

SECTION 16.4

CONCLUSIONS: SERVICE PERSONNEL

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Introduction and key findings

1. This Section addresses analysis and findings in relation to the evidence set out in Sections 16.1 to 16.3, including:

- the pressures on Service Personnel, and the welfare support provided to them and their families;
- the arrangements for providing medical care to Service Personnel; and
- the arrangements for investigating the deaths of Service Personnel who lost their lives on Operation TELIC and the support provided for bereaved families.

2. The provision of military equipment is addressed in Sections 6.3 and 14.

Key findings

- In 2002, the UK military was already operating at, and in some cases beyond, the limits of the guidelines agreed in the 1998 *Strategic Defence Review*. As a result, the Harmony Guidelines were being breached for some units and specialist trades.
- The Government's decision to contribute a military force to a US-led invasion of Iraq inevitably increased the risk that more Service Personnel would be put in breach of the Harmony Guidelines. The issue of the potential pressure on Service Personnel was not a consideration in the decision.
- The MOD planned and prepared effectively to provide medical care in support of Operation TELIC.
- There were major improvements in the provision of medical care, mental healthcare and rehabilitative care available to Service Personnel over the course of Op TELIC.
- Most of the contacts between the MOD and bereaved families were conducted with sensitivity. In a few cases, they were not. The MOD progressively improved how it engaged with and supported bereaved families, in part driven by consistent public and Ministerial pressure.
- The Government's decision in 2006 to deploy a second medium scale force to Helmand province in Afghanistan further increased the pressure on Service Personnel, on elements of the MOD's welfare, medical and investigative systems, and on the coronial system.
- Much of the MOD's and the Government's effort from 2006 was focused on addressing those pressures.
- The MOD should have planned and prepared to address those pressures, rather than react to them.
- The Government should have acted sooner to address the backlog of inquests into the deaths of Service Personnel. The support it did provide, in June 2006, cleared the backlog.
- The MOD made a number of improvements to the Board of Inquiry process, but some proposals for more substantive reform (including the introduction of an independent member) were not fully explored. The MOD significantly improved the way it communicated with and supported bereaved families in relation to military investigations and inquests.

- The MOD was less effective at providing support to Service Personnel who were mobilised individually (a category which included almost all Reservists) and their families, than to formed units.

The pressure on Service Personnel

3. In 2002, the UK military was already operating at, and in some cases beyond, the limits of the guidelines agreed in the 1998 *Strategic Defence Review*. As a result, the Services' Harmony Guidelines (which defined how much time a member of a particular Service should spend away from home and the period between tours) were being breached for some units and specialist trades.

4. The Government's decision to contribute a military force to a US-led invasion of Iraq inevitably increased the risk that the Harmony Guidelines would be breached.

5. There are no indications that the potential pressure on Service Personnel was a consideration in the Government's decision to contribute a military force, and in particular a large scale land force (a division), to a US-led invasion of Iraq.

6. The Inquiry concludes in Section 9.8 that, throughout 2004 and 2005, it appears that senior members of the Armed Forces reached the view that there was little more that would be achieved in southern Iraq and that it would make more sense to concentrate UK military effort on Afghanistan where it might have greater effect.

7. In July 2005, Ministers agreed in principle proposals presented by Dr John Reid, the Defence Secretary, both for the transfer to Iraqi control of the four provinces in southern Iraq for which the UK had security responsibility, and for the redeployment of the UK effort in Afghanistan from the north to Helmand province in the south (see Section 9.4). The proposals were based on high-risk assumptions about the capability of the Iraqi Security Forces to take the lead for security.

8. In January 2006, Cabinet approved the deployment of a UK military force to Helmand.

9. The MOD's formal advice to Dr Reid was that this deployment was "achievable without serious damage to Harmony", although certain units and specialists would be "placed under increased, but manageable, stress".¹

10. There were different views within the MOD over the effect of the deployment on personnel. Lieutenant General Anthony Palmer, Deputy Chief of the Defence Staff (Personnel) from 2002 to August 2005, told the Inquiry that, as he left post, he expressed his concern that deploying two brigades simultaneously (to Iraq and

¹ Minute Hutton to APS/SofS [MOD], 17 January 2006, 'Afghanistan Deployments'.

