had "given up". During the period [REDACTED] was on leave the UWO continued to communicate with him by WhatsApp and last communicated with him on Sun 29 Oct 17 when [REDACTED] requested the UWO contact [REDACTED] Constabulary on his behalf to enquire about the progress of his case. This the UWO did on Mon 30 Oct 17 when he learnt [REDACTED] had been repeatedly contacting the investigating officer.

T2/57/E  
  
T2/56/G  
T2/58/F  
T2/57/A  
T2/57/B  
  
T2/57/C  
T2/57/D

12. Padre [REDACTED] (Witness 9) was on a course when [REDACTED] was arrested, returning after the latter had proceeded on leave, and was not in a position to engage with him in person after his arrest.

T2/57/E

### Opinion

13. In the opinion of the Panel, as welfare lead at [REDACTED] (Witness 12) worked hard to assist [REDACTED] with his personal issues. The UWO had informed the [REDACTED] (Witness 24) of the personal issues when they first became known to him in early 2016, and kept him regularly updated. This consistent flow of information ensured the CO was kept aware of the welfare circumstances of [REDACTED]. The [REDACTED] (Witness 23) continually worked in conjunction with the UWO, offering pastoral support to [REDACTED].

T9/204/A

14. It is the opinion of the Panel that [REDACTED] received a high level of welfare support from the [REDACTED] (Witness 12), [REDACTED] (Witness 23) and the Chain of Command at [REDACTED]. The [REDACTED] (Witness 24) was perceived as very accessible to his welfare team and took an active interest in the welfare of [REDACTED] a man he knew well. The welfare team had, based on the information provided by [REDACTED], assessed him to be a SP going through a challenging set of personal circumstances but that the personal issues of [REDACTED] were of nothing out of the ordinary. It is the opinion of the Panel that the welfare team at [REDACTED] interacted very well and provided emotional and practical support to [REDACTED] at a level appropriate to his circumstances.

T12/284/E

T12/263/A  
F52/1

15. It is the opinion of the Panel that [REDACTED] was well known by senior members of [REDACTED] and when he joined the Bn in Jun 17 was quickly assimilated and knew to whom to address welfare issues. Following his arrest on 18 Oct 17 the Bn supported [REDACTED] well, basing their decisions on the information they had available and, importantly, on the close and longstanding personal relationships the [REDACTED] (Witness 11) and the [REDACTED] (Witness 2) had with him. The UWO remarked that he was very professional and with regards the issues he was facing "you would never have known it". It is the opinion of the Panel that [REDACTED] successfully disguised his concerns from his Chain of Command and friends, and despite being aware of sources of assistance, both personal and professional whilst at [REDACTED] he chose not to seek help.

16. It is the opinion of the Panel that the [REDACTED] Chain of Command, and in particular the [REDACTED] (Witness 2), provided sufficient support to [REDACTED] once they became aware of his welfare and personal issues.

T2/41/F

**Recommendations**

17. The Panel have no recommendations arising from the welfare support/interaction in support of [REDACTED] by either [REDACTED]

**Interaction Between the Medical Professionals and the Chain of Command**

**Army General Administrative Instruction, Vol 2, Chap 57, Health Committees. (Apr 14 edition in place until replaced by Sep 17 edition)**

F22  
F22A

18. **Aim.** The aim/scope of AGAI, Vol 2, Chap 57 – Health Committees is to set the policy, provide direction and guidance and provide Terms of Reference to the Chain of Command for Health Committees at all levels.

F22/1/4  
F22/1/5

19. **Ownership.** Ownership of AGAI, Vol 2, Chap 57 – Health Committees policy sits with the Senior Health Advisor (Army), Army HQ.

F22A/0

20. **Unit Health Committee Types and Regularity Policy.** There are two parts to the Unit Health Committee each with a differing purpose and frequency of meeting. At Unit level, they are the key routine formal interaction between G1 welfare staff, medical professionals and the Chain of Command. AGAI, Vol 2, Chap 57 directs that Health Committees are to maintain a Record of Decisions (RODs) and that these are to be submitted to the superior formation HQ for consideration at that formation's Health Committee.

F22/3/11

a. **Part 1 Unit Health Committee (UHC) - Health Policy Review.** AGAI, Vol 2, Chap 57 – Health Committees describes UHC Part 1 as “A review of unit health policy in order to monitor the success of health promotion policies and initiatives and to identify measures and interventions needed to improve unit health”. From Apr 14, onwards the Part 1 UHC meeting has been directed to be conducted quarterly. Attendance is broad with representation to cover Chain of Command, Welfare, Education and Trg, Health and Safety, Health and Wellbeing, Healthcare Delivery, Infrastructure and Support Services.

F22/3/11+ A-1  
F22A/26

F124/A-1/2

F22/A-1/2  
F22A/57

b. **Part 2 Unit Health Committee (UHC) – Individual Case Conference (ICC).** AGAI, Vol 2, Chap 57 – Health Committees describes UHC Part 2 as “An individual case conference at which soldiers on the Wounded Injured and Sick (WIS) are discussed, their Individual Recovery Plan (IRP) reviewed and medical status updated and the non-clinical management of each case optimized and recorded on the Wounded Injured Sick Information System (WISMIS) where appropriate”. An activity where the CO manages the health and wellbeing of individuals for whom they have a command responsibility. The individual case conference has been a monthly requirement since LFSO 3208 was issued in Feb 09. Attendance for the Part 2 UHC ICC is much more focused and is restricted to only those involved in managing the individual, ie the direct Chain of Command, welfare team and medical team including the medical officer.

F22/3/11+ A-4  
F22A/58

F124/A-1/2

F22/3/11+A-1  
F22A/61

21. **UHC Reporting and Recording.** The proceedings and decisions of all Health Committees should be recorded. The unit Record of Decisions from UHC Part 1 should be submitted to the Formation HQ and made available to the higher level Healthcare Committee. Management decisions from Part 2 UHC ICC must

F22/3/11  
F22A/40 – 41

F22A/62  
F22/13

be documented but sensitive details from each case must be recorded using only the appropriate management system.

**Application of Army General Administrative Instruction, Vol 2, Chap 57, Health Committees and Interaction Between the Medical Professionals and the Chain of Command**

22. **UHC Medical and Chain of Command Interaction.** (Witness 8) stated the unit held monthly Unit Health Committees during the period Jun to Oct 17 as follows: 19 Jun 17, 24 Jul 17, 11 Sep 17 and 19 Oct 17. The (Witness 10) recalls attending UHCs although not the specific dates. The UHCs were coordinated, and Record of Decisions promulgated (although not externally) by the Adjt. During SI Hearing One personnel (CO, 2 x OCs, UWO, Adjt, Padre and RSM) demonstrated a good understanding of the UHC process and their part within it.

F54/13, T8/186/C  
T10/228/D-E  
T10/222/E  
T8/188/E, T1/20/D  
T2/60/G, T3/95/G  
T4/121/B-E  
T8/186/E-188/A  
T9/206G-T9/207/D  
T11/247/F

23. **Additional Medical Chain of Command Interaction.** From 04 Oct 17 onwards further enhanced their medical and Chain of Command interaction by setting up an additional weekly Medical / Chain of Command meeting involving (Witness 8), (Witness 2), (Witness 9) and (Witness 10). In order to prepare for the UHC, had adopted a process of a Sub Unit specific meeting with the MO, this was an opportunity for the specific Sub Unit to discuss individuals prior to the Monthly UHC Part 2 Individual Case Conference.

FA/6b  
T10/219/E

T10/225/F

24. The (Witness 10) commented during the SI Hearing One that *"My experience at is it is a very coherent military unit partially due to its physical location....It's almost like a little village where everybody knows each other and there really is that very high level of integration and my experience is that that leads to a close relationship with the Welfare Officer and the Chaplain and headquarters..."*. The locum doctor added *"I'll say it was certainly far easier to integrate into than other units" and "... particularly at that unit [ ] there was a good communication between the Padre, the welfare and myself and Chain of Command"*.

