




CSSF: SUPPORT TO MODERATE ARMED OPPOSITION – LOT 2 CASEVAC


For

FOREIGN AND COMMONWEALTH OFFICE

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References:

- a) TORCHLIGHT – Ravensbourne-Expansion-Menu-151118 AB
- b) RAVENSBOURNE - Impact of Student Delays - 20160205 AJM

EXECUTIVE SUMMARY

This section provides an overview for the reader of the compelling reasons for retaining Torchlight as the continuing implementer for the CSSF MAO CASEVAC Programme.

Torchlight's proposal in response to the Authority's Invitation To Tender for the Syrian Moderate Armed Opposition (MAO) CASEVAC programme is fully compliant.

What are we being asked to do? This programme endures from 1 September 2016 to 31 March 2019, and aims to provide the MAO in the Southern region with a substantial, sustainable capability uplift in the medical care of fighters from the point of wounding to rearward recuperation and care. In doing so life will be saved and the welfare of fighters, their morale, and ongoing support will be enhanced.

What's in the Proposal. This proposal details Torchlight's well developed understanding of the operational situation, the medical need, the in place supply, our ongoing delivery and the significant outcomes already achieved. It sets out a costed indicative programme and proposed methodology for the future, demonstrating the continued quality and relevance, and the enhanced flexibility, coherence and value for money achieved in moving to this longer term arrangement.

Our involvement in the Pilot Project and the benefits of our continued involvement. Over the last 12 months, Torchlight has built up a detailed understanding of the medical and surgical need in the MAO Southern Area Of Operations during delivery of the Pilot Project with MAO 1 Med Unit. This started with inception planning and review of the extant situation, built through progressive training interventions and continues with ongoing structured engagement with paramedic and patrol medic students and MAO commanders. We have mapped and understood the casualty demand, nature and rate, the medical and surgical supply, trauma flow chains, the relationship between stakeholders in MAO and wider population medical care, and how the project is delivered. Through this we have gained and maintained a unique insight, formed productive and enduring relationships, evolved an effective and flexible delivery mechanism in partnership with the Authority, identified areas of concern and highlighted where intervention will have the most significant, immediate and sustainable impact. We know the subject intimately, understand the need, are already well connected to the key stakeholders involved, are committed to the project and are ready in all respects to seamlessly transition to a long-term footing.

A light footprint, agile, effective and value for money approach to project management. Torchlight's in-country project management platform has remained light and agile, progressively evolving our delivery model to adapt as we learn, to take on burden from the Authority, and to integrate effectively and adaptively with Jordanian support and other parallel implementers. We will maintain an appropriate project management platform in the future - in order to concentrate programme spend on front end effect. This will ensure coherent capability growth and equipment management, enable flexible and efficient activation of high quality trainers exactly when required so ensuring value for money. We will continue to support this with planning and logistic support from Torchlight's team in the UK, and by regular senior leadership in-country presence to engage with the Authority and Beneficiaries, monitor and evaluate performance, oversee delivery, and plan and agree future effect. We are ready now, represent value for money, identify and address risk in partnership with the Authority, and ensure strategic direction across the programme.

Our Methodology and Approach. The effect that we deliver in this project, in trauma medicine at various levels, in command and control, planning, liaison, communications, logistics, equipment care, driving and vehicle husbandry, and other areas, is designed and delivered by experts in their fields and continuously adapted to the context and student need. We have a proven track record of flexibility in the face of project realities: of strategically re-designing the programme in light of developing context, of evolving and re-defining individual project modules to ensure relevance, and of surging effort to respond to the vagaries of beneficiary availability. We eagerly anticipate the move to a longer term programme footing, and to innovatively delivering the efficiencies and advantages that this enables. We are low risk, provide assured development of coherent, sustainable capability relevant to the operational context. We deliver high quality, extremely flexible and adaptable inputs, sustainable, relevant and coherent outcomes.

