



Defence  
Safety Authority

## **Service Inquiry**

Death of two potential Recruits  
following their involvement in  
the Common Selection Process  
at the Army Recruiting Group  
Assessment Centre, Lichfield

17 and 27 November 2019

Defence Safety Authority

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## PART 1.1

### Covering Note and Glossary

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**PART 1.1 – COVERING NOTE**

DSA/SI/03/19/LICHFIELD

Mar 21

DG DSA

**SERVICE INQUIRY INVESTIGATION INTO THE DEATHS OF MR KAMIL IDDRISU AND MR YOUNGSON JOHN JUMBE NKHOMA FOLLOWING THEIR INVOLVEMENT IN THE COMMON SELECTION PROCESS AT THE ARMY RECRUITING GROUP ASSESSMENT CENTRE LICHFIELD ON 17 AND 27 NOVEMBER 2019**

1. The Service Inquiry Panel convened at MOD Main Building on 11 December 2019, by order of the DG DSA, for the purpose of investigating the deaths of Mr Kamil Iddrisu and Mr Youngson John Jumbe Nkhoma following their involvement in the Common Selection process at the Army Recruiting Group Assessment Centre (Lichfield) on the 17 and 27 November 2019 respectively, and to make recommendations in order to prevent reoccurrence. The Service Inquiry Panel has concluded the inquiry and submits the provisional report for the Convening Authority's consideration.

2. The following inquiry papers are enclosed:

Part 1 REPORT	Part 2 RECORD OF PROCEEDINGS
Part 1.1 Covering Note and Glossary	Part 2.1 Diary of Events
Part 1.2 Convening Orders	Part 2.2 List of Witnesses
Part 1.3 Narrative of Events	Part 2.3 Witness Statements
Part 1.4 Analysis and Findings	Part 2.4 List of Attendees
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Part 1.6 Convening Authority Comments	Part 2.6 Exhibits
	Part 2.7 List of Annexes
	Part 2.8 Annexes
	Part 2.9 Schedule of Matters not Germane to the Inquiry
	Part 2.10 Master Schedule

**PRESIDENT**

(Signature)

██████████

██████████ Royal Air Force

President  
Lichfield SI

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**MEMBERS**

(Signature)

[Redacted]  
[Redacted] Royal Navy  
Member 1  
Lichfield SI

(Signature)

[Redacted]  
[Redacted], RAPTC  
Member 2  
Lichfield SI

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**SERVICE INQUIRY GLOSSARY**

<b>Acronym</b>	<b>Detail</b>
AAPTI	All Arms Physical Training Instructor
AB	Army Brief
AC	Assessment Centre
AC (B)	Assessment Centre (Belfast)
AC (G)	Assessment Centre (Glencorse)
AC (L)	Assessment Centre (Lichfield)
AC (P)	Assessment Centre (Pirbright)
ACC	Army Careers Centre
ACM	Assessment Centre Manager
ACSGtM	Assessment Centre Sergeant Major
ACSM	American College of Sports Medicine
ACSO	Army Command Standing Orders
ACTs	Army Cognitive Tests
AED	Automated External Defibrillator
AGAI	Army General and Administrative Instructions
AINC	Army Incident Notification Cell
AKI	Acute kidney injury
ALARP	As Low As Reasonably Practicable
AOSB	Army Officer Selection Board
AP	Appointed Person
APSG	Army Personnel Services Group
APSG SI	Army Personnel Services Group Service Inquiries
ARITC	Army Recruiting and Initial Training Command
ASCen	Army Safety Centre
ATG	Adventurous Training Group
ATSB	Australian Transport Safety Bureau
BA	Business Assurance
BAS	Bereavement and Aftercare Support
BCD	Battlefield Casualty Drills
BMI	Body Mass Index
BPM	Business Planning Manager
BT	Basic Training
BTS	Basic Training Starts
CA1	Candidate Assessor 1
CA2	Candidate Assessor 2
CA3	Candidate Assessor 3
CA4	Candidate Assessor 4
CA5	Candidate Assessor 5
CA6	Candidate Assessor 6
CASPER	Capita Accident, Safety, Property and Environmental Reporting
CBR	Chemical, biological or radioactive
CEO	Chief Executive Officer

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CESO	Command Environment and Safety Officer
CHAMP	Consortium for Health and Military Performance
CI1	Candidate Interviewer 1
CI2	Candidate Interviewer 2
CMO	Chief Medical Officer
CO	Commanding Officer
CoC	Chain of Command
COS	Chief of staff
CPD	Career and Personal Development
CPR	Cardiopulmonary Resuscitation
CR	Change Request
CRB	Criminal Records Bureau
CS	Common Selection
CSMs	Candidate Support Managers
CW	Commonwealth
DACOS	Deputy Assistant Chief of Staff
DAIB	Defence Accident Investigation Branch
DBS	Disclosure and Barring Service
DCDSDO	Deputy Chief of the Defence Staff's Duty Officer
DCOS	Deputy Chief of Staff
DDSM	Deployment Decision Support Matrix
DIN	Defence Instruction Notice
DIU	Defence Inquest Unit
DMS	Defence Medical Services
DoD	Department of Defense (US)
DoDI	Department of Defense Instruction (US)
DOps	Director Operations
DPHC	Defence Primary Healthcare
DRS	Defence Recruiting System
DSA	Defence Safety Authority
ECAST	Exertional Collapse associated with Sick Cell Trait
ECG	Electrocardiogram
eDBS	Enhanced Disclosure and Barring Service
EFAW	Emergency First Aid at Work
EP	Environmental Protection
ER	Exertional Rhabdomyolysis
ERF	Environmental or external risk factors
ERI	Exertional Related Illnesses
ES	Exertional Sickling
FAW	First Aid at Work
FEP	Fitness Enhancement Program
FME	Further Medical Evidence
FOQ	Family Origins Questionnaire
FSA	Functional Skills Assessment
FTA	Fire Team Assessment

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g/L	Grams per litre
GCC	Ground Close Combat
GHH	Good Hope Hospital
GMC	General Medical Council
GOC	General Officer Commanding
GP	General Practitioner
GTI	General Trainability Index
GTS	Gains to Strength
H&S	Health and Safety
HbA	Normal Adult Haemoglobin Tetramer
HbS	Abnormal Sickle Haemoglobin Tetramer
HbAA	Normal Adult Haemoglobin Genotype
HbAS	Heterozygous Sickle Cell Trait Haemoglobin Genotype
HbSS	Homozygous Sickle Cell Disease Haemoglobin Genotype
HM	Her Majesty's
HO	Home Office
HoE	Head of Establishment
HPRC	Human Performance Resources by CHAMP (Consortium for Health and Military Performance)
HSWA	Health and Safety at Work Act
ICD	Initial Career Discussion
INCREP	Incident Report
INCREPS	Incident Reports
IT	Information Technology
ITG	Initial Training Group
IU/L	International units per litre
JCCC	Joint Casualty and Compassionate Centre
JNCO	Junior Non-Commissioned Officer
JPA	Job Task Analysis
JSP	Joint Service Publication
JTA	Job Task Analysis
kPa	Kilopascals
LdA	Lead Assessor
LAs	Learning Accounts
LARs	Learning Account Reviews
LC	Lead Clinician
LI	Lead Interviewer
LVH	Left Ventricular Hypertrophy
MA	Military Assistant
MAQ	Mandatory Academic Qualifications
MATT	Military Annual Training Tests
MBT	Medicine Ball Throw
MJP	Military Judgement Panel
ml/min	Millilitres per minute
mmHg	Millimetres of mercury

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mmol/L	Millimoles per litre
MOD	Ministry of Defence
MPR	Monthly Performance Report
MSFT	Multi-Stage Fitness Test
MTP	Mid-Thigh Pull
NCAA	National Collegiate Athletic Association
ng/ml	Nanograms per millilitre
NGCC	Non-Ground Close Combat
NHS	National Health Service
NOK	Next of Kin
NRC	National Recruitment Centre
NSI	Non-Statutory Inquiry
OMQ	Online Medical Questionnaire
OTC	Officer Training Corps
PD	Physical Development
PEFR	Peak Expiratory Flow Rate
PES	Physical Employment Standards
PH	Potential of Hydrogen
PHCR	Primary Healthcare Record
PM	Post Mortem
POC	Point of Contact
PPSI	Permanent President Service Inquiry
PRF	Personal Risk Factors
PSMA	Pre-Service Medical Assessment
PSS (R)	Physical Selection Standards (Recruit)
PT	Physical Training
PTI	Physical Training Instructor
PTI1	Physical Training Instructor 1
PTI2	Physical Training Instructor 2
PTI3	Physical Training Instructor 3
QARANC	Queen Alexandra's Royal Army Nursing Corps
QMQ	Online Medical Questionnaire
RA	Risk Assessment
RAF	Royal Air Force
RAPTCI	Royal Army Physical Training Corps Instructor
REM	Regional Estates Manager
RFT (BT)	Role Fitness Test (Basic Training)
RFT (E)	Role Fitness Test (Entry)
RFT (S)	Role Fitness Test (Soldier)
RG	Recruiting Group
RGMD	Recruiting Group Medical Declaration
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
RIE	Royal Infirmary of Edinburgh
RLC	Royal Logistics Corps
RMAS	Royal Military Academy Sandhurst

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RN	Royal Navy
RPE	Rated Perceived Exertion
RPP	Recruiting Partnering Project
RTF	Role Fitness Test
RY	Recruiting Year
SCD	Sickle Cell Disease
SCHINF	School of Infantry
SCR	Soldier Conditioning Review
SCT	Sickle Cell Trait
SDC	Soldier Development Course
SEDs	Selection Event Details
SERE	Survive Evade Resist Extract
SHA (A)	Senior Health Advisor Army
SHEF	Safety Health, Environmental and Fire
SI	Service Inquiry
SIO (M)	Specialist Instructional Officer (Medical)
SLT	Senior Leadership Team
SN	Senior Nurse
SNCO	Senior Non-Commissioned Officer
SofS	Secretary of State
SOI	Standing Operating Instruction
SP	Service Person
PB 1	Passer-by 1
PB 2	Passer-by 2
TFA	Trading Fund Agency
TLB	Top Level Budget Holder
TST	Technical Selection Test
UK	United Kingdom
US	United States
USU	Uniformed Services University
UTPs	Universal Training Precautions
WA	Warfighters / Athletes
WBGT	Wet Bulb Globe Temperature
WRQ	Waiting Room Questionnaire
2IC	Second-in-Command

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## PART 1.2

### Convening Orders

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PART 1.2 – CONVENING ORDERS



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SI President  
SI Members

Hd DAIB  
DSA HQ Legad

DAIB Mentor  
DAIB Office Manager

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MA/CFA  
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DSA DLSR TL  
DDC Dir  
DDC Head of News  
DDC PR News Army  
APSG BAS SO1

**DSA DG/SI/03/19 – CONVENING ORDER FOR THE SERVICE INQUIRY INTO THE DEATHS OF 2 POTENTIAL RECRUITS FOLLOWING THEIR INVOLVEMENT IN THE COMMON SELECTION PROCESS AT THE ARMY RECRUITING GROUP ASSESSMENT CENTRE LICHFIELD ON 17 AND 27 NOV 19**

1. In accordance with Section 343 of Armed Forces Act 2006 and JSP 832 – Guide to Service Inquiries (Issue 1.0 Oct 08), the Director General, Defence Safety Authority (DG DSA) has elected to convene a Service Inquiry (SI).
2. The purpose of this SI is to investigate the circumstances surrounding the incidents and to make recommendations in order to prevent recurrence.
3. The SI Panel will commence administrative briefing at 1230 on Wednesday 11 December 2019 in MOD Main Building, Whitehall, and will be formally convened by the DG at 1330.

