

**Military Exercises and the Duty of Care: Further Follow-Up Inquiry**

**Ministry of Defence Written Evidence**

1. The safety and wellbeing of all our military and civilian personnel is a priority for the Ministry of Defence (MOD). This commitment is set out in the Policy Statement issued by the Secretary of State for Defence that covers the health and safety of those who deliver Defence activities, including the Armed Forces, MOD civilians, and contractors, and those who may be affected by Defence activities.<sup>1</sup> In addition, the Policy Statement sets out the MOD's commitment to protection of the environment.
2. Many of the activities undertaken by Defence - including realistic training/exercises and operations - carry risk. We therefore monitor and audit all our training organisations in the UK and abroad, and the requirement to balance risk and benefit permeates everyday life across Defence. Risk management is implicit within the Chain of Command and reflected in the statutory duty of care placed on the MOD as an employer. Defence policy is following the recommendations of Lord Justice Haddon-Cave's 2009 report following the loss of Royal Air Force Nimrod XV230. In 2016, the MOD established Duty Holding for managing activities that are judged to be hazardous in nature and to represent a credible and foreseeable Risk to Life (RtL). It is the role of a Duty Holder to balance the RtL against immediate and strategic benefits required from Defence.
3. The death or serious injury of any person in Defence is a tragedy and the impact on individuals and their families of any such event is recognised. All deaths are investigated and the lessons we learn lead to reviews of and improvements to our policies and procedures to minimise the chances of similar incidents in the future.
4. Consequently, the delivery of Physical Training and Testing is now governed by a more comprehensive policy with better guidance and control compared to 2016. More attention is paid to areas such as climatic injury (including heat illness and cold injury), safety vehicles, and training management, which have all seen changes to their governance and procedures. Much has been achieved but the MOD is not complacent and it is recognised that there is more to do.
5. An important element of our safety construct, in addition to our relationship with the Health and Safety Executive (HSE), is the role of the Defence Safety Authority (DSA), which provides independent regulation and assurance. The DSA Charter, signed by the Secretary of State for Defence, confirms the DSA's independent status and ability to require Defence institutions to improve the safety of our people. The DSA's remit to challenge the single Services, and the Director General (DG) DSA's right to raise matters directly with the Defence Secretary, ensures we are not complacent and that we drive improvements in safety across all our activity. The DSA also carries out independent Service Inquiries (SIs) into serious incidents, providing reassurance to individuals, families, the MOD, and the public that lessons will be identified and failings corrected.
6. Following the Ryan Review of MOD Head Office governance, a new Director of Health, Safety and Environmental Protection (D HS&EP) was appointed in March 2019 to assist the Permanent Secretary with discharging HS&EP responsibilities and provide central oversight of the MOD's safety policy, risk, and performance. D HS&EP now has responsibility for aspects of HS&EP policy and guidance previously issued by the DSA, drawing on best practice from

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<sup>1</sup> Dated 22 January 2020. "This policy remains in effect through any changes of the Secretary of State, Permanent Secretary or Director General Defence Safety Authority".

the single Services and Defence Organisations. Work continues to determine the relationship between D HS&EP setting policy and the DSA as the independent Regulator of that policy.

7. In another important change, the DG DSA-chaired Defence Safety Committee has been replaced by the Defence Safety & Environment Committee (DSEC), which is chaired by the Permanent Secretary. The DSEC is attended by the Service Chiefs, Commander Strategic Command, other Top Level Budget Holders (TLBHs), and equivalent representatives from the Defence Infrastructure Organisation, Defence Equipment & Support, Military Capability, Military Strategy & Operations and other key enablers and deliverers of Defence.

8. Throughout the Department's written evidence below, reference is made to "Safety and Environmental Management System" (SEMS), which is used to describe:

- a) The systematic approach implemented across Defence for HS&EP management.
- b) The collection of specific arrangements made by the senior accountable individual within each Top Level Budget (TLB) to describe how Departmental HS&EP policies are implemented.

9. The term "Defence SEMS" describes the collection of individual SEMS that have been put in place by each Defence Organisation,<sup>2</sup> and are coordinated, under the direction of the DSEC, to monitor, report, and manage HS&EP risks and impacts across Defence.

10. The answers to specific questions below reflect central Departmental policy; where a single Service or Specialist Military Unit (SMU)<sup>3</sup> wished to provide additional information and/or context, this has been included. The answers reflect the strategic, operational, and tactical approach to, and impact of, the MOD's policies, and the relative (short) length of any single Service or SMU response to any given question should not be taken to indicate that less importance is given to the issue.

11. A glossary is provided at Annex A.

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<sup>2</sup> The term "Defence Organisations" is used as a collective for the single Services, Strategic Command, other TLBs and parts of the MOD and its Agencies.

<sup>3</sup> The training and exercises undertaken by SMUs are understandably more arduous and hazardous in nature than all other military training. These Units, which are part of Strategic Command, employ the same risk management and Duty Holder approach as the rest of the Strategic Command.

## 1 (a). Has appropriate guidance and policy been developed and implemented?

12. The MOD's approach to HS&EP is one of continual improvement and our policies and governance relating to this important issue are kept under regular review.

13. Following the disaggregation from MOD Head Office of HS&EP policy in 2014 and with the establishment of the DSA in 2015, the DSA took on responsibility for the development of HS&EP policy for the Department. It produced guidance and regulations setting out rules and standards for Defence HS&EP in three broad levels of publications that are consistent with the Defence Secretary's Policy Statement for all HS&EP matters in Defence. The levels are:

- Level 1 - Departmental Policy for Defence HS&EP;
- Level 2 - Defence Regulations owned by Defence Regulators<sup>4</sup>
- Level 3 - Guidance on complying with Defence Regulations.

14. Further information on specific documents is at Annex B. The documents themselves are available on both the MOD internal communications website and, where appropriate considering security considerations, on the publicly available Gov.uk website.

15. However, the MOD identified the potential for a conflict of interest flowing from the fact that the DSA was a hybrid Regulator and policy maker, and capacity issues in a single organisation striving to deliver both roles. The new central Director HS&EP team now provides the central focus for oversight of Departmental safety policy, performance and risk, and is working closely with the DSA to build on what has been achieved over the last four years.

16. Single Services and SMUs use central policy and guidance as the basis of their tailored approaches.

### Royal Navy (RN)

17. All Navy Command training delivery is subject to regular review and continuous improvement that meets the Defence Systems Approach to Training requirements. The Command at each RN Training Establishment (TE) discusses the potential risks associated with hazards in training such as Climatic Illness. All RN training schools are required to attend these meetings, along with, where necessary, relevant expert advisors such as the Principal Medical Officer and Establishment Safety Officer. Risk Assessments and Learning Specifications for delivery are reviewed three times a year. Further work is also being conducted at Commando Training Centre Royal Marines (CTCRM) Lympstone to identify those elements that can be qualified as 'robust training'<sup>5</sup> thus allowing the 'good practice' identified by the HSE during its intervention<sup>6</sup> in to arduous training<sup>7</sup> to be adopted more widely.

### Army

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<sup>4</sup> Under DG DSA there are seven independent Regulators for Aviation; Land; Maritime; Ordnance, Munitions, and Explosives; Fire; Medical Services, and Nuclear domains/issues.

<sup>5</sup> Robust Training is a method of building resilience through incremental steps.

<sup>6</sup> HSE Report 'MOD Management Intervention CTRM Lympstone' 15-17 Jun 2017

<sup>7</sup> Arduous training: "...training activity that is predominately physical in nature, which due to factors such as intensity, repetition and duration requires a greater than normal physical effort. By its nature, the activity has a greater than normal degree of risk to life, requiring risk management measures to be taken to reduce the risk to As Low As is Reasonably Practicable. In this context, normal means those activities and risks routinely experienced in barracks during the working week."

18. The Army's Physical Training (PT) and Testing for Regular and Reserve personnel<sup>8</sup> are kept under constant review and are developed by Subject Matter Experts using scientific and evidence-based research. This includes recommendations from internal and external inquiries and investigations such as the DSA's Service Inquiries, HSE investigations, and Coroners' Inquests. Since April 2016, the Physical Testing policy has been updated four times, most recently in August 2019.

19. This is underpinned by a TLB Safety Management System (articulated in Army Command Standing Order (ACSO) 3216) that utilises a Safe System of Training (safe person; safe equipment; safe practice; safe place). The policy also includes guidance on safety risk management, including direction on escalation of risks, and is revised and updated annually (most recently in May 2019).

20. For arduous training, emphasis is placed on safe person (suitably trained and prepared along with individual risk factors) and safe practice (training conducted in accordance with policy and procedure including Joint Service Publication (JSP) 539). Risk assessments are conducted for all training activities and dynamically reviewed prior to and during the activity being undertaken to take into account variables such as weather and environmental conditions. PT staff are trained in the conduct of Risk Assessments specifically relating to physical training. General risk assessment training for the Army has been developed and is being rolled out Army-wide from February 2020.

#### Royal Air Force (RAF)

21. Air Command continues to renew the RAF Safety Management Policy – Air Publication (AP) 8000 – Air TLB SEMS, which has four equal pillars: Policy, Promotion, Assurance, and Risk Management, to align with DSA publications and guidance.

22. AP 8000 policy and guidance are being developed for specialist military training and exercises. Clarification on where the Duty Holder construct is to be applied outside of military aviation has generated improved understanding at all levels, including where the responsibility lies for appropriate risk management of these activities. All policy, direction, and guidance within the Air TLB SEMS is reviewed at least annually and Air's engagement at higher-level policy shaping meetings (such as the Heat Illness and Cold Injury Working Groups) allows Unit-level experience to influence continuous improvement of the policies at Defence level.

#### Specialist Military Units

23. SMUs follow an extensive Training Quality Directive that governs and bounds their training, which is continually monitored; various policies existed prior to 2017, but the Training Quality Directive now pulls these together to ensure a single and complete training management system. This includes direction on conducting arduous training and operating in hot and cold climates.

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<sup>8</sup>The Army Physical Training policy (AGAI Vol 1 Chapter 7) and Physical Testing policy (Military Annual Training Test 2 Fitness) govern the compulsory Physical Training and Testing of Regular and Reserve Army personnel

## 1 (b) Is the policy & guidance being adequately practised at all levels?

24. The Defence Secretary's Policy Statement, supplemented by the publications listed in Annex B, requires all heads of Defence Organisations (the TLBH and Chief Executives (CEs)) to conduct Defence activities in their area of responsibility safely, with due consideration of the environment, and compliant with legislation, Defence regulation, and policy. These responsible people are issued with a Letter of Delegation from the Permanent Secretary defining their responsibilities and making them accountable for managing HS&EP. These senior individuals are to have in place appropriate arrangements for the effective planning, organisation, monitoring, reporting, continuous improvement in performance, and the on-going review of the associated risks, impacts, and control measures. These arrangements are recorded and managed within a SEMS. The individual SEMS produced by each Defence Organisation are collated under the direction of the DSEC.

25. These employer's duties may be further delegated to those with direct responsibility for managing Defence activities within their area of responsibility. TLBHs/CEs ensure that individuals given such responsibility are suitably trained and provided with relevant information to ensure compliance with Defence HS&EP policy. Where TLBHs/CEs are responsible for activities where there is a credible and reasonably foreseeable RtL, the Defence Secretary's Policy Statement requires the implementation of the Duty Holder approach, the appointment of a Senior Duty Holder, and arrangements to be put in place in accordance with the Chapter 3 Duty Holding section of the DSA publication, DSA 01.2 Implementation of Defence Policy for Health, Safety and Environmental Protection (dated May 2018). In summary, each Duty Holder is to actively manage RtL, mitigating the associated risk to a level that is considered As Low As is Reasonably Practicable (ALARP) and tolerable.

26. The adequacy of how Defence Organisations practice both guidance and policy is tested by a three-level Assurance Model:

- First-Party (Self-) Assurance (1PA) at Unit level;
- Second-Party Assurance (2PA) through management oversight at Command level;
- Third-Party Assurance (3PA) by an external body e.g. the DSA, a statutory regulator, or peer.

27. Levels of assurance on the system(s) of internal control are categorised as:

- FULL: established and operating effectively;
- SUBSTANTIAL: established and operating effectively with some minor weaknesses;
- LIMITED: operating effectively except for some areas where significant weaknesses have been identified;
- NO ASSURANCE: poorly developed or non-existent, or major levels of non-compliance identified.

28. The 2018-2019 DSA Annual Assessment Report provides an assessment of LIMITED assurance across Defence,<sup>9</sup> with the Aviation, Maritime, and Ordnance, Munitions & Explosives domains demonstrating SUBSTANTIAL assurance.