Value Added to Beneficiaries. Injured MAO personnel currently rely on inadequately prepared and supported self-help at the point of injury, followed by ad hoc systems and capabilities to evacuate and treat them in a hostile and austere environment. Building on our delivery of the Pilot Project, we propose the creation, training, delivery and support of a demonstrably and significantly uplifted chain of medical care from the point of wounding to recovery. Using our hard won experience, insight and connectivity, we have designed and refined our model to meet the battlefield need, to be implemented in a geographically, culturally and politically aware manner and to integrate with extant medical supply and MAO command chain. The indicative programme of delivery is intelligently designed to provide a relevant, balanced, coherent and sustainable uplift across the trauma care chain, and to enhance care for wider medical need in the MAO. It is gender neutral, and appropriately conflict sensitive; able to provide care for any casualty where needed. It can be delivered repeatedly, incrementally expanded, or continuously evolved as the conflict and security context change. The model is inherently modular, flexible and scalable in implementation: allowing the Authority choice in delivering it as a whole or in discrete elements, and to adapt the variety of levels of specialisation as time, resource, funding and the operational situation allow. This programme can realise the maximum sustainable, coherent and relevant capability in the most efficient and appropriate manner. Torchlight are ready now to deliver this programme, which will save lives, enhance morale and increase operational effectiveness.

Summary. Torchlight bring unrivalled knowledge and understanding of this complex and dynamic environment. We bring ready forged relationships at all levels – with the Authority, the Beneficiaries, the Host Nation personnel, the MAO students, and the wider network of individuals and organisations that make this programme work. We bring the proven expertise, methodology and approach from the Pilot Project. Importantly, we bring a commitment to work with the Authority and Beneficiaries to ensure that we collectively make it a success.

 **OUR COMMITMENT** 

Torchlight is fully committed to the successful delivery of the CSSF MAO CASEVAC programme on behalf of Her Majesty's Government's Syria strategy.

We endorse this proposal as having met our standards for client support, service quality, and value for money. The leadership of the programme is vested in our Practice Director Andrew McInerney who will lead an exceptional team of experts and selected and approved suppliers. The Board, through the Managing Director, will maintain a close watch on this programme and will always be available for the Authority.


Janet Williams
Non-Executive Director, Chairman
Ed Dickson
Managing Director

1. CONTRACT MANAGEMENT

This section responds to the CASEVAC Invitation To Tender Question 4.1.6 – Lot 2. It covers:

Client Liaison – which defines our approach, governance, stakeholder management and Programme Communications Plan and underpins our attitudes and behaviours that place a strong, honest engagement with the Authority as of our primary importance.

Quality System – Illustrates that our approved ISO 9001 Quality Management System assures the delivery our goods and services. Importantly, we also set out the processes for the Authority to use should our performance fall below that expected and illustrate how to escalate complaints through the company system.

Meeting Objectives – We set out the process we will follow should our programme fail to meet the objectives required of it.

Monitoring & Evaluation – Ensuring that we maintain a close watch on the outputs that deliver the project.



BENEFIT

Torchlight has the Client relationships already in place to assure the successful delivery of this programme over the coming years. We have crafted, in partnership with the Authority, the necessary links and working relationships with wider Authority representatives, host nation personnel, key Beneficiary personnel, other on-site implementers, and other support organisations. We will continue to use these relationships to further the success of the programme.

Torchlight have certified, established, quality procedures that have been proven during the Pilot Project and on numerous other HMG programmes. We proactively monitor and evaluate the goods and services we deliver at all stages to identify, evaluate and assess that the training and equipment meets and supports the outputs and outcomes.

1.1. Client Liaison Arrangements

We understand that building a close working relationship with all stakeholders to this programme is essential. Given the complex nature and often high tempo, having clarity of intent, communication and delivery will make the difference between success and failure. We see this engagement operating at three distinct levels covering the strategic performance of the Programme through its operational management to tactical delivery.