4. The SI Panel comprises:

President: [REDACTED]  
 Members: [REDACTED]  
 [REDACTED]

5. The legal advisor to the SI is [REDACTED] (DSA-HQ-Legad) and technical investigation/inquiry support is to be provided by the Defence Accident Investigation Branch (DAIB). The nominated mentor for this SI is [REDACTED] (DSA-DAIB-LAND-Ops4).

6. The SI is to investigate and report on the facts relating to the matters specified in its Terms of Reference (TOR) and otherwise to comply with those TOR (at Annex A). It is to

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record all evidence and express opinions as directed in the TOR. An Initial Report on the commencement of the investigation is to be submitted on 13 January 2020.

7. Attendance at the SI by advisors/observers, unless extended by the Convening Authority, is limited to the following:

**Head DAIB – Unrestricted Attendance.**

**DAIB investigators in their capacity as advisors to the SI Panel – Unrestricted Attendance.**

**Human Factors Advisors from the Army Personnel Research Capability seconded to provide specialist advice to the Panel and DAIB – Attendance appropriate to the consultation service being afforded.**

8. The SI Panel will initially undertake induction training at the DAIB facility at MOD Boscombe Down immediately after convening. Thereafter, permanent working accommodation, equipment and assistance suitable for the nature and duration of the SI will be requested at a location decided by the SI President in due course.

9. Reasonable costs will be borne by DG DSA under [REDACTED]

*Original Signed*

S C Gray CB OBE FREng  
Air Marshal  
DG DSA – Convening Authority

Annex:

A. Terms of Reference for the Service Inquiry into the deaths of 2 potential recruits following their involvement in the common selection process at the Army Recruiting Group Assessment Centre Lichfield on 17 and 27 Nov 19.

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**Annex A To  
DSA DG/SI/03/19 Convening Order  
Dated 11 Dec 19**

**TERMS OF REFERENCE FOR THE SERVICE INQUIRY INTO THE DEATHS OF 2  
POTENTIAL RECRUITS FOLLOWING THEIR INVOLVEMENT IN THE COMMON  
SELECTION PROCESS AT THE ARMY RECRUITING GROUP ASSESSMENT CENTRE  
LICHFIELD ON 17 AND 27 NOV 19.**

1. As the nominated Inquiry Panel for the subject SI, you are to:
  - a. Investigate and, if possible, determine the cause of the incidents, together with any contributory, aggravating and other factors and observations. Highlight any common factors that are identified and thoroughly determine all circumstances that may appear to link the incidents.
  - b. Ascertain whether personnel involved were acting in the normal course of their duties and were suitably qualified to undertake those duties in terms of relevant qualifications, competencies, currency and levels of supervision.
  - c. Examine the contractual arrangement with Capita that delivers recruitment assessment for the Army. Conduct a thorough review of the safety procedures and processes at Assessment Centre Lichfield (AC(L)), to include orders, SOPs, instructions, manning requirements and any other relevant direction pertinent to the Army's stated requirement and the contracted obligation. Consider applicability, suitability, relevance and the level of compliance at AC(L), comparing with other centres to identify inconsistent policy or practice.
  - d. Determine whether all equipment, including medical testing devices, used in the delivery of the Common Selection Process at AC(L) was appropriate, sufficient and fit for purpose. Include equipment that was used in these incidents to treat the casualties prior to arrival of the Emergency Services.
  - e. Examine the content of the Common Selection Process, particularly what policies, orders and instructions were applicable and whether they were appropriate and complied with.
  - f. Investigate and comment on relevant fatigue implications of each individual's activities prior to the commencement of the 2km run element of the Role Fitness Test (Entry) (RFT(E)). Include known and potential impact of environmental conditions prevalent at the time of the incidents and consider the appropriateness of the requirement for overseas candidates to be in the UK for 14 days prior to attending the AC(L).
  - g. Examine the system used to ascertain the medical status of potential recruits, from the point of initial application to acceptance. Assess whether this process is appropriate, effective and whether it was complied with in these instances. Consider whether the overseas origin of the candidates involved in these incidents affected the safety and suitability of the established medical assessments for the RFT(E).
  - h. Investigate previous incidents where candidates have required medical treatment after undergoing the RFT(E). Analyse incident data relating to all the

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Army's assessment centres that conduct the common selection process and comment on any identifiable trends. Examine whether lessons to be learned were previously identified and acted upon where appropriate.

i. Examine the processes in place for dealing with medical incidents at the AC(L) starting from the planning of the activity through to the post incident reporting procedures.

j. Examine the Command and Control of the recruiting assessment activities, with particular emphasis on Duty of Care for the candidates whilst undertaking assessment and review the levels of authority and supervision covering the task. Identify if the levels of planning and preparation were commensurate with the activities' objectives.

k. Assess any Health and Safety at Work and Environmental Protection implications in line with JSP 375, JSP 539 and JSP 418.

l. Determine and comment on any broader organisational and/or resource factors.

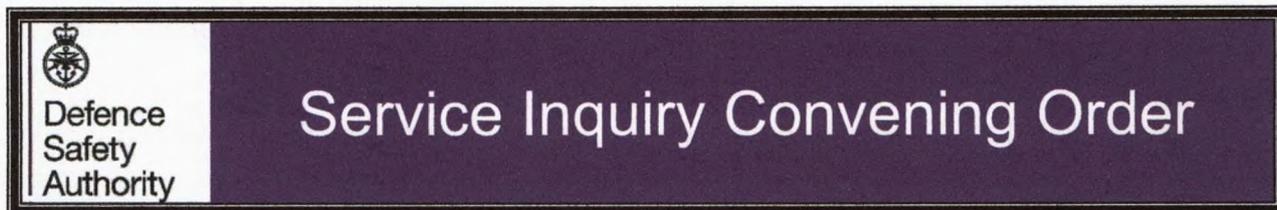
m. Report and make appropriate recommendations to DG DSA.

2. The investigation should not seek to attribute blame and you should use JSP 832 Guide to Service Inquiries and DSA 03.10 as guidance for the conduct of your inquiry. You are to report immediately to the DG DSA should you have cause to believe a criminal or Service Offence has been committed.

3. If at any stage the Panel discovers something that they perceive to be a continuing hazard presenting a risk to the safety of personnel or equipment, the President should alert DG DSA without delay to initiate remedial actions. Consideration should also be given to raising an Urgent Safety Advice note.

4. These Terms of Reference have been designed to be wide ranging in order to ensure that you have the freedom to investigate wherever the evidence leads.

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11 Dec 19

SI President  
SI Members

Hd DAIB  
DSA HQ Legad

DAIB Mentor  
DAIB Office Manager

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**DSA DG/SI/03/19 – CONVENING ORDER FOR THE SERVICE INQUIRY INTO THE DEATHS OF 2 POTENTIAL RECRUITS FOLLOWING THEIR INVOLVEMENT IN THE COMMON SELECTION PROCESS AT THE ARMY RECRUITING GROUP ASSESSMENT CENTRE LICHFIELD ON 17 AND 27 NOV 19**

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President: [REDACTED]  
Members: [REDACTED]

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9. Reasonable costs will be borne by DG DSA under [REDACTED]

*Original Signed*

S C Gray CB OBE FREng  
Air Marshal  
DG DSA – Convening Authority

Annex:

A. Terms of Reference for the Service Inquiry into the deaths of 2 potential recruits following their involvement in the common selection process at the Army Recruiting Group Assessment Centre Lichfield on 17 and 27 Nov 19.

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**Record of Changes**

Date	Change No.	Detail	Made by
10 Jul 20	1	Change of DAIB Mentor, Page 1 Annex A – TORs, Pages A1-2	[REDACTED]

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**Annex A To  
DSA DG/SI/03/19 Convening Order  
Dated 11 Dec 19**

**TERMS OF REFERENCE FOR THE SERVICE INQUIRY INTO THE DEATHS OF 2  
POTENTIAL RECRUITS FOLLOWING THEIR INVOLVEMENT IN THE COMMON  
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  - b. Ascertain whether personnel involved were acting in the normal course of their duties and were suitably qualified to undertake those duties in terms of relevant qualifications, competencies, currency and levels of supervision.
  - c. Conduct a thorough review of the safety procedures and processes at Assessment Centre Lichfield (AC (L)) relevant to the Pre-Service Medical Assessment (PSMA) and the Role Fitness Test (Entry) (RFT (E)), to include orders, SOPs, instructions, manning requirements and any other relevant direction. Consider applicability, suitability, relevance and the level of compliance at AC (L), comparing with other centres to identify inconsistent policy or practice.
  - d. Determine whether all equipment, including medical testing devices, used in the delivery of the PSMA and the RFT (E) was appropriate, sufficient and fit for purpose. Include equipment that was used in these incidents to treat the casualties prior to arrival of the Emergency Services.
  - e. Examine the content of the PSMA and the RFT (E), particularly what policies, orders and instructions were applicable and whether they were appropriate and complied with.
  - f. Investigate and comment on relevant fatigue implications of each individual's activities prior to the commencement of the 2km run element of the RFT (E). Include known and potential impact of environmental conditions prevalent at the time of the incidents and consider the appropriateness of the requirement for overseas candidates to be in the UK for 14 days prior to attending AC (L).
  - g. Examine the system used to ascertain the medical status of potential recruits, from the point of initial application to acceptance. Assess whether this process is appropriate, effective and whether it was complied with in these instances. Consider whether the overseas origin of the candidates involved in these incidents affected the safety and suitability of the established medical assessments.
  - h. Investigate previous incidents where candidates have required hospital treatment after collapsing during or immediately after the RFT (E). Examine whether lessons to be learned were previously identified and acted upon where appropriate.

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- i. Examine the processes in place for dealing with medical incidents at AC (L) starting from the planning of the activity through to the post incident reporting procedures.
  - j. Examine the Command and Control of the RFT (E), with emphasis on Duty of Care for the candidates whilst undertaking this assessment and review the levels of authority and supervision covering this task. Identify if the levels of planning and preparation were commensurate with the RFT (E)'s objectives.
  - k. Assess any Health and Safety at Work and Environmental Protection implications in line with relevant UK legislation and Service policy.
  - l. Determine and comment on any broader organisational and/or resource factors.
  - m. Report and make appropriate recommendations to DG DSA.
2. The investigation should not seek to attribute blame and you should use JSP 832 Guide to Service Inquiries and DSA 03.10 as guidance for the conduct of your inquiry. You are to report immediately to the DG DSA should you have cause to believe a criminal or Service Offence has been committed.
  3. If at any stage the Panel discovers something that they perceive to be a continuing hazard presenting a risk to the safety of personnel or equipment, the President should alert DG DSA without delay to initiate remedial actions. Consideration should also be given to raising an Urgent Safety Advice note.
  4. These Terms of Reference have been designed to be wide ranging in order to ensure that you have the freedom to investigate wherever the evidence leads.

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## PART 1.3

### Narrative of Events

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## PART 1.3 – NARRATIVE OF EVENTS

All times are local and approximate unless otherwise stated.