Afghanistan) would breach the Harmony Guidelines and the Defence Planning Assumptions, and was “too big a risk”.²

11. Sir Kevin Tebbit, MOD Permanent Under Secretary from 2001 to 2005, told the Inquiry:

“I was apprehensive [about the deployment of UK forces to Helmand] and I made my concerns known to my planning staff and to the Chiefs of Staff. I think their view was that they could do it and it was manageable ... since it was [the Chiefs of Staff] who would actually have to ensure they could do this, I did not press my objections fully.”³

12. The impact of the decision on the availability of key equipment capabilities for Iraq is addressed in Section 14.1.

13. The force began to deploy to Helmand in May 2006.

14. At the end of August, General Sir Richard Dannatt, Chief of the General Staff, advised Mr Des Browne, the newly appointed Defence Secretary, that “as an Army, we are running hot”.⁴ With operational deployments well above the levels set out in the 1998 *Strategic Defence Review* and the MOD’s own Harmony Guidelines, the Army’s demands on soldiers were greater than its ability to look after them.

15. Gen Dannatt told the Inquiry that the military covenant had “fallen out of balance ... as a consequence of decisions taken to stay in Iraq until we had successfully completed our operations there, but also take on Afghanistan as well”.⁵

16. The MOD’s assessment that the Helmand deployment was achievable without causing a substantial number of personnel to breach the Harmony Guidelines reflected overly optimistic assumptions about the intensity and duration of operations in Iraq and Afghanistan.

17. The twin deployments challenged the planning assumption agreed in the 1998 *Strategic Defence Review* that the UK should be able to undertake two medium scale deployments simultaneously but would not expect both to involve war-fighting or to be maintained simultaneously for longer than six months.

18. It would only have been possible to manage the established Iraq commitment and the new Helmand commitment, without significantly increasing the pressure on Service Personnel, if the former was wound down on schedule and the latter was contained. In the event, it proved difficult to withdraw from Iraq as quickly as hoped while Helmand developed into a more substantial combat operation than originally envisaged, pushing up force levels.

² Public hearing, 21 July 2010, page 80.

³ Public hearing, 3 February 2010, pages 15 and 16.

⁴ Letter Dannatt to Browne, 31 August 2006, [untitled].

⁵ Public hearing, 28 July 2010, page 98.

19. In addition to increasing the pressure on Service Personnel, the decision to deploy a second medium scale force increased the pressure on the MOD's medical, welfare and investigative systems, and in particular on:

- the air bridge between Iraq and the UK;
- Selly Oak hospital;
- Headley Court and other rehabilitation facilities; and
- the Army's capacity to investigate fatalities and support bereaved families.

20. It also increased the pressure on the coronial system.

21. From 2006, the efforts of the MOD and the Government would increasingly be focused on addressing those pressures.

22. The MOD should have been aware of the potential impacts on its medical, welfare and investigative systems, and made the necessary contingency plans to increase their capacity.

Medical care

23. Op TELIC was the first major military operation after the closure of the military hospitals in the 1990s and therefore the first test of the new medical arrangements. Under the new arrangements, many medical Service Personnel (including a large number of Reservists) were deployed from NHS Trusts for operations in Iraq and Afghanistan, and military casualties were treated in NHS Trusts.

Planning and preparation

24. In early September 2002, the MOD estimated that between 31 and 48 Service Personnel would be killed in action during the initial combat phase of operations of an attack on Iraq, and that between 157 and 241 Service Personnel would be admitted to Role 3 hospitals⁶ (figures exclude possible casualties from chemical and biological warfare). The MOD regularly updated its casualty estimates as the military plan developed. The estimates did not consider casualties beyond the initial combat phase of operations.