### Royal Navy

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<sup>9</sup> DSA Annual Assurance Report April 2018 to March 2019, published 9 January 2020

29. The adequacy of how Navy Command practices both guidance and policy is tested by first, second, and third-party audits. It was also measured by the 2017 HSE Intervention into arduous training and live firing, which found:

(1) HMS RALEIGH - "With regard to both live firing and arduous activity we formed a strong sense of assurance that HMS Raleigh are managing the risks to life presented in accordance with the requirements of JSP 539 (Heat Illness and Cold Injury: Prevention and Management) and Pamphlet 21.<sup>10</sup> We heard a clear commitment from the Captain that there would be support for staff on the ground who made the decision to halt activities in the interests of safety. This culture was threaded through our observations and indeed we heard about an occasion when the high ropes were taken out of use with no resistance."<sup>11</sup>

(2) CTCRM, Lympstone - the HSE intervention reported that policy and guidance was adequately practiced with some significant strengths and a few areas to improve, for example in the management of climatic injury risk.<sup>12</sup> The areas highlighted by the intervention have now been resolved and incorporated into standard practice.

### Army

30. The Army's commitment to safety is delivered across the Chain of Command through its Duty of Care and is enabled by Army safety policy and the Army Safety Centre (ASC). The adequacy of how the Army is applying policy and guidance is tested through the Army's assurance operating model that mirrors the Defence three-level model.

31. Safety is integrated into the Army's wider policy and doctrine and embedded at the heart of how the Army delivers its outputs; it is not complacent and seeks to continually improve.

32. Safety risk management training is refreshed or upskilled at key career junctures to equip personnel to fully understand their safety responsibilities. It is linked to professional development courses, of both soldiers and officers, within the Army so that personnel are trained and competent in risk management commensurate with their roles and responsibilities. This training is kept under review to reflect policy updates.

33. The Army's SEMS (ACSO 3216) follows the HSE recommended approach to implement safety, which is based on the 'Plan, Do, Check, Act' cycle. Safe Systems of Work and Training is the framework implemented for all Army activities and it is expected that commanders, who direct and supervise activity, follow this to reduce the risks encountered to ALARP and tolerable. Individuals are empowered and encouraged, under the Army's Value and Standards, to display the moral courage required to challenge commanders when they feel incorrect decisions are made.

### Royal Air Force

34. The requirement to deliver Duty of Care exists throughout the RAF. Air TLB has strengthened the guidance issued to those in Command, Heads of Establishment, and Duty Holders about their responsibilities, and the Duty Holder construct is applied to specifically identified high risk activities within the TLB to clarify individual responsibilities. This includes 'Arduous Training and Endurance Activities', recognising the requirement for an enhanced Duty of Care in the conduct of those activities where, in order to meet the Defence requirement for preparedness, a potential RtL is present.

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<sup>10</sup> Tri-service "Safe System of Training Qualification and Authorisation"

<sup>11</sup> HSE Report MOD Intervention HMS RALEIGH 28-30 Mar 2017 v2

<sup>12</sup> HSE Report 'MOD Management Intervention CTCRM Lympstone' 15-17 Jun 2017

### Specialist Military Units

35. The adequacy of how Strategic Command business areas practice both policy and guidance is tested by first, second, and third-party audits. Recent HSE intervention has added further scrutiny and assurance. A Strategic Command Chief Environmental Safety Officer (CESO) HS&EP audit in September 2018 noted non-conformances with the existence and practice of specific policy at senior level, which is now subject to a formal improvement plan. Specific to military exercises, the audit confirmed the Training Governance Team had established robust arrangements that had been integrated into all aspects of military training, within their area of responsibility and this model of safety governance and assurance appeared to represent good practice and should be considered as the model for such arrangements in a soon to be established new Unit.

## 1(c) How is it monitored?

36. The MOD and its Defence Organisations are required to comply with UK HS&EP statutory requirements and are regulated by statutory bodies such as the HSE and the Environment Agency. However, where Defence has disapplications, exemptions, or derogations (as described in Chapter 2 of DSA 01.1 Defence Policy for HS&EP, dated August 2016) from statutory HS&EP requirements, DSA Defence Regulators provide regulation, assurance, and enforcement to comply with the Defence Secretary's Policy Statement.

37. As part of the DSA's cyclical risk-based assurance activity, each Regulator undertakes audits of individual areas/functions to ensure that:

- Internal Management Procedures are in place to ensure compliance with HS&EP legal requirements;
- Individuals are informed and understand their personal accountability and responsibilities under HS&EP legislation;
- Mitigation manages risk to a level that is ALARP and tolerable.

38. In the event of non-compliance with Defence regulations, the Regulators can take enforcement action by issuing non-statutory<sup>13</sup> Improvement or Prohibit Notices, tailored to the nature of the problem(s) and the degree of risk involved. Progress with action taken in response to enforcement is then monitored by the Regulator until compliance is achieved and the Notice lifted. The results of DSA assurance activity are used by DG DSA to produce its Annual Assurance Report to the Defence Secretary and the Defence Board.

39. Defence Organisations also conduct assurance activity at Unit and Command level, coordinated through their SEMS to provide the TLBHs/CEs with assurance that their safety responsibilities are being properly discharged. The evidence gathered can also be used as part of the Department's quarterly Performance and Risk Review, during which TLBHs/CEs are held to account by the Permanent Secretary and the Chief of Defence Staff for their performance and management of risk, and at the DSEC as the top-level body providing oversight and a forum for HS&EP discussion.

40. The DSA Land Regulator also conducts assurance audits at all MOD Adventurous Training centres.

### Royal Navy

41. The planning and conduct of training and exercises within Navy Command is subject to risk assessment and control, as required by the Health and Safety etc at Work Act 1974 and the Navy Command SEMS. Mitigation of the risks will include appropriate information, instruction and, where necessary, the levels of supervision required during the activity. Effective risk management also requires active personnel participation and, where necessary, challenge. The Navy Command's Maritime Safety Strategy promotes safety judgement and challenge in its final note from the Navy Safety Director.

42. Assurance of effective safety management is partly measured through audit. Navy Command Headquarters conducts second-party audits of compliance with Health and Safety legislation, policy, and its SEMS through the Navy Safety Centre. Platforms, Units, and Establishments are audited every two years by professional auditors whom, whilst employed by Navy Command, are not within the Unit or Establishment chain of command. This second-party auditing includes checking of Unit level auditing and risk assessment procedures.

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<sup>13</sup> The Defence Fire Safety Regulator has statutory powers under the Regulatory Reform (Fire Safety) Order 2005 (and Scottish equivalent) equivalent to that of a local authority.

## Army

43. One of the Corporate Governance assurance functions within the Army's assurance operating model is the second-party assurance network of Army Competent Advisors and Inspectorates (ACAI). They provide the Army chain of command with advice on how to ensure its activity complies with legislation and/or conforms with Defence/Army policy within their functional areas. ACAIs provide assessments of compliance and conformance for the 120 Army activities deemed as high risk. These assessments are reported biannually to the Army's Executive Committee and Audit, Risk and Assurance Committee, where risk management can be actively applied and decided upon.

44. This model of internal regulation of policy and activities was adopted by the Army in 2004 in response to the DHALI/Blake Report<sup>14</sup>. This assurance function and its associated policy has since evolved to keep pace with Defence and Army organisational change as well as other relevant recommendations from external inquiries such as the Baha Mousa, Al Sweady, and Haddon-Cave inquiries.

45. Physical Development activities (including Arduous and Physical Training, Adventurous Training and Sport) are subject to the Physical Development Audit policy, as detailed in ACSO 9018. As part of this audit policy and associated process, Units complete an annual Self-Assessment Questionnaire and are subject to second-party audit. Specific questions now identify and monitor activities that are categorised as arduous, irrespective of the activity being conducted (e.g. field training). The audit process ensures the correct application of PT and assessment policies and their appropriate implementation at Unit level.

46. All Units with more than 35 people are mandated to complete the annual Self-Assessment. Units with fewer than 35 people are mandated to complete the Self-Assessment when selected by their higher formation. In addition to identifying examples of best practice, the Audit process enforces remedial action wherever the requirement is identified.

47. Environmental considerations. The Army also conducts Force Health Protection Audits (FHPAs). Force Health Protection (FHP) is the sum of effects to reduce or eliminate disease and non-battle injury. The audits assess all potential threats to health within a Unit, focusing on occupational health and safety, food safety, and prevention of infectious disease. They are conducted when directed by the Chain of Command using policy guidance triggers (e.g. change of key personnel or when concerns are raised regarding specific health issues). The audit system has flexibility regarding frequency and intensity of the audit determined by the perceived level of risk. Audit reports are provided to the Commanding Officer (CO)/Head of Establishment (HoE) who responds through their Chain of Command. If remediation actions are required, the plans are monitored by the Unit with progress updates provided to Regional Command Medical Branch.

48. The FHPAs include an assessment of whether the Unit has measures to effectively prevent the occurrence of climatic injuries (including a review of heat illness and cold injury risk assessments) and ensure that cases are appropriately reported. Analysis of the data generated from the FHPA process is conducted quarterly to identify any risks and trend. Risks are reported to the Army's Senior Health Advisor, the ACAI for FHP. Where risks cannot be managed at that level, they are reported to the Army's Executive Committee and, if required, to the Army's Audit, Risk and Assurance Committee via the Army Inspector.

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<sup>14</sup> The programme of work to address Duty of Care criticisms in reports by the Directorate of Operational Capability, the HCDC, the Adult Learning Inspectorate, and Mr Nicholas Blake QC into events at Deepcut Barracks. DHALI stands for Directorate of Operational Learning, HCDC, Adult Learning Inspectorate.

## Royal Air Force

49. The effective employment of the Duty of Care throughout military exercises is monitored through robust Post Exercise Report processes, lesson identification, capture and exploitation, and through the monitoring of the effectiveness of the SEMS. Where an exercise brings together multiple Services, Commands, or operations with different safety domains, a common framework within which to operate is clearly defined under the authority of the relevant Duty Holders. This framework refers to the applicable Defence regulation and policy to ensure that, despite the potential for multiple command chains, responsible individuals and risk management processes, the Duty of Care afforded to all exercising and support personnel is appropriate.

50. A formal assurance system covering the RAF Force Protection (FP) Force and other RAF Stations and Units has been put in place, covering 1PA and 2PA. The 1PA task is placed on the OF4 (Wing Commander-equivalent) level commanders and includes mandatory assurance against the requirements for risk assessments and preventative measures, covering all elements of climatic injury management, as mandated in JSP 539. The 2PA is conducted by the RAF FP Capability Assurance Team using ISO 9001 principles with risk-based methodologies delivered against the relevant DSA Safety regulations.

## Specialist Military Units

51. SMUs monitor the effective employment of Duty of Care throughout exercises and training through accident reporting, lesson identification, capture and exploitation. Performance is monitored in HS&EP Quarterly Performance reports. SMUs continually conduct 1PA and 2PA audits to ensure compliance with health and safety legislation and policy. SMUs also input into Annual Assurance Reports (AAR) that are signed off by Strategic Command.

## **2. How are lessons being captured, disseminated, and learnt?**

52. Defence Instruction and Notice "Defence Lessons Policy" describes the structures and processes in place to deliver an effective Lessons Learned system across Defence. This enables refinement of local processes to ensure coherence and provide a basis for areas of Defence requiring further development.

53. DG DSA is the primary Convening Authority for safety related SIs. There is a duty to hold an SI into deaths of persons subject to Service law if the Convening Authority considers that any lesson that is not apparent from the death may be learned by means of an SI. The Defence Council may cause an SI to be held into any matter.

54. All recommendations/lessons identified by SIs are allocated to a recommendation owner and are closed by DG DSA only when they are presented with sufficient evidence that all reasonable measures to implement the changes required have been taken. DG DSA's AAR provides details of the findings of the work undertaken by DSA in its role of regulation, enforcement, and investigation. The contents of the report are briefed to the Defence Secretary, the Defence Board, and other senior officers and officials, and the AAR itself is widely distributed as a learning tool to demonstrate the areas of activity most relevant to improving safety within Defence. The 2018/19 report makes seven recommendations that are being monitored by the DSA and will be reported on in its next AAR.

55. The Defence Lessons Identified Management System (DLIMS) is a Defence-wide database to deal with the collection, management, and distribution of lessons. It is a tool that enables the Chain of Command to allocate responsibilities, track actions, and archive work on each issue but individual Defence Organisations have also developed their own databases, in some cases building on existing capabilities to exploit interrogation tools. Work commissioned by D HS&EP is underway to understand the totality of the data available, improve Information Management, and improve the utility and usage of DLIMS.

### Royal Navy

56. Accident/incident specific lessons are captured on the Navy Lessons Information Management System (NLIMS), which can be accessed by all Navy Command domains and external stakeholders under licence. NLIMS has linkage with DLIMS so that data can be shared with other parts of the MOD. In addition, Defence Statistics can directly access NLIMS to gather Navy Command accident and incident data. Dissemination of lessons is through the NLIMS system, safety focal points, and safety advisors within the chain of command and their regular safety meetings.