### Synopsis

#### Accident Summaries

1.3.1. **First accident.** On the morning of Sunday 17 November 2019, a potential Army recruit, Mr Kamil Iddrisu (Candidate 1), a 25 year-old Commonwealth (CW) candidate from Ghana, was taking part in a timed 2km run at the Army's Assessment Centre Lichfield (AC (L)) within Whittington Barracks, Lichfield, as part of his Role Fitness Test (Entry) (RFT (E)). This was part of the Soldier Selection process to join the British Army as a Regular Soldier. Approximately 400m from the finish line, he became unsteady on his feet, stopped and was placed in the safety vehicle by members of the AC (L) staff. He was transported to the main AC (L) building to wait for the arrival of a civilian ambulance. Once the ambulance arrived, the ambulance crew took over the care of Candidate 1 and transported him to Good Hope Hospital (GHH) in Sutton Coldfield. His condition worsened and, in the early hours of the morning of Monday 18 November 2019, Candidate 1 died in hospital.

Exhibit 1  
Exhibit 2  
Exhibit 3

1.3.2. **Second accident.** Separately, on the morning of Wednesday 27 November 2019, another potential Army recruit, Mr Youngson John Jumbe Nkhoma (Candidate 2), a 30 year-old CW candidate from Malawi, took part in an identical timed 2km run, as part of his RFT (E) at AC (L). Approximately 200m from the finish line he collapsed. He was immediately approached by members of AC (L) staff, who were soon joined by staff members from Defence Medical Services (DMS) Whittington who were passing by the accident. A civilian ambulance was requested and Candidate 2 was taken to GHH. His condition worsened and, in the evening of Wednesday 27 November, Candidate 2 died in hospital.

Exhibit 4  
Exhibit 5  
Exhibit 6

#### Background

1.3.3. **Recruiting Partnering Project (RPP).** In 2012, the Army changed its recruitment process by entering into a partnering agreement with Capita Business Services Ltd (Capita). Consequently, the RPP was established in order to recruit the quantity and quality of Regular and Reserve Officers and Soldiers that the Army requires each year. Recruiting Group (RG) was the name of the organisation that delivered the RPP. It was composed of both military and civilian staff, and it was led by a civilian Chief Executive Officer. RG sat under the Army Recruiting and Initial Training Command<sup>1</sup> (ARITC), which was led by a

Exhibit 7  
Exhibit 435

<sup>1</sup> The Army Recruiting and Initial Training Command (ARITC) was formerly, and in 2012, known as the Army Recruiting and Training Division (ARTD). This changed in April 2018, following the Army's Training Governance Review, when it became ARITC.

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British Army officer at the rank of Major General. Both RG and ARITC were based at Upavon.

1.3.4. **Army recruitment process.** The Army recruitment process delivered Soldier candidates into the Army (via training) in a series of stages. Army entry standards were role specific and common for both UK Nationals and CW citizens. CW candidates conducted the initial stages of recruitment remotely, due to the vast majority not being physically in the UK at the point of application. The result was a subtly different journey from application to selection, managed by a Candidate Support Manager (CSM) in the National Recruitment Centre (NRC) rather than a Regional Recruiter. The key stages of this process are detailed below.

Exhibit 8-14

a. **Application.** All candidates applied to join the Army online via the Defence Recruiting System (DRS). This system managed and tracked a candidate's journey all the way to starting Basic Training (BT). This stage also included an Initial Eligibility Check. Due to these checks, CW candidates required a manual intervention by the team based in the NRC to bypass the minimum UK residency requirement.

Exhibit 13  
Exhibit 15

b. **Online Medical Questionnaire (OMQ).** The OMQ was conducted using the DRS interface and filtered candidates early in the process who were extremely unlikely to pass medical screening and who, therefore, would likely fail to achieve the minimum Army Medical Entry Standards.

Exhibit 16-19

c. **Army Brief (AB) and Initial Career Discussion (ICD).** Candidates who successfully completed the OMQ were invited to attend an AB and ICD. This was most commonly held at an Army Careers Centre (ACC) and consisted of two key parts. The AB was an opportunity for a recruiter to explain to the candidate what the Army is and what it offers, whilst the ICD was an opportunity for the candidate to discuss any personal preferences and ask any questions. CW candidates conducted most of the AB and ICD remotely with the CW Team in the NRC.

Exhibit 19  
Exhibit 51

d. **Medical screening.** Candidates were medically screened against the Army Medical Entry Standards. For UK-based Regular Soldier candidates this was facilitated using a candidate's Primary Healthcare Record (PHCR), which was reviewed by a doctor. For Regular Officer, Reserve and CW candidates the Recruiting Group Medical Declaration (RGMD) was used. The RGMD was completed, in their home country, by the candidate's doctor. During the OMQ and medical screening, Further Medical Evidence (FME) could be requested from a candidate. Once a candidate had passed the medical screening

Exhibit 14  
Exhibit 20-22

~~OFFICIAL SENSITIVE~~

and Initial Eligibility Check, they were loaded onto a Soldier Selection event at an AC.

e. **Assessment Centre (Lichfield).** AC (L) was one of four ACs which ran Soldier Selection courses. The other three ACs were based in Belfast, Glencorse and Pirbright. There was also an Army Officer Selection Board (AOSB) based at Westbury. Exhibit 23

f. **Soldier Selection.** Soldier Selection was a 3-day process (Day 0 to Day 2) which included the Pre-Service Medical Assessment (PSMA), cognitive testing and physical assessments. The timed 2km run element of the physical assessment was conducted on Day 2 and was only attempted once a candidate had been declared 'medically fit' by an AC doctor, following completion of the PSMA. 'Team Tasks' (candidates working in small groups to solve problems), a simulated 'grenade-throw', and candidate interviews took place after the run element of the physical assessment on Day 2. These last three events are not discussed in detail below as neither Candidate 1 nor Candidate 2 took part in these events. Exhibit 24-25

g. **Assessment Centre pass or fail.** Candidates who were successful during Soldier Selection were loaded onto a BT course into a role of their choice and for which they had achieved the required entry standard. If a candidate failed Soldier Selection, their recruiting journey stopped. Exhibit 26

1.3.5. **Commonwealth recruitment.** The CW recruitment process was influenced by immigration requirements and security vetting. Therefore, CW candidates' journeys could vary. The key stages of this process are detailed below. Exhibit 12  
Exhibit 27

a. **Application.** CW candidates, like all UK candidates, applied to join the Army by applying online via the DRS. Due to CW candidates not having the required residency requirements, this system prevented them from moving to 'full application'. This required a manual intervention from the Initial Eligibility Team, based within the NRC. This was where a candidate became tagged as 'CW', was handed over to the CW Team, was assigned a fully-trained CSM in the NRC and started the process as an Army candidate. Exhibit 3  
Exhibit 6  
Exhibit 11-12  
Exhibit 27-28

b. **Online Medical Questionnaire (OMQ).** The OMQ was identical for both UK candidates and CW candidates. Exhibit 16-18

c. **Commonwealth further detail request.** Due to the requirement for further information from CW candidates, a DRS form (known as a 'screener') was sent to them once they had completed the OMQ. Requirements included such details as their passport number and their sponsor's name and address. Exhibit 29  
Exhibit 30

Sponsors for CW candidates were typically a relative or a family friend who lived in the UK. CW candidates typically nominated their sponsor as their next of kin for the purposes of the Soldier Selection process.

**d. Recruiting Group Medical Declaration (RGMD).**

Providing the information obtained in the screener was in line with policy requirements and candidates understood and accepted any limitations on their employment (based upon security vetting), all candidates were issued with an RGMD. This document was completed by a medical doctor in their home country, signed and returned to RG by post or email. The RGMD was used because PHCRs are not available in CW countries.

Exhibit 20-21  
Exhibit 31

**e. Invitation to attend Soldier Selection.** If a CW candidate met the requirements of the RGMD, they received a set of 'Selection Event Details' (SEDs) and were invited to attend an AC for Soldier Selection. For eligible CW candidates this enabled the candidate to apply for a visa and arrange the relevant transport. Candidates had to be in the UK for a minimum acclimatisation period<sup>2</sup> prior to conducting any physical assessment.

Exhibit 32-33  
Exhibit 34

**f. Assessment Centre.** CW candidates conducted the same 3-day Soldier Selection process as UK candidates at one of the four ACs.

Exhibit 23  
Exhibit 32

**g. Assessment Centre pass or fail.** If a CW candidate failed Soldier Selection they were informed, their recruiting journey stopped and the Home Office was notified.

Exhibit 26

**1.3.6. Assessment Centre (Lichfield).** AC (L) was located within Whittington Barracks (see Figure 1.3-1), alongside but operating independently of DMS Whittington. AC (L) ran Soldier Selection over the course of a 48-hour period, spread over 3 days (Day 0 to Day 2). AC (L) could run up to three Soldier Selection courses a week, with a maximum capacity of 56 candidates per course. The Soldier Selection course content is described below. All timings are approximate and have a degree of flexibility.

Exhibit 24  
Exhibit 35-36

<sup>2</sup> The minimum acclimatisation period for CW candidates varied throughout 2019 and 2020. This is discussed in more detail in Part 1.4 of this report. In November 2019, the minimum acclimatisation period for CW candidates was 10 days.



**Figure 1.3-1 – Location and layout of Whittington Barracks.**

Exhibit 256

1.3.7. **Day 0.** Candidates were directed to arrive at Lichfield City Railway Station no later than 16:00 to await collection by AC (L) staff. All candidates were required to provide proof of identity prior to being transported to AC (L). For most candidates, failure to provide suitable identification would result in them being turned away. However, CW and junior candidates were always taken to AC (L) for identity verification and alternative travel arrangements were made should they not be able to meet the identification requirements. The details and approximate timings for Day 0 are in Table 1.3-1.

Exhibit 13  
Exhibit 24  
Exhibit 35  
Exhibit 37-38

Time	Event
16:00	Candidates were collected from Lichfield City Railway Station.
16:30	Candidates received an opening address at AC (L).
17:45	Candidates completed an 'icebreaker' exercise.
18:30	Evening meal (at the cookhouse).
19:15	Assessor Admin Briefing which included the Army Cognitive Tests (ACTs) briefing, briefings on various administration points (eg documentation checks, career discussion forms, portal access checks) and completion of the Declaration of Agreement for Disclosure of Information.
22:00	Lights out (the time after which the candidates were supposed to sleep).

**Table 1.3-1 – Programme of events on Day 0.**

Exhibit 24

**OFFICIAL SENSITIVE**

1.3.8. **Day 1.** The details and approximate timings for Day 1 are in Table 1.3-2.

Exhibit 24  
Exhibit 35

<b>Time</b>	<b>Event</b>
05:30	Reveille (the time the candidates were woken up).
06:30	Breakfast (at the cookhouse).
07:15	Each candidate provided a urine sample.
07:30	Introduction to the role models. <sup>3</sup>
07:45	Pre-employment administration check.
08:45	Medical briefing.
09:00	ACTs (General Trainability Index, Functional Skills Assessment (numeracy and literacy), plus a voluntary Technical Selection Test if required).
09:00	Pre-Service Medical Assessments began.
12:30	Lunch (in the AC (L) main building).
13:00	Classroom ACTs and medicals were completed. RFT (E) Mid-Thigh Pull and Medicine Ball Throw (throughout the afternoon, after the PSMA is completed).
17:45	Basic training presentation.
18:30	Evening meal (at the cookhouse).
19:15	Recreation time and any outstanding administration.
22:00	Lights out (the time after which the candidates were supposed to sleep).