25. The Chiefs of Staff concluded on 5 February 2003 that a Casualty Estimate paper including estimated casualty figures, which had been produced by the MOD, would need to be shown to Ministers before any decision to commit UK troops was made.

26. In response to a question from Mr Blair on the possible number of casualties arising from an attack on Iraq, the MOD advised No.10 on 24 February that there would be between 30 and 60 British and between 500 and 1,200 Iraqi "land battle" fatalities.⁷

⁶ Role 3 (Echelon 3) medical support is generally provided at field hospitals and on hospital ships.

⁷ [Letter Watkins to Rycroft, 24 February 2003, 'Iraq: Political and Military Questions'](#).

27. Lord Boyce, Chief of the Defence Staff from 2001 to April 2003, told the Inquiry that Ministers would have been informed of the MOD's casualty estimates, as part of the routine briefing process.

28. Although the Inquiry has seen no evidence that the Casualty Estimate paper was shown to Ministers, it accepts that Ministers were informed of the MOD's casualty estimates.

29. The MOD established an effective medical capability in theatre to support Op TELIC by 14 March 2003.

30. By 1 May, when President Bush declared that major combat operations in Iraq had ended, 33 British Service Personnel had died serving on Op TELIC and 81 had been admitted to Role 3 hospitals.

31. Casualties would have been much higher if chemical and biological weapons had been used.

32. The MOD planned and prepared effectively to provide medical care in support of Op TELIC. Although some of the medical equipment and supplies procured by the MOD arrived in theatre shortly after military operations began, there are no indications that the quality of clinical care was compromised.

Improvements in the provision of care

33. There were a number of significant improvements to the care provided to Service Personnel over the course of Op TELIC.

34. From June 2006, the MOD, working closely with a number of charities, progressively enhanced the rehabilitation facilities at Headley Court.

35. In August 2006, following visits by MOD Ministers and senior military officers to injured Service Personnel recovering on civilian wards, the MOD began planning to establish a Military Managed Ward (MMW) at Selly Oak hospital. The MOD assessed that, while the quality of clinical care at Selly Oak was excellent, injured Service Personnel would recover better in what Lieutenant General Louis Lillywhite, the Surgeon General from 2006 to 2009, described as a "military bubble".⁸

36. The MMW was established in December 2006 and was fully staffed by July 2007.

37. In his evidence to the Inquiry, Lt Gen Lillywhite highlighted the advances during Op TELIC in the military's understanding of how to save life at the point of injury, how to sustain the quality of life of seriously injured individuals into the long term, and pain management.

⁸ Public hearing, 20 July 2010, pages 33-34.

- 38.** The advances in the provision of medical care during Op TELIC meant that more individuals with very serious and complex injuries survived.
- 39.** A number of injured veterans shared with the Inquiry their concern that they might not continue to receive the same quality of care over the long term, and in particular when they left the military.
- 40.** Lt Gen Lillywhite told the Inquiry that, in recognition of their service and on clinical grounds, individuals with very serious injuries should be treated by the Government as a group with specific clinical needs, to enable specialist care to be arranged and provided more consistently.
- 41.** The Government will need to consider how to address the issue of providing whole-life care to individuals with very serious injuries.
- 42.** There were also significant advances in the provision of mental healthcare.
- 43.** In April 2003, the MOD commissioned a large-scale, long-term programme of research on the physical and psychological health of personnel deployed on Op TELIC. The findings of that programme identified a number of important mental health issues and informed the MOD's response to them.
- 44.** The Inquiry recommends that the MOD commissions similar studies for future major operational deployments. In addition to the direct benefits for Service Personnel and the MOD, mental health is an area of significant public concern. It is important that the MOD is able to demonstrate that the effects of deployments are properly monitored and managed.
- 45.** The major developments in the provision of mental healthcare over the period covered by the Inquiry were:
- There was increased use of a period of decompression at the end of an operational tour, as part of post-operational stress management.
 - In November 2006, in response to the findings of the King's Centre study that a number of Reservists were experiencing increased mental health effects as a result of deployment, the MOD launched the Reserves Mental Health Programme (RMHP). The RMHP provided enhanced mental healthcare to current and former Reservists who had been demobilised since 1 January 2003 following deployment on an overseas operation.
 - In November 2007, the MOD launched six community NHS mental health pilot programmes to provide mental health assessment and treatment for veterans. The programmes were led by a mental health therapist with an understanding of the issues faced by veterans.
 - In 2008, the MOD rolled out Trauma Risk Management (TRiM) in all three Services. TRiM is a form of debriefing after a traumatic event, undertaken in peer groups rather than with an external counsellor.