57. All events captured in NLIMS are scrutinised and investigated appropriately. Lessons are learned through the allocation of remedial actions such as a revision or more substantive change of guidance and policy. Significant events are investigated through an SI or Fleet Commander's Safety Investigation. Recommendations from these are captured and monitored under the Recommendation Implementation Tracker managed by the Navy Safety Centre with progress to completion reported at the Maritime Safety Board chaired by the Fleet Commander.

58. Navy Command, through the Navy Safety Centre, has initiated further work to learn lessons from both leading (audit reports) and lagging (event reports and investigations) indicators using data analytic programmes. This data will be presented via a common dashboard that can be used at different management levels within the TLB.

## Army

59. The Army's Lessons Process (ACSO 1118) is the framework used for capturing, analysing, resolving, and exploiting lessons at Unit, Formation, and Army-wide level. The process spans all activity areas (Operational, Training, and Safety, Health & Personnel) and is overseen by the Deputy Chief of the General Staff (DCGS). Chief Safety (Army) is responsible for ensuring coherence across the Safety/Personnel/Health domains.

60. All significant incidents are investigated in accordance with this process. In the safety environment, this results in either an Army SI or Unit investigation/Learning Account. The most serious safety incidents (death, serious injury, or loss of major capability) are investigated by DSA/Defence Accident Investigation Branch as a Defence level investigation. Investigations result in recommendations to prevent a recurrence, which are rigorously pursued until resolution is understood. The Army Safety Centre is responsible for safety specific lessons (utilising DLIMS) and addressing systemic issues with stakeholders in the Army and the wider MOD.

61. As part of wider organisational learning, the Army Lessons Process promotes learning by all and specifically directs lessons activity across 12 functional areas. Each functional area has an assigned lead empowered to deliver lessons management and seek resolution within their areas of responsibility. Military Judgement Panels for each functional area are convened to consider unresolvable lessons that may arise, elevating through Integration Groups (for wider coherence) to the Army Lessons Steering Group as required. The overall Army Lessons Process is governed by the 3\* Army Executive Committee and undergoes periodic reviews to ensure that it is fully embedded throughout the chain of command.

62. Once investigated, lessons are communicated formally through chain of command cascade notices and Army Briefing Notes. Additional pathways for safety notices to reach users include [Army Safety & Environment Matters magazine](#) and the quarterly equipment related [KiT! Magazine](#).

## Royal Air Force

63. The Air Lessons Process is the mechanism for capture, analysis, resolution, and dissemination of lessons in the RAF. Lessons are identified during daily activity across the full remit of Service activity and stored on DLIMS for resolution. For specific events or incidents (eg exercises, short-notice and/or contingent operations, Squadron operational handovers etc.) a unique, targeted, lessons trawl is initiated and disseminated through the RAF's network of trained Lessons personnel (currently more than 55 individuals). This ensures maximum coverage across the RAF; lessons can be identified and captured from diverse business activities not conventionally considered as part of the activity in question, thereby enhancing perspective and increasing the knowledge extrapolated from each lesson.

64. Upon completion of a lessons capture trawl, a Military Judgment Panel of experienced personnel reviews all the returns to remove duplication, refine the core lesson points, and provisionally assign ownership for resolution. Lessons personnel from across the RAF participate in this process, speeding up acceptance of the outcome(s). Lessons are then disseminated via DLIMS to the agreed owner and the resolution process takes place through a network of supporting action managers. Their responses are recorded under the lesson entry on DLIMS, building up an evidence chain that eventually leads to the successful resolution of that lesson and its closure. Should a lesson not be resolvable in a reasonable timescale (due to finance, resource, or contractual issues etc) then it is closed and reviewed annually, with a risk being raised via HQ Air Command's SAPPHIRE risk reporting system.

65. Thematic Analysis is conducted, with key findings discussed in an After-Action Review, chaired by an officer of appropriate rank, and publicised for wider awareness.

66. Lessons are considered to have been learned upon completion of the Air Lessons Process. The lesson, and its associated evidence chain, are stored in perpetuity on DLIMS and are accessible to all across Defence. When planning an event, DLIMS is reviewed for any pertinent points, ensuring the knowledge learned informs planning from the outset. In addition, any additional Thematic Analysis documents, previous Post Operation/Exercise Reports and any associated debrief materials are reviewed. All materials generated via the Air Lessons Process are passed to the RAF's Lessons personnel for onward dissemination and are published on the Organisational Learning and Lessons web page.

67. The RAF Safety Centre Promotion team collates pertinent identified lessons for use in the promotion of enhanced safety processes to prevent recurrence. Subject Matter Experts regularly contribute articles to 'AirClues' (the Total Safety<sup>15</sup> magazine for the RAF) and these include advice on Heat illness/Cold injuries, the responsibilities of Commanders, Heads of Establishment, and Duty Holders, and lessons learned from previous occurrences.

#### Specialist Military Units

68. SMUs use both NLIMS and DLIMS to record and share lessons internally and with wider Defence so lessons can be disseminated and learned by all relevant personnel. A monthly lessons stock take has previously taken place with oversight at senior level. Lessons are also fed into, and taken from, monthly Military Judgement Panels chaired by Deputy Director SMU.

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<sup>15</sup> Total Safety management is a performance-oriented approach to safety management that involves the total organization in establishing and maintaining a safe and healthful work environment.

### **3. What steps are taken to ensure key safety policy documents are easily understood and updates are communicated and practiced?**

69. Each DSA Regulator has an operating procedure that details the techniques for writing safety policy documents, including the internal governance procedures to ensure their accuracy, brevity, and clarity, and that stakeholders are fully consulted, including through the current membership of the DSEC. Individual DSA Regulators use their own stakeholder committees (comprising representatives from the affected MOD organisations and/or community) to communicate key safety policy documents. Once formalized, safety documents are made available on both internal and external (Gov.uk) communication channels. With respect to DSA content on Gov.uk, all interested stakeholders can directly apply via the DSA website to be notified of updated material as it is uploaded on an “as they happen”, daily, or weekly basis. Additionally, inconsistencies in TLB and local Unit manuals or standing orders, and the requirements set in DSA Regulations or good-practice, should be picked up in individual DSA audits and inspections, and enforcement action taken as appropriate. Compliance with regulations is a core element of DSA assurance activity.

#### Royal Navy

70. In 2018, Navy Command published a revised Maritime Safety Strategy in clear and readable format and a new SEMS to clarify key areas of good practice. Consultation is taking place on the new SEMS. Understanding of changes to policy are checked using existing safety committees, safety and health advisors, and through the auditing process.

71. Most Navy Command policy documents are produced as Books of Reference (BR), whose publication is subject to formatting rules applied by the Navy Publications and Graphics Organisation. This ensures format consistency and the application of ‘Plain English’ in accordance with JSP 101 (Defence writing guide). BRs include ‘Customer Feedback’ which can respond to safety issues, technical changes or format improvements. All changes are published in the BR under a ‘Summary of Changes’, thus ensuring policy and guidance is kept up to date.

#### Army

72. The Army uses a range of methods and channels to communicate safety policy, both current and updates, to Regulars and Reserves, civil servants, contractors, and other stakeholders.

73. Organisational awareness is achieved through cascading policy publication updates and Army Briefing Notes. This is supplemented through enhancing individual awareness utilising other mediums of communication such as print ([Soldier Magazine](#), [Army Safety and Environment Matters](#), [KIT](#)), web-based (Defence Digest, internal media broadcasts), and Army Health Promotion activities (guides, posters, health fairs). Formal instruction takes place on various career courses covering all rank and grade levels using various Subject Matter Expert courses and interactions. For example, the Royal Army Physical Training Corps delivers training to all Army Physical Training Staff through policy updates, an annual conference, and training at Units.

74. The Army has revised its policies to increase accessibility and improve comprehension through utilising simpler language. Army individual pocketbooks or aide memoires are regularly updated in line with MOD policy. For example, in 2018 the Army further simplified the guidance by updating the Battlefield Casualty Drills Aide Memoire, Drill 9, covering planning, recognition and treatment of climatic injuries. This ensures that wherever a commander or soldier looks for information they will find consistent guidance on how to plan, prevent, and when necessary, detect and treat climatic injuries. Ahead of the formal reissue of the All Arms

Tactical Aide Memoire (AATAM) in 2020, an interim hand out (covering Heat Illness; Non-Freezing Cold Injury; Freezing Cold Injury; Hypothermia) has been produced and the AATAM is accessible through the Army Knowledge Exchange to increase dissemination, accessibility, and accuracy. In 2018, Army Physical Training and Testing policies underwent readability assessments and, where required, have been revised to ensure they can be easily understood by those responsible for delivering lessons and assessments.

### Royal Air Force

75. The review of the DSA document set has drawn the various regulations and JSPs into a single hierarchy of documents, which aids understanding of the requirements. AP 8000 SEMS is a single high-level SEMS document with subordinate areas for the different regulated safety domains, so that the common principles can be set out at the highest level and the domain-specific requirements captured accurately and logically, in one place. Its searchability is being improved to ensure that the higher-level policy and regulation can be referenced effectively, with changes incorporated immediately or notified to those responsible for updating.

76. AP 8000 is reviewed frequently to assure its suitability and accuracy. It is used a TLB-level Safety Performance Indicator.

77. Most safety management documents for Air Command, including AP 8000, are 'live' ("uncontrolled when printed") and personnel are informed during all phases of training that they should always ensure they are using the most up-to-date versions. Personnel are always informed that changes may have taken place, as best practice is identified and shared as a result of a good Post Exercise Report and Lessons Learned process. The onus is on the risk owner and delegated management authorities to ensure that they use the most up to date information to justify an ALARP and tolerable position.

### Specialist Military Units

78. SMUs receive safety policy updates directly from Strategic Command CESO, the DSA, and from Headquarters in their Chain of Command, and have access to information available via the Defence intranet. Education and training are provided to staff at all levels in the form of the DSA Duty Holder courses, and the Commanding Officers' (Designate) courses are provided for those in higher command; these courses all address the importance of HS&EP considerations. Units regularly deliver Safe System of Training and Risk Assessment courses regularly that are tailored especially for SMU activity. These courses are accredited by the Royal Society for the Prevention of Accidents. SMUs also maintain close links with the Chief of Army Safety and draw on safety information from across Defence.

#### 4. Is a positive safety culture being instilled across the Armed Forces at all levels?

79. DSA defines Safety Culture as:

“The product of individual and group values, attitudes, perceptions, competencies, and patterns of behaviour that determine the commitment, style and proficiency of the organisation’s health and safety management.”

80. Policy document DSA01.2 Chapter 5 details the background to Safety Culture and approaches for its measurement. DSA Regulators consider the Safety Culture of organisations they regulate during their assurance audits and other oversight activities. DG DSA’s AAR also assesses levels of Safety Assurance and Safety Culture across Defence and within each TLB and Defence Organisation, highlighting the increasing and differing levels of maturity within each of them. The 2018/19 DG DSA AAR highlights the need for continuing work to improve the Safety Culture in Defence and recommended this be done through a Functional Leadership Strategy to be developed by D HS&EP.

#### Royal Navy

81. The Navy Command SEMS is designed to the HSE Plan-Do-Check-Act cycle and, with the Maritime Safety Strategy, focusses on outcomes based on a workforce, which is committed to effective Safety Risk Management. Navy Command has strong safety leadership at all levels, led by the First Sea Lord as Senior Duty Holder and Fleet Commander as the Senior Safety Manager. Positive engagement is achieved through effective communication at all levels and is assured through a robust system of audits, investigations, performance monitoring, and information and data exploitation and learning. This effort is designed to instill and develop an increasingly positive safety culture.

#### Army

82. The Army recognises the development of a responsible Safety Culture as a continual process and records this as one of its strategic risks. The Army works to instil the right behaviours through leadership, training, education and applying lessons at all levels across the Army.

83. The Chief of the General Staff, as the Army TLB Holder and Senior Duty Holder, articulates the Safety Culture he expects in his Safety and Environmental Protection in the Army Personal Commitment statement<sup>16</sup>. The strategic risk of not achieving this culture is owned by DCGS and over the last two years the Army has implemented considerable improvements across safety, governance, organisation, and culture and behaviour. Safety Moments are included at the beginning of all Army Executive Committee meetings with Directorates encouraged to share a vignette to further support a positive Army safety culture.

84. A review of its safety processes and procedures led to a revised Army Safety and Environmental Protection policy, formulation of associated sub-strategy to continue improvement over the next 10 years, and the establishment of the ASC<sup>17</sup>. Established in November 2018, the ASC ensures that the Army’s approach to Safety & Environmental Protection is strategy driven with clear governance and assurance processes in place. Its outputs focus on four key pillars at all levels across the Army: policy and governance; communication, education and training; analysis and lessons; and advice and assistance. A recent maturity assessment of the ASC will identify any further areas of development.