**Table 1.3-2 – Programme of events on Day 1.**

Exhibit 24

1.3.9. **Day 2.** The details and approximate timings for Day 2 are in Table 1.3-3.

Exhibit 24  
Exhibit 35

<sup>3</sup> Role Models were Regular Soldiers who presented an overview of their specific branch or trade to the candidates.

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Time	Event
05:30	Reveille (the time the candidates were woken up).
06:30	Breakfast (at the cookhouse). Before / after breakfast – room inspection; communal areas inspection.
08:00	RFT (E) 2km run.
08:45	Military lesson (a simulated 'grenade-throw' at the outdoor training area).
09:00	Team tasks (at the outdoor training area).
10:15	Fitness presentation.
10:30	Interviews, career discussions and completion of the candidate feedback forms. Candidates departed AC (L) by minibus once their interviews were complete.

**Table 1.3-3 – Programme of events on Day 2.**

1.3.10. **Pre-Service Medical Assessment (PSMA).** The PSMA included several medical screening assessments and a physical examination conducted by a doctor. Prior to the physical examination, Health Technicians and nurses conducted a series of 'run-ups' including urine tests, height and weight measurements, Body Mass Index<sup>4</sup> (BMI) calculations and vision and hearing assessments. All candidates had an electrocardiogram<sup>5</sup> (ECG) and all ACs could conduct both exercise spirometry<sup>6</sup> and an echocardiogram<sup>7</sup>, if the examining doctor decided either test was required. Once candidates were declared medically fit by the doctor at the end of the PSMA, they could attempt the RFT (E) 2km run on Day 2.

1.3.11. **Army Cognitive Tests (ACTs).** The ACTs consisted of three elements which are detailed below. The first two were common to all Army roles so all candidates attempted these, whereas the third was voluntary but was required for some Army roles. Some roles required Mandatory Academic Qualifications (MAQ) and candidates were required to submit relevant educational certificates as evidence.

Exhibit 24

Exhibit 14  
Exhibit 20-22  
Exhibit 39-42

Exhibit 28

<sup>4</sup> Body Mass Index (BMI) was calculated by dividing the weight (in kilograms) by the square of the height (in metres) and it was used to estimate if the body weight was healthy. For most adults, an ideal BMI was considered as being in the 18.5 kg/m<sup>2</sup> to 24.9 kg/m<sup>2</sup> range. Source - National Health Service (NHS) website [accessed on 21 October 2020].

<sup>5</sup> An electrocardiogram (ECG) was a test used to check the rhythm and electrical activity of the heart. Source - NHS website [accessed on 21 October 2020].

<sup>6</sup> Spirometry was a test of lung function used to rule out respiratory conditions such as asthma and lung scarring in some candidates. Exercise spirometry was spirometry performed before and after exercise. It was used to rule out exercise-induced asthma. Source - NHS website [accessed on 21 October 2020].

<sup>7</sup> An echocardiogram was a type of ultrasound scan used to look at the heart and nearby blood vessels. Source - NHS website [accessed on 21 October 2020].

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a. **General Trainability Index (GTI).** This assessment resulted in a GTI score, which gave an indication as to the trainability of a candidate. Each Army role had subtly different training requirements, which was reflected by the GTI score required.

Exhibit 28

b. **Functional Skills Assessment (FSA).** The FSA assessed a candidate's numeracy and literacy levels.

Exhibit 28

c. **Technical Selection Test (TST).** The TST was voluntary and was primarily maths focused. Those Army roles which were more technical required candidates to conduct the TST.

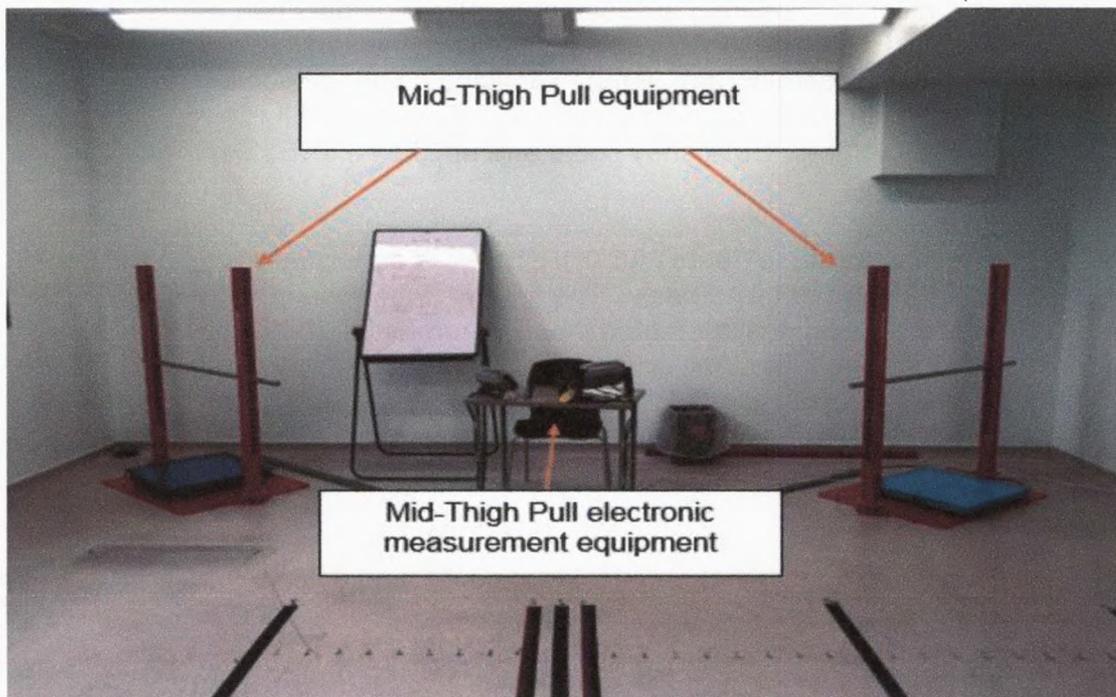
Exhibit 28

1.3.12. **RFT (E).** The RFT (E) was a physical assessment used during Soldier Selection to ensure candidates were at the appropriate level of physical fitness to commence BT. The RFT (E) consisted of a Mid-Thigh Pull, a Medicine Ball Throw and a timed 2km run.

Exhibit 43

a. **Mid-Thigh Pull.** The Mid-Thigh Pull assessed the muscular strength of the lower limbs. It was delivered within the Physical Development suite and the equipment used to conduct this test is shown at Figure 1.3-2. The minimum score to be achieved by each candidate was matched against their preferred Army role. This assessment is described in more detail in Part 1.4 of this report.

Exhibit 28

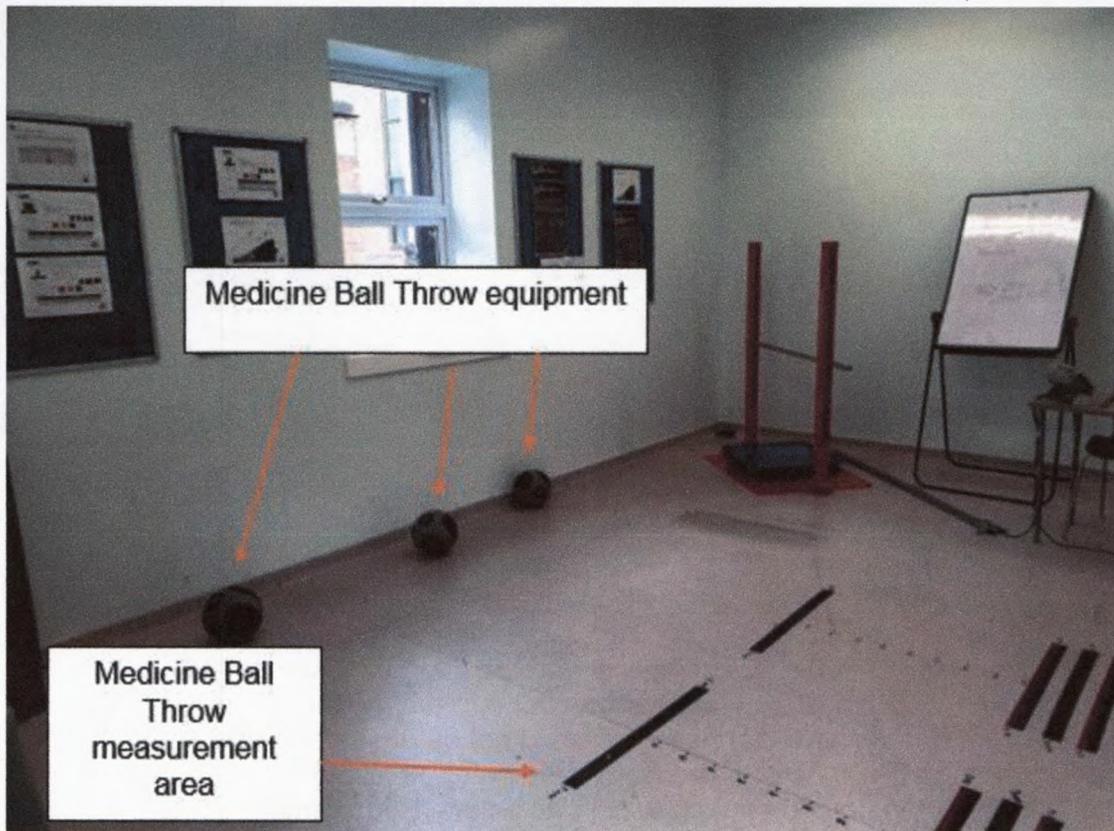


**Figure 1.3-2 – The Mid-Thigh Pull lifting platforms in the Physical Development suite.**

Exhibit 44

b. **Medicine Ball Throw.** The Medicine Ball Throw assessed the explosive power of the upper body. It was delivered within the Physical Development suite and the equipment used to conduct this test is shown at Figure 1.3-3. The minimum score to be achieved by each candidate was matched against their preferred Army role. This assessment is described in more detail in Part 1.4 of this report.

Exhibit 45  
Exhibit 257



**Figure 1.3-3 – The Medicine Ball Throw area in the Physical Development suite.**

Exhibit 46

c. **2km run.** The 2km run assessed aerobic fitness. All candidates undertook an 800m walk-run warm-up as a group. They then completed the timed 2km run as an individual best-effort, completing 2 laps of the route shown at Figure 1.3-4. The time to be achieved by each candidate was matched against their preferred Army role.