Investigations into the deaths of Service Personnel

46. Investigations by the MOD and coroners into the deaths of Service Personnel serving on Op TELIC could be very slow, and in one case lasted for more than four years.

47. The Inquiry considered how the three major elements of the investigative process – Service Police investigations, Boards of Inquiry (BOIs), and inquests – changed after 2003.

Service Police investigations

48. The earliest concerns about the military’s investigative process emerged in September 2003. Mr Adam Ingram, Minister of State for the Armed Forces, expressed his concern that the next of kin of deceased Service Personnel increasingly perceived that the MOD’s investigations lacked focus and were too slow, and that the MOD did not keep them informed of progress.

49. The following month, Lt Gen Palmer advised that the Army’s Royal Military Police (RMP) was “swamped” with the volume of work in Iraq.⁹ The major challenge was the difficult working environment, including the need for force protection for Service Police and a potentially hostile population. The Army’s policy of holding investigations into all fatalities added to the pressure on the RMP.

50. Reviews of Service Police investigations in October 2004 and April 2005 found that there were still delays in Service Police investigations, but did not recommend any substantial changes to the investigative process. The October 2004 review concluded that investigations could be complex and “speed must not be at the expense of quality”.¹⁰

Boards of Inquiry

51. The purpose of a military BOI was to establish the facts about an event and to make recommendations to prevent a recurrence.

52. In response to Mr Ingram’s concern over the MOD’s investigative process, the MOD had, by June 2004:

- shortened the time allowed for completing BOIs to 14 weeks;
- strengthened the role of the BOI President;
- introduced measures to improve the management of BOIs by each Service; and
- introduced a series of measures to improve communications with bereaved families on progress with the entire Service Police investigation and BOI process.

⁹ Minute Palmer to VCDS, 17 October 2003, ‘TELIC Incidents: Investigations’.

¹⁰ [Report Loudon, 12 October 2004, ‘Review of Service Police Investigations on Operations’.](#)

53. MOD Ministers remained closely engaged. From June 2004, Mr Geoff Hoon, the Defence Secretary, received regular briefings on progress on BOIs and the reasons for any delays.

54. The possibility of adding an independent member to a BOI was raised by Mr Hoon in June 2004 and by Mr Browne in December 2007. On neither occasion was the idea considered seriously by the MOD.

55. The Inquiry recommends that the MOD consider whether an independent member should sit on BOIs, in particular in order to assure families that the process is as rigorous and transparent as possible.

56. The MOD, and in particular the Army (through the work of the Army Inquiries and Aftercare Support Cell and Army Inquest Cell), continued to improve the management of the Service Police investigation and BOI processes, the support provided for bereaved families, and the support provided for coroners. The Army Inquest Cell provided the model for the tri-Service Defence Inquests Unit, which was established in May 2008.

57. By early 2008, the Army had appointed permanent Presidents to lead high-profile Army BOIs, and the Royal Navy and Royal Air Force had taken steps to establish pools of expertise from which Presidents could be selected.

58. The Inquiry recommends that the MOD consider providing BOI Presidents with access to expert advisers on process and standards, who would play a role analogous to Court Clerks, in order to help establish consistency and best practice.