T10/224F-G

T10/225/B

T10/227/D

25. **Medical and Chain of Command Interaction Covering** The (Witness 8) recalled that was discussed at the UHC on 21 Sep 17 pertaining to his medical grading status of Medically Limited Deployability (Temporary) (MLD – T)<sup>2</sup>, but not the medical condition behind it which remained medical in confidence. had been awarded this grade on 23 Mar 17 whilst at The (Witness 8) believed the discussion focused on whether would be medically upgraded in time to deploy on an infantry exercise called ASAKRI STORM in Jan 18. The Adjt recalled that the (Witness 10) informed the meeting that it was likely he would be upgraded by then. The locum doctor subsequently upgraded to Medically Fully Deployable on 26 Sep 17. was not discussed or highlighted as a risk at the weekly Medical / Chain of Command meeting that had been established from 4 Oct 17 onwards.

F54/13

T8/179/D

T10/217/H  
T10/218/A-D  
FA/6b  
T10/220/B

**Application of Army General Administrative Instruction, Vol 2, Chap 57, Health Committees and Interaction Between the Medical Professionals and the Chain of Command**

T18/107/D-F  
T19/126/B

<sup>2</sup> Medically Limited Deployability (Temporary). A SP who is medically fit for duty with minor limitations.

26. **UHC Medical and Chain of Command Interaction.** █████ held monthly Unit Health Committees coordinated by █████ (Witnesses 18 & 19). Records of Decisions were produced for the meetings but were not promulgated externally. The UHCs were attended by the █████ (Witness 22) and chaired by the █████ (Witness 24). The Unit continued to conduct UHCs whilst deployed in Estonia on Op CABRIT following a delay when they first deployed and established themselves. During SI Hearing One and SI Hearing Two, █████ personnel (█████ (Witness 17), █████ (May 15 to Feb 17), A █████ (Feb 17 onwards), █████ (Mar 15 to Feb 17) (Witness 13), █████ (Feb 17 onwards) (Witness 14) and P █████ (Witness 23) all demonstrated a good understanding of the UHC process and their part within it.

27. **Medical and Chain of Command Interaction Covering █████.** █████ confirmed that █████ was discussed at Unit Health Committees from Aug 16 to Jan 17 inclusive. █████ was discussed at the UHC pertaining to his medical grading status, but not the medical condition behind it which remained medical in confidence. █████ had been graded Medically Non Deployable (MND) on 18 Jul 16, rising to Medically Limited Deployable (MLD) on 23 Mar 17. In addition to his medical category █████ was also discussed at Unit Health Committees for welfare reasons. █████ (Witness 17) noted the reason █████ ceased to be discussed at Unit Health Committees post Jan 17 was that *“he was alright and in a far better frame of mind and a far better place..... I think his situation had calmed down..... he was looking forward to the deployment [Op CABRIT / Estonia Apr to Jun 17] and he was on the up.”*

28. **Opinion.** The evidence presented to the Panel demonstrates the medical services (Unit █████) and the Chain of Command actively engaged in the Unit Health Committee process to manage █████ The Panel Medical SME is of the opinion that at all times the medical services (Unit MO 1 █████) ensured the Chain of Command were aware of any functional restrictions relating to the employment of █████ via the Appendix 9<sup>3</sup> and Unit Health Committee Part 2 process.

**Interaction Between the Medical Professionals and the Chain of Command in the Application of PULHHEEMS Administration Pamphlet 2010 (PAP 10) Version 4 dated Jan 16 (in place until Jul 17) – Out of Date Appendix 9**

29. █████ was downgraded to MND (T) on 18 Jul 16. He was due for review 6 months later, on 18 Dec 16 but this review did not occur until 23 Mar 17. Therefore there was a 3 month period when his medical grading was outside the review date.

30. The Regional Clinical Director (RCD) Wales and West Midlands Region stated there were pressures on the clinical staff availability in Wales and West Midlands Region at the time which made it difficult to complete timely medical reviews and patient treatments were prioritised over routine occupational health assessments.

31. The review date for an Appendix 9 Form is stated at the top of the document, recorded on PAMIS (PULHHEEMS Administration Pamphlet Management Information System) and transfers electronically from DMICP to JPA. The Appendix 9 provides the management information for the Chain of

T22/166/E-G  
T24/215/F  
T19/120/E  
T12/288/H  
T13/11/A T14/24/A  
T17/88/A-B  
T18/107/A-C  
T19/125/A-F  
T23/187/E  
T24/215/E

FB/4C+E  
F73, F74, F75

F121/32

T17/81/F

F125

F125/A9-1  
F121/36, 40, 46  
F125/ A9-1

F123

F125/A9-1

<sup>3</sup> Appendix 9 – Form for notifying medical functional restrictions to a Unit.

Command and details the medical / functional restrictions on the soldier but not the medical condition which remains medical in confidence. The recall for PULHHEEMS / Appendix 9 Form review is a Chain of Command responsibility and triggered by regular review of JPA data and the UHC process.

F83/1

32. **Opinion.** The Appendix 9 for [REDACTED] was out of date for a three month period, Dec 16 to Mar 17, but during that time [REDACTED] was in the most restricted grade and therefore in the opinion of the Panel Medical SME was not at any increased risk.

F108

**Interaction Between the Medical Professionals and the Chain of Command - Medical in Confidence information**

F108

33. The Commanders' Guide To Medical Confidentiality (See TOR 2 Para 44 to 46) states "*Medical confidentiality underpins the relationship between healthcare provider and patient. ....Soldiers can therefore expect that their medical information will remain confidential and will not be disclosed to the Chain of Command*". Although medical confidentiality is not absolute and the Guide states that patient information can be disclosed by a healthcare provider if "*The patient gives explicit consent to do so*" or "*The patient does not consent but others may be exposed to risk of death or serious harm*".

F121

34. Between Mar 15 and Aug 17 [REDACTED] (see para 39 to 44). His treatment progressed as scheduled over the two year period before concluding in Sep 17 when he returned to full fitness and he was graded Medically Fully Deployable. The Appendix 9 Form provided the Chain of Command with the medical functional restrictions for [REDACTED] but not the medical condition and the Appendix 9 does not state which medical agencies are involved in providing care for the individual as this is confidential medical information. The Panel Medical SME determined that there was no evidence in the DMICP records to show that [REDACTED] had explicitly consented that the Chain of Command being informed that he was being treated for a [REDACTED]. There was also no evidence in the DMICP records to show that information regarding his medical condition and from whom he was receiving treatment was either requested or withheld. There was no evidence in the DMICP records that any medical professional had a concern about the risk of [REDACTED] to himself or others.

F121

F144

F121

35. **Opinion.** The Panel Medical SME was of the opinion that there was no reason why the Chain of Command should have been informed that [REDACTED] or the nature of his medical condition and to do so would have breached his medical confidentiality. The Unit were in possession of the required management information, including employment restrictions via the Appendix 9 process. The opinion of the Panel Medical SME, having viewed the medical records and questioned the Unit MO of [REDACTED] is that the medical services did not have any concern regarding the safety of [REDACTED], or others, that required them to break medical confidentiality to inform the Chain of Command of the exact nature of his medical condition.

T2/43/A

36. On 18 Oct 17 an external civilian agency telephoned the [REDACTED] (Witness 2) to ask whether [REDACTED] was being treated [REDACTED] prior to a telephone conference to be held later that day. The UWO contacted the [REDACTED]

T2/43/F

<sup>4</sup> [REDACTED] an MOD organisation which provides Tri Service mental healthcare.

██████ (Witness 10) to ask whether ██████ was being treated ██████ The UWO recalled the locum doctor stated he could not provide this information because of medical in confidence restrictions. The UWO reported that he informed the MO that the question was raised in relation to the telephone conference to be held with the external civilian agency later that day. The locum doctor did not recall the conversation or record the engagement/request for information with the UWO on the DMICP record for ██████

T2/43/F

T2/44/G  
T10/220/F  
F121

### Opinion

37. It is the opinion of the Panel Medical SME that the request for information from the external civilian agency to ██████ (Witness 2) regarding the health of ██████ would have resulted in a breach of medical confidentiality.