Exhibit 43  
Exhibit 45

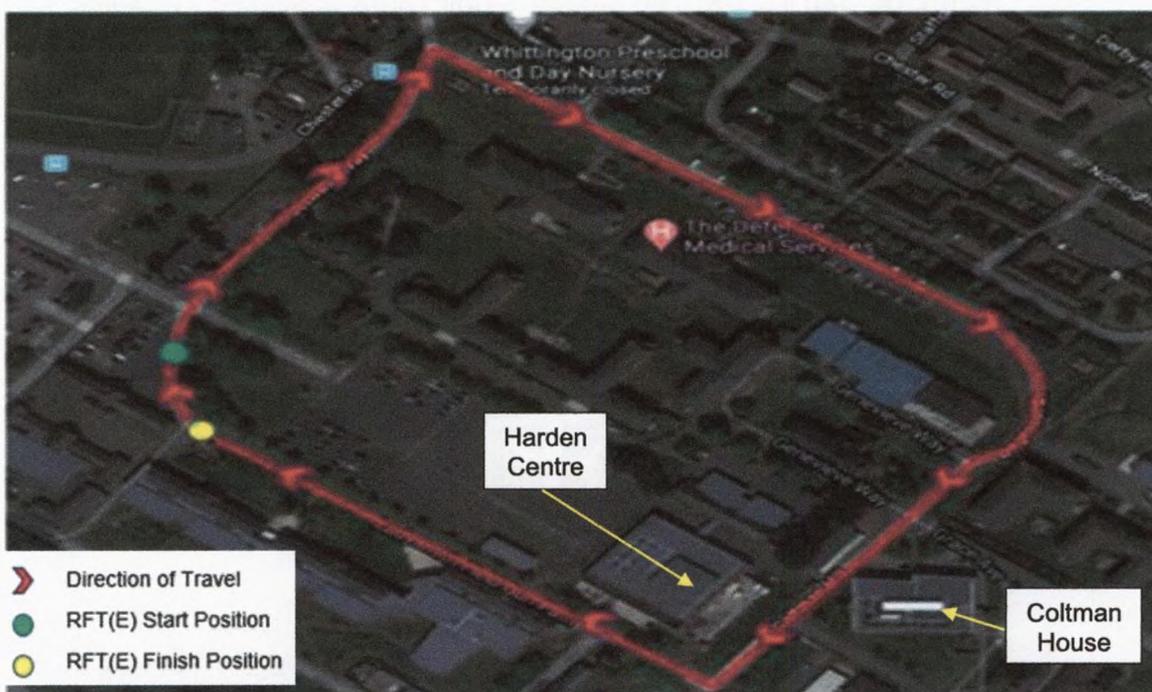


Figure 1.3-4 – The RFT (E) 2km run route and the direction of travel.

Exhibit 47

1.3.13. The run element of the RFT (E) was only completed once a candidate had been declared medically fit by an AC doctor, following the PSMA. Prior to the start of the 2km run, three members of the AC (L) staff were assigned as 'route-markers' and were positioned at key points to mark the RFT (E) 2km run route. This was done to reduce the risk of blind spots on the route where candidates could not be observed. The Lead PTI waited at the finish line to record candidates' finishing times and the other PTI ran behind the last candidate as the 'Rearmarker' PTI<sup>8</sup>. A safety vehicle, shown at Figure 1.3-5, was driven a few metres behind the 'Rearmarker' PTI. The safety vehicle was driven by one of the AC (L) staff. It contained bottles of water, blankets, an Automated External Defibrillator (AED) and a first aid kit.

Exhibit 28

Exhibit 43

Exhibit 48

<sup>8</sup> The term 'Rearmarker' PTI was used in RG policy to denote the PTI tasked with following the last candidate taking part in the RFT (E) 2km run.



**Figure 1.3-5 – The safety vehicle.**

Exhibit 49

1.3.14. **Key personalities.** AC (L) employed a mixture of both military and civilian staff. Many of the civilian staff had previously served in the military. The list of the key personalities involved in the two accidents is detailed below:

a. **AC (L) Manager (ACM).** The ACM was a civilian employee and a former commissioned officer in the British Army. The ACM directly managed the whole team of military and civilian staff at AC (L) and was responsible for the management, planning and safe delivery of all activities at AC (L).

Exhibit 35  
Exhibit 50

b. **AC (L) Second-in-Command (2IC).** The 2IC was a commissioned officer in the British Army at the rank of Major.

Exhibit 52

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The 2IC's primary role was as a Candidate Interviewer (CI). In addition, the 2IC deputised for the ACM in their absence.

c. **AC (L) Centre Sergeant Major (ACSgtM).** The ACSgtM was a Regular Army Warrant Officer Class 2. The ACSgtM operated under the direction of the 2IC and was the facilities manager and the focal point for all AC (L) military non-commissioned staff. In addition, the ACSgtM was responsible for uploading reports to the electronic reporting system called 'Capita Accident, Safety, Property and Environmental Reporting' (CASPER). Exhibit 53

d. **AC (L) Lead Interviewer (LI).** The LI was a civilian employee who worked under the direction of the ACM. The LI was also an Army Reserve Warrant Officer. As well as being a CI, the LI managed the day-to-day responsibilities of all the other CIs at AC (L). Exhibit 50  
Exhibit 54

e. **Candidate Interviewer 1 (CI1).** CI1 was a commissioned officer in the British Army at the rank of Major who had commissioned from the ranks. CI1 was required to provide recommendations on candidates' suitability for future employability on the Candidate Grading Boards (CGBs), consolidate all the data and test results on the DRS and conduct candidate interviews. Exhibit 55

f. **Candidate Interviewer 2 (CI2).** CI2 was a civilian employee who had been employed within Army recruiting for approximately 10 years. CI2 was required to provide recommendations on candidates' suitability for future employability on the CGBs, consolidate all the data and test results on the DRS and conduct candidate interviews. Exhibit 50  
Exhibit 56

g. **AC (L) Lead Assessor (LdA).** The LdA was a civilian employee who worked under the direction of the ACM. The LdA was formerly a Regular Army Warrant Officer. The LdA was a Candidate Assessor (CA) and, in addition, managed the day-to-day responsibilities of all the other CAs at AC (L). Exhibit 50  
Exhibit 57

h. **Candidate Assessor 1 (CA1).** CA1 was a civilian employee who was formerly a Regular Army Warrant Officer. All CAs (CA1 to CA6) were responsible for assessing and monitoring the candidates who undertake the Soldier Selection process. In addition, all CAs were required to record all the results achieved by the candidates and regularly update DRS in preparation for Candidate Interviewers and the CGB. Exhibit 50  
Exhibit 58

**OFFICIAL SENSITIVE**

- |   |                          |
|---|--------------------------|
| i. <b>Candidate Assessor 2 (CA2).</b> CA2 was a Regular Army Junior Non-Commissioned Officer (JNCO) at the rank of Lance Sergeant.  | Exhibit 59               |
| j. <b>Candidate Assessor 3 (CA3).</b> CA3 was a civilian employee who was formerly a Regular Army Senior Non-Commissioned Officer (SNCO).   | Exhibit 60               |
| k. <b>Candidate Assessor 4 (CA4).</b> CA4 was a Regular Army JNCO at the rank of Corporal.  | Exhibit 61               |
| l. <b>Candidate Assessor 5 (CA5).</b> CA5 was a Regular Army SNCO at the rank of Staff Sergeant.  | Exhibit 62               |
| m. <b>Candidate Assessor 6 (CA6).</b> CA6 was a civilian employee.  | Exhibit 50               |
| n. <b>Unnamed Assessors.</b> AC (L) operated with a staff of 14 CAs working in military and civilian capacities. CAs who were 'route-markers' during the RFT (E) 2km run but who had no impact on, or interaction with, the events following the collapses of Candidate 1 and Candidate 2 have been referred to as an Unnamed Assessor in the narratives below.                     | Exhibit 50               |
| o. <b>Physical Training Instructor 1 (PTI1).</b> PTI1 was a civilian employee who worked under the direction of the LdA. PTI1 was formerly a Regular Army JNCO. All PTIs (PTI1 to PTI3) were responsible for delivering the physical training activities during the Soldier Selection process and assessing and monitoring the candidates undertaking physical training activities. | Exhibit 50<br>Exhibit 63 |
| p. <b>Physical Training Instructor 2 (PTI2).</b> PTI2 was a civilian employee who was formerly a Regular Army JNCO.   | Exhibit 50<br>Exhibit 64 |
| q. <b>Physical Training Instructor 3 (PTI3).</b> PTI3 was a Regular Army JNCO who had been temporarily loaned to AC (L) from within RG.   | Exhibit 50<br>Exhibit 65 |
| r. <b>Passer-by 1 (PB1).</b> PB1 was a Regular Army Warrant Officer who worked at DMS Whittington, based at Whittington Barracks, and did not work for or serve under AC (L). PB1 had a medical training background and supported Candidate 2 prior to his hospitalisation.   | Exhibit 66               |
| s. <b>Passer-by 2 (PB2).</b> PB2 was a Regular Army SNCO who worked at DMS Whittington, based at Whittington Barracks, and did not work for or serve under AC (L). PB2 had a medical  | Exhibit 67               |

**OFFICIAL SENSITIVE**

training background and supported Candidate 2 prior to his hospitalisation.

t. **Lead Clinician (LC).** The LC managed a team of five permanently employed doctors, alongside several sessional doctors. The LC managed their training and competency assessments and supervised the clinical governance processes for AC (L). The LC worked within the NHS for several years and then moved into occupational health before taking up the role of LC at AC (L) in 2014. The LC reported to the ACM and to the RG Chief Medical Officer.

Exhibit 50  
Exhibit 68

u. **Senior Nurse (SN).** The SN managed the team of health technicians, including co-ordinating and supervising their training, and managed the PSMA 'run-ups' process, to ensure that the medical screening processes ran smoothly, in partnership with the LC. The SN role at AC (L) was previously known as the Senior Health Technician. The SN was formerly in the Queen Alexandra's Royal Army Nursing Corps (QARANC), in a primary healthcare setting, before starting working at AC (L) in 2002. Their role at AC (L) was mainly managerial, providing advice to the ACM and to the LC. The SN reported to the ACM and to the RG Chief Medical Officer.

Exhibit 69  
Exhibit 71

v. **Specialist Instructional Officer (Medical) (SIO (M)).** The SIO (M) was a Civil Servant who worked for the Ministry of Defence (MOD) at DMS Whittington and did not work for or serve under AC (L). Their role involved training medical personnel from the Royal Navy, the British Army and the Royal Air Force in pre-hospital emergency care on several different courses. Previously they worked for the ambulance service for several years and they had maintained their registration as a paramedic.

Exhibit 70

**Candidate 1**

**Prior to Arrival at AC (L)**

1.3.15. **Prior to arrival at AC (L).** Candidate 1 was a 25-year-old male from Ghana, who applied to join the Army on 16 May 2019, under the CW Residency Waiver policy. His preferred Army role was the Royal Logistics Corps (RLC). Candidate 1 completed the OMQ on 16 May 2019. His responses to the 23 OMQ questions did not raise any concerns and his application progressed to the next stage. Prior to his arrival in the UK, Candidate 1 completed the RGMD where he declared no details of personal or family health problems. Following the NRC review of his RGMD, Candidate 1 was booked to attend AC (L) on 15 November 2019. He arrived at London Heathrow airport on 30 October 2019 and stayed with his uncle, who acted as his sponsor and Next of

Exhibit 1  
Exhibit 17  
Exhibit 21  
Exhibit 73  
Exhibit 258

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Kin (NOK) during his time in the UK. Candidate 1 used an issued travel warrant to travel to Lichfield City Railway Station, before he was transported by coach to AC (L), along with the other candidates. Table 1.3-4 details Candidate 1's application timeline from his initial application to join the Army until his arrival at AC (L).