#### Royal Air Force

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<sup>16</sup> [https://modgovuk.sharepoint.com/sites/defnet/Corp/Army/Publications/ACSO\\_3216.pdf](https://modgovuk.sharepoint.com/sites/defnet/Corp/Army/Publications/ACSO_3216.pdf)

<sup>17</sup> Tasked to identify lessons and oversee the education of safety across the Army

85. The Chief of the Air Staff (CAS), as the Senior Duty Holder and Air TLB Holder, instills a positive safety culture through sponsorship of the Air TLB SEMS, and instilling a “Just, Questioning and Reporting” culture. CAS effectively monitors the Air Command Safety Culture through the chairmanship of the Total Safety Command Board, which is where subordinate commands will be held to account for effective safety management. This ensures that the RAF continues to operate safely and maintain a status of safe-to-operate across the equipment types, infrastructure and people. By appointing Deputy Commander Operations as the Total Safety Champion for Air Command, CAS ensures that safety is an enabler to more effective operational output, meaning that it is championed at the very highest levels within the organisation.

86. Improvements in the reporting of near misses, hazards and observations is indicative of a developing positive safety culture. Evidence from the Accident Incident Recording System shows that there is an increase in the percentage of Hazard/Observation reports being raised, compared with actual incidents.

87. Enhanced training, such as Human Factors and Error Management, Safety Management and Risk Management courses, as well as increased awareness campaigns led by the TLB, individual Commands, and individual Units continue to reinforce a positive safety culture

#### Specialist Military Units

88. SMUs have worked hard to instill a positive safety culture, led by Director SMU as the Operating Duty Holder. Both the HSE and DSA have commented on the strides that SMUs have made in safety culture. The extensive training and education in SMUs have ensured that safety is a key focus in everything they do.

**5(a). How effective have the Defence Safety Authority and the Duty Holder Concept been in improving safety?**

89. At the HCDC evidence session in November 2015, the then-DG DSA said he would commission an external audit covering the quality of the DSA's work, its effectiveness, and how it was perceived once the organisation had reached a degree of maturity. That audit, conducted between September and November 2018, found that the DSA has, "...since its formation in 2015, substantially transformed attitudes and galvanised action within Defence with regard to risk and safety." The MOD's Executive Committee endorsed the findings and recommendations of the audit report, and those of the 2018 Review of Head Office Governance of Health, Safety & Environmental Protection. The DSEC has directed D HS&EP to take forward nine work strands to implement the latter report's recommendations, working with the DSA (which has incorporated the relevant recommendations into its 2019-2025 strategy), to ensure implementation of the recommendations of both reports. Progress with this programme and implementing the recommendations was reviewed by the DSEC in November 2019.

90. The DSA strategy also incorporates the remaining elements for the Programme for Regulation and Investigation of Safety in the MOD (PRISM), which was DSA's change programme initiated in July 2015 to implement changes made in the recommendations from the earlier Defence Safety Regulatory Review. Not all elements of PRISM have been completed so the remaining activity is being reviewed to identify roles and responsibilities that will remain in the DSA and those that will be taken on by the Head Office HS&EP Directorate.

91. The DSA audit report found that Duty Holding principles are well established and being implemented across Defence, with assurance arrangements either in place or in the process of being established across all Defence Organisations. It concluded that championship of the Duty Holding concept, along with the roll-out of SEMS at higher levels and the introduction of the principle of 'Just Culture'<sup>18</sup>, were good examples of where the DSA had made a substantial difference.

Royal Navy

92. The Duty Holder Concept within Navy Command has proven to be effective in identifying accountability for specific higher risk military activities under the definitions laid down by the DSA. This has allowed Navy Command to record its Duty Holder construct and generic responsibilities within its SEMS. For example, the Duty Holder construct has enabled better visibility of who grants policy and RtL concessions to Ships. It has also been used to ensure that new platform issues are effectively identified, tracked, and managed as they transfer from build to Fleet Time. Detailed responsibilities are included in Letters of Appointment issued by the Senior Duty Holder, the First Sea Lord.

Army

93. The adoption of the Duty Holding model in 2016 has improved awareness and understanding of safety risk management across the Army. It is helping to provide clarity in ownership and accountability throughout the chain of command, including at the most senior levels, for the supervision of designated very high-risk activities. The Army Inspector's 2019 Annual Assurance Report references reported serious or specified incident rates for the eight very high risk to life activities the current Army Duty Holding construct specifies. The data indicates that in all eight activities the rate of incident in 2019 was almost negligible.

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<sup>18</sup> A Just Culture comprises both a set of beliefs and a set of duties that are expected from the individuals as well as from the organisation as a whole. Its beliefs and duties underpin healthy occurrence reporting and fair and effective investigation

Specifically, the incidents of reported heat illness cases in the Army have decreased, with the 2019 Defence Statistics figures showing a 1.4-in-1000 person average, compared to a 1.9 average for 2018. A further review in the Army's application of the Duty Holding model is due to report in April 2020 and will make further continued improvement in the use of the model.

#### Royal Air Force

94. The Duty Holder construct identifies accountable individuals to hold and manage risk. This clarification of responsibility, with personal accountability, has seen increased scrutiny of the risks being held and greater assurance that they are managed at a level that is demonstrably at least ALARP and tolerable. This will be further enhanced by the Air TLB decision to apply Duty Holding to activities outside military aviation, where a credible and reasonably foreseeable Risk to Life is evident.

95. For example, an RAF review into the maintenance of Sentry aircraft, following incidents involving diversions due to smoke/fumes in the cabin, shows the positive application of Duty Holding. As the individual accountable, and with evidence to suggest that there might be a wider issue, the Delivery Duty Holder paused flying for deeper investigation, despite operational pressures.

96. That investigation identified Sentry airworthiness issues requiring rectification and assurance measures across the Sentry fleet and led to RAF-wide improvements in continuing airworthiness management arrangements and a program to improve standards and practices in aircraft engineering. The pause in Sentry flying was not without operational penalty, but the lessons gained from the experience are extremely valuable and have enabled the RAF to improve the enduring quality of its aircraft engineering and demonstrate the power of the Duty Holder system.

## 5(b) How is safety measured?

97. The 2018 DSA audit report (the Parry Review) recognised the challenge of determining Measures of Effectiveness for safety: "...no readily agreed single standard of measurement for safety exists, with most emphasis and effort devoted to the integrity of safety compliance, rather than a specific level of risk or measure of continuous improvement."

98. The DSA is working with senior risk owners in Defence on practical Measures of Effectiveness (MOE) and actively discussing proposals to generate improved means to reflect, in more quantitative terms, the safety performance of organisations and improved safety outcomes. In April 2018, the Defence Safety Committee considered a first draft of ten potential MOE. These MOE, together with the minimum data reporting requirements specified in JSP 375 (Management of Health and Safety in Defence), form the basis of the performance measures currently mandated by Defence Organisations in their SEMS. Further central policy and guidance on measuring safety performance will be issued in DSA01.2 and further developed by the DSA and D HS&EP on behalf of the DSEC.

99. The DSA engages with external stakeholders to explain its work, to promote awareness of HS&EP in Defence, to demonstrate the progress being made, to learn from and inform best practice in MOE, and to enhance its credibility. The previous DG DSA visited equivalent Defence safety organisations in the USA, Australia, the Netherlands, and Germany, and spoke at international conferences. In October 2018, the DSA supported the first Defence Safety Conference in London, attracting senior international military and industry attendance and leading to a series of follow-on conferences on more specific Defence safety topics in 2019: these included a Defence Aviation Safety Conference, the Military Aviation Authority's Defence Aviation Environment Air Safety Conference (in September, marking the 10th anniversary of the publication of the Nimrod Review), and the second Defence Safety Conference.

100. The HSE's Director of Regulation is a member of the DSA's Executive Board, which also includes two Non-Executive Directors with experience in high-risk industries. The MOD and HSE have a "General Agreement"<sup>19</sup> that defines working relationships and exchange of information. An updated agreement is due to be signed in early 2020.

### Royal Navy

101. Safety is measured against the performance metrics in the Navy Command SEMS (BR 10) which cover: Governance, Training and Education, Organisational Learning and Assurance. Benchmarking against other high-risk organisations is a Line of Development within the Navy Command Maritime Safety Strategy.

### Army

102. The Army uses internal audit and inspection mechanisms (1PA) and there are regular reviews of safety performance data during Army safety governance meetings (2PA). The Executive Committee of the Army Board reviews safety issues on a quarterly basis. The Army is also held to account on its safety performance during its internal Audit Risk and Assurance Committee quarterly meetings and externally by the Chief of Defence Staff through the MOD's quarterly Performance and Risk Review system.

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<sup>19</sup> [MOD-HSE General Agreement 2014](#).

## Royal Air Force

103. Safety is measured through a combination of reported statistics (injuries, illness, near misses, dangerous occurrences), performance indicators (experience and competence levels, completeness of in-year objectives, maturity of risk management processes and other indicators such as morale, safety culture and age of reporting), and through a variety of mandated assurance and compliance checking activities. The level of risk held is monitored constantly and assured at TLB level on a quarterly basis through senior stakeholder review. Similarly, metrics such as injuries, ill health, safety incidents, and near misses are recorded and analysed, given the military context, to ensure that the TLB fulfils the Defence Secretary's Policy Statement, requiring Defence to reduce the number of incidents so far as is reasonably practicable, whilst meeting Defence objectives.

## Specialist Military Units

104. Those SMUs within Strategic Command follow its TLB 001 HS&EP Policy. This requires all business areas/Permanent Joint Operating Bases within the TLB to provide HS&EP Quarterly Performance information to Strategic Command's CESO marked against 11 performance areas. Reporting is then presented to senior management committee. The TLB Command Plan Objective is to achieve Level 4 'compliant' and lift performance to Level 5 (on a scale from 1 to 7). SMUs provide this high-level report of overall HS&EP performance to CESO. The accuracy of this reporting is viewed at audit.

**6. Has there been an increased awareness of heat and cold injury policy? How is this awareness monitored?**

105. JSP 539 (Heat Illness and Cold Injury: Prevention and Management) sets out the policy for the prevention of climatic injuries in the Armed Forces for activities including training, exercises and operations. It also contains guidance on the initial medical management and treatment of climatic casualties. The latest version of the JSP, issued in April 2019, is available on the Gov.uk website:

<https://www.gov.uk/government/publications/prevention-of-climatic-injuries-in-the-armed-forces-medical-policy>

106. DG Defence Medical Services (DMS) is completing a re-write of JSP 539. The plan is to separate policy on how to prevent heat illness (JSP 375 - Management of Health and Safety in Defence) and how to treat it (JSP 539); this will be complete by December 2020.

107. The Cold Injury Working Group (CIWG) and Heat Illness Working Group (HIWG), chaired by Surgeon General's staff, are responsible for the development of climatic illness and injury policy. The CIWG and HIWG include the single Services, the DMS, and personnel from the operational and training environments and equipment support. This enables the CIWG and HIWG to develop policy based on updated research and scientific evidence, assess the likely effects of policy changes on the conduct of operations and training, and identify any requirement to procure new monitoring or protective equipment. There is a feedback loop from the single Services, Specialist User Groups, and HS&EP organisations to enable policy review where stakeholders identify there is a need for new policy change, to increase understanding and accessibility of policy and report incidents that indicate policy may need to be modified. The CIWG and HIWG also receive feedback from Defence Statistics (Health) on the numbers of reported heat or cold incidents to monitor the effectiveness of the policy.

108. Where single Services or other stakeholders wish to develop their own subsidiary guidance based on the JSP policy (e.g. Commanders and Individual Guides produced by the Army), the CIWG and HIWG will provide Subject Matter Expert assistance and review of those documents as required.

109. Changes to JSP 539 agreed by the CIWG and HIWG are submitted to the Medical Policy Steering Group (MPSG) that coordinates the revision of medical policy within the MOD. Its members include empowered personnel representing key stakeholders from the single Services, the DMS, Chief of Defence People, and MOD Legal Advisers. The MPSG scrutinises all medical policy under development to ensure that DMS policy is coherent with wider Defence policy as well as UK national medical policy.

110. It is a Chain of Command responsibility to implement JSP 539 and to monitor the implementation and effectiveness of the policy. Training on, and raising the awareness of, heat and cold policy is the responsibility of the single Services.

Royal Navy

111. There is an increased focus on cold injury and heat illness with awareness raised through internal communications and during events like Exercise Saif Sareea 3 in Oman. Awareness is monitored by the chain of command in briefings prior to heightened risk activities, during the audit process, and through reporting in the NLIMS.