38. TOR 2 (para 47) has noted the majority of ██████ staff at Hearing 1 had not seen the Commanders' Guide to Medical Confidentiality and therefore did not have a good understanding of what questions they could or should appropriately ask the MO. In the opinion of the Panel Medical SME, this lack of understanding hampered effective communication between the Chain of Command and the medical staff on this occasion.

### Interaction Between Medical Professionals

39. ██████ was initially referred to ██████ London in Mar 15. At this stage the Primary Healthcare MO ██████ at Shorncliffe did not conclude that ██████ should be downgraded but noted that he was known to the welfare team at Shorncliffe. The MO continued to monitor ██████ until he was posted out to Germany in Jul 15. At this point the care of ██████ transferred to his new MO in Sennelager and his mental healthcare continued with D█████ in Paderborn. The ██████ transfer process was well documented in the DMICP record with ██████ London passing ██████ Paderborn who arranged appointments for him on arrival in Germany.

F121/65

F121/63  
F121/60

40. ██████ was first seen by a MO in Paderborn Medical Centre on 18 Sep 15 for a physical injury and downgraded for this injury on 18 Nov 15. The MO had access to the full medical record and was therefore able to see ██████ had attended ██████ The ██████ assessments appear in the DMICP record but are closed by a confidentiality key. This can be legitimately overridden by a clinician with access to the DMICP record and the organisation which has locked the notes will be informed of this confidentiality override.

F121/59  
F121/56

41. Over the period 2015 to 2016, ██████ treatment transferred from UK to Germany (2015) and Germany to UK (2016). He was seen 26 times by 8 different medical officers, principally the RMOs and ██████ / locum doctors at ██████ the RMO in Estonia and had 26 appointments with the ██████ in addition to numerous physiotherapy and minor injury / appointments with nursing staff or Combat Medical Technicians (CMTs). During this time, there is no evidence as to a requirement for any additional external medical agency support in his management. The role of the Chain of Command, the individual, his personal social support network and the welfare team in the unit was documented in the medical records on a number of occasions.

F121

42. The notes from the ██████ are detailed and formulaic therefore the management plan is clearly articulated and progress, albeit with occasional setbacks, was demonstrated. The ██████ reports provided for the SI provide an overview of his management during this time and raise no concerns about the

F130  
F131  
F132

interaction between clinicians or clinical facilities in different locations. [REDACTED] had sought assistance appropriately and was fully engaged with the treatment.

43. [REDACTED] was downgraded to Medically Non Deployable (MND) for his [REDACTED] by the RMO at Bulford Medical Centre in Bulford on 18 Jul 16. He made good progress and was upgraded from MND to Medically Limited Deployability (MLD) on 23 Mar 17 and assessed as fit to be upgraded to Medically Fully Deployable (MFD) on 26 Sept 17 by the locum doctor [REDACTED] (Witness 10). This decision was based on many months of [REDACTED] and assessment, and the evidence provided in the DMICP notes supports this course of action.

F121/46  
F121/32  
T10/218/D

44. **Opinion.** It is the opinion of the Panel Medical SME that from the point of diagnosis to the completion of his recovery to full fitness, the medical professionals involved with treating [REDACTED] interacted appropriately at all levels and fully supported his recovery whilst he was receiving routine care from [REDACTED]

**Reports of Previous [REDACTED] To Welfare/Medical Staff**

F139

45. Witness 26 ([REDACTED]) recalled informing, or discussing with the military on three specific occasions (Easter 15, Jun 16 and Summer 16) that [REDACTED]. The Panel/Panel Medical SME followed up by interviewing the serving personnel involved ([REDACTED] Witness 12 and Witness 27) and examining the DMICP medical record for [REDACTED]

**Easter 15**

F139  
T26/14B,G  
T26/22/E  
T27/4/E-F

[REDACTED] Witness 26 recalled at around Easter 15 (date unknown) she informed the [REDACTED] (Witness 27) by phone that [REDACTED]

47. [REDACTED] (Witness 27) stated that neither Witness 26, or any other person, had at any time informed him whilst he was employed as the [REDACTED]

T27/3/H  
T27/4/A-B

[REDACTED] Witness 27 stated he had no recollection of receiving a phone call from Witness 26 around Easter 15 informing him that [REDACTED]

T27/3/B-D

[REDACTED] Witness 27 outlined the full reporting actions (both Chain of Command and Medical) he would have undertaken as UWO should the partner of a SP, or any person, report any instance of self harm to him.

**Jun 16**

F139  
T26/22/F-H

[REDACTED] Witness 26 recalled that in about Jun 16 [REDACTED] had told her that a friend in his barracks in Germany had reported to [REDACTED] (Witness 12) that [REDACTED]. Witness 26 telephoned [REDACTED] (Witness 12) in Jun 16 (date unknown) [REDACTED]

T12/H4/5/E

[REDACTED] (Witness 12) confirmed that at no time whilst he was UWO had any SP informed him [REDACTED] Witness 12 [REDACTED]

T12/H4/5/F  
T12/H4/3/D-H

[REDACTED] Witness 12 recalled



receiving a phone call from Witness 26 in Jun 16 (exact date not recorded) and produced the contemporaneous notes he had made in his Welfare Notebook as a result of the phone call. The notes contained details of the topics covered in the phone call but make no reference to [REDACTED] Witness 12 outlined the full reporting actions (both Chain of Command and Medical) he would have undertaken as UWO [REDACTED]

F142

T12/H4/2/F  
T12/H4/5/C

### Summer 2016

50. Witness 26 stated that during summer 2016 she attended a joint medical consultation with [REDACTED] at Tidworth Medical Centre conducted by a Medical Captain (name unknown and date unknown to Witness 26). At the consultation Witness 26 recalled informing the Captain conducting the meeting that [REDACTED] Witness 26 noted that she only met the Captain on this one occasion and also that he gave her his personal card during the consultation, which she discarded some months later.

F139  
T26/23/C-G  
T26/20/A

T26/9/B-H  
T26/10/D

51. The Panel Medical SME determined by examination of [REDACTED] medical records that the joint medical consultation took place on 23 Aug 16 and was conducted by a Captain that is no longer serving with the Army. The DMICP entry (created by the Captain) for the consultation contains the detail of what was covered during the session and does not make any reference to being informed by Witness 26 [REDACTED] The Captain noted in his DMICP entry that he "gave [Witness 26] my card should she want to make use of further support, by which I mean signposting to other agencies who can give her support moving forward".

F144/7

F121

### Opinion

[REDACTED] Based on the available evidence the Panel were unable to determine why the recollection of Witness 26 should differ from that of Witness 12 and Witness 27 and the DMICP notes made during the medical consultation on 23 Aug 16. The Panel noted that both Witness 12 and Witness 27 [REDACTED]

### Locum Doctor Understanding and Application of Army Policy and Procedure

#### Findings

53. The locum doctor [REDACTED] (Witness 10), had been in the Defence Medical Services for circa 20 years before becoming a locum after leaving the RAF in 2007, including spending nearly 3 years as a locum to [REDACTED] 2012 to 2014.

T10/214/G  
T10/215/A  
T10/215/C

54. The locum doctor [REDACTED] (Witness 10) did not appear to be familiar with AGAI Vol 2, Chap 57 - Health Committees and AGAI Vol 3, Chap 110 – Army SVRM Policy. He stated "DPHC<sup>5</sup> have provided no training with the exception of the mandatory basic BLS, Basic Life Support". With regard to specific questions during Hearing One, the locum doctor stated "All I know about when people talk about AGAI is it's an Army disciplinary minor infringement type thing. If you're

T10/215/C  
T10/227/H

T10/229/E

T10/230/G

<sup>5</sup> DPHC (Defence Primary Healthcare) an MOD organisation responsible for the provision of primary healthcare (general practice and specialised occupational health services) to service personnel in the UK and overseas.