Date	Event
16 May 19	An initial application was submitted on DRS by Candidate 1.
16 May 19	Application received by the NRC. NRC requested additional information from Candidate 1 on Criminal Convictions, more detailed application questions, and the completion of an OMQ.
16 May 19	NRC received information from Candidate 1 relating to Criminal Convictions and a completed OMQ.
17 May 19	NRC received answers to the more detailed application questions from Candidate 1.
21 May 19	Candidate 1's application was tagged to a CW Residency Waiver by the NRC, who also assigned him a CSM.
3 Jul 19	NRC requested completion of the Initial CW Screening by Candidate 1.
5 Jul 19	NRC received the Initial CW Screening information from Candidate 1, and the detail was uploaded to DRS.
5 Jul 19	NRC requested Candidate 1 to complete the RGMD.
15 Jul 19	NRC received the completed RGMD.
18 Jul 19	NRC reviewed the completed RGMD.
20 Aug 19	At candidate's request, the NRC booked a place at AC (L) on 17 November 2019.
21 Aug 19	Further questions were sent to Candidate 1 to confirm whether there had been any changes in circumstance.
22 Aug 19	Candidate 1 emailed the NRC to accept his place at the AC and was issued with the event details and assessment brief.
28 Aug 19	Further to the questions of 21 Aug, Candidate 1 confirmed that there had been no changes in circumstance.
3 Oct 19	NRC received Candidate 1's visa and flight details.
30 Oct 19	Candidate 1 arrived in the UK and stayed with his sponsor.
12 Nov 19	Candidate 1 liaised with the NRC to confirm travel arrangements to AC (L) and to confirm UK contact details.

15 Nov 19	Candidate 1 arrived at Lichfield City Railway Station.
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**Table 1.3-4 – Events prior to Day 0.**

**Day 0 – Friday 15 November 2019**

1.3.16. **Events on Day 0.** Following arrival at AC (L), all candidates underwent an initial check of their documents. The date of arrival in the UK of CW candidates was checked, via the visa stamp in their passports, and recorded on DRS to ensure all CW candidates comply with the RG criteria of a minimum 10-day acclimatisation period in the UK prior to attending Soldier Selection. Candidate 1's passport indicated he had arrived in the UK on 30 October 2019, fulfilling the minimum 10-day acclimatisation requirement and allowing him to proceed. Following the attendance check, all the candidates received an opening address from the ACM on the 3-day programme.

Exhibit 74

Exhibit 1  
Exhibit 24  
Exhibit 32  
Exhibit 38  
Exhibit 75

**Day 1 – Saturday 16 November 2019**

1.3.17. **Events on Day 1.** The events on Day 1 followed the usual schedule of events detailed in Table 1.3-2, with no notable deviations. On the morning of Day 1, candidates were woken and were later escorted to breakfast in the cookhouse within Whittington Barracks, supervised by AC (L) staff. On completion of breakfast, the candidates returned to AC (L) and received a centralised address from the Assessor and Clinical teams to explain the events of the day.

Exhibit 24  
Exhibit 75

a. **Pre-Service Medical Assessment (PSMA).** Candidate 1 underwent the PSMA on 16 November 2019. Immediately prior to the start of the PSMA, he completed the Waiting Room Questionnaire (WRQ), a medical self-declaration form. In the WRQ he indicated that he had conducted 11 to 15 hours of exercise each week in the form of running, gym-based exercises and gym-based weight-training. He reported taking no prescription medications, not smoking or drinking alcohol, no history of substance abuse and no family history of sudden death. During his PSMA, Candidate 1's ECG was reported as 'Moderate voltage criteria for LVH [left ventricular hypertrophy], may be normal variant, borderline ECG' and 'Isolated LVH [left ventricular hypertrophy], normal variant within standards'<sup>9</sup>. However, this was considered to be typical for someone of his

Exhibit 20  
Exhibit 72

<sup>9</sup> 'Moderate voltage criteria for LVH [left ventricular hypertrophy], may be normal variant, borderline ECG' and 'Isolated LVH [left ventricular hypertrophy], normal variant within standards' were patterns of changes in the ECG tracings that could indicate enlargement (hypertrophy) of the ventricles of the heart. In isolation, this was a common physiological change in trained athletes, but it could sometimes be suggestive of an underlying pathological cardiac condition. These patterns of changes in the ECG tracings were very similar to 'Voltage criteria for left ventricular hypertrophy, abnormal ECG', which was demonstrated on Candidate 2's ECG.

**OFFICIAL SENSITIVE**

ethnic background and therefore it was decided, as per the policy at the time, that he did not require further echocardiogram testing. Candidate 1 therefore passed all elements of the PSMA and was declared fit to take part in the 2km best-effort run element of the RFT (E) on Day 2.

b. **Army Cognitive Tests (ACTs).** On 16 November 2019, all candidates took the ACTs. Candidate 1 achieved the required standard for his preferred role.

Exhibit 76

c. **The first two elements of the RFT (E).** The Mid-Thigh Pull and the Medicine Ball Throw were conducted on 16 November 2019. Candidate 1 completed both elements to the required standard for his preferred role.

Exhibit 74

**Day 2 – Sunday 17 November 2019**

1.3.18. **Events on Day 2.** All times and distances are approximate. On the morning of Day 2, candidates were woken and were later escorted to breakfast in the cookhouse within Whittington Barracks at 06:30, by AC (L) staff. On completion of breakfast, all candidates were escorted to the AC (L) prior to commencing the RFT (E) 2km run.

Exhibit 24  
Exhibit 74-75

a. **Safety brief.** Immediately prior to commencing the RFT (E) 2km run, the candidates received a safety brief which included a check for injuries and confirmation that everyone had a full water bottle.

Exhibit 43  
Exhibit 75  
Exhibit 77

b. **RFT (E) 2km run roles and responsibilities.** The roles listed in Table 1.3-5 were carried out by AC (L) staff during the RFT (E) 2km run.

Staff Member	Role	Responsibilities
PTI2	Lead PTI.	Time keeping.
PTI1	'Rearmarker' PTI.	Following the rear candidate.
CA6	Safety vehicle driver.	AED check. First aid supply check.
CA1	Route-marker.	Mark route for candidates. Route traffic management.
Unnamed Assessor	Route-marker.	Mark route for candidates.

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		Route traffic management.
Unnamed Assessor	Route-marker.	Mark route for candidates. Route traffic management.
CA4	Duty Assessor at AC (L) reception.	Communication coordination. Event / incident recording.

**Table 1.3-5 – RFT (E) 2km run roles and responsibilities.**

c. **RFT (E) 2km run warm-up.** Immediately following the completion of the safety brief, all the candidates were escorted to the start point to conduct the 800m warm-up activity. Along with the other candidates, Candidate 1 undertook the warm-up for the RFT (E) 2km run at 08:00, under the direction of PTI2 and PTI1, in accordance with the standard programme of events for Soldier Selection at AC (L). The outside temperature was 7°C. While the warm-up activity was being conducted by PTI2, three AC (L) assessors positioned themselves around the 1km running route loop to act as 'route-markers' for the run. There were no issues reported during this stage of the assessment.

d. **RFT (E) 2km run.** Immediately following the warm-up, the candidates started the 2km run element of the RFT (E) under the direction of PTI2. By 08:20 Candidate 1 had completed 1600m of the run when, 400m from the finish line, he became unsteady on his feet as he approached Coltman House. He was stopped from continuing by CA1, who witnessed Candidate 1 beginning to struggle. Figure 1.3-6 shows the location where Candidate 1 stopped on the RFT (E) 2km run route.

Exhibit 78-79  
Exhibit 81  
Exhibit 24  
Exhibit 43  
Exhibit 73  
Exhibit 75  
Exhibit 78-79

Exhibit 3  
Exhibit 75  
Exhibit 78-81  
Witness 85

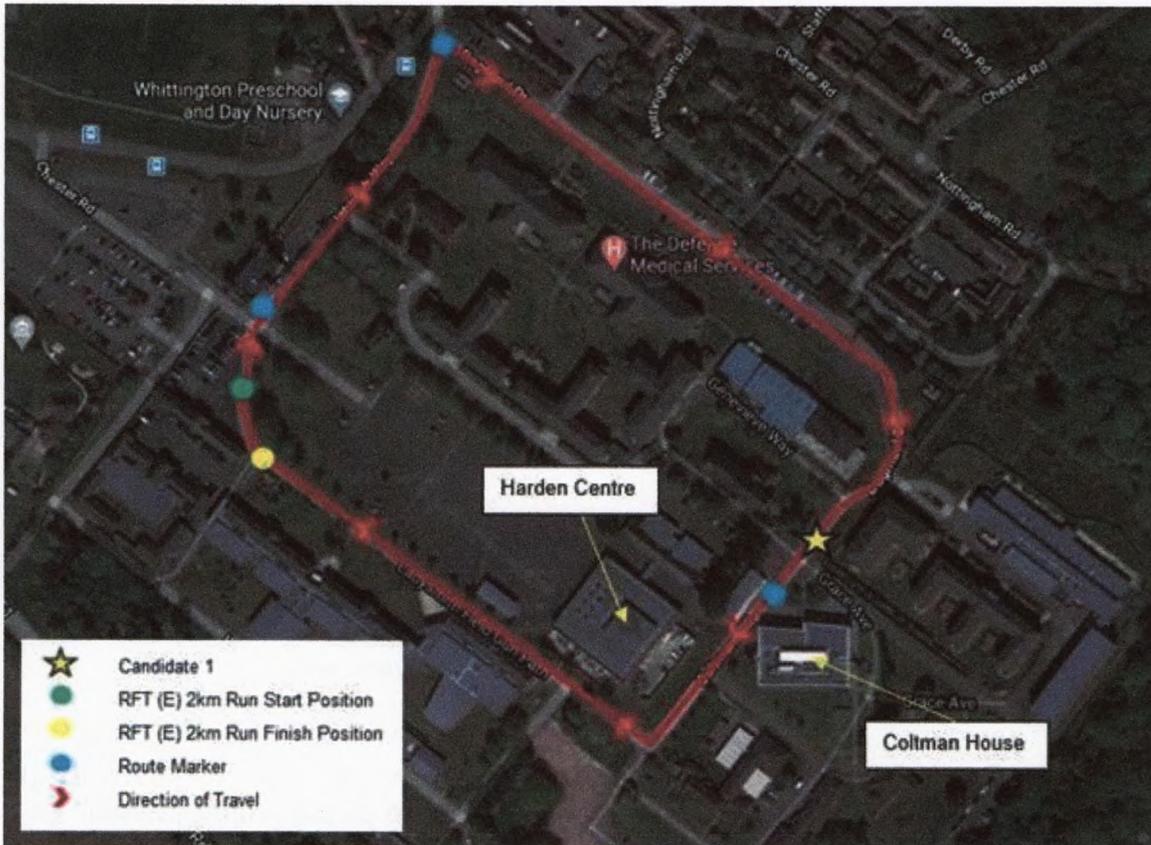


Figure 1.3-6 – The location where Candidate 1 stopped on the RFT (E) 2km run.

