PART 1.5

Recommendations

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PART 1.5 - RECOMMENDATIONS

Director Health Safety and Environmental Protection 1.4.144 1.5.1 The Director Health Safety and Environmental Protection should address the absence of any guidance or metric to determine maturity in the Joint Service Publication 375 in order to enable valid assessments of competency to be made. The Royal Navy Safety Director 1.4.127 1.5.2 The Navy Safety Director should implement an assurance regime in order to ensure that all Duty Holders' are trained in accordance with Defence Safety Authority policy. The Royal Marines' Training Requirements Authority 1.4.171 1.5.3 The Royal Marines' Training Requirements Authority should remove discrepancies in the Recruit Wader Package training documentation in order to direct coherent training. The Commanding Officer 47 Commando (Raiding Group) Royal Marines 1.4.61 1.5.4 The Commanding Officer 47 Commando (Raiding Group) Royal Marines should amend the Book of Reference (digital) 6600 to include a requirement for a beach survey to be conducted at a suitable interval prior to beach landings during amphibious training and exercises in order to enable accurate risk assessment of the beach conditions. 1.4.139 1.5.5 The Commanding Officer 47 Commando (Raiding Group) Royal Marines should direct and ensure that refamiliarisation training and assessment of craft coxswains who have not operated a particular craft type for the period of time specified in the Book of Reference (digital) 6600 is developed, formalised and delivered in accordance with the Defence Systems Approach to Training principles, and that these changes are recorded in the Book of Reference (digital) 6600, in order to formalise craft refamiliarisation procedures and assure coxswain competency. 1.5.6 The Commanding Officer 47 Commando (Raiding Group) Royal 1.4.165 Marines should implement a process for tracking Battle Swimming Test currency in order to ensure that all coxswains and crew are in date. 1.5.7 The Commanding Officer 47 Commando (Raiding Group) Royal 1.4.178 Marines should ensure that Landing Craftsman Two Course training documentation is updated and kept up to date in order to be compliant with Defence Systems Approach to Training policy.

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1.5.8 The Commanding Officer 47 Commando (Raiding Group) Royal Marines should direct that Book of Reference (digital) 6600 is updated and reviewed periodically thereafter, in order to incorporate current procedures and equipment specifications.	1.4.183
1.5.9 The Commanding Officer 47 Commando (Raiding Group) Royal Marines should assure that individuals selected to instruct are competent and suitably prepared to deliver training in order to ensure training delivery in accordance with the Defence Systems Approach to Training policy.	1.4.205
1.5.10 The Commanding Officer 47 Commando (Raiding Group) Royal Marines should assure that any changes to craft operations and tasks are formally authorised, following an appropriate risk assessment, in order to safely operate craft.	1.4.217
1.5.11 The Commanding Officer 47 Commando (Raiding Group) Royal Marines should mandate that a full pre-sail brief is delivered in accordance with the Book of Reference (digital) 6600 in order to ensure safe craft operations.	1.4.237
1.5.12 The Commanding Officer 47 Commando (Raiding Group) Royal Marines should update the Book of Reference (digital) 6600 to include a more comprehensive pre-sail brief in order to ensure safe craft operations.	1.4.239
1.5.13 The Commanding Officer 47 Commando (Raiding Group) Royal Marines should direct that the Book of Reference (digital) 6600 is amended to state when Personal Role Radios are to be worn by coxswains and crew of Landing Craft Vehicle and Personnel in order to improve communication between crew members.	1.4.250
1.5.14 The Commanding Officer 47 Commando (Raiding Group) Royal Marines should ensure that all craft are equipped with an appropriately layered communications system, consisting both military and civilian equipment, for amphibious evolutions in order to improve the passage of information between all exercising elements.	1.4.260
1.5.15 The Commanding Officer 47 (Raiding Group) Royal Marines should amend Book of Reference (digital) 6600 to ensure that all Coxswains are provided with a designated landing point, marked as appropriate, in order to allow the safe navigation of the craft from the final rendezvous point to the landing point.	1.4.264
1.5.16 The Commanding Officer 47 (Raiding Group) Royal Marines should amend Book of Reference (digital) 6600 to include a statement to mandate that Night Vision Devices are to be carried on board Landing Craft Vehicle and Personnel and available for consideration for use by crew during night or low light conditions in order to aid observation.	1.4.288