*saying it means some other policy [I] don't know anything about it." Adding "I have never been introduced to this AGAI tranche of publications...."*

## **Opinion**

55. The Panel are of the opinion that an understanding by locum doctors of AGAI Vol 2, Chap 57 - Health Committees and AGAI Vol 3, Chap 110 - Army SVRM Policy is essential to enable the appropriate management of SP by the Chain of Command. It is the view of the Panel that locum doctors require appropriate training in order to fulfil the full remit of a medical officer working in the military environment in order to support the Chain of Command with the required medical SME input to Chain of Command decision making.

## **Recommendations**

### **Medical and Chain of Command Interaction**

56. HQ Fd Army and HQ Home Command regularly remind units of the requirement for units to distribute the record of the UHC Part 1 externally to their Bde HQ in accordance with AGAI Vol 2 Chap 57 Health Committees, in order the minutes are available to the higher formation Health Committee.

57. Defence Primary Healthcare (DPHC) remind medical teams to record all significant communication regarding the health of a SP with the Chain of Command, including formal requests for information, within the SPs DMICP record.

58. HQ Fd Army and HQ Home Command regularly remind units that in instances where the Chain of Command request critical management information relating to the health of a SP, they must ensure that the request does not breach the medical confidentiality of the SP and that medical teams are fully informed as to the background for the request.

### **Locum Doctor Understanding and Application of Army Policy and Procedure**

59. Defence Primary Healthcare (DPHC) review the training delivered to, and information pack provided for, locum doctors to ensure they provide sufficient information regarding AGAI Vol 2, Chap 57, Health Committees and AGAI Vol 3, Chap 110 - Army SVRM Policy.

**FINDINGS AND OPINION**

**Terms of Reference**

**TOR 4.** Consider any other matters relevant to the Inquiry and, based on the evidence, make such findings and express opinions as are appropriate to support recommendations in order to prevent recurrence.

**Findings**

**Op CABRIT 1 Post Operational Stress Management (POSM) Plan**

**Land Forces Standing Order (LFSO) No 3209 Land Post Operational Stress Management dated Apr 14**

1. **Aim.** LFSO 3209 Land Post Operational Stress Management policy describes the aim of the policy as *“To direct how Army personnel, Regular and Reserve, deployed on operations are to receive appropriate and coherent POSM in order to minimise the likelihood of, or gain early identification of, Post Traumatic Stress”*.

**F118/4**

2. **Ownership.** Ownership of LFSO 3209 Land Post Operational Stress Management policy sits with Senior Health Advisor (Army), Army HQ, although the current publication lists PS4 (A) Personal Services Branch 4 (Army), a now defunct organisation. The listed contact details are out of date.

**F118**

3. **POSM Guidance.** LFSO 3209 provides the guidance that for ADOC directed operations and commitments, specific POSM guidance should be provided in the Personnel Instruction or G1 Annex; guidance can also be sought through the Chain of Command to Pers Ops Army HQ where necessary.

**F118/5**

**Op CABRIT POSM Direction**

4. **POSM Direction - Op CABRIT 1.** The following POSM direction was issued for Op CABRIT 1.

a. **PJHQ Theatre Reference Document - Op CABRIT 1.** The PJHQ Theatre Reference Document Admin and Pers Annex for Op CABRIT 1 issued in Feb 17 contained no POSM direction other than a single sentence *“Personnel deploying on Op CABRIT are not required to conduct DcN [decompression]”*. PJHQ again confirmed by email to [REDACTED] in Oct 17 that decompression was not required for Op CABRIT.

**F115/21**

**F70**

b. **Fd Army POSM Direction - Op CABRIT 1.** In Jan 17 Sp Br, HQ Fd Army provided direction to [REDACTED] that decompression would not be required for Op CABRIT. Support Branch (Sp Br), HQ Fd Army have confirmed that no POSM direction was included in the ADOC Force Gen Order for Op CABRIT issued in Jun 17<sup>1)</sup> and that no separate G1 instruction was promulgated by Pers Ops/Plans within Sp Br. Therefore no specific POSM direction was issued to 5 RIFLES for Op CABRIT 1.

**F69**

**F116**

**F65**

<sup>1</sup> FGen Order 001, Army ADOC/04\_18\_11.

- c. [REDACTED] POSM Direction - Op CABRIT 1. The [REDACTED] Op CABRIT G1 Deployment Order issued in Jan 17 refers to the Battalion POSM policy but did not include a POSM Plan for Op CABRIT 1.

### 5 RIFLES Op CABRIT 1 POSM Plan

5. [REDACTED] (Witness 25) recalled *“there was no sort of direction on POSM that I can recall at all [there were] discussions about....surely.... PJHQ, 3 Div or our Brigade Headquarters should be sort of telling us what to do as far as....normalisation, decompression, ....what is required, what you are expected to do and there wasn't really any ... there wasn't any guidance”*.
6. [REDACTED] (Witness 25) was clear Op CABRIT 1 was different to previous operations that had been conducted *“it's no different from going on exercise in America or BATUS or Norway or Germany .....they weren't getting shot at, they weren't on patrol, they were .....in, a first-world European country”, “there wasn't the same sort of operational stress you might expect in Iraq or Afghanistan tour”*.
7. In the absence of clear direction by the Chain of Command [REDACTED] developed their own procedure. [REDACTED] (Witness 25) noting .... *“so a lot of the stuff was just done by my own military judgement”* and *“we ended up, .....just using our own judgement on what we thought, given the nature of the specific tour, what was sort of required for the individuals”*.
8. A process was implemented that focused on briefing soldiers and families pre deployment and in theatre management, including support from [REDACTED] (Witness 23) and [REDACTED] (Witness 25) engaging with the Battlegroup. The CO personally briefed every flight. Briefings were given on drug awareness, alcohol abuse, reconnecting with families following absence, followed by a period of normalisation. The CO confirmed the [REDACTED] Op CABRIT POSM process was not a formal plan that was committed to paper.
9. CO 5 RIFLES (Witness 25) confirmed no POSM records were kept by the Unit for Op CABRIT 1, stating *“There were no POSM.... individual records kept for each individual because...there was no direction to... in my mind there was no requirement to because of the nature of the tour”*. Therefore [REDACTED] have been unable to confirm what Operational Stress Management (OSM) [REDACTED] underwent prior, during, or post his 10 week deployment on Op CABRIT.

### 5 RIFLES RETENTION OF INFORMATION

10. Defence level direction on retention of information is contained in JSP 441 - Managing Information in Defence dated Jan 17. Single Service Army level direction is contained in Army Command Standing Order (ACSO) No 1811 Army Information Management Professionals Ways of Working dated Feb 16.
11. The aim of ACSO No 1811 Army Information Management Professionals Ways of Working is to provide direction to Army Information Management (IM) Professionals on IM and Records Management (RM) Ways of Working (WoW) to ensure uniformity across the Army. ACSO 1811 is sponsored by Director Info, HQ Army.
12. Both JSP 441 and ACSO 1811 contain guidance on the requirement to retain information/records for specific minimum periods of time. The time period within the ACSO 1811 retention Schedule and JSP 441 Defence File Plan for

T25/228/G

T25/229/B

T25/230/B

T25/229/D-F

T25/229/A

T25/228/G

T25/229/C

T25/229/C

T25/231G

F63/3

T25/231/F

F114

F120

F120/1

F114/Pt2/GR18/9

retention of Unit Standing Orders is 15 years. The requirement to retain certain types of non operational information has been consolidated for unit ease of reference within ACSO 1811. The time periods listed are just guidance - the Information Manager or Business Process Owner may feel longer time periods are required.

F120/P10

**Standing Order Retention**

13. [REDACTED] were unable to provide to the Service Inquiry, the Unit Suicide Vulnerability Risk Management (SVRM) Unit Standing Order in place in 2016, nor Unit Welfare Standing Order for 2016. [REDACTED] stated these were “live documents” and earlier versions were not available. Therefore [REDACTED] did not comply with the policy for retention of information.