Exhibit 47  
 Exhibit 81  
 Exhibit 85  
 Exhibit 87  
 Exhibit 2-3  
 Exhibit 79  
 Exhibit 81-85

e. **Identification that intervention was required.** At 08:20, CA1 stopped Candidate 1 from continuing the 2km run. CA1 was a 'route-marker', positioned outside Coltman House, and alerted the other AC (L) staff that a candidate had collapsed. CA1 positioned Candidate 1 in a seated, upright position on the pavement, away from any hazards on the road. CA1 stood behind Candidate 1 with his back rested against CA1's legs to provide support. CA1 was concerned about Candidate 1 and alerted the safety vehicle which was following the 2km run.

f. **Initial response and medical care.** The initial responder was CA1 who supported the casualty until the safety vehicle, driven by CA6, arrived. Candidate 1 was placed in the safety vehicle and transported to the 2km finish line. At the finish line they were met by the LdA, who directed them to take the casualty to the Spirometry Room<sup>10</sup>, within the clinical department of the main assessment centre building. CA1 and CA6 assisted Candidate 1 into the main building and placed him on the clinical examination couch in the horizontal position. At

Exhibit 74  
 Exhibit 79  
 Exhibit 81  
 Exhibit 85-86  
 Exhibit 123

<sup>10</sup> The Spirometry Room was used to conduct exercise spirometry during the PSMA process. It contained a clinical examination couch, an ECG machine, equipment to conduct exercise spirometry, as well as some basic medical equipment.

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08:30, the LdA directed CA6 to contact the emergency services. Within the Spirometry Room, Candidate 1's condition continued to deteriorate, and his behaviour became more erratic and animated. At 08:35, the ambulance arrived at the AC (L) and Candidate 1 was assessed by the ambulance crew. A decision was made by the ambulance crew to take Candidate 1 to GHH.

g. **Transfer to hospital.** The ambulance left AC (L) at 09:05 and arrived at the Emergency Department of GHH at 09:28. PT12 accompanied Candidate 1 to GHH. At 10:20, the 2IC was contacted by the Senior Resuscitation Nurse at GHH, who requested Candidate 1's medical records. These medical records were delivered to the hospital, later that day, by CA 6.

h. **Sponsor informed.** At 09:00, CI2 informed Candidate 1's sponsor (who was also his NOK) that Candidate 1 was being taken to hospital. The sponsor was met at the hospital at 14:30 by the LI from AC (L). Despite intensive care treatment, Candidate 1 died the next day, on Monday 18 November 2019, in GHH.

1.3.19. **Reporting procedures.** The reporting procedures completed following the accident involving Candidate 1 are discussed in detail in Part 1.4 of this report, although a brief summary of the key events is provided here. The accident involving Candidate 1 was reported using the RG Safety, Health, Environmental and Fire (SHEF) 001 (accident / incident report) form, which was initiated by PT11, and the RG SHEF 003 (accident / incident witness report) forms, which were completed by the LdA, CA6 and PT12. CA1 wrote their witness statement on a separate Word document. An RG Incident Report (INCREP) was submitted on 17 November 2019 and telephone notification took place between AC (L) and RG, and subsequently between RG and ARITC. On the following day, 18 November 2019, the Army Personnel Support Group (APSG), at Marlborough Lines, Andover, was notified by telephone and updated copies of the RG INCREP were circulated within ARITC. The accident involving Candidate 1 was also reported using the Capita CASPER reporting system on 20 November 2019, which was subsequently sent to the Army Incident Notification Cell (AINC) on 27 November 2019, after the accident involving Candidate 2. Neither the Secretary of State (SofS) nor the Defence Accident Investigation Branch (DAIB) were informed of the death of Candidate 1 until after the death of Candidate 2.

1.3.20. **Cause of death.** At the time of writing, the cause of death for Candidate 1 had not been confirmed as the Post Mortem (PM) report had not been finalised. This is discussed further in Part 1.4 of this report.

Exhibit 73  
Exhibit 88  
Exhibit 89  
Exhibit 90  
Exhibit 435

Exhibit 90  
Exhibit 92-93

Exhibit 2-3  
Exhibit 74  
Exhibit 80-84  
Exhibit 91  
Exhibit 94-100  
Exhibit 123

## Immediate Actions Following the Accident

1.3.21. In response to the accident, RG immediately reviewed the WRQ. The first amendment to the WRQ after Candidate 1's death was made on 18 November 2019 (WRQ Version 4.0, dated November 2019), where the question 'Do you use any performance enhancers?' was added and the question 'Has any member of your family died suddenly from heart problems under the age of 40?' was replaced with the question 'Has any member of your family died suddenly under the age of 50?'

Exhibit 42  
Exhibit 72  
Exhibit 74  
Exhibit 101

1.3.22. An update to the echocardiogram test criteria was introduced on 25 November 2019. This stated that an echocardiogram was to be carried out on any candidate who displayed 'moderate voltage criteria for hypertrophy' (even in isolation) on their PSMA ECG. Candidate 1's ECG was reported as 'Moderate voltage criteria for LVH [left ventricular hypertrophy], may be normal variant, borderline ECG' and 'Isolated LVH [left ventricular hypertrophy], normal variant within standards', which was viewed as an acceptable ECG finding at the time (in line with policy). Previously, candidates with this ECG result would have been declared fit for entry and fit to attempt the RFT (E) 2km run without the need for an echocardiogram.

Exhibit 22  
Exhibit 62  
Exhibit 72-73  
Exhibit 106  
Exhibit 129

## Candidate 2

### Prior to Arrival at AC (L)

1.3.23. **Prior to arrival at AC (L).** Candidate 2 was a 30-year-old male from Malawi who applied to join the Army on 1 March 2019, under the CW Residency Waiver policy. His preferred Army role was the RLC. Candidate 2 completed the OMQ on 3 March 2019. His responses to the 23 OMQ questions did not raise any concerns and his application progressed to the next stage. Prior to his arrival in the UK, Candidate 2 completed the RGMD, which contained input from his own doctor, where he declared no details of personal or family health problems. Following the NRC review of his RGMD, Candidate 2 was booked to attend AC (L) on 25 November 2019. Candidate 2 arrived at London Heathrow Airport on 9 November 2019 and stayed with his brother, [REDACTED] and who acted as his sponsor and NOK during his time in the UK. Candidate 2 used an issued travel warrant to travel to Lichfield City Railway Station, before he was transported by coach to AC (L), along with the other candidates. Table 1.3-6 shows Candidate 2's application timeline from his initial application to join the Army, until his arrival at AC (L).

Exhibit 4  
Exhibit 6  
Exhibit 18  
Exhibit 103-104

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<b>Date</b>	<b>Event</b>
1 Mar 19	An initial application was submitted on the DRS by Candidate 2.
1 Mar 19	Application received by the NRC. NRC requested additional information from Candidate 2 in the form on criminal convictions, more detailed application questions, and the completion of an OMQ.
3 Mar 19	NRC received information from Candidate 2 relating to criminal convictions with additional application information, and a completed OMQ.
4 Mar 19	NRC requested copy of passport. Candidate 2's application was tagged to a CW Residency Waiver by the NRC, who also assigned him a CSM.
5 Mar 19	Copy of passport received by the NRC.
29 Apr 19	NRC requested completion of the Initial CW Screening by Candidate 2.
8 May 19	NRC requested Candidate 2 to complete the RGMD.
22 May 19	NRC received and reviewed the RGMD.
6 Jun 19	Certificate of Good Conduct was received by the NRC from Candidate 2.
17 Jun 19	At the candidate's request, the NRC booked a place at an AC on 14 August 2019.
17 Jun 19	Further questions were sent to Candidate 2 to confirm whether there had been any changes in circumstance and to request a photo.
17 Jun 19	Further to the questions of 17 June 2019, Candidate 2 confirmed that there had been no changes in circumstance.
18 Jun 19	NRC received information from Candidate 2 (relating to change in circumstances for drugs / medical, qualifications and photo). No change in circumstances was documented.
18 Jun 19	AC cancelled under Reason Three (Visa issues) and a new AC date was requested and booked for 4 September 2019.
18 Jun 19	NRC requested information from Candidate 2 (relating to change in circumstances for tattoos and piercings, legal matters and other changes to circumstances).
18 Jun 19	NRC received information from Candidate 2 (relating to change in circumstances for tattoos and piercings, legal matters and other changes to circumstances). No change in circumstances documented.
29 Aug 19	AC cancelled under Reason Four (Domestic) and a new AC date was requested and booked for 26 November 2019.

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29 Aug 19	NRC requested information from Candidate 2 (relating to an additional information request, qualification evidence, and dietary and travel requirements). An AC invite was sent to the candidate.
30 Aug 19	Candidate 2 accepted the invite to AC (L) and responded to the information request (relating to an additional information request, qualification evidence, and dietary and travel requirements).
2 Sep 19	Visa requested.
4 Nov 19	Flight details were received from Candidate 2 by the NRC and were uploaded to the DRS.
9 Nov 19	Candidate 2 arrived in the UK and stayed with his sponsor.
21 Nov 19	Candidate 2 liaised with the NRC to confirm travel arrangements to AC (L).
25 Nov 19	Candidate 2 arrived at AC (L).

**Table 1.3-6 – Events prior to Day 0.**

**Day 0 – Monday 25 November 2019**

1.3.24. **Events on Day 0.** Following arrival at AC (L), all candidates underwent an initial check of their documents. The date of arrival in the UK of CW candidates was checked, via the visa stamp in their passports, and recorded on DRS to ensure all CW candidates complied with the RG criteria of a minimum 10-day acclimatisation period in the UK prior to attending Soldier Selection. Candidate 2's passport indicated he had arrived in the UK on 9 November 2019, fulfilling the minimum 10-day acclimatisation requirement and allowing him to proceed. Following the attendance check, all the candidates received an opening address from the ACM on the 3-day programme.

**Day 1 – Tuesday 26 November 2019**

1.3.25. **Events on Day 1.** The events on Day 1 followed the usual schedule of events detailed in Table 1.3-2, with no notable deviations. On the morning of Day 1, candidates were woken and were escorted to breakfast in the cookhouse within Whittington Barracks, supervised by AC (L) staff. On completion of breakfast, the candidates returned to AC (L) and received a centralised address from the Assessor and Clinical teams to explain the events of the day.

- a. **Pre-Service Medical Assessment (PSMA).** Candidate 2 underwent the PSMA on 26 November 2019. Immediately prior to the start of the PSMA, he completed the WRQ. In the WRQ he indicated that he had conducted 6 to 10 hours of exercise each week in the form of running and gym-based exercises. He reported taking no prescription medications, not smoking or

Exhibit 6

Exhibit 4  
Exhibit 6  
Exhibit 24  
Exhibit 32  
Exhibit 75  
Exhibit 105

Exhibit 24  
Exhibit 75

Exhibit 104  
Exhibit 20  
Exhibit 94  
Exhibit 106

**OFFICIAL SENSITIVE**

drinking alcohol, no history of substance abuse and no family history of sudden death. During his PSMA, Candidate 2's ECG was reported as 'Voltage criteria for left ventricular hypertrophy, abnormal ECG'<sup>11</sup> so, as per the new policy introduced after Candidate 1's death, he underwent an echocardiogram which identified no abnormalities. Candidate 2 therefore passed all elements of the PSMA and was declared fit to take part in the 2km best-effort run element of the RFT (E) on Day 2.

b. **Army Cognitive Tests (ACTs).** On 26 November 2019, all candidates took the ACTs. Candidate 2 achieved the required standard for his preferred role.

Exhibit 76

c. **The first two elements of the RFT (E).** The Mid-Thigh Pull and the Medicine Ball Throw were conducted on 26 November 2019. Candidate 2 completed both elements to the required standard for his preferred role.

Exhibit 107

**Day 2 – Wednesday 27 November 2019**

1.3.26. **Events on Day 2.** All times and distances are approximate. On the morning of Day 2, candidates were woken and were later escorted to breakfast in the cookhouse within Whittington Barracks at 06:30, by AC (L) staff. On completion of breakfast, all candidates were escorted to the AC (L) prior to commencing the RFT (E) 2km run.