Army

112. All COs attend a COs' Designate Course as part of their pre-employment training. The importance of heat illness and the content of JSP 539 is included on this course. Army Briefing Notes are produced and promulgated each time new policy is disseminated. To assure dissemination of policy, the Audit and Inspection regime includes annual inspections to check Units are using the most up-to-date policy. The question set for the annual Physical Development audit is being amended to specifically include the key heat prevention publications of JSP 539, Army Command Standing Order 3216 - Management of Safety and Environmental Protection (ACSO 3216), and AGAI Volume 1 Chapter 7 - Physical Training (AGAI Vol 1 Ch 7).

113. JSP 539, the Commanders' Guide to Heat Illness and Cold Injury, the [Heat Illness and Cold Injury Field Guide](#), and the Individual's Guide to Heat Illness and Cold Injury, which provide information and guidance on how to prevent, detect, and respond to climatic injuries, are all accessible on MODNet, the Army Knowledge Exchange and Defence Connect, which is accessed through the Defence Gateway. To improve awareness further, work has been initiated to explore the utility of a CO's electronic handbook which will signpost COs to relevant policy documents. Climatic injury awareness and treatment are included in the revised Military Annual Training Tests that are undertaken by all serving personnel and are regularly reviewed. The climatic injury elements of this training were updated in April 2019 and include video lessons.

114. There is increased awareness of climatic injuries through incident reporting to the Army Incident Notification Cell (part of Army Safety Centre). As stated above, physical development (including Physical Training, Adventurous Training, and Sport) is subject to audit as part of the holistic FHPA process. Physical Development Audits are conducted by each Unit as well as through external Army auditors. The FHPA assessment criteria have been recently amended to ensure that appropriate heat illness risk assessments are being conducted and that, where relevant, approved Wet Bulb Globe Thermometers are used to assist with the risk assessment.

115. Cold Injury. Cold Weather competence is a priority for the Field Army, which is developing its competence rapidly with the assistance of 3 Commando Brigade, Royal Marines, focussing delivery on large exercises and operations. A Doctrine Note on Cold Weather Operations underpins these efforts and in January 2018 the Army Inspector initiated an audit of Cold Injuries examining the application of associated policies and guidance. The output from which has been the adoption of the Army's Non-Freezing Cold Injury Action Plan, and the Army's Director Personnel becoming the Army's pan-Defence Lines of Development lead for climatic and work-related injuries.

116. Heat Illness. Between May and September 2018, the Army Inspector conducted a thematic review to examine the Army's application of Heat Illness Prevention Policy. It investigated the understanding and implementation of the revised policy across the Army Commands; evaluated extant policy; reflected on previous incidents and whether lessons had been learnt; and sought to confirm where improvement still needs to be made. In November 2018 the review made 38 recommendations and offered 11 opportunities for improvement. Recognising the Army Inspector's TLB-only scope, the report pointed to the need for Defence to be clear on identifying an empowered lead for bringing coherence to climatic illness prevention and reporting, as it is an issue that affects all the services. This is now under consideration by D HS&EP in consultation with the single Services and Defence Organisations.

117. The Army Inspector's report has been enhanced by the 22 recommendations from HM Senior Coroner for Birmingham and Solihull and her Regulation 28 Report to Prevent Further Deaths in relation to the death of Corporal Joshua Hoole on 19 July 2016. Each of these 22 recommendations has a 2\* Senior Point of Authority who is held to account for successful

resolution. The actions required to respond to HM Senior Coroner are being prioritised by the Army and fully reported in the response from the Secretary of State for Defence to HM Senior Coroner.

#### Royal Air Force

118. A DG DSA note to all TLB Holders in August 2018 reminded them to ensure measures be taken to prevent heat illness. This was promulgated to all Groups, reinforced at the Air Force Command Group, and at the next Operational Duty Holder Quarterly meeting. The Head RAF Safety Centre wrote to all RAF Station and Unit Commanders concerning three areas of Climatic Injury Management, namely: policy awareness, training, and promotion and assurance. The Chief Environment and Safety Officer (RAF) instigated an Air TLB Climatic Injury Management Policy Group to ensure the Organisation and Arrangements and guidance applicable to Air TLB are captured within Air Publication 8000.

119. Awareness and compliance with policy is monitored through First Party assurance for day to day Unit activities and Second Party assurance for high-risk training activities. The assurance findings are reported to Command level and any necessary remedial action taken.

#### Specialist Military Units

120. SMUs are integral members of the CIWG and HIWG and have volunteered personnel to conduct scientific trials to support the development of data to inform work tables. Specific education pertaining to climactic injuries (hot and cold) is provided to teams delivering selection exercises as well as to the medical teams who support these. This mandatory training is also provided to the candidates. Climatic injuries are addressed on the mandatory safe system of training and risk assessment course.

## **7. Are the distinctions made between Regular and Reserve training pathways appropriate?**

121. The Defence Systems Approach to Training is part of the Whole Force Approach to the analysis, design, delivery and assurance of training. Where distinctions arise, they are in relation to role or readiness requirements or the most appropriate training delivery option, e.g. a Reservist may not be required to complete Phase 2 trade training to the same level as a Regular counterpart to join the peacetime “trained strength” of their Unit. Any resulting training deficit is formally documented as a training gap that must be closed/completed as part of Pre-Deployment Training (if deploying on combat operations in that role) or are required to be at a particular readiness state. This approach (justified in terms of time and resources) enables Reservists to be provided with training to close the training gap in their particular role should they be mobilised for operations.

122. Each of the single Services recognises the different needs of Regular and Reserve training and employs appropriate measures.

### Royal Navy

123. The HSE Intervention at CTCRM Lympstone considered distinctions between Regular and Reserve training pathways and noted as a strength and good practice at CTCRM that:

“There is close liaison between CTCRM and the parent Units for the reservists to ensure that personnel attending courses at CTCRM meet the prerequisite qualifications and fitness requirements. Training for Reservists takes place separately to regular recruits and it takes a reservist a minimum of two years to complete the Royal Marine Commando training course.”<sup>20</sup>

124. Regulars complete the Commando tests in week 31 of the 32-week training pipeline. Given the requirement for Young Officers (YOs) to demonstrate “spare capacity” to lead during the Commando Phase, YOs will conduct their tests in week 39 of 60. Trained ranks from the tri-Service environment completing the All Arms Commando Course will conduct the Commando Tests in the final week of their 13-week course.

125. The governance of Maritime Reserve (MR) individual training is managed through the Training Management System as articulated in JSP822. MR Specialisations are represented on the relevant Training Change Working Groups and Customer Executive Boards that manage the training requirement, content and scale of output within Royal Navy, Joint, and Defence areas.

126. In Phase 1 (Basic) training there is close integration and co-operation between Royal Navy Regulars and MR. For Phase 2 (Trade) and Phase 3 (Specialisation) training, the depth of integration is based on scale of output, manning levels, and perceived risk. Where there is a blend of Regular and Reserve trainers at schools/educational facilities, this generates better understanding of a Reservist’s abilities, their relative levels of physical or mental preparation, currency for a course, and potential to tailor the training task to account for these variances.

### Army

127. There is one selection standard for both Army Regular and Reserve officers and soldiers based on a range of measurable criteria including the physical condition of an applicant and their potential suitability for future physical development.

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<sup>20</sup> Ibid, page 3

128. Army Reserve Candidates follow a bespoke pathway through Basic Training and most of the Initial Trade Training qualifications. Different training pathways are available to Army Reservist candidates that enable those who still need to develop their fitness or other key skills to train over several weekends as opposed to attending consolidated periods of training. This enables a candidate to move through training at a pace appropriate to their abilities and with mentorship from the those involved in training or the parent Unit.

129. The Army PT development policy accommodates the differences between the amount of supervised training time available for Regular and Reserve personnel. An example of this is the Lone Soldier PT programme that provides a structured schedule for individuals to follow and ensures all the components of fitness are being developed. This PT programme, coupled with the Soldier Conditioning Review, provides greater structure and tailored guidance to support a Reserve's unsupervised training pathway. This is important for annual PT assessments through supporting individuals to achieve appropriate training pathway standards, across the Regular and Reserve Force, when it may not be possible to attend centralised PT sessions.

### Royal Air Force

130. The RAF career development pathways recognise the differing time available for Regulars, who are available 24/7, and Reserves, who are typically only available to train in the evenings and/or weekends. All Phase 1 and Phase 2 training for Regulars and Reserves is designed to meet the required performance standards, and each element of Phase 2 training must be completed before an individual is ready to deploy. Regulars and Reserves also need to complete the same Pre-Deployment Training package.

131 Training for all is tailored according to the need and requirement of the individual, which includes working with Reserve coordination cells, to ensure that any skills/knowledge gaps are identified and any necessary additional training is planned and completed.

### Specialist Military Units

132. Significant checks are in place for Reserves training to maintain assurance and appropriateness. The Reserve training is now closer to its Regular Unit than before and delivered under a single Duty Holder and training team.

**8. Are the current support provisions provided to the families of those who have been injured or died appropriate?**

133. The policy that covers support to the families of those Service Personnel who have been injured or died is contained within JSP 751.

134. The [Joint Casualty and Compassionate Centre](#) (JCCC) is the coordinating authority for the notification of casualty occurrences to the single Services and Chain of Command. The JCCC then remains actively engaged throughout the support to the Service Person and/or their family - from the point of incident until the case is considered fully closed by all associated parties.

135. The notification of the appropriate person(s), should the casualty classification meet the minimum criteria, is coordinated by JCCC. The notification will be delivered in the form of a face-to-face meeting between a nominated Casualty Notification Officer (CNO) and the casualty's Emergency Contact (EC) / Next of Kin (NOK) (as prior nominated by the casualty) as soon as possible after the event (normally within 12 hours).

136. On receipt of the news, there may be a requirement for the family to immediately visit the injured Service Person in hospital. "Dangerously Ill Forwarding of Relatives" requests are managed by JCCC, which will authorise/coordinate such visits.

137. For casualties classified as Seriously Injured or Very Seriously Injured, and in the case of a fatality, the JCCC will direct the appropriate Service to allocate a Visiting Officer (VO) to the family. The VO will assist the family through the processes and administrative requirements and steer them through any issues/concerns raised. Individuals who are nominated to be a VO will have undertaken training, and JCCC provides ongoing guidance and advice to ensure a high benchmark in support is provided for all, regardless of rank/location or circumstances.

138. The primary focus for all is the immediate family. In addition to the support provided by the VO, the family is signposted to the emotional support available from a range of national organisations. In the case of a fatality, the family is offered the Purple Pack bereavement guide for the families of Service Personnel. The pack was compiled as a joint venture between JCCC and the Defence Bereaved Families Group (DBFG); it is reviewed annually. The pack is available online and can be accessed not only by the immediate family, but all family members who are affected by the death.

139. The DBFG - comprising MOD Armed Forces People Welfare Policy staff, the single Services, the Service Widows Associations, SSAFA, and the British Legion - meets six-monthly to review any concerns raised from bereaved families that require rectifying action.

**Are current support provisions provided to families appropriate?**

140. The current support provisions are judged appropriate, albeit there is a continual drive to improve the support provided to the casualties and associated family members.

141. In 2018, JCCC dealt with 2,490 cases; it received only two formal complaints. One of these was found to be justified and consequent changes were made to policy and process.

142. Where appropriate, JCCC is asked to comment on issues raised in Learning Accounts/Service Inquiries following a fatality or a Seriously or Very Seriously Injured Service Person and act to amend processes as required.

143. The full process of the management of casualties (including fatalities) was assessed in a Defence Internal Audit in August 2016. The support provided received a satisfactory score, noting that until an exercise to manage a large-scale casualty incident was held a higher score would not be achieved.

144. There is no direct comparison to the level of service provided by Other Government Departments or private companies. However, the MOD demonstrates our commitment to supporting our people and their families through the JCCC providing support to those who need it every hour of every day.

#### Royal Navy

145. In the Naval Service, VOs are drawn from within the specialist welfare worker cadre. Support to families is based upon their need; it is not unknown for the assistance provided by a Naval Service VO to continue for over five years after, and subject to the family's agreement, their longer-term support is transferred to an appropriate third sector organisation. In cases of death in Service, support provision is augmented by a Funeral Officer (FO) who is allocated to a family should they wish to have a Service funeral/cremation. The FO will be suitably trained to enable them to provide this specific element of support within the boundaries of current policy. The FO's role is specific to that aspect of support to the family and is typically withdrawn on conclusion of the funeral/cremation.

146. The ultimate determinant of how appropriate the Naval Service supports a family in these difficult circumstances is the family. Accordingly, and in the absence of evidence identifying any short-falls from the bereaved families' perspective, the Royal Navy assess that its approach to VO provision offers a high level of support and care to families within the bounds of available resource.