THE CONCERNS OF BEREAVED FAMILIES

59. A number of families shared with the Inquiry their concerns over the MOD's process for investigating fatalities. The concerns were:

- Military investigations were not sufficiently rigorous, in particular in relation to incidents where there were suspicions of friendly fire or equipment failure.
- No action appeared to be taken against individuals as a result of military investigations (this concern also applied to inquests).
- Material had been redacted from the version of the BOI report that families received, which made the content harder to understand. Some family members thought that text had been redacted to protect individuals criticised in reports or to hide failings by the MOD.

60. The Inquiry reviewed 25 percent of BOI investigations into Op TELIC fatalities, including those that attracted the most controversy. The Inquiry also reviewed the 15 BOI reports into Op TELIC fatalities that are in the public domain.

61. The BOI reports reviewed by the Inquiry were not consistent in approach or quality. Areas of particular variance were:

- the extent to which the reports considered what happened to the individual(s) who died (as well as the wider incident in which it happened); and
- the extent to which the reports recorded and addressed the concerns of the deceased's family and next of kin.

62. The Inquiry does not believe that any of the BOI reports it reviewed were deliberately produced in such a way as to protect the MOD. In at least two cases, the BOI revealed that an incident might have been caused by friendly fire when the earlier Service Police investigation had concluded otherwise.

63. However, some practices apparent in the BOI reports reviewed by the Inquiry could create a mistaken impression of a "cover-up". They were:

- interview transcripts which switch between on and off the record;
- the difficulty in taking evidence, for example from Iraqi witnesses;
- restrictions on using US material;
- the use of defensive or euphemistic language, which can give the impression that serious failings are being dismissed; and
- heavy redaction.

64. A recurring theme raised by families with the Inquiry was frustration at being denied visibility of action taken against those who were shown to have done something wrong (for example, where an individual had not provided truthful evidence to a BOI) or who a family believed to have been in some way negligent.

65. A BOI is not intended to apportion blame. The MOD defended that position, on the basis that it was the best way to ensure maximum disclosure and, therefore, the best chance to prevent a recurrence of the incident.

66. That position is not unique to BOIs. The right not to incriminate oneself is common to other investigative processes (such as inquests) where the main objective is to establish the facts of a case.

67. Very few of the BOI reports considered by the Inquiry led to disciplinary measures.

68. In order to respond to the concerns regarding the redaction of material from BOI reports, the Inquiry reviewed a sample of BOI reports relating to Op TELIC, comparing the full and redacted versions. The Inquiry considered whether the substance justified redaction, and how the redaction was made.

69. The Inquiry concludes that:

- There were no indications that information was redacted by the MOD in order to cover up wrong-doing, either by individuals or the MOD.

- The use of redaction was not consistent between BOIs.
- Not all redactions were justified. In some cases, whole passages were redacted when only a few details were sensitive. In others, material had been redacted when it was already in the public domain (for example, the name of a Commanding Officer or pathologist).
- In many cases, no attempt was made to explain the nature of the redacted material to the reader.
- There were some improvements in practice during the course of Op TELIC. In general, the most recent BOI reports contained fewer redactions and were easier to follow.

70. The Inquiry recognises that some redactions will be required in almost all such reports but recommends that the MOD take steps to ensure consistency of practice, in line with the Information Commissioner’s guidance.¹¹ Good practice seen by the Inquiry includes:

- including a clear statement of redaction policy at the start of a document;
- providing a short overarching description of events described in text which has been redacted;
- adding a description which tells the reader the nature of the text has been redacted (for example, ‘Personal medical information’);
- assigning each individual a unique number or other cipher and attaching a description of their role to it; and
- leaving in ranks where names are redacted, so that command relationships are clear.

71. Many of the concerns shared by families in relation to the rigour of the BOI process and its transparency could be addressed by adding an independent member to a BOI.