In order to ensure a close working relationship with the Authority, its representatives, the Host Nation, the Beneficiaries, and other interested and approved parties, Torchlight proposes the establishment of a formal Programme Governance mechanism. This will ensure that policy, strategy and M&E are effectively understood and used to influence planning, which is appropriately guided and agreed to drive action, with escalation procedures that enable issues to be resolved at the lowest and most immediate level possible.




These levels are:

- ▶ **Strategic Level** - CSSF Programme Board – A UK HMG owned programme oversight board to which Torchlight can provide such support and reporting as required. Meeting in accordance with the HMG programme, this Board will, inter alia, ensure that:
 - ▷ The Programme planning and delivery remains in line with the operational context and evolving UK strategy for the region.
 - ▷ The Programme is appropriately informed and linked to developing opportunities for expansion, export and development.
 - ▷ The Programme contract is annually reviewed and extended.

- ▶ **Operational Level** - CASEVAC Programme Governance Board – Chaired by Regional Advisor Near East, with representation from FCO UK and FCO Commercial as required, from Torchlight Programme Director with support from Commercial Director and Project Manager, and from Beneficiary and Host Nation representatives as required. Meetings will be held quarterly and provide project milestones to ensure the project outcomes are aligned with the HMG’s strategic priorities and that:
 - ▷ The programme has clear ownership and leadership throughout its life.
 - ▷ There is programmed engagement with stakeholders so that, for example, the training delivery and capability development functions are designed and built with the Beneficiary, the operational task and the strategic context in mind.
 - ▷ The programme outcomes are on course and fit for purpose as assessed by this board, as the Project Judgement Panel who will assess performance against projected outputs and outcomes.
 - ▷ There are sufficient resources and skills to deliver the overall project, and that relevant dependencies are being met.
 - ▷ Professional and quality standards, and codes of practice are appropriately employed.
 - ▷ There are periodic reviews throughout the project lifecycle to account for changes in the Authority’s requirement (performance, time and cost).
 - ▷ Clear reporting lines are established, allowing stakeholders to work together, to be effectively engaged and for the resolution of any issues to be swift and done at the most appropriate level.

- ▶ **Tactical Level** - CASEVAC Project Management Board – An ad hoc, near continuous grouping owned by the HME Amman project officer, and led by Torchlight’s Project Manager, and involving Torchlight’s Deputy Project Manager, Host Nation and Beneficiary representatives as appropriate. Responsible for:
 - ▷ Day to day and course to course running of the project integrating with other implementers and activities at the training site.
 - ▷ Planning, identification and resolution of issues, and rapid contingency planning.

The following Table sets out the key Stakeholder points of contact, how these relate to the different levels of Programme management and identify a range of reporting and assessment opportunities that will be used to ensure the effective monitoring and evaluation of our activities.

Stakeholder	Responsibility	Liaison Required	Mechanism	Monitoring & Reporting
 Foreign & Commonwealth Office FCO CSSF Board	Ultimate Client with authority over direction and strategy	Report on programme milestones planned and delivered	Bullet point report	Quarterly / in accordance with Board programme
 Foreign & Commonwealth Office FCO SRO Regional Adviser Near East	FCO SRO - Programme ‘owner’ Chair of quarterly CASEVAC Project Board Primacy over relationships with Beneficiary and Host Nation	CSSF Programme Board reports Programme updates	Face to face discussion supported by written proposed plans and reports	Minimum monthly review and planning meetings Quarterly Programme Board
 Foreign & Commonwealth Office FCO Project manager	Oversight of ongoing delivery and ‘live’ planning, and contingency planning	Regular and routine planning discussion and resolution of issues	Face to face	Regular and routine as required