#### Army

147. Assisting families who are dealing with the loss or injury of a loved one is of the utmost importance to the Army. The non-statutory inquiry into the notification and aftercare of the bereaved Brecon families recognised the work of the Army Bereavement and Aftercare Support team.<sup>21</sup>

148. Following the initial notification, a VO is appointed by the Regional Brigade to provide a single point of contact between the family and the Army. It is important that this VO is within reasonable proximity to the family, and has completed the Army three-day training course, so that they are best placed to deliver both practical and emotional support, as well as responding to all the questions the Next of Kin and their families might have. The whole process is overseen by the Bereavement and Aftercare Support (BAS) team, which provides a central focus for all bereaved Army families, working closely with the Regional Brigades and the VOs themselves. BAS is the main Army point of contact for JCCC and, as the Notifying Authority, co-ordinates the appointment of CNOs and VOs, in addition to being the focus for aftercare and the training of CNOs and VOs.

149. This central focus allows BAS to have an overview of all cases, enabling them to become more closely involved in the higher profile and more sensitive cases, particularly in respect of Service Inquiries, Police Investigations and Inquests. Under command of Home Command but located in Army HQ, it also provides a base from which all aspects of casualty management and support to the bereaved can be monitored, leading to full analysis of

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<sup>21</sup> Non-Statutory Inquiry to investigate the notification and aftercare of the next of kin and families of Corporal Dunsby, Trooper Maher, Lance Corporal Roberts, which, in accordance with the wishes of the families, is unpublished.

lessons and subsequent recommendations. BAS works with the VOs and the Regional Brigades to establish the best time for the VO to be formally stood down from a bereaved family, at which point they will write a letter to the family, explaining that the enduring support transitions from their VO to the Regiment or Corps in which the individual served, and that BAS becomes the point of contact for all Service-related matters.

#### Royal Air Force

150. JSP 751 details the enduring support afforded to the families of those who are injured or die in Service, regardless of whether the injury/injuries or death relates to their duties. The JCCC nominate an RAF Station as a Notifying Authority, which requires the HR staff to nominate a trained CNO and VO(s) if required. This delegated authority to local RAF HR staff ensures that there is appropriate consideration made when identifying suitable individuals to be activated into these important roles.

151. The VO(s) are the primary RAF Points of Contact (POC); they support the family through the funeral, signposting them to suitable bereavement care through the RAF Benevolent Fund and SSAFA and other Service Charities, assist with financial matters, and deal with all Service-related matters, including SIs and Coroner's Inquests, as required. Alongside the support of a VO, the family is also assigned a Welfare Manager from the Veteran's Welfare Service.

152. The RAF Personal Support & Social Work Service, currently contracted to SSAFA, provides an additional social work support service to RAF personnel and their families based in the UK. In particular, it provides RAF personnel and their families with a professional social work service offering an all-embracing service to the RAF community that is outside the normal Chain of Command. The service's staff include fully-qualified Social Workers and Personal Family Support Workers who can deal with a broad range of social support issues within the Service environment in a confidential manner. The service is a vital means of ensuring that RAF personnel and their families are properly supported by a professional and confidential service that meets their needs

153. When all formal duties relating to the Service have been completed and it is agreed with the family that the requirements for extensive support is no longer necessary, the VO transitions from the role and the family are provided with a formal and enduring RAF POC for any future correspondence or concerns.

154. The family of a deceased Service person who reside in Service Family Accommodation at the time of death may continue to occupy the property for a period of two years after death, ensuring that housing is not an immediate concern after the loss of a loved one.

#### Specialist Military Units

155. Service personnel in SMUs remain part of their parent single Service and are supported by them in the ways described above.

## **9. What more can be done to ensure safety during hazardous training and selection without impacting operational effectiveness?**

156. Ensuring safety during training without impacting operational effectiveness is a matter of effective safety risk management: delivering the training requirements for operations with suitable risk controls. It requires a clear understanding of risk being controlled ALARP and of residual risk tolerability within the chain of command.

157. The improvements made following the Ryan Review of MOD Head Office governance, including the appointment of a new Director HS&EP, will assist with the sharing of best practice to minimise risk of accidents/incidents.

### Royal Navy

158. Navy Command delivers suitable Safety Risk Management through its SEMS, which identifies that the principal framework for managing safety risks across Navy Command is through the Duty of Care, which cannot be delegated and applies to all. Requirements for supervision, e.g. Safe Systems of Work or Safe System of Training, and the use of the right equipment including Personal Protective Equipment and safe use of hazardous substances all fall within the obligations of the Duty of Care. The Chain of Command must also work closely with the relevant Capability and Support areas, as well as Operational Commanders, to ensure the Duty of Care requirement is maintained. The Navy Command SEMS also explains how safety risks should be evaluated, recorded and where necessary escalated within the Chain of Command and Duty Holder construct.

159. The checking of compliance with the requirements of the Navy Command SEMS forms part of a Unit's 1PA and the HQ's 2PA. HQ 2PA is conducted at Unit/platform level and within management domains.

160. All Navy Command military and civilian personnel are to have a level of safety competence that is appropriate to their position within the organisation; this includes risk identification, assessment and management. Direction and guidance on the required level of safety training and its availability is covered in the Navy Command SEMS.

### Army

161. Following a comprehensive review of Arduous Army Training Policy, further direction and detail to support commanders has been included in [ACSO 3216](#). This ensures commanders apply existing risk management processes and is consistent with the Army's Duty Holding construct. The ASC is conducting Training Needs Analysis to identify any gaps in safety risk management training that will then be addressed.

162. The Army is developing a Heat Illness Management Plan to support the implementation of existing policy and enable a more effective risk management approach when undertaking arduous activity. This plan will be issued to the Army as an ACSO ahead of April 2020.

163. Monitoring heat levels is an important element in the prevention of heat illness. Currently the Army and Defence measure environmental heat stress using the Wet Bulb Globe Thermometers and accordingly adjust group activities against policy guidance. This approach is unable to provide individualised warnings of impending heat injuries for participants. The appointment of a capability sponsor has provided a focal point to examine technological advances in this area. Funding has been secured to evaluate wearable technology that could monitor individuals for heat stress and report in real time those who may be at risk. If successfully brought into service, this technology could enhance the monitoring of

individuals undertaking activities where there is an increased risk of heat illness. However, this future functionality is dependent on the existence of a large dataset of individual physiological measurements to analyse and identify what warning signs or correlations wearable tech would utilise to trigger a warning. The initial reliability and implementation of wearable tech to warn prior to heat injuries is likely to be challenging.

164. In September 2020, the Army Inspector will conduct a follow-up audit of all the measures and actions the Army has put in place to prevent future climatic injuries. This will assure and further hold the Army to account in implementing recommendations from previous reports, inquiries, and lessons identified.

#### Royal Air Force

165. The RAF will continue to identify what hazardous training is being undertaken and ensure it is appropriately managed and governed in accordance with extant Departmental training policy.

166. Defence training is delivered and assured in line with extant mandated publications (including JSP 822, JSP 911, JSP 536 and Military Aviation Authority Regulation Publication (MAARP) 2130) and, by following these processes, the Department ensures best practice is followed. Appropriate leadership and governance are in place to ensure that any risk is appropriately managed through the principles of being ALARP and tolerable.

167. Between 2015 and 2017, the RAF FP Force Commander carried out a series of safety reviews and has introduced procedures through the RAF FP Force Total Safety Management Plan (TSMP) and the Land Environment Safety Officers (LESO) briefing package. This ensures that Responsible Persons are fully aware of the safety requirements and how to conduct those activities safely within regulation and policy, whilst achieving the operational requirements.

168. The TSMP captures the relevant policy requirements into one single document and where required, signposts critical information to the Responsible Persons. The RAF FP Capability Assurance Team has produced flow diagrams to be utilised as aide memoires for exercise planning, risk escalation (Duty Holder Advice Notes) and planning/attendance process for overseas exercises and courses. These aide memoires are taught on the LESO package to all planning staff and access to these aide memoires is available electronically in the RAF FP Force TSMP.

169. The LESO briefing package takes attendees through the requirement for risk management to protect the individuals in their charge and the wider population, who could be exposed to their actions. Their individual Duty of Care responsibilities are also explained, as are methods on how they can escalate decision-making to Duty Holders if they believe the benefits of doing an activity outweigh the risks. The emphasis on the course is to demonstrate that none of the regulations stop them doing the necessary training, but on how to correctly assess the hazards and risks, how to control them and where appropriate, escalate them to Duty Holders. The package covers the completion of a Risk Assessment, but the training focuses on the whole risk management process. This allows recording of all hazards, risks, control measures and then if required, the management of significant risks by the appropriate authorised persons (Duty Holders). All Responsible Persons in the RAF FP Force are directed in the TSMP to complete the LESO briefing pack.

170. The FP Force Commander widened access to the LESO to all members of the RAF from January 2019.

## Specialist Military Units

171. To mitigate the risks posed by the nature of operations that SMUs are asked to undertake, it is critical that they both select and train personnel to the highest possible standards, which means taking risks in training and on exercises. SMUs deliver bespoke Safe System of Training and Risk Assessment courses which are accredited by the Royal Society for the Prevention of Accidents and are specific to SMU activity. SMUs embrace best practices from across the military and civilian world to ensure that risks are mitigated to the extent whereby they are ALARP and tolerable, while also maintaining the high standard and output of training. By ensuring this risk is understood, accepted and appropriately managed in the training environment, SMUs are subsequently able to minimise the risk to personnel in the operating environment.

**10. Have the special cadre of coroners for military inquests received any additional training?**

172. Inquests are now once again held more widely than by just a military cadre so consideration needs to be given as to whether training limited to the cadre is still appropriate or whether something wider would better suit the needs of Coroners.

173. To provide background knowledge for Coroners, the MOD Defence Inquest Unit used to offer support to any Coroner holding an Inquest into the death of a Serviceman or woman. The MOD ran a joint MOD-Chief Coroner seminar when the cadre first stood up and then ran familiarisation days at the Land Warfare Centre. We recognise that this is all some time ago and the context has changed: we were previously focused on operational deaths, we now need to consider potential for training deaths. We are looking to engage to do more.

174. The MOD is engaged with the Chief Coroner's office about a meeting to discuss several topics, including training for Coroners and Coroner's Officers. The MOD is also meeting with the Coroners' Society President regarding its annual conference in 2020, which will have a military focus.

## 11. Are Crown Censures enough to make the MOD accountable when failures in duty of care have been identified.

### Health and Safety

175. Under the Health and Safety etc at Work Act 1974 (the 1974 Act), employers are required to ensure so far as is reasonably practicable the health, safety, and welfare at work of all their employees as well as those not in their employment (sections 2 and 3 of the 1974 Act).

176. The 1974 Act creates an offence where an employer fails to discharge this duty, but this does not apply to the Crown in the same way due to Crown immunity (section 48(1) of the 1974 Act). Nevertheless, the Crown is still required to discharge its duties under the 1974 Act.

177. The MOD/HSE General Agreement<sup>22</sup> sets out their relationship in discharging responsibilities and roles for health and safety for Defence activities in the UK. It includes the MOD's approach to health and safety as well as the MOD/HSE liaison activities. It also explains the HSE's approach to inspection, investigation, and enforcement in relation to the MOD.

#### *Inspection*

The HSE engages with employers, including the MOD, on a routine basis by conducting inspections of activities. HSE Inspectors have the authority to visit premises without prior notification, but they will normally liaise with the CO or HoE to make an appointment and arrangements for the visit, particularly in relation to sensitive sites.

#### *Investigation*

HSE Inspectors have powers to investigate events where a breach of health and safety legislation is suspected. The HSE may also investigate following reports of an injury or ill-health or the receipt of a complaint. In the case of a work-related fatality, the HSE's investigation will follow the procedure set out in the relevant Work-Related Deaths Protocol,<sup>23</sup> which is applied by the HSE to Government Departments and non-Crown employers. There will usually be a joint civil police/HSE investigation, with the police having the initial primacy. In some situations, the civil police force may cede primacy to the MOD/Service police force.<sup>24</sup>

#### *Enforcement*

HSE Inspectors can take action (ranging from oral and written advice, through to formal enforcement action) in accordance with the HSE's Enforcement Policy Statement.<sup>25</sup> The HSE's enforcement powers include the issuing of Improvement or Prohibition Notices. For Crown bodies like the MOD, these are served as Crown Enforcement Notices.<sup>26</sup>

178. As a result of Crown immunity, the HSE is unable to prosecute the MOD as it could a non-Crown employer for an offence under the 1974 Act, including any failure to comply with a Crown Notice. Instead, the HSE can issue a 'Crown Censure'. This is an administrative procedure whereby, following an investigation, the HSE can censure MOD for breaches of the law that, but for Crown immunity, would have led to a prosecution with a realistic prospect of conviction.

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<sup>22</sup> [MOD-HSE General Agreement 2014](#).

<sup>23</sup> [Work-Related Deaths Protocol for England & Wales](#) and [Work Related Deaths Protocol for Scotland](#).

<sup>24</sup> Further information on this can be found in [Annex A of the MOD-HSE General Agreement](#).

<sup>25</sup> [HSE Enforcement Policy Statement](#).