F63/8  
F63/12

**Lack of Deployment Risk Assessment Form (Appendix 26) Deployment On Op CABRIT**

**PULHHEEMS Administrative Pamphlet (PAP) 2010 Version 4 dated Jan 16 (in place until Jul 17)**

F126

14. **Aim.** The pamphlet contains the rules for the application of the PULHHEEMS<sup>2</sup> system of medical classification in the Army and instructions for the medical administration of officers and soldiers.

F126/xi/1

15. **Policy Ownership.** Ownership of the PULHHEEMS Administrative Pamphlet (PAP) sits with Employment Branch, Directorate Manning (Army).

F126/xi/6

16. **Deployment Risk Assessment Form - Requirement.** The requirement for a Deployment Risk Assessment is contained in the PULHHEEMS Administrative Pamphlet. The Deployment Risk Assessment Form (Appendix 26) is the obligatory risk assessment which must be completed for individuals graded below MFD (Medically Fully Deployable) for a specific operational tour. The form is used to provide a risk assessment for an individual’s training and subsequent deployment against a specified role. The form is completed using information provided by the medical staff on the Appendix 9 Form (Form for Notifying Medical/Functional Restrictions to Unit) and must be signed by the Commanding Officer. The procedure for medical risk assessments also applies to routine activities (ie ranges, exercises and courses) for all personnel who are permanently graded below MFD and this information is communicated by the medical staff to the Chain of Command using the Appendix 9 Form. A signed copy of the Appendix 9 Form and Appendix 26 Form are to be held in the individuals personal file (AFB 9999).

F126/5-2  
F126/Appx 26

F126/5-3

F126/Appx 9  
F126/Appx 26

**Medical Deployment Risk Assessment Form (Appendix 26)**

17. [REDACTED] was medically graded as MLD (Medically Limited Deployability) by RMO [REDACTED] on 23 Mar 17. Therefore a Deployment Risk Assessment Form (Appendix 26) should have been completed by [REDACTED] prior to [REDACTED] deploying for a 10 week period on Op CABRIT 1 on 05 Apr 17.

F83

FB/4e

18. [REDACTED] were unable to produce a copy of this document nor was a copy held electronically on PAP MIS (PULHHEEMS Administrative Pamphlet

F63/18

<sup>2</sup> The PULHHEEMS system of medical classification is a tri-Service system taking its name from the first letters of the division under which the medical examination is carried out.

Management Information System). The Deployment Risk Assessment process appears to have been in use within [REDACTED] as [REDACTED] (Witness 24) was aware of the process and recalls personally signing Deployment Risk Assessment Forms prior to Op CABRIT. The Unit were able to produce a Deployment Risk Assessment Form (Appendix 26) in respect of [REDACTED] covering his involvement with routine exercises and the Op TEMPERER standby period during 2016. The Panel Medical SME determined the medical notes from [REDACTED] appointment with [REDACTED] (Witness 22) on 23 Mar 17 made it clear that the medical team were cognisant of the risks of the deployment and took appropriate steps to mitigate this risk.

F33  
T24/207/G  
T24/208/A-C

F84

F121/36

### Unit Welfare Management Committee

#### Army General Administrative Instruction (AGAI) Vol 3, Chap 81, Army Welfare Policy

19. **Introduction.** The effectiveness of welfare support is dependent on the direction and co-ordination of the work of the various specialist agencies, charities and volunteer groups. In the Army this is achieved through a formal structure of Welfare Management Committee meetings chaired by commanders at Unit and Formation level. Guidance and TORs for Unit and Formation Welfare Management Committee meetings are contained in Army General Administrative Instruction (AGAI) Vol 3, Chap 81, Army Welfare Policy.

F127/10

F127/B-1

20. **Unit Level Welfare Management Committee.** At Unit level AGAI Vol 3, Chap 81 directs that the Welfare Management Committee occurs monthly and is chaired by the Unit Commanding Officer.

F127/A-5/10  
F127/B-1

21. **Aim.** The purpose of the Unit Welfare Management Committee as described in AGAI Vol 3, Chap 81, is to:

F127/B-1

- a. Maximise military capability through the effective co-ordination of existing welfare support.
- b. Capture emerging welfare trends in order, where appropriate, to reallocate existing welfare resources or inform future resource bids.
- c. Share best practice.

22. **Ownership.** AGAI Vol 3, Chap 81 Army Welfare Policy including the policy for the formal structure of Welfare Management Committee is owned by Personnel Capability Branch, Army HQ.

F127/1-9

#### Application and Understanding of the Unit Welfare Management Committee

23. [REDACTED] did not hold a monthly Unit Welfare Management Committee. [REDACTED] (Witness 11) explained “*We don’t hold one .... because we’re unaware that there’s a policy saying we should have one.*” He noted that Hearing 1 was the first occasion he had heard of the Unit Welfare Management Committee. [REDACTED] Welfare Standing Orders BSO No 1501 does not mention the requirement for the Unit to hold a Monthly Unit Welfare Management Committee meeting. The Panel noted that the Unit Welfare Standing Orders were not based on the framework standing orders provided within AGAI Vol 3, Chap 81, Army Welfare Policy.

T11/253/A

T11/254/A

F58

24. [REDACTED]. 5 RIFLES did not hold a monthly Unit Welfare Management Committee. [REDACTED] (Witness 12) explained “We don’t hold one of them... I know that you can hold a welfare committee meeting but we meet that often and discuss issues as they arise that things are dealt with and followed up constantly, so I’ve certainly never felt the requirement to do it”. The Panel noted that [REDACTED] Welfare Standing Order BSO 04/11/01 does not mention the requirement for the Unit to hold a Monthly Unit Welfare Management Committee meeting chaired by the CO, nor are the Unit Welfare Standing Orders based on the framework standing orders provided within AGAI Vol 3, Chap 81, Army Welfare Policy.

T12/296/A-B

F77

**Change of Martial Status – Declaration of Personal Status Category JPA Form N001**

25. Shortly after his arrival at [REDACTED] on 19 Jun 17 [REDACTED] completed a Declaration of Personal Status Category (JS Form JPA N001); the form was dated 22 Jun 17. Within the form [REDACTED] informed [REDACTED] that his JPA Personal Status (PStat) had changed from PStat 1<sup>3</sup> to PStat 3<sup>4</sup> stating the change was effective from 07 Apr 17, this being the date his Decree Absolute was granted. Also written under the date of effective change was the date 30 Jun 15; there is no explanation why this date had been entered on the form in addition to the effective date of change.

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26. The Declaration of Personal Status Category JS Form JPA N001 was filed within his Personal Documentation Folder (AF B9999) without it being completed by the Authorising Officer at Part F and the Unit HR Administrator at Part G.

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F33

a. **Part F - Authorising Officer.** In cases of martial/civil partnership breakdown, certification that the services of appropriate Welfare Support Agencies have been offered and the consequences of a change in Personal Status category have been explained, including the requirement to notify the Occupancy Services where entitlement to occupy Service Families Accommodation (SFA) is affected. Part F of the Personal Status Category JPA Form N001 was left blank.

F33

b. **Part G – Unit HR Administrators Declaration.** Changes to PStat Cat which affect entitlement to SFA including circumstances of martial/civil partnership breakdown, bereavement and discharge are to be notified immediately to the Occupancy Services by the individual concerned and the Service Administrative Unit. The Unit HR Administrator is required to certify they have seen the necessary relevant documentation to support the PStat Change and that the necessary JPA actions have been completed following the change of PStat. Part G of the Personal Status Category JPA Form N001 was left blank.

F33

27. The Army Personnel Centre department responsible for providing information from archived personal records have stated that [REDACTED] PStat was changed to PStat 3 effective 1 Jul 16 but are unable to say when the input was carried out on JPA, and by whom. The only other JS Form JPA N001 held on [REDACTED] AF B9999 records a change of PStat category from PStat 5<sup>5</sup> to

F150

F33

<sup>3</sup> PStat Cat 1. Legally married, or in a registered civil partnership and living with their spouse/civil partner or who would be but for the exigencies of the Services.