1.5.17 The Commanding Officer 47 (Raiding Group) Royal Marines should amend Book of Reference (digital) 6600 to mandate that Coxswains are to ensure that the Landing Craft Vehicle and Personnel remains in contact with the beach whilst disembarking troops in order to avoid troops disembarking into deep water.	1.4.296
1.5.18 The Commanding Officer 47 (Raiding Group) Royal Marines should amend Book of Reference (digital) 6600 to include a requirement to confirm and monitor the depth of water at the bow ramp of a Landing Craft Vehicle and Personnel prior to and whilst disembarking troops in order to prevent troops disembarking into deep water.	1.4.299
1.5.19 The Commanding Officer 47 (Raiding Group) Royal Marines should amend Book of Reference (digital) 6600 to clearly state that the roles and responsibilities of the Bowman include that they are responsible to the Coxswain for the control of disembarking troops in order to maintain full control of the disembarkation process.	1.4.303
1.5.20 The Commanding Officer 47 (Raiding Group) Royal Marines should amend the Book of Reference (digital) 6600 to clearly state the conditions, occasions and level of authority for the decision to remove life jackets in order to safely disembark troops and operate craft.	1.4.334
1.5.21 The Commanding Officer 47 Commando (Raiding Group) Royal Marines should introduce an assurance mechanism to ensure that all relevant prescribed policy is understood and adhered to by all ranks under command in order to safely generate and operate landing craft.	1.4.335
The Commandant Commando Training Centre Royal Marines	
1.5.22 The Commandant Commando Training Centre Royal Marines should implement a process for tracking Battle Swimming Test currency in order to ensure that all Training Teams and Recruits are in date.	1.4.164
1.5.23 The Commandant Commando Training Centre Royal Marines should mandate that Training Teams attend Wader Packages with their troops / courses in order to assess the Recruits' aptitude for amphibious operations.	1.4.170
1.5.24 The Commandant Commando Training Centre Royal Marines should assure that formal liaison takes place between all exercising elements after the publication of the Exercise Coordinating Instruction in order to ensure a full understanding by all exercise staff and supporting elements.	1.4.196
1.5.25 The Commandant Commando Training Centre Royal Marines should mandate that relevant Subject Matter Experts attend the tactical orders process in order to ensure that command relationships and	1.4.230

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specialist roles are briefed to facilitate a comprehensive level of understanding for all exercise participants.

1.5.26 The Commandant Commando Training Centre Royal Marines should ensure that all exercising troops have a workable communications plan using issued Military communication equipment for all phases of an exercise including amphibious evolutions in order to improve the passage of information between all exercising elements.

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PART 1.6

Convening Authority Comments

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PART 1.6 - CONVENING AUTHORITY COMMENTS

Introduction

- 1.6.1 I convened this Service Inquiry (SI) on 3 February 2020 to investigate an accident on 21 January 2020 that subsequently led to the death of Royal Marine Recruit Ethan Jones on 24 January 2020. Recruit Jones was on the final exercise during Royal Marines recruit training when he disembarked from a Landing Craft Vehicle and Personnel (LCVP) onto Tregantle Beach, without wearing a life jacket, into deep water.
- 1.6.2 I issued Urgent Safety Advice following the accident to recommend that consideration should be given to making the wearing of life jackets mandatory for recruits undergoing training at all times during amphibious exercises.
- 1.6.3 The SI Panel have submitted their report to me following 14 months of detailed evidence gathering, interviews and analysis. The Panel utilised the Safe System of Training model to construct the report and so I will follow that template in this summary. Having reviewed the report, I offer the following observations.

Safe Place

- 1.6.4 The Training Estate is vast, is utilised for a wide range of activities and, whilst managed by the Defence Infrastructure Organisation, it is crucial that all users are engaged with the safety management of activities taking place. The Panel found that all the procedures for the safe conduct of exercising troops were correct and the training area standing orders offered comprehensive detail of the relevant risks to be found on that training area.
- 1.6.5 The environmental conditions on the evening of the accident were considered optimal by both Coxswains and was a factor in the decision to remove life jackets on the approach to the beach, a decision that was made prior to setting sail from Devonport. It was a clear night, but light levels were low, and the ability to see with the naked eye was difficult and contributed to a slow reaction during the unfolding accident. It is known that the beach characteristics can change and so the Panel has recommended that beach surveys are conducted prior to landings, to provide additional assurance to coxswains, so that they have the most up to date information about the beach gradient.
- 1.6.6 Visiting Troops must not become complacent to the information offered in the Training Area standing orders and associated risk assessments. They must not only read and digest the orders, but must also ensure that mitigation and control measures, including casualty evacuation, are planned and communicated to all exercise participants in order to maintain the Safe Place.