Inquests

72. From January 2003, the MOD and the Home Office (the department then responsible for coronial policy) worked with Mr Nicholas Gardiner, the Coroner for Oxfordshire, to refine the arrangements for receiving UK military fatalities from Iraq. The majority of fatalities were expected to be repatriated to RAF Brize Norton, which fell within his area of responsibility.

73. During those initial exchanges, Home Office officials highlighted a number of issues that would later become problematic: the need for Mr Gardiner’s office to secure additional resources (from Oxfordshire County Council) to cover the cases it was taking

¹¹ Information Commissioner’s Office, *Anonymisation: Managing Data Protection Risk Code of Practice*, November 2012.

on; the desirability of transferring cases to coroners who were local to the families of the deceased; and how to handle cases where the deceased was based in Scotland.

74. The day before the beginning of military operations against Iraq, Mr Gardiner wrote to Home Office officials:

“There are a few matters outstanding but, generally, I think we are reasonably well prepared, although there are bound to be things we have not thought of.”¹²

75. There are no indications that the Government put in place any contingency plans to support Mr Gardiner’s office, or that the Government maintained contact with Mr Gardiner’s office after those initial exchanges.

76. The Inquiry recommends that for any future major operational deployment, the Chief Coroner, the department responsible for coronial policy (currently the Ministry of Justice) and the MOD should develop contingency plans to increase the capacity of the coronial system to handle fatalities. Those plans should include the identification of funding in the event that it becomes necessary to increase the capacity of the coronial system.

77. In May 2006, in response to growing concern over delays in holding inquests into the deaths of Service Personnel, Ms Harriet Harman, Minister of State for the Department for Constitutional Affairs (DCA), was charged with resolving the problem.

78. By early June, Ms Harman had brokered an agreement with the MOD to provide a substantial package of support to Mr Gardiner’s office, including the recruitment of three Assistant Deputy Coroners.

79. Although the package was announced in Parliament in June 2006, discussions continued between the DCA, the MOD and the Treasury until February 2007 on how much the MOD would contribute. The discussions concluded with the DCA reluctantly accepting the MOD’s initial offer of £125,000.

80. While the discussions did not delay the provision of support to Mr Gardiner’s office (as the DCA bore the costs as they were incurred), a disproportionate amount of senior officials’ and Ministers’ time was consumed in inter-departmental wrangling over a relatively small amount of money.

81. The additional resources provided in June 2006 allowed Mr Gardiner’s office to clear the existing backlog of inquests by October 2007, much sooner than it would otherwise have done.

82. From July 2006, the Government pursued a number of initiatives to make the inquest process more responsive to the needs of the families of deceased Service Personnel. The Inquiry commends Ms Harman’s efforts in pursuing those initiatives.

¹² Letter Gardiner to Home Office [junior official], 18 March 2003, [untitled].

83. Between July 2006 and February 2007, Ms Harman pressed the US Government, through the US Embassy London, to provide classified US material and US representatives to support inquests into the deaths of UK Service Personnel. The US declined to provide that support.

84. Following a meeting with the families of Service Personnel killed on Op TELIC in December 2006 and representations in Parliament, including from Mr Roger Gale, Ms Harman explored the possibility of providing legal representation at inquests for the families of Service Personnel, in particular at inquests where the MOD chose to have legal representation.

85. The Government did not provide that support. In 2009, the Government agreed an amendment to the Coroners and Justice Bill to provide legal representation at inquests into the death of British Service Personnel on active service. However, that provision was not brought into force and was subsequently repealed.

86. From June 2007, MOD Ministers pressed the Scottish Executive to make provision for Fatal Accident Inquiries to be held into the deaths overseas of Service Personnel normally domiciled in Scotland.

87. The Government made provision for such Inquiries in the 2009 Coroners and Justice Act.

Delays in military investigations and civilian inquests

It could take several years for the MOD and the coronial system to conclude investigations into the deaths of Service Personnel.