<sup>4</sup> PStat Cat 3. A member of the Services who provides financial support for their spouse, former spouse, civil partner, former civil partner, or any dependent child by voluntary agreement.

<sup>5</sup> PStat 5. This Category includes all those personnel not categorised as either 1, 2, 3 or 4, therefore an individual who is single and has no financial obligations for children, spouse or former spouse, either voluntary or by court order.

PStat 1 effective 26 Aug 11, therefore recording the marriage of [REDACTED] on 26 Aug 11.

28. [REDACTED] were aware of the Unit requirements/procedures created by a SP submitting a change of PStat using the Declaration of Personal Status Category (JS Form JPA N001). [REDACTED] were graded as Conformant in G1 Management during a G1 Audit conducted by HQ 160 Bde in Sep 17. [REDACTED] were unable to establish why the Declaration of Personal Status Category (JS Form JPA N001) dated 22 Jun 17 in respect of [REDACTED] was filed without being completed and described the omission as an “anomaly”. Within [REDACTED] the immediate superior to [REDACTED], [REDACTED] (Witness 3 and subsequently Witness 4), were aware of the personal issues that [REDACTED] was going through, as was the [REDACTED] (Witness 2).

F149

F7

F149

T3/91/G-H  
T4/105/G  
T2/40/E

## Opinion

### POSM Policy

29. The Panel note [REDACTED] sought Chain of Command direction and guidance on the POSM required for the first deployment on Op CABRIT, which was a bespoke operation to a new environment. When no formal Chain of Command direction was provided to them, [REDACTED] applied military judgement to develop a POSM procedure for Op CABRIT 1. The Panel are of the opinion that whilst Op CABRIT is significantly less demanding in terms of risk and rigour than deployments to Afghanistan and Iraq, an 8 month overseas operational deployment may negatively affect some SP. The Panel are of the opinion that clear guidance must be provided to deploying units as to the required POSM to be conducted and POSM recording requirements.

### Retention of Information

30. The Panel note [REDACTED] overwrote existing Bn Standing Orders when updates took place, without archiving previous versions and therefore did not comply with the requirement to retain Unit Standing Orders for a set period of time as required by both JSP 441 and ACSO No 1811. The Panel assess that lack of awareness of the requirement to retain information for a set period was the reason why the Unit Standing Orders were not retained.

### [REDACTED] Lack of Deployment Risk Assessment Form (Appendix 26) [REDACTED] [REDACTED] Deployment On Op CABRIT

31. The evidence presented to the Panel demonstrates [REDACTED] were aware of and applied the mandated Deployment Risk Assessment process as directed by PULHHEEMS Administrative Pamphlet (PAP) 2010 Version 4. The Panel note [REDACTED] had previously produced Deployment Risk Assessment forms in respect of [REDACTED]. However, the Panel were unable to determine that a Deployment Risk Assessment Form (Appendix 26) was produced by [REDACTED] to support the 10 week deployment of [REDACTED] on Op CABRIT. In the opinion of the Panel Medical SME the lack of Appendix 26 did not have any impact on his health because the medical notes from [REDACTED] appointment with [REDACTED] (Witness 22) on 23 Mar 17 make it clear that the medical team were cognisant of the risks of the deployment and took appropriate steps to mitigate this risk. The Panel Medical SME is of the view that the correct decision with regard to the risk assessment for his deployment appears to have been made



even though there is no evidence in the form of an Appendix 26, to support this decision making process.

### **Lack of Unit Welfare Management Committee Meeting**

32. The Panel found neither [REDACTED] held a monthly Unit Welfare Management Committee Meeting, nor did their Unit Standing Orders reflect the requirement to do so. Lack of awareness of the mandated requirement is assessed to be primary cause of the omission. The Panel are of the opinion the value of the Welfare Management Committee is that it focuses on broader welfare themes rather than individual SP welfare cases; it can be likened to the Unit Health Committee Part 1.

### **Change of Martial Status – Declaration of Personal Status Category JPA Form N001**

33. Evidence presented to the Panel shows that [REDACTED] PStat was changed to PStat 3 effective 1 Jul 16 but the Panel are unable to determine when and by whom this action was taken. The Panel is also unable to determine why a Declaration of Personal Status Category JS Form JPA N001 in respect of [REDACTED] was partially completed by the SP in Jun 17, recording the same change of PStat but with a different effective date. The Panel were unable to determine why the Personal Status Category JPA Form N001 in respect of [REDACTED] had been filed without being completed. The evidence presented to the Panel demonstrates that [REDACTED] were aware of the Unit requirements created by a change of PStat using the Declaration of Personal Status Category (JPA Form N001). The Unit had been graded as Conformant in G1 Management during a G1 Audit conducted by HQ 160 Bde in Sep 17.

### **Recommendations**

#### **POSM Policy**

34. SHA (A), Army HQ update LFSO 3209 Land Post Operational Stress Management Policy to contain the detail that the policy owner is SHA (A), Army HQ, not Personal Services Branch 4 (Army), a now defunct organisation.

35. Pers Ops, Support Branch, HQ Fd Army ensure that, for ADOC directed operations and commitments, specific POSM guidance is contained in the Personnel Instruction or G1 Annex for the operation including any requirement to record individual SP POSM activity on JPA records, and any requirement to retain hard copy records within individual SP personal documentation (AF B9999).

#### **Retention of Information**

36. Directorate of Information to regularly remind Fmns to use and refer to the Information Retention Schedule contained within the Guidance for Records Retention Periods in Army Command Standing Order (ACSO) No 1811 Army Information Management Professionals Ways of Working dated Feb 16.

#### **Unit Welfare Management Committee**

37. Directorate Personnel Capability, Army HQ to include a regular reminder within the Welfare Matters Newsletter of the requirement for units to conduct a Monthly Welfare Management Committee.

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E4 - 8

~~OFFICIAL SENSITIVE PERSONAL~~

**SI Recommendations/Observations**

1. The following are a summary of the recommendations made as a result of the SI into the death of [REDACTED] on 31 Oct 17.

Ser (a)	Recommendation (b)	Section/Para (c)
<b>SVRM Policy, Practice and Training</b>		
1	SHA (A), Army HQ update AGAI Vol 3, Chap 110 Army Suicide Vulnerability Risk Management (SVRM) Policy to contain the detail that the policy owner is Senior Health Advisor (Army), Army HQ, not Personal Services Branch 4 (Army), a now defunct organisation.	E2 - 61
2	Directorate Personnel Capability, Army HQ include a SVRM Policy and Practice reminder on the Monthly Army Discipline Newsletter that AGAI Vol 3, Chap 110 Army Suicide Vulnerability Risk Management (SVRM) Policy contains guidance on Service Personnel under investigation for certain categories of offence. Namely that in principle an investigation for certain offences would warrant an individual being placed on the SVRM Register.	E2 - 62
3	HQ Fd Army and HQ Home Command regularly remind Units to use and refer to AGAI Vol 3, Chap 110 Army Suicide Vulnerability Risk Management (SVRM) publication during and in preparation for SVRM Risk Conferences.	E2 - 63
4	HQ Fd Army and HQ Home Command regularly remind units that on occasions when the full range of personnel (Adjt, RSM, UWO, MO, Padre, Sub Unit OC), as required by AGAI Vol 3, Chap 110 Army Suicide Vulnerability Risk Management (SVRM) Policy to support the CO in his SVRM Risk Conference decision, are not available either prior to or during the Risk Conference, their input should be sought retrospectively by the CO at the next available opportunity to ensure all factors have been taken into consideration.	E2 - 64
5	HQ Fd Army and HQ Home Command regularly remind units to ensure their unit SVRM plan supports the entire unit (ie ROG and Main Body groupings).	E2 - 65
6	Personnel Policy (Army), Directorate of Personnel, HQ Army review the effectiveness of the training delivery of SVRM Policy on the CODC. (Potentially through the use of External validation (EXVAL) conducted post course delivery to assess the training that was received and whether the training meets the requirements of the job holder).	E2 - 66
7	Personnel Policy (Army), Directorate of Personnel, HQ Army conduct a review of the UWO Course to ensure Defence Systems Approach to Training (DSAT) compliance.	E2 - 67
8	HQ Fd Army and HQ Home Command regularly advise units that in preparation for a SVRM Risk Conference where a SP has recently	E2 - 68