<sup>26</sup> Crown Enforcement Notices are not legally binding, and the Crown cannot be prosecuted for failure to comply with a Crown Enforcement Notice (section 48(1) of the 1974 Act).

179. Summaries of the Crown Censures issued since 1 April 1999 are published on the HSE's website.<sup>27</sup> Of the 20 Crown Censures issued against the MOD, 12 relate to some form of training activity and six of those incidents resulted in fatalities. It should be noted that the HSE is unable to carry out investigations into incidents of harm caused outside of the UK.

180. When the HSE conducts an investigation following an incident causing harm to an individual, any breaches of the 1974 Act identified that may lead to a possible Crown Censure are discussed between the HSE Inspector and the MOD, with the MOD being represented by the relevant CO/HoE and CESO.<sup>28</sup> The CESO informs the DSA of the outcome of the discussions and the MOD (usually the relevant CO/HoE/CESO) responds to the HSE with representations in writing. This is different to a prosecution of a non-Crown body, which would be interviewed under caution.

181. Once the Crown Censure has been agreed and formally approved within the HSE, the HSE Inspector will send the CESO a letter, a copy of the information obtained through the investigation, and a summary of the evidence. A Censure meeting will then be held to seek acknowledgment of the problem and to obtain an undertaking from the MOD to address identified health and safety failings. A record of the Crown Censure is entered onto the HSE's enforcement database and the HSE releases a press notice outlining the circumstances of the case and that a formal Crown Censure has been recorded.

182. The HSE will then work with the MOD to ensure the risk is dealt with. The CESO ensures that any lessons learned from the investigation are appropriately communicated through the MOD. MOD employees do not have immunity from prosecution under the 1974 Act (section 48(2) of the 1974 Act).<sup>29</sup> The HSE's published policy states that it would not seek to prosecute an individual in substitution for a Crown body, but, where warranted, it can nevertheless prosecute an individual where they are personally culpable for a breach of health and safety laws.<sup>30</sup>

## Prosecutions for offences outside of the health and safety legislation

### *Corporate manslaughter*

183. The Corporate Manslaughter and Corporate Homicide Act 2007 (the 2007 Act) creates an offence of corporate manslaughter if the way in which an organisation manages or organises its activities causes a person's death in circumstances where there has been a gross breach<sup>31</sup> of the duty of care owed by the organisation to the deceased (section 1 of the 2007 Act).

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<sup>27</sup> [HSE - Crown Censures since 1999](#).

<sup>28</sup> Management of Health & Safety at Work Regulations 1999 require an employer to appoint a competent person(s) to assist with the measures required to comply with statutory requirements. In the MOD, TLBH/CEs appoint a CESO as a competent person, who is required to provide advice on and assurance of compliance with statutory requirements relating to health and safety.

<sup>29</sup> Section 48(2) of the 1974 Act provides: "Although they do not bind the Crown, sections 33 to 42 shall apply to persons in the public service of the Crown as they apply to other persons." Sections 33 to 42 provide the offences covered by the 1974 Act.

<sup>30</sup> [http://www.hse.gov.uk/foi/internalops/ocs/100-199/130\\_8.htm#app1](http://www.hse.gov.uk/foi/internalops/ocs/100-199/130_8.htm#app1) – see Appendix 1, para. 12.

<sup>31</sup> a 'gross breach is where the conduct alleged to have amounted to a breach of the duty of care "falls far below what can reasonably be expected of the organisation in the circumstances." This is a higher threshold than the requirement to ensure the health, safety and welfare of employees as far as is 'reasonably practicable' under the 1974 Act.

184. For the purposes of the 2007 Act an 'organisation' includes the MOD and Crown bodies, both of which are not immune from prosecution. However, the MOD does not owe a Duty of Care in respect of the following military activities:

- a. operations (which includes peacekeeping operations and operations dealing with terrorism, civil unrest or serious public disorder);
- b. activities carried out in preparation for, or directly in support of, such operations;
- c. training of a hazardous nature, or training carried out in a hazardous way, which it is considered needs to be carried out, or carried out in that way, in order to improve or maintain the effectiveness of the armed forces with respect to such operations.

#### Hazardous training exemption

Military operations are inherently dangerous, and they should be planned and carried out without the fear of corporate prosecution hanging over the heads of senior officials and military commanders. This mirrors the doctrine of combat immunity, whereby there is no common law liability for negligence in respect of acts or omissions of our Armed Forces when engaged in armed combat.

The exemption for training of a hazardous nature is required because, by necessity, some types of military training are inherently dangerous and requiring Service personnel to undertake such training could in itself be argued to qualify as a 'gross breach of the duty of care'. It would be difficult for a jury to make a judgement about what constitutes 'reasonable hazardous training'; and, if during a prosecution for corporate manslaughter a court found that certain training was too hazardous to carry out, it could lead to a culture of risk aversion within our Armed Forces and a less rigorous standard of training sought. The risk would then be transferred from the training scenario to the battlefield as Service personnel might not be fully prepared for the dangers that await them.

Removing the MOD's hazardous training exemption from the 2007 Act would not necessarily change the public perception that it is only ever the junior individuals who are prosecuted for health and safety breaches. Those individuals are prosecuted under the health and safety legislation or the 2006 Act or the common law, either through the civilian criminal justice system or the Service Justice System (SJS), which are separate from the 2007 Act. It is possible that prosecutions of individuals would continue even if the MOD's hazardous training exemption from the 2007 Act was removed.

185. Furthermore, the 2007 Act states that the MOD is exempt from any Duty of Care in respect of all activities of our Special Forces.

#### Special Forces exemption

Special Forces operate, train, liaise with and support the security and intelligence agencies, which are not liable to prosecution under the 2007 Act because of the difficulties that would arise in any investigation and prosecution into their conduct, which inevitably would involve matters of national security. Similar issues would arise in respect of any prosecution arising out of the conduct of our Special Forces, so they are also excluded from the scope of the 2007 Act.

186. The MOD can still be held liable for corporate manslaughter for deaths caused outside of the activities listed above, for example, if failings by senior management meant that a Departmental building was not properly maintained, and this was a substantial element in the death of a person.

187. In circumstances where the section 4 exemption does not apply and the MOD is found guilty of committing an offence under the 2007 Act, like any other defendant the MOD can be liable to pay an unlimited fine as well as being made subject to a remedial order (an order requiring the Department to remedy the breach) and/or a publicity order (requiring the Department to publicise its conviction) (sections 1(6), 9 and 10 of the 2007 Act).

188. The consent of the Director of Public Prosecutions is required before a prosecution for corporate manslaughter or corporate homicide can be brought (section 17 of the 2007 Act). According to online legal resources, between 2008 and 2017, there were 25 charges for corporate manslaughter, resulting in 23 convictions.<sup>32</sup> All of the offenders were non-Crown bodies.

189. The 2007 Act applies only to deaths occurring in the UK and on certain ships and aircraft (section 28 of the 2007 Act).

#### *Prosecutions of individuals*

190. Under section 18 of the 2007 Act<sup>33</sup>, an individual cannot be prosecuted for manslaughter in place of the MOD, but a MOD employee (including Service personnel) can be tried for the common law offence of gross negligence manslaughter where they have caused a person's death. Such a prosecution can be brought in either the criminal justice system or the SJS.

191. A Service person can also be prosecuted under the SJS for an offence contrary to section 15 of the Armed Forces Act 2006 (the 2006 Act), which provides that it is an offence to fail to perform any duty without reasonable excuse or to perform a duty negligently.

#### Conclusion

192. The MOD's view is that Crown Censures are enough to make the MOD accountable when failures in duty of care are identified. A Crown Censure is akin to a criminal prosecution of a non-Crown body for health and safety failings. The investigative process and follow-up procedures are the same as those for non-Crown bodies – it is only the enforcement process that differs in form due to the doctrine of Crown immunity (i.e. the issuing of a Crown Censure instead of a prosecution). The HSE's follow-up process includes monitoring whether identified health and safety failings have been properly addressed. The MOD is therefore no less accountable for offences under the 1974 Act than a non-Crown employer.

193. Additionally, individual MOD employees, including those at senior levels, can be prosecuted for various offences. The HSE can prosecute individuals for health and safety offences under the 1974 Act. Individuals can also be prosecuted through the SJS or civilian justice system for gross negligence manslaughter or negligent performance of a duty or failure to perform a duty.

#### Police exemption

A public authority is similarly exempt from the 2007 Act in respect of training of a hazardous nature "which it is considered needs to be carried out, or carried out in that

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<sup>32</sup> [Practical Law UK Corporate Manslaughter convictions tracker](#).

<sup>33</sup> Section 18 of the 2007 Act (as it applies in England and Wales) provides: "(1) An individual cannot be guilty of aiding, abetting, counselling or procuring the commission of an offence of corporate manslaughter. (1A) An individual cannot be guilty of an offence under Part 2 of the Serious Crime Act 2007 (encouraging or assisting crime) by reference to an offence of corporate manslaughter. (2) An individual cannot be guilty of aiding, abetting, counselling or procuring, or being art and part in, the commission of an offence of corporate homicide."

way, in order to improve or maintain the effectiveness of officers or employees of the public authority” in relation to policing or law enforcement activities relating to, or operations for dealing with, terrorism, civil unrest or serious disorder (Section 5 of the Act).

The Government’s Explanatory Notes to the 2007 Act explain that this exemption reflects the existing law of negligence, which recognises that policing of violent disorder where the police come under attack or the threat of attack will not give rise to liability on the part of an employer (similar to combat immunity in the case of the military).

There is also a similarity to the situations faced by the police when dealing with terrorism, civil unrest or serious disorder with the situations faced by the military on operations. An exemption for the police in similar terms to the one for military activities is considered necessary.

## **Additional Questions**

**12. At what level within the duty holder concept chain of command is disciplinary action taken when there is a death or injury during training, exercise and selection events?**

194. The Service Police investigation(s) into an incident will consider the conduct of Service personnel and Civilians Subject to Service Discipline (CSSD) involved, including Duty Holders. If the investigation identifies that a Service Person or CSSD may have committed an offence in relation to the incident, then the matter may be referred to the Service Prosecuting Authority (SPA) via the CO or directly for a decision on whether any individual should be charged with any offence. In addition, and outside of disciplinary action, if a Service person's conduct is found to have fallen short of the required standard (i.e. breached the Service Test) then Administrative Action (effectively an employment sanction) may be taken against that individual.

195. The SPA puts the victims of crime first by considering their views and needs, making their voice heard during the trial process, and keeping them informed of decisions and outcomes.

**13. Since 2010, how many a) civilian court and b) military court prosecutions have there been linked to deaths and injuries during training, exercise and selection events? Please include the rank of those prosecuted, the offence with which they were charged and the number of convictions for each type of offence. These should be broken down on a year by year basis.**

#### Civilian Court

196. The following information is presented:

##### Royal Navy

Royal Navy records indicate that one member of the Naval Service (a Colour Sergeant Royal Marine) was prosecuted by a Civilian Court in 2010 for the death of a fellow Royal Marine on exercise by careless driving. Records indicate that the individual plead guilty and was fined £380 by the Court. Administrative Action was considered, and legal advice was taken at the time; the individual faced no administrative consequences.

##### Army

The Army has found no record relating to Civilian Court prosecutions linked to deaths and injuries during training, exercise, or selection events.

##### Royal Air Force

The RAF has found no record relating to Civilian Court prosecutions linked to deaths and injuries during training, exercise, or selection events.

#### Service Justice System

197. The SPA provides the independent consideration of criminal cases and offences contrary to military discipline. The SPA reviews cases referred by the Service Police or Chain of Command and decides whether to bring a prosecution. The SPA applies The Code for Crown Prosecutors to determine whether there is sufficient evidence to establish a realistic prospect of conviction and whether a prosecution is required in the public (including Service) interest. Prosecutions are then undertaken at Court Martial or Service Civilian Court by either Prosecuting Officers or members of the self-employed bar.

198. The two tables below show prosecutions linked to deaths and injuries during training, exercise, and selection events from 2010. The information details where the SPA decided that the death or injury has been connected to a criminal offence and brought to Court Martial by the SPA. A number of cases that took place since 2017 are being brought to Court Martial.