Stakeholder	Responsibility	Liaison Required	Mechanism	Monitoring & Reporting
 Foreign & Commonwealth Office FCO Commercial Services Group	Oversight on contract and outcome mapping. Leads on contract drafting, strategy development, competition and negotiation	Regular engagement but specifically at contract award, annual contract review, extensions and eventual conclusion	Face to face discussion Written contracts	Initial meeting on contract award. Quarterly with review report Annually as part of programme contract review
 TORCHLIGHT Torchlight Programme Director	Torchlight SRO Responsible for programme plan and delivery	Regular engagement with all planning and delivery elements	Face to face discussions supported by reports and planning documentation	Monthly Torchlight internal project reviews Monthly review with FCO SRO Compile Quarterly CSSF Board Report Support Annual Contract review
 TORCHLIGHT Torchlight Project Manager	Provides Project Management expertise and owns project delivery mandate	Report on outcomes of Inception Phase and confirmation of Project Implementation Plan	Written briefs, reports and face to face discussions	Monthly Torchlight internal project review Regular and routine engagement with FCO Project Manager, Host Nation representatives and Beneficiary Medical Unit leadership
Beneficiary Southern Front Leadership	Recipient of Project Outcomes	Relationship development. Consultative planning	Face to face discussion. Engagement in planning and delivery	Quarterly project review board Routine monthly contact
Beneficiary Medical Unit(s) Leadership	Recipient of Project training and equipment benefit	Relationship development. Consultative planning. Mentorship	Face to face discussion. Engagement in planning and delivery	Routine contact between courses for M&E and mentorship Continuous during periods of training

Table A: Client Liaison and Stakeholder Matrix

1.2. Quality Assurance

Torchlight has a rigorous and proven approach to ensuring assured quality services. The company operates a BS EN ISO 9001:2008 Quality Management System (QMS) which is audited regularly for compliance with this exacting standard. Our approved procedures cover all aspects of the business, including Business Win, Bidding, HR, Finance, Commercial, Anti-Bribery and Corruption, Operational Standards, Health & Safety, and Training Delivery.

Client service is an essential part of the quality process, and to ensure this is fulfilled, all employees receive training to ensure awareness and understanding of quality and its impact on client service. We have established quality and management objectives which are subject to regular review to ensure they remain suitable.

Our quality strategy adheres to the following objectives:

- ▶ To maintain an effective QMS complying with BS EN ISO 9001:2008.
- ▶ We develop and adhere to processes and procedures that ensure that our services are of the highest quality which assures our Clients that their needs will be exceeded.

- ▶ To conduct our business in an ethical and professional manner, in accordance with the Bribery Act 2010, Official Secrets Act 1989, Data Protection Act 2003, Health and Safety at Work Act 1974 and the Employee Handbook. Torchlight maintains Information Assurance and has achieved Cyber Essentials and conducts regular security reviews.
- ▶ We enforce an effective and responsive reporting system that identifies issues early and proactively implements pragmatic solutions. We use every opportunity to learn and improve.
- ▶ To analyse client feedback, internal performance, financial performance and business performance data to enable us to measure the effectiveness of our policies and procedures and re-enforce our commitment to continual improvement.

Our policy is reviewed on an annual basis to consider new business, organisational change, legal and continuous improvements. Any changes will be brought to the notice of employees and others as soon as practicable.

1.2.1. Complaints, Problems and Escalation Procedures

Torchlight actively monitors and manages the quality of all of our delivery. Nonetheless, should the Authority find fault with any aspect of our programming, we have established internal processes to resolve the issue quickly and effectively. Torchlight takes any complaints, problems and reports of poor performance seriously and will investigate and resolve such instances.

Should there be any concern about Torchlight's delivery performance under this contract, it should be raised at the level where resolution can most easily be achieved. Table B below lists some issues which would require action from Torchlight and at which level they should be reported to and actioned by in the first instance; it is not an exhaustive list and should be seen only as a clarifying indication of where responsibilities fall in Torchlight's structure for this programme.