The Inquiry considered why the investigative process should take so long. The four main factors were:

- the difficulty of conducting Service Police investigations in a hostile environment, which was exacerbated by a lack of qualified military investigators; the MOD set no deadlines for the conclusion of Service Police investigations;
- the Army's policy, at the beginning of Op TELIC, to hold an investigation into all deaths, and only to launch a BOI after the investigation had concluded; this policy changed in 2004;
- the time taken to complete BOIs, and in particular to receive comments from senior officers and advisers on draft BOI reports; and
- the backlog of inquests which built up in the Oxfordshire Coroner's office.

Support for bereaved families

88. Most of the contacts between the MOD and bereaved families were conducted with sensitivity. In a few cases, they were not.

89. In April 2003, prompted by concern over the insensitive treatment of a bereaved spouse, and at the direction of Mr Hoon, the MOD initiated a comprehensive review of bereavement procedures. By the middle of May, it had introduced new guidelines for communicating with bereaved families, begun work to make the guidance on the support available to bereaved families more accessible, and amended its policy to allow bereaved spouses to remain in Service accommodation for as long as they required it.

90. Mr Ingram attributed the MOD's failings at the beginning of Op TELIC to a continuing view within the military that bereavement was "just something that happened".¹³ Mr Ingram added that, in the context of "a big sea change" in public attitudes and the experience of Op TELIC, the MOD moved quickly to improve the bereavement and welfare support it provided to families.

91. The creation, in 2005, of the Joint Casualty Co-ordination Cell (JCCC) and the production of a joint policy covering the support for bereaved families reduced the inconsistency between the Services and individual units in the support they offered to bereaved families.

92. The experiences shared with the Inquiry by bereaved families suggest that the creation of the JCCC led to an improvement in the quality of the notification process.

93. Being a Casualty Notifying Officer (CNOs) and a Visiting Officer (VOs) was (and remains) an extremely difficult role: a small number fell below the standard required. The training and support provided to CNOs and VOs remained an issue of concern for the MOD throughout the period covered by the Inquiry.

Support for Service Personnel and their families

94. The MOD progressively improved the allowances and support provided to Service Personnel and their families over the course of Op TELIC.

95. The most substantial development was the introduction of the Operational Allowance in October 2006. The Allowance, initially set at £2,400 for all Service Personnel who completed a six-month tour in Iraq, Afghanistan, the Balkans or on certain other operations, was designed "to reflect the current, high operational tempo".¹⁴

¹³ Public hearing, 16 July 2010, pages 36-42.

¹⁴ Letter PS/Secretary of State [MOD] to Phillipson, 9 October 2006, 'A Package for Service Personnel on Operations'.

The Operational Welfare Package

96. The Inquiry heard mixed reports about the Operational Welfare Package (OWP) from families and veterans of Op TELIC. Limited access to telephones early in the campaign and the fragility of the air bridge between Iraq and the UK – which reduced the time available for rest and recuperation – were particular sources of frustration.

97. While these were undoubtedly real frustrations, the Inquiry considers that the MOD delivered most elements of the OWP as quickly as could reasonably have been expected. A key challenge, recognised by the MOD, was managing and meeting rising expectations.

Support for Reservists

98. Over 5,000 Reservists were mobilised for Op TELIC 1 (comprising some 12 percent of total UK forces). Lt Gen Palmer told the Inquiry that Reservists “performed magnificently during the operation, and we simply could not have done without them”.¹⁵

99. The MOD’s policy was that deployed Reservists, and their families, should receive the same welfare support as Regular Service Personnel.

100. The MOD found it difficult to provide support to the families of deployed Reservists. It was the responsibility of the unit to which a Reservist was attached to provide that support, but the families of Reservists were often spread across the country, some distance from that unit. A Reservist’s family might have had little or no previous contact with the unit to which the Reservist was attached, and find it difficult to access the support that was available.

101. The MOD introduced a number of measures to improve the support provided to Reservists in theatre and in the UK. It also sought to ensure that Reservists benefited from new initiatives, such as decompression, alongside their Regular colleagues.

¹⁵ Public hearing, 21 July 2010, pages 84-85.