## Prosecutions and Convictions linked to deaths during training, exercise and selection events since 2010:

Year	Number of cases	Number of accused	Rank(s) of accused	Offences charged	Number of convictions for each offence	Number of Acquittals for each offence
2010	1	1	Flt Lt	Neglect in flying	1 ("(simple) neglect in flying")	0
2011	1	1	Flt Sgt	Manslaughter (Gross negligence)	0	1
2012	1	4	SSgt Cpl Two Fusiliers	Four charges of Negligently performing a duty	2 (SSgt & Cpl)	2
2013	1	1	Lt	Negligently performing a duty	0	1
2014	0	0	0	0	0	0
2015	1	3	Lt Col Captain CSgt	Manslaughter Two charges of Negligent performance of duty	Manslaughter Two convictions for Negligent performance of duty	0
2016	1	2	Cipher 1A Cipher 1B	Two charges of Negligent performance of a duty	0	2
2017	0	0	0	0	0	0
2018	0	0	0	0	0	0
2019	0	0	0	0	0	0
<b>Totals</b>	<b>6 Cases</b>	<b>12 Accused</b>	<b>-</b>	<b>12 Offences Charged</b>	<b>6 convictions</b>	<b>6 Acquittals</b>

## Prosecutions and convictions linked to injuries during training, exercise and selection events since 2010:

Year	Number of cases	Number of accused	Rank(s) of accused	Offences charged	Number of convictions for each offence	Number of acquittals for each offence
2010	1	1	CSgt	Four charges of Negligently performing a duty	4	0
2011	1	1	Pte	Negligently performing a duty	1	0
2012	1	1	Gdsm	Negligently performing a duty	1	0
2013	2	2	Cfn Pte	Two charges of Negligently performing a duty	2	0
2014	1	3	Capt WO2 LCpl	Two charges of Negligent performance of a duty Grievous Bodily Harm	1 - LCpl plead guilty to negligent performance (although charged with GBH)	2
2015	0	0	0	0	0	0
2016	0	0	0	0	0	0
2017	0	0	0	0	0	0
2018	0	0	0	0	0	0
2019	0	0	0	0	0	0
<b>Totals</b>	<b>6 Cases</b>	<b>8 Accused</b>	<b>-</b>	<b>11 Offences Charged</b>	<b>9 convictions</b>	<b>2 Acquittals</b>

**14. Since 2010 how many times has administrative action been taken in cases of death or injury during training, exercise and selection events? What was the action? This should be broken down on a year by year basis.**

Royal Navy

199. The Royal Navy has no records of Administrative Action being taken in this context. See answer to Q13 above.

Army

200. The Army has found four relevant incidents that led to six Army personnel having Administrative Action taken against them.

Year of Incident	Death/Injury	Administrative Action taken against....	Number of individuals
2010	1 Service person injured	2010: Formal Warning	Two OR4s
2011	1 Service person injured	2012: Minor Administrative Action	OR6, OR7
2012	1 Service person injured	2012: Formal Warning	OR4
2013	1 Service person injured	2013: Formal Interview	OR4

OR: Other Rank

Royal Air Force

201. The Royal Air Force has found no records of Administrative Action being taken in this context.

**15 (a). When a death occurs, what is the standard practice/procedure followed by the Armed Forces in relation to the availability of witnesses to police, medics and health and safety officials?**

202. Immediately following a death, the priority is to secure the scene, get the details of everyone present, and create a record of what has occurred and their involvement.

203. In terms of access to witnesses, if the Service police are first on the scene then they will control the scene until civilian investigators arrive. It is then a matter for the civilian investigators to determine how they wish to deal with the witnesses. The Armed Forces will facilitate access of the civilian investigator(s) to military witnesses.

204. However, there is no standard practice/procedure followed by the Armed Forces in relation to availability of witnesses: it will depend on the circumstances of the incident and the wellbeing/safety of all individuals involved.

**15 (b). Are they kept at the scene until all interviews have been completed?**

205. Whether the witnesses remain at the scene will depend on the conditions at the scene (darkness, cold, heat etc) and whether witnesses would be exposed to any further danger.

206. The order in which the witnesses are interviewed would be a decision for the Senior Investigating Officer (SIO), depending on their investigation strategy. The SIO would need to consider the wellbeing of the individuals and how conditions at the scene could impact the quality of the evidence they give. The SIO may prioritise key witnesses to establish the facts and allow the remainder to get some rest, so they will be in a better frame of mind. In other circumstances, the SIO might prefer to keep the witnesses at the scene and record their evidence before allowing them to leave the area.

**15 (c). Are they provided with legal advice?**

207. Witnesses would not automatically be offered legal advice, unless they are under arrest. If a witness was to request the presence of a legal advisor whilst providing their witness evidence, it would be at their own expense.

**15 (d). Are they issued with any guidance as to evidence to be given?**

208. The lead investigator will decide what evidence is sought. All witnesses are expected to cooperate fully. If an investigation leads to a Court appearance or Coroner's Inquest as a victim or a witness, then guidance may be given on what to expect but not on the content of the evidence to be given. There is Crown Prosecution Service guidance available on speaking with witnesses pre-court - <https://www.cps.gov.uk/sites/default/files/documents/publications/speaking-to-witnesses-at-court-guidance-feb-2018.pdf>

**16. How many Regular and Reservist deaths from individual Specialist Military Units occurred during training, exercise and selection events from 1 January 2000 to the present day. This should be broken down on a year by year basis and include the cause of death.**

*Regular and Reservist deaths from individual Specialist Military Units that occurred during training, exercise and selection events from 1 January 2000 to 2020.*

Year	Regular or Reserve	Cause of Death	Type
2000	Regular	Road Traffic Accident (RTA)	RTA on route to exercise
2000	Regular	RTA	RTA on route to exercise
2001	Regular	RTA	Vehicle training
2002	Regular	Parachute Accident	Parachute training
2002	Regular	Mortar Accident	Training
2005	Regular	Heat Injury	Personal Training
2005	Regular	Parachute Accident	Parachute training
2005	Regular	Drowned	Dive Training
2006	Regular	Fast-roping	Training
2008	Regular	Heart Attack	Selection
2010	Regular	Drowned	Counter terrorism training
2011	Regular	RTA	Vehicle training
2012	Regular	Drowned	Surf Drill Training
2012	Regular	Cliff Fall	Selection
2013	Reserve	Heat Injury	Selection
2013	Reserve	Heat Injury	Selection
2013	Reserve	Heat Injury	Selection
2018	Regular	To be determined. Coroner's Inquest in 2020.	Dive Training
2020	Regular	To be determined	Training

**17. Please detail the guidance issued in relation to the completion of a service inquiry into a death during training, exercise or selection events and the role of any reports, requirements or comments received from the HSE?**

209. JSP 832 is the tri-service guidance to all Service Inquiries. The current edition is dated 2008; it is being updated. The DSA and the single Services also have their own guidance.

210. A SI investigation would normally run in parallel with any HSE and/or police inquiry. The associated reports have different purposes and as such are stand-alone documents. There is no “swapping” of information as this could damage the investigation process, with potential witnesses being reluctant to be open, honest and frank if it is believed that their evidence would be passed to criminal investigators. However, in complex cases there would be liaison to ensure any issues are de-conflicted and to minimise the possibility of a SI prejudicing any future legal proceedings.

## ANNEX A

### Glossary

1PA	First-Party (Self-) Assurance
2PA	Second-Party Assurance
3PA	Third-Party Assurance
AAR	[DSA] Annual Assessment Report
AATAM	[Army] All Arms Tactical Aide Memoire
ACAI	Army Competent Advisors and Inspectorates
ACSO	Army Command Standing Order
ALARP	As Low As is Reasonably Practicable
AP	Air Publication
ASC	Army Safety Centre
BAS	[Army] Bereavement and Aftercare Support
BR	[RN] Books of Reference
Capt	Captain
CAS	Chief of the Air Staff
CE	Chief Executive
CESO	Chief Environmental Safety Officer
Cfn	Craftsman
CIWG	Cold Injury Working Group
CNO	Casualty Notification Officer
CO	Commanding Officer
Cpl	Corporal
CSgt	Colour Sergeant
CSSD	Civilians Subject to Service Discipline
CTCRM	Commando Training Centre Royal Marines, Lymington
DBFG	[Army] Defence Bereaved Families Group
DCGS	Deputy Chief of the General Staff
DG	Director General
DHALI	Directorate of Operational Capability, HCDC, Adult Learning Inspectorate
DLIMS	Defence Lessons Identified Management System
DMS	Defence Medical Services
DSA	Defence Safety Authority
DSEC	Defence Safety & Environment Committee
EC	Emergency Contact
FHPA	Force Health Protection Audit
FHP	Force Health Protection
Flt Lt	(RAF) Flight Lieutenant
Flt Sgt	(RAF) Flight Sergeant
FO	Funeral Officer
FP	Force Protection
Gdsm	Guardsman

HoE	Head of Establishment
HIWG	Heat Illness Working Group
HSE	Health and Safety Executive
HS&EP	Health, Safety and Environmental Protection
JCCC	Joint Casualty and Compassionate Centre
JSP	Joint Service Publication
LCpl	Lance Corporal
LESO	Land Environment Safety Officers
Lt Col	Lieutenant Colonel
MAARP	Military Aviation Authority Regulation Publication
MOD	Ministry of Defence
MOE	Measures of Effectiveness
MPSG	Medical Policy Steering Group
MR	Maritime Reserve
NLIMS	Navy Lessons Information Management System
NOK	Next of Kin
OR (4, 6, 7)	Other Rank (Corporal, Sergeant, Colour/Staff Sergeant)
POC	Points of Contact
PRISM	Programme for Regulation and Investigation of Safety in the MOD
PT	Physical Training
Pte	Private
RAF	Royal Air Force
RN	Royal Navy
RtL	Risk to Life
SEMS	Safety and Environmental Management System
SI	Service Inquiry
SJS	Service Justice System
SMU	Specialist Military Unit
SPA	Service Prosecuting Authority
SSgt	Staff Sergeant
TE	Training Establishment
TLB	Top Level Budget
TLBH	TLB Holders,
TSMP	Total Safety Management Plan
VO	Visiting Officer
WO2	Warrant Officer Class 2
YO	Young Officer

## **ANNEX B DEFENCE SAFETY AUTHORITY DOCUMENTS**

### **Level 1:**<sup>34</sup>

#### **DSA 01.1 (Aug 16) (Defence Policy for Health, Safety and Environmental Protection)**

This amplification of the Defence Secretary's Policy Statement on HS&EP includes details on the legislative framework and Departmental policy; HS&EP responsibilities, including risk management; checking and performance reporting; competence of advice, information and training; and the roles of the statutory and Defence Regulators.

#### **DSA 01.2 (Implementation of Defence Policy for HS&EP)**

DSA 01.1 is augmented by further chapters, collectively referred to as DSA 01.2, that detail the implementation of the policy for HS&EP within individual areas of Defence activity. There will be 15 chapters covering specific aspects of policy implementation:

##### Chapter 1 (Rev Jan 18) Health, Safety and Environmental Protection (HS&EP) Requirements for Defence.

The application of HS&EP legislation as it applies to Defence and the relationship between legislation; Disapplication, Exemption, Derogation; and Defence safety policy and regulation.

##### Chapter 2 (Rev Jun 18) Defence Safety and Environmental Management System How HS&EP is to be managed across Defence using SEMS, including guidance on frameworks and standards for compatible SEMS across Defence.

##### Chapter 3 (Rev May 18) Duty Holding

The Duty Holding construct and the accountable/auditable decision making it facilitates.

##### Chapter 4 (Jul 18) Health, Safety & Environmental Risk Management

The generic principles to ensure the effective management of health and safety risks and environmental impacts associated with Defence activities.

##### Chapter 5 (May 18) Safety Culture.

Safety Culture, its key components, and effective indicators.

##### Chapter 6 Exemption Process from UK HS&EP

In development.

##### Chapter 7 (Jul 18) Assessment of Organisational Change on HS&EP

The requirement, roles and responsibilities for assessing the impact of change on HS&EP risks being managed within an organisation, and guidance on conducting/assuring an Organisational Safety Assessment.

##### Chapters 8-9 In development

###### Chapter 8 Accident and Incident Reporting

###### Chapter 9 Information, Instruction and Training for Equipment and Substances

##### Chapter 10 (rev Jan 18) Service Inquiries

Overview of the Service Inquiry process.

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<sup>34</sup> MOD overall policy documents

Chapters 11-14 In development

Chapter 11 Radiation Protection

Chapter 12 Duty of Care on Deployment

Chapter 13 Head of Establishment Responsibilities

Chapter 14 Performance Measurement and Reporting

Chapter 15 Defence Safety Authority Enforcement Policy

Currently issued as a Defence Instruction Notice 2016DIN06-020 – Implementation of Defence Safety Authority Enforcement Policy.

**DSA 01.3 (DSA Responsibilities, Practices, Processes and Operating Procedures).**

The DSA 01.3 series documents will provide the DSA Regulatory Practices, Processes and Operating Procedures. This will include generic and business operating procedures as well as the DSA SEMS, Safety Organisation and Arrangements and the DSA Business Management System.

DSA Level 2 (DSA 02.x Series) and Level 3 (DSA 03.x Series) documents<sup>35</sup> are completed by the individual DSA Defence Regulator and show the respective regulations applicable to the domain and practical advice on acceptable means of compliance.

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<sup>35</sup> Level 2 = lower level Regulations owned by DSA Regulators; Level 3 = compliance with Level 2 documents