Stakeholder	Contact Details	Responsible for issues where:
Torchlight Managing Director (Ed Dickson)	E: ed.dickson@torchlightgroup.com M: +44 7968 256990	<ul style="list-style-type: none"> ▶ The Programme Director fails to provide information on, action or satisfactorily resolve issues
Torchlight Programme Director (Andrew McInerney)	E: andrew.mcinerney@torchlightgroup.com M: +44 7825 745445	<ul style="list-style-type: none"> ▶ The programme is not achieving the outcomes agreed ▶ Any issues arise that are likely to have an impact on the programme's scope and/or budget ▶ The Project Manager fails to provide information on, action or satisfactorily resolve issues
Torchlight Project Manager (Vicky Langston)	E: vicky.langston@torchlightgroup.com M: +447833 461929	<ul style="list-style-type: none"> ▶ There is an administrative fault, such as students or trainers not following rules or procedures ▶ There is an issue with the maintenance of the training area allocated to Torchlight ▶ There is an issue with the availability of students ▶ There is an issue with the standard of training delivery ▶ There is an issue with equipment such as faulty units or late delivery ▶ Any issues arise that are likely to have an impact on the delivery of training and capability

Table B - Torchlight Programme Responsibilities

The initial report can be raised in any format written or verbal and can be delivered either face-to-face or phone/email. Such a report will then be formally logged and a follow-up call to elicit more information will be made within 48 hours. Depending on the nature of the issue, appropriate subject matter experts beyond the issue owner will be assigned to the investigation and will resolve it.

1.2.2. Process for Monitoring and Reporting on the Quality of Services Delivered

This Train/Equip programme will be managed under the Torchlight Quality Management System which has been approved by a National Awarding Body (Skills for Justice) and have been used to support training delivery on behalf of HMG, in 34 countries across the globe over the past 5 years. Torchlight Training design and development is completed in accordance with our QMS and follows an assured process. This process is based upon obtaining a clear requirement and output standard from the beginning. The production of a comprehensive set of course documentation allows for a course to be audited and quality assured through development, delivery and evaluation. Torchlight can demonstrate what the students achieve, how they will learn and how achievement will be measured. Each course will have the following:



During delivery quantitative and qualitative data will be captured to evaluate the effectiveness and efficiency of the delivery. Torchlight uses data collected from the following:

- ▶ Trainer comment and feedback.
- ▶ Assessor comment and feedback.
- ▶ Internal validation report.
- ▶ External validation report (When appropriate).
- ▶ Learner comment and feedback.
- ▶ Summative assessment results.

All of the above data is reviewed and collated to produce a training report which includes a set of recommendations for the improvement of course delivery. This report is submitted to all stakeholders for consideration and approval prior to any adjustments in course delivery.

1.3. Monitoring and Evaluation

Torchlight understand the operational context for M&E of this programme and will cooperate with an Authority selected independent M&E specialist as required. M&E of our performance will be conducted through the three tier Governance structure detailed earlier in this Section.

We will utilise a specialist M&E Consultant to establish the data collection plan and refine the M&E Framework for presentation to the Authority. Torchlight will undertake to:

- ▶ Design and develop a data capture plan, including templates and survey design.
- ▶ Manage the data collection and storage.
- ▶ Conduct quality assurance and data analysis.
- ▶ Facilitate internal lessons learnt workshops.

1.3.1. Our M&E Framework

An M&E Framework is essential for demonstrating results and building confidence that the activities being conducted are contributing to the higher level objectives.