Ser (a)	Recommendation (b)	Section/Para (c)
	joined the unit the gaining unit must consider contacting the losing unit to ensure the full facts and recent history / circumstances are known to the CO in making the SVRM risk decision.	
9	SHA (A), Army HQ include in the next revision of AGAI Vol 3, Chap 110 Army Suicide Vulnerability Risk Management (SVRM) Policy the direction that following a unit SVRM Risk Conference, sensitive information is to only be recorded and stored on the Vulnerability Risk Management Information System (VRMIS).	E2 - 69
10	SHA (A), Army HQ include in the next revision of AGAI Vol 3, Chap 110 Army Suicide Vulnerability Risk Management (SVRM) Policy an explanation of the application and use of the Vulnerability Risk Management Information System (VRMIS).	E2 - 70
11	Personnel Policy (Army), Directorate of Personnel, HQ Army consider whether HQ Coy Comds attend Phase 1 of the Combined Arms Tactics Course (CATAC) in order to gain role specific SVRM training as part of the one week G1/G4 CATAC package.	E2 - 71
12	Personnel Policy (Army), Directorate of Personnel, HQ Army establish whether SVRM training is mandated pre-employment training for all sub-unit commanders.	E2 - 72
<b>JPA Welfare Tool</b>		
13	Directorate Personnel Capability, Army HQ issue an Army Briefing Note on the JPA Welfare Tool in order to remind and refresh the Army on the existence of the JPA Welfare Tool and the policy / direction for its use, signposting AGAI Vol 3, Chap 81 (Army Welfare Policy) as the authoritative policy document and JPA Business Process Guide (IN914035) as the technical guide.	E2 - 73
14	Directorate Personnel Capability, Army HQ update AGAI Vol 3, Chap 81 (Army Welfare Policy) to include details of the JPA Welfare Tool ie policy/direction for its use and signpost the reader to the JPA Business Process Guide (IN914035) for the technical application of the tool and provide units guidance on the creation of a Unit SOI / SOP covering the unit implementation of Army policy on use of the JPA Welfare tool.	E2 - 74
15	Directorate Personnel Capability, Army HQ include a biannual JPA Welfare Tool reminder in the Welfare Matters Newsletter in order to maintain pan Army awareness and to signpost Units to the policy for its use within AGAI Vol 3, Chap 81 (Army Welfare Policy).	E2 - 75
<b>Commanders' Guide To Medical Confidentiality</b>		
16	A training audit be conducted to review whether the Commanders' Guide to Medical Confidentiality is included / briefed / issued within the appropriate/required courses (the following courses are suggested as a minimum: CODC, Adjts, RSM, CATAC (Ph1), RCMO, UWO).	E2 - 76

Ser (a)	Recommendation (b)	Section/Para (c)
	<p>a. Personnel Policy (Army), Directorate of Personnel, HQ Army conduct a training review to ensure that the Commanders' Guide to Medical Confidentiality is included / briefed / issued within the CODC, Adjts, RSM, CATAC (Ph1) courses.</p> <p>b. AWS, RC conduct a training review to ensure that the Commanders' Guide to Medical Confidentiality is included / briefed / issued within the UWO course.</p> <p>c. APC conduct a training review to ensure that the Commanders' Guide to Medical Confidentiality is included / briefed / issued within the RCMO course.</p>	
17	HQ Fd Army and HQ Home Command regularly remind units to use and refer to the Commanders' Guide to Medical Confidentiality.	E2 - 77
<b>Medical and Chain of Command Interaction</b>		
18	HQ Fd Army and HQ Home Command regularly remind units of the requirement for units to distribute the record of the UHC Part 1 externally to their Bde HQ in accordance with AGAI Vol 2 Chap 57 Health Committees, in order the minutes are available to the higher formation Health Committee.	E3 - 56
19	Defence Primary Healthcare (DPHC) remind medical teams to record all significant communication regarding the health of a SP with the Chain of Command, including formal requests for information, within the SPs DMICP record.	E3 - 57
20	HQ Fd Army and HQ Home Command regularly remind units that in instances where the Chain of Command request critical management information relating to the health of a SP, they must ensure that the request does not breach the medical confidentiality of the SP and that medical teams are fully informed as to the background for the request.	E3 - 58
<b>Locum Doctor Understanding and Application of Army Policy and Procedure</b>		
21	Defence Primary Healthcare (DPHC) review the training delivered to, and information pack provided for, locum doctors to ensure they provide sufficient information regarding AGAI Vol 2, Chap 57, Health Committees and AGAI Vol 3, Chap 110 - Army SVRM Policy.	E3 - 59
<b>POSM</b>		
22	SHA (A), Army HQ update LFSO 3209 Land Post Operational Stress Management Policy to contain the detail that the policy owner is SHA (A), Army HQ, not Personal Services Branch 4 (Army), a now defunct organisation.	E4 - 34

Ser (a)	Recommendation (b)	Section/Para (c)
23	Pers Ops, Support Branch, HQ Fd Army ensure that, for ADOC directed operations and commitments, specific POSM guidance is contained in the Personnel Instruction or G1 Annex for the operation including any requirement to record individual SP POSM activity on JPA records, and any requirement to retain hard copy records within individual SP personal documentation (AF B9999).	E4 - 35
<b>Retention of Information</b>		
24	Directorate of Information to regularly remind Fmns to use and refer to the Information Retention Schedule contained within the Guidance for Records Retention Periods in Army Command Standing Order (ACSO) No 1811 Army Information Management Professionals Ways of Working dated Feb 16.	E4 - 36
<b>Unit Welfare Management Committee</b>		
25	Directorate Personnel Capability, Army HQ to include a regular reminder within the Welfare Matters Newsletter of the requirement for units to conduct a Monthly Welfare Management Committee.	E4 - 37

2. On completion of the SI recommendations are passed to the Lessons Team within HQ APSG.

**SI Observations<sup>1</sup>**

3. The following are a summary of the observations made as a result of the SI into the death of [REDACTED] on 31 Oct 17.

Ser (a)	Recommendation (b)	Section/Para (c)
<b>SVRM Policy, Practice and Training</b>		
1	SHA (A), Army HQ investigate the configuration of VRMIS to send an automatic MOD NET / DII email to remind the CAP Lead and Unit SVRM lead when a CAP monthly review or 3 monthly risk conference and has not been conducted, after the due date has passed.	E2 – 78
2	SHA (A), Army HQ consider limiting the VRMIS access rights / permissions to upload a SP to VRMIS to only the Unit Nominated SVRM Lead and Deputy in order to prevent erroneous entries being created.	E2 - 79

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<sup>1</sup> An Observation is a recommendation that has already been actioned by the organisation responsible.