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Safe Equipment

- 1.6.7 There were no issues with equipment in this accident. The Defence Accident Investigation Branch conducted a technical inspection of the LCVP involved and found it to be in a serviceable condition at the time of the accident. The Institute of Naval Medicine (INM), Sea Survival Experts also established that the life jacket, if worn, would have operated as designed. It is clear from the INM Report that the temporary buoyancy provided by the waterproofed contents of the recruits' day sacks assisted them to get ashore. Without this unforeseen source of buoyancy there potentially could have been an increased number of casualties.
- 1.6.8 The Panel have identified additional equipment available to the LCVP crews, but not used, that would have assisted in their overall situational awareness and ability to better observe the disembarking troops, and crucially, notice the craft's astern movement. Some of the equipment available to assist coxswains and the crew of landing craft is relatively unsophisticated; these include such items as beach marking equipment, transit lights, thermal imagery cameras, Cyalumes® and night vision devices. It is important that such equipment is considered in planning, and then used correctly by competent individuals when conducting training, in order to maintain the component of Safe Equipment.

Safe Persons

- 1.6.9 Correctly trained and motivated personnel are Defence's most important asset. In this accident the Duty Holding system was found to be adhered to in almost all respects. Although the Commandant of the Commando Training Centre was an untrained Duty Holder at the time of the accident, there was sufficient evidence to show that risks were being managed at the organisational levels in accordance with current policy both at the Commando Training Centre and 47 Commando (Raiding Group). However, the Panel noted that adherence to and awareness of the generic risk assessments within 10 Training Squadron was not part of the induction process for new arrivals and indicates that the assessment of risk and the knowledge and skills to dynamically assess risk was not overt within 10 Training Squadron.
- 1.6.10 During this Inquiry, the Panel identified an absence of a comprehensive measurement of competency for landing craftsmen, when compared to the definition provided in JSP 375. Coxn A had not helmed that craft type for some time and conducted scant refamiliarisation on joining the unit. Therefore, the Panel followed with a recommendation to rectify this gap and align competency measurement with other military activities that successfully evaluate competency and currency.

Safe Practice

- 1.6.11 The majority of issues involved in the accident reside in this component of Safe Systems of Training and are too numerous to be repeated here. However, what is evident in the report is the absence of sufficient liaison and understanding interand intra-unit in attempting to deliver a complex multiactivity and multidomain event. It is also clear that some processes had been degraded over time and new norms formed to an extent that some aspects were not even considered before taking craft out to sea. Such processes, when considered as part of detailed planning, would be expected to have been briefed by SMEs at the orders group to ensure comprehensive understanding by all exercise participants. These include means of communicating, planning and resourcing options as a result of dynamic risk assessment, basic detail such as the loading and disembarkation sequence and briefing actions on whether in or outside of the scenario and the employment of equipment to assist them in their task. The Panel have produced recommendations to address these points.
- 1.6.12 The first aid provided to Recruit Jones by the crew of the LCVP, members of 282 Troop Training Team and the Medical Assistant was immediate, of high quality and sustained until he was in the care of the South West Ambulance Service. The provision of first aid was commented upon by the Principal Medical Officer at the Commando Training Centre as excellent and the medical response from the Ambulance Service was within the set targets.

Organisation

1.6.13 The Panel, with the assistance of Human Factor Specialists from the INM, assessed the organisational culture of the unit involved. It appears that the unit's approach to assurance of tasks and refamiliarisation of coxswains was informal and it has been recommended that this be addressed. Indeed, it was these informal arrangements for the new arrivals to the Squadron that set the conditions for the accident to occur. Had the additional risks of concurrent training been considered then it is likely that the modified task would have been stopped from proceeding. It would appear that a well-intentioned initiative that day was partially as a result of norms within 10 Training Squadron that included deviations from extant prescribed practices, however, the actions of an individual entering the sea for a second time without a life jacket to affect a rescue is highly commendable.

Conclusion

1.6.14 Having read the report, I am content that this tragic accident has been investigated, analysed and reported on thoroughly, accurately and rigorously. I am assured that the recommendations contained within it have been or will be implemented in order to reduce the likelihood of a reoccurrence.

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1.6.15 On behalf of the Defence Safety Authority, I offer my sincere condolences to Ethan Jones' family, friends and loved ones.

DG DSA

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