INTENTIONAL SPACE

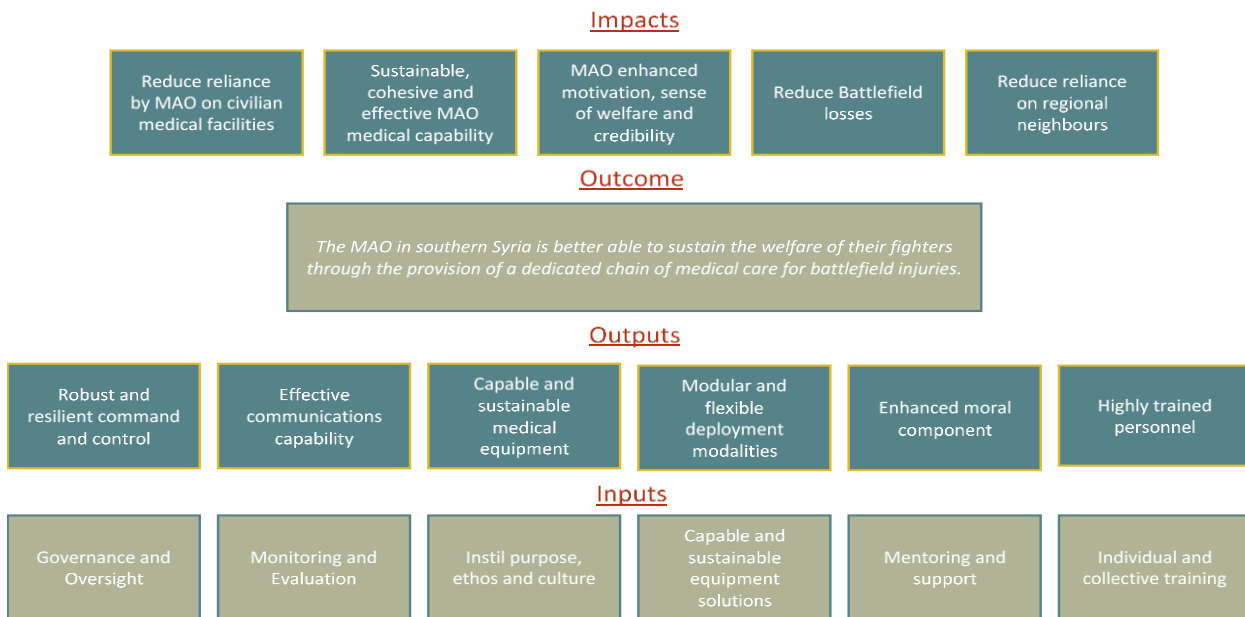


Figure 1 - Torchlight M&E Framework

Our M&E seeks to reassure the Authority that the programme is delivering against the stated outcomes by providing robust evidence.

We will conduct monitoring at the; activity, output and outcome level. Through structured reporting from 1 Med Unit we have collected data on outcome related factors: casualty rates, locations, gender, background, ethnicity, grouping, and on nature of wounding, treatment given, treatment outcome, equipment used, Medani /other facility use, and on lessons identified by the MAO as individuals or teams. In addition, we will monitor external factors such as political events or changes to the security situation, so their influence on delivery can be determined. Evaluations will be conducted on a quarterly basis and will include sustainability assessments and any identification of unintended consequences, as well as analysis to establish the contribution being made to the outcome. Our option will employ a mixed methods approach to research, utilising key informant interviews, observation, focus groups, beneficiary quantitative surveys and analysis of documentation. A report will be generated to be shared with the Authority, this will detail the major findings and recommendations and the lessons identified.

1.4. Additional Programme Examples

The following table provides the Authority with further examples and assurances of Torchlight’s project contract management procedures relevant to this ITT.

Contract	Description	Evidence
Contract # 29016 TCV: £7.5M	A 3 year HMG C2 Eqpt and Services programme based in the Levant. Involved the design, procurement and delivery of a large scale, multi-faceted C2 capability for partner forces.	These successful programmes (HMG ref avail upon request) have a common theme; they are complex, sensitive and dynamic, delivered in austere environments with multiple stakeholders. Our proven Client Liaison, Escalation and Monitoring and Reporting Procedures provide assurance that contract management will be efficient, timely and effective.
Contract # PO120258447 TCV: £3M	A 1 year HMG pilot Eqpt and Trg Project based in the Levant. Involved the design, procurement and dynamic delivery of a Medical programme to MAO.	
JAEGER CPG1707 TCV: £.9M	A 3 year HMG / EU Trg and Mentoring programme in S Asia (FCAS). Involved the design and implementation of a complex technical training and mentoring programme to partner nation.	

Table C – Additional Programme Examples

2. MOBILISATION AND TAKEOVER

Section 2 covers responses to the CASEVAC Invitation To Tender Question 4.1.4 – Lot 2. It should be read in conjunction with **Section 3** – Methodology and Approach.