## Glossary

Abbreviation (a)	Explanation (b)
ABN	Army Briefing Note
ACIN	Army Command Information Network
ACMT	Annual Combat Marksmanship Test
ACSC	Advanced Command and Staff Course
AD	After Duties
ADOC	Army Directorate for Operations and Contingencies
AEROMED	Aeromedical Evacuation
AF B9999	Army Form B9999 – Personal Folder
AFV	Armoured Fighting Vehicle
AGAI	Army General Administrative Instruction
AGC(ALS)	Adjutant General's Corps (Army Legal Services)
AGC(SPS)	Adjutant General's Corps (Staff & Personnel Support)
APC	Army Personnel Centre
APSG	Army Personnel Services Group
APSO	Area Personal Support Officer
AWS	Army Welfare Service
AWW	Army Welfare Worker
BATUK	British Army Training Unit Kenya
BATUS	British Army Training Unit Suffield (Canada)
BFG	British Forces Germany
BG	Battle Group
BLS	Basic Life Support
Bn	Battalion
BOO	Battalion Orderly Officer
BOS	Battalion Orderly Serjeant
BSO	Battalion Standing Order
BTO	Battalion Training Officer
CA	Climate Assessment
CAP	Care Assessment Plan
CAST	Command and Staff Trainer
CATAC	Combined Arms Tactics Course
CCT	Certificate of Completion of Training
CID	Criminal Investigation Department
CMP	Civilian Medical Practitioner
CMT	Combat Medical Technician
CoC	Chain of Command
CO	Commanding Officer
Coy	Company
CPN	Community Psychiatric Nurse
CQMS	Company Quartermaster Serjeant
CSjt	Colour Serjeant
CSM	Company Serjeant Major
Cts	Commitments
DCDS(MSO)	Deputy Chief of the Defence Staff (Military Strategy and Operations)
DCMH	Department of Community Mental Health
DCMO	Divisional Career Management Officer (Infantry Division)

Abbreviation (a)	Explanation (b)
DFO	Duty Field Officer
DcN	Decompression
Div	Division
DIU	Defence Inquest Unit
DLIMS	Defence Lessons Identified Management System
DLP	Defence Learning Portal
DMICP	Defence Medical Information Capability Programme
DMS	Defence Medical Services
DPHC	Defence Primary Healthcare
DOB	Date of Birth
DSH	Deliberate Self-Harm
DSR	Divisional Signal Regiment
EASP	Exercise Action Safety Plan
EFP	Education For Promotion
Fd	Field
FI	Falkland Islands
FIRIC	Falkland Islands Roulement Infantry Company
Fmn	Formation
FORM	Force Operations and Readiness Mechanism
FP	First Parade
FRY	Former Republic of Yugoslavia
FTRS	Full Time Reserve Service
GDMO	General Duties Medical Officer
GMC	General Medical Council
GOC	General Officer Commanding
GP	General Practitioner
G1	General Staff Division 1 - Personnel & Administration
G2	General Staff Division 2 - Intelligence & Security
G3	General Staff Division 3 - Operations
G4	General Staff Division 4 - Combat Service Support
G5	General Staff Division 5 - Future Plans
G6	General Staff Division 6 - CIS (Communications & Information Systems)
G7	General Staff Division 7 - Doctrine & Training
G8	General Staff Division 8 - Finance
G9	General Staff Division 7 - Policy, Legal & Presentation
HAZMAT	Hazardous Materials
HQ	Headquarters
ICC	Individual Case Conference
ICSC	Intermediate Command and Staff Course
INCREP	Incident Report
IR	Individual Reinforcement
JAWS	Joint Advanced Warfighting School
JCCC	Joint Casualty and Compassionate Centre
JMES	Joint Medical Employment Standard
JNCO	Junior Non-Commissioned Officer
JPA	Joint Personnel Administration
JSP	Joint Service Publication
JWIC	Jungle Warfare Instructor Course
LA	Learning Account



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Abbreviation (a)	Explanation (b)
LE	Late Entry Commission
LFSO	Land Forces Standing Orders
LI	Light Infantry
LO	Liaison Officer
Lt Col	Lieutenant Colonel
LTAR	Land Training Areas and Ranges
MA	Military Assistant
Maj	Major
MATTs	Military Annual Training Tests
MES	Medical Employment Status
MFD	Medically Fully Deployable
MH	Mental Health
MLD	Medically Limited Deployable
MND	Medically Non-Deployable
MO	Medical Officer
MOD	Ministry of Defence
MPAR	Mid-Period Appraisal Report
NOK	Next of Kin
MTO	Motor Transport Officer
NATO	North Atlantic Treaty Organisation
NHS	National Health Service
NI	Northern Ireland
NOLAAAR	Non-Operational Learning Account and After Action Review
NOTICAS	Notification Of Casualty Report
OC	Officer Commanding
OCDA	Officer Commanding Discipline and Administration (Course)
OPTAG	Operational Training and Advisory Group
ORBAT	Order of Battle
ORSI	Operational Readiness Support Inspection
OSM	Operational Stress Management
PAP	PULHHEEMS Administrative Pamphlet
PAPMIS	PULHHEEMS Administrative Pamphlet Management Information System
PEC	President of the Entertainment Committee
PGMO	Post Graduate Medical Officer
PJHQ	Permanent Joint Headquarters
PM	Provost Marshal
PMC	President of the Mess Committee
POSM	Post Operational Stress Management
PNCO	Potential Non-Commissioned Officer
POTL	Post Operation Tour Leave
PQO	Professionally Qualified Officer
PStat Cat	Personal Status Category
PT	Physical Training
PTI	Physical Training Instructor
PTSD	Post-Traumatic Stress Disorder
PUID	Person Unique Identifier
PULHHEEMS	A Tri-Service medical classification system taking its name from the first letters of the division under which the medical examination is carried out. These are:

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Abbreviation (a)	Explanation (b)
	P = Physical capacity, U = Upper limbs, L = Locomotion, HH = Hearing, EE = Eyesight, M = Mental capacity, S = Emotional stability
QDG	Queen's Dragoon Guards
QM	Quartermaster
QOY	Queen's Own Yeomanry
RAAT	Regular Army Assistance Table
RACHD	Royal Army Chaplains Department
RAF	Royal Air Force
RAMC	Royal Army Medical Corps
RASP	Range Action Safety Plan
RCD	Regional Clinical Director
RCMO	Regimental Career Management Officer
Revd	Reverend
RGJ	Royal Green Jackets
RMAS	Royal Military Academy Sandhurst
RMO	Regimental Medical Officer
RMP	Royal Military Police
ROG	Rear Operations Group
RoLE	Recognition of Life Extinct
RQMS	Regimental Quartermaster Serjeant
RSM	Regimental Serjeant Major
RSO	Regimental Signals Officer
RSOI	Reception, Staging, Onward-Movement and Integration
SASC	Small Arms School Corps
Sgt	Sergeant
Sjt	Serjeant
SHA (A)	Senior Health Adviser (Army)
SHEF	Safety, Health, Environment and Fire
SI	Service Inquiry
SJAR	Soldiers Joint Appraisal Report
SLA	Single Living Accommodation
SM	Serjeant Major
SME	Subject Matter Expert
SNCO	Senior Non-Commissioned Officer
SOCO	Scenes of Crime Officer
SOI	Standard Operating Instruction
SOP	Standard Operating Procedure
Sp	Support
SPS	Staff and Personnel Support
Svcs	Services
SVRM	Suicide Vulnerability Risk Management
SWAST	South Western Ambulance Service
TA	Territorial Army
TNA	Training Needs Analysis
Trg Wg	Training Wing
Trg WO	Training Warrant Officer
TRiM	Trauma Risk Management
UHC	Unit Health Committee
UPO	Unit Press Officer

<b>Abbreviation (a)</b>	<b>Explanation (b)</b>
UWO	Unit Welfare Officer
VJTF	Very High Readiness Joint Task Force
VO	Visiting Officer
VRMIS	Vulnerable Risk Management Information System
VCR	Verbatim Court Recorder
VTC	Video Tele-Conferencing
WISMIS	Wounded Injured and Sick Management Information System
WO	Warrant Officer
WO1	Warrant Officer Class One
WO2	Warrant Officer Class Two
WRVS	Women's Royal Voluntary Service (renamed Royal Voluntary Service in 2013)
1(UK)XX	1 <sup>st</sup> (United Kingdom) Division
160X	160 <sup>th</sup> Infantry Brigade and HQ Wales
2IC	Second in Command
20X	20 <sup>th</sup> Armoured Infantry Brigade
3(UK)XX	3 <sup>rd</sup> (United Kingdom) Division