Exhibit 24  
Exhibit 75  
Exhibit 107

a. **Safety brief.** Immediately prior to commencing the RFT (E) 2km run, the candidates received a safety brief which included a check for injuries and confirmation that everyone had a full water bottle.

Exhibit 43  
Exhibit 108-  
109

b. **RFT (E) 2km run roles and responsibilities.** The roles listed in Table 1.3-7 were carried out by AC (L) staff, during the RFT (E) 2km run.

<sup>11</sup> 'Voltage criteria for left ventricular hypertrophy, abnormal ECG' was a pattern of changes in the ECG tracing that could indicate enlargement (hypertrophy) of the ventricles of the heart. In isolation, this was a common physiological change in trained athletes, but it could sometimes be suggestive of an underlying pathological cardiac condition. This pattern of changes in the ECG tracing was very similar to 'Moderate voltage criteria for LVH [left ventricular hypertrophy], may be normal variant, borderline ECG' and 'Isolated LVH [left ventricular hypertrophy], normal variant within standards', which were demonstrated on Candidate 1's ECG.

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<b>Staff Member</b>	<b>Role</b>	<b>Responsibilities</b>
PTI1	Lead PTI.	Time keeping.
PTI3	'Rearmarker' PTI.	Following the rear candidate.
CA5	Safety vehicle driver.	AED check. First aid supply check.
CA2	Route-marker.	Mark route for candidates. Route traffic management.
CA3	Route-marker.	Mark route for candidates. Route traffic management.
Unnamed Assessor	Route-marker.	Mark route for candidates. Route traffic management.
CA4	Duty Assessor at AC (L) reception.	Communication coordination. Event / incident recording.

**Table 1.3-7 – RFT (E) 2km run roles and responsibilities.**

c. **RFT (E) 2km run warm-up.** Immediately following the completion of the safety brief, all the candidates were escorted to the start point to conduct the 800m warm-up activity. Along with the other candidates, Candidate 2 undertook the warm-up for the RFT (E) 2km run at 08:00, under the direction of PTI1 and PTI3, in accordance with the standard programme of events for Soldier Selection at AC (L). The outside temperature was 9°C. While the warm-up activity was being conducted by the PTIs, three AC (L) assessors positioned themselves around the 1km running route loop to act as 'route-markers' for the run. There were no issues reported during this stage of the assessment.

d. **RFT (E) 2km run.** Immediately following the warm-up, the candidates started the 2km run element of the RFT (E) under the direction of PTI1. By 08:25, Candidate 2 had completed 1800m of the run when, 200m from the finish line, he collapsed near the service entrance of the central restaurant (located within the Harden Centre) in Whittington Barracks. The actual moment he collapsed was not witnessed by any of the AC staff.

Exhibit 108-114

Exhibit 6  
Exhibit 24

Exhibit 6  
Exhibit 108  
Exhibit 110  
Exhibit 113

Figure 1.3-7 shows the location where Candidate 2 collapsed on the RFT (E) 2km run route.



Figure 1.3-7 – The location where Candidate 2 collapsed on the RFT (E) 2km run.

Exhibit 47  
Exhibit 105  
Exhibit 108-115  
Exhibit 117

e. **Identification that intervention was required.** At 08:25, CA2 was alerted by bystanders shouting that a candidate had collapsed. CA2 left his 'route-marker' position by Coltman House and ran up the road towards the shouts where Candidate 2 was found collapsed. Candidate 2 was identified as being in distress by CA2 because he was showing signs of being very uncomfortable and cold. CA2 was concerned that Candidate 2 was cold, so they wrapped him in a warm jacket and put him into the recovery position.

Exhibit 110  
Exhibit 112  
Exhibit 113  
Exhibit 114  
Exhibit 118

f. **Initial response and medical care.** The 'Rearmarker' PTI was PT13 and the safety vehicle driver was CA5. Both moved to support the accident once they had been alerted. At approximately the same time, PB2 was exiting their place of work and travelling on foot towards the Harden Centre. PB2 was alerted to the accident by the shouts from bystanders. Having some medical training, PB2 proceeded towards the accident

Exhibit 109  
Exhibit 112-114  
Exhibit 118-119  
Exhibit 120-122

with the intention of helping. At approximately the same time, PB1 was travelling on foot from offices in the Tamar Building to a meeting in the welfare department. On the way to this meeting, PB1 saw a commotion at the scene of the accident. Being aware of the previous accident on 17 November 2019, and having some medical training, PB1 proceeded to the accident with the intention of helping. PB1 and PB2 assisted CA2, providing initial medical assistance and incident control. At approximately the same time, the LdA, located at the finish line, observed the safety vehicle stop and contacted CA5 via their personal mobile to receive an update. At 08:30, CA5 called the emergency services and an ambulance was dispatched to the scene. CA5 remained in contact with the emergency services until the ambulance's arrival at the scene.

Exhibit 126-127

g. **Ongoing response and medical care.** The LdA informed the Duty Assessor (CA4) of the accident who then informed the guardroom at 08:35. PTI1, who was initially alerted to the accident by the stationary safety vehicle, encountered SIO (M) who had entered Whittington Barracks on foot and was travelling to their place of work. PTI1 approached SIO (M) and informed him an accident was taking place and requested his assistance. Together they moved from the finish line to the scene of the accident. Upon arrival, SIO (M) took control of the medical assistance being administered to Candidate 2 and remained, providing medical support, until the arrival of the ambulance. The emergency services directed, through mobile telephone communication with CA5, that Candidate 2 should remain in the recovery position until the ambulance arrived.

Exhibit 5  
Exhibit 88  
Exhibit 108  
Exhibit 110-114  
Exhibit 116-120  
Exhibit 122  
Exhibit 126-127

h. **Arrival of the emergency services.** The civilian ambulance arrived at Whittington Barracks at 08:44. Initially the ambulance was unable to find the scene of the accident, instead moving to the church circled in yellow in Figure 1.3-8. PTI3 ran from the location of the accident to the ambulance and guided it back to the scene. Candidate 2 was assessed by the ambulance crew and the decision was made to call a second ambulance to support the accident.

Exhibit 119-120  
Exhibit 108-109  
Exhibit 116  
Exhibit 124

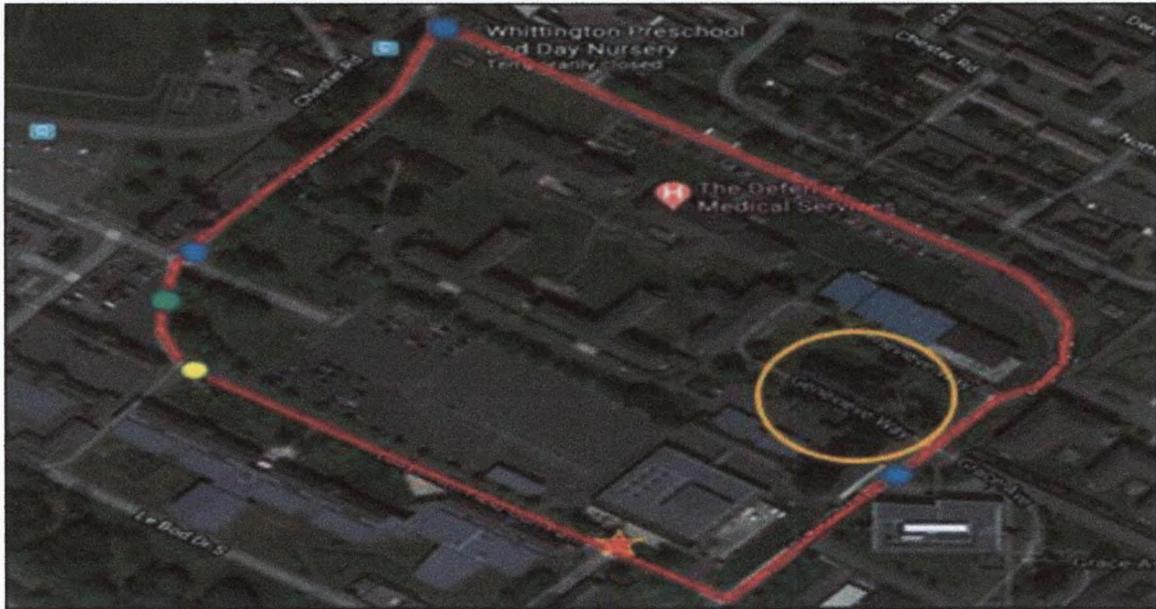


Figure 1.3-8 – The location of the church.

i. **Transfer to hospital.** At 09:27, Candidate 2 was taken in the first ambulance to GHH. He was recorded as arriving in the Emergency Department at 09:53. At this time, he was unresponsive and was moved directly to the Resuscitation Unit. The LI from AC (L) was taken to the hospital in the second ambulance.

j. **Sponsor informed.** At 09:18, CI1 informed Candidate 2's sponsor (who was also his NOK) that Candidate 2 was being taken to hospital, although at this stage CI1 was not able to specify which hospital would be treating him. At 09:59, CI1 informed the sponsor that treatment was taking place at GHH. At 12:44, the sponsor was met at the hospital by the LI. Despite intensive care treatment, Candidate 2 died later that day in GHH.

1.3.27. **Reporting procedures.** The reporting procedures completed following the accident involving Candidate 2 are discussed in detail in Part 1.4 of this report, although a brief summary of the key events is provided here. The accident involving Candidate 2 was reported using the RG SHEF 001 (accident / incident report) form, which was initiated by PT11, and the RG SHEF 003 (accident / incident witness report) forms, which were completed by PB1, PB2, SIO (M), CA2, CA4, CA5, the LdA and PT13. An RG INCREP was submitted on 27 November 2019 and telephone notification took place between AC (L) and RG, resulting in a meeting occurring between RG and ARITC. APSG was initially notified by email on 27 November and updated copies of the RG INCREP were circulated the following day. The accident involving Candidate 2 was also reported using the Capita CASPER reporting

Exhibit 259

Exhibit 86  
Exhibit 90  
Exhibit 107  
Exhibit 119  
Exhibit 124

Exhibit 90  
Exhibit 107  
Exhibit 124-125

Exhibit 5  
Exhibit 99  
Exhibit 110-114  
Exhibit 117  
Exhibit 126  
Exhibit  
Exhibit 132

system on 27 November 2019, which was subsequently sent to the AINC on 2 December 2019.

1.3.28. The DAIB was notified of both accidents involving Candidate 1 and Candidate 2 on the morning of Wednesday 28 November 2019, by APSG, resulting in a DAIB Triage Team being deployed. There was no formal report direct to the DAIB, only an informal report passed on by colleagues from APSG. In addition, the Office of the SofS was informed of both accidents at an unknown time, either late on 27 November 2019 or on 28 November 2019.

Exhibit 100  
Exhibit 128

1.3.29. **Cause of death.** At the time of writing, the cause of death for Candidate 2 had not been confirmed as the PM report had not been finalised. This is discussed further in Part 1.4 of this report.

### **Immediate Actions Following the Accident**

1.3.30. **Post-accident actions.** Following this accident, the RFT (E) 2km timed run was suspended for all CW candidates. Following the DAIB Triage Report, a Service Inquiry was convened by the Director General of the Defence Safety Authority (DG DSA) on Wednesday 11 December 2019 to investigate the circumstances surrounding both accidents and to make recommendations in order to prevent reoccurrence.

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