The elements are:

Takeover / Mobilisation Arrangements – illustrating that all but three of the key enabling components for the new Programme are already in place and that these new elements can be discussed and agreed concurrently with the immediate start to training delivery.

Transition Matrix – demonstrating that as these new elements are being agreed, preparations can continue for the receipt of MAO students to continue their programme of development without delay to the overall effort

The CSSF MAO CASEVAC Programme has been preceded by a 12-month Pilot Project which Torchlight delivered for the Authority. As part of this project, Torchlight developed an initial operating methodology and approach for MAO South, undertook a series of training interventions to establish the basic capabilities, and arranged an equipment gifting programme. This Pilot Project has generated real value within the MAO and the wider environ.



BENEFIT

Torchlight is the low risk, high value option for assuring the seamless mobilisation and transition from the Pilot Project to the full MAO CASEVAC Programme. Torchlight’s continued delivery into the longer term programme will ensure continued understanding, consistency of thought, relationships, syllabus, equipment and resupply type. It will build coherently on existing delivery, ensure interoperability within an enduring, coherent concept and design and provide assured seamless acceleration into the longer term project.

This proposal highlights new components, principally around governance, M&E and wider Stakeholder Engagement, which will be agreed concurrently with the continuation of training delivery. All the facilities, training material, and equip procedures will be ramped up to deliver at least 3 times the effect of the Pilot Project over the period from 1 Sept 2016 to 31 Mar 2017.

2.1. Takeover / Mobilisation Arrangements

In 2015 in order to meet the objectives of the Authority’s Concept Document and to initiate the train/equip and operationalisation of our delivery of MAO CASEVAC capability, Torchlight designed and implemented a fully functioning, effective capability model and a platform to deliver it. Recent engagements with MAO personnel confirm that our approach, methodology, and delivery modality have been validated. Hence we are confident that, save for formalisation of programme governance, stakeholder management and M&E measures appropriate to a long term programme, our existing concept, plan and model are fit for purpose, ongoing and ready to implement.

Torchlight’s proven in country project management platform, and our wide array of specialist instructors are poised to transition seamlessly from current delivery to the long term programme upon contract award of CASEVAC. With our specialist medical training sub-contractor, Iqarus Intelligent Health Solutions, we are delivering and ready to deliver coherent, high quality medical training and equipment solutions, and to take forward the significant capability uplifts delivered by the project so far. In consultation with the Authority, we will continue to develop the nascent capability delivered to 1 Med Unit whilst simultaneously developing further capability. This will provide additional lifesaving capacity and extend the CASEVAC capabilities across the entire Southern Front AO.

Table D Mobilisation / Takeover Transition table identifies the key enabling elements of our plan considered necessary to transition to the enduring contract and cite a reference to provide the necessary evidence to support this assessment.

Topic	Status	Timeline	Ref
Infrastructure			
Team accommodation to support persistent and episodic in-country presence	In Place	Now	2.1.1
Vehicle transport to support independent movement of team members	In Place	Now	2.1.1
Training facilities including classroom, exercise areas, storage areas etc	In Place	Now	2.1.1
Concepts & Doctrine			
Operationalised concept of MAO CASEVAC	In Place	Now	2.1.2
Concept extensions and expansions	Proposed	Now	2.1.2
Personnel			
Individuals to fill the roles of Prog Dir, PM, DPM, DPM (Medic) are required to enable the delivery	In place	Now	2.1.3
Additional Medic Trainers	In Place	Now	2.1.3
Additional Operational Trainers	In Place	Now	2.1.3
Logistics			
Mechanisms and procedures to support the identification, packaging, shipping, import, accounting, and secure storage are required to support the Equip element of the concept	In Place	Now	2.1.4
Equipment handling process covering import, export, in-country movement	In Place	Now	2.1.4
Equipment			
Proven processes to identify and select appropriate equipment providers	In Place	Now	2.1.5
Appropriate, robust, relevant and coherent capability packages developed and proven deliverable	In Place	Now	2.1.5
Gifting Mechanism confirmed and proven in practice	In Place	Now	2.1.5
Training			
Appropriate courses developed, translated, contextualised and embedding lessons learnt	In Place	Now	2.1.6
Programme delivery plan	Proposed – will be immediately submitted for comment & approval	1 Week of contract award	2.1.6
Organisation			
Project Governance Structure	Proposed – will be immediately submitted for comment & approval	1 Month post Contract Award	2.1.7
Stakeholders fully detailed	In draft will be immediately submitted for comment & approval	1 Month post Contract Award	2.1.7
M&E Programme	Proposed and will be discussed with the Authority on award	1 Week post Contract Award	2.1.7
Effective SOPs to embed H&S, security and operational management	In Place	Now	2.1.7

Table D: Mobilisation / Takeover Transition Matrix

The following sections expand on the areas covered in the table above.

2.1.1. Infrastructure

The key elements of the project platform are already in place and operating as we deliver the remainder of the Pilot Project, and are ready and available to continue into the main CASEVAC programme. Foremost among these are cost effective accommodation, reliable and safe team transport, and central training facilities. Provided contract notification is granted along the timeframe that the Authority has published, Torchlight will be able to continue the leases already obtained thus securing these enabling elements in a cost efficient manner.

2.1.2. Concepts & Doctrine

Our CASEVAC capability concept and accompanying doctrine is proven. We are ready to continue delivering it consistently and coherently, which will reassure all stakeholders. We are low risk, high value and do not incur a break in relationships, understanding, thinking, concepts or doctrine.

2.1.2.1. Understanding - Gap Analysis and Evidence

All of our outputs and outcomes were initially designed and remain coherent with the original scope and objectives of the CASEVAC project when it was developed in 2015.

- ▶ To immediately reduce and progressively eliminate reliance by MAO personnel on the ad hoc civilian medical infrastructure which will benefit military and civilian personnel alike,
- ▶ The MAO will be able to sustain and maintain a cohesive and effective medical capability, with ongoing bespoke and resource aware capability enhancements.
- ▶ The presence of a capable and dedicated medical capability will enhance motivation, a sense of welfare, and the credibility of the MAO Southern Front will be improved.
- ▶ Battlefield losses for the MAO will be reduced and that this effect will be gradually improved as the CSSF MAO CASEVAC Programme 'train and equip' project progresses.
- ▶ The requirement to transport serious casualties across international borders, and hence direct reliance on regional neighbours will be reduced.

In conjunction with the ITT, this remains a relevant background, now and in the future, on which to build our additional insights and overlay our enhanced plans.

Through structured engagement with Authority and MAO representatives, key staff of 1 Med Unit, civilian Syrian doctors whilst in Jordan, and international NGOs with a specific medical / surgical interest in the Southern AO, we have built unique insight and deep understanding. Torchlight's in depth research over the last 18 months into the medical and surgical need and supply within the Southern Front's operational area has informed and refined our model throughout. While this proposal doesn't allow full disclosure, our key findings are detailed in Section 3.

2.1.2.2. MAO CASEVAC Unit Concept & Design

Our design and delivery methodology of a pilot CASEVAC support capability to the Southern Front MAO was built on our understanding of the requirement gap in theatre, and the UK policy imperative. Our analysis has stood the test of initial implementation and Beneficiary feedback. The MAO Medical Unit that we have created is formed as a readily recognisable and cohesive military unit.

We have proven this pilot concept, model, structure and the equipment used to enable it. In light of our unique insight into its operational experience, we are ready to deliver and replicate an expanded and enhanced model immediately. For Torchlight to deliver this will be seamless and without negative impact on concept, doctrine, design or content. Our Methodology, Approach and Plan to deliver this are described in detail in Section 3.

2.1.3. Personnel

Our team is in place and operating now. We are familiar with the concept, geography, methodology, equipment and content and have established relationships, and so will incur no time, understanding, engagement or 'settling in' delay in transition to the longer term programme.

We have confirmed all Project team positions and future plans with nominated individuals. We have capacity to continue delivery, and to expand as required. All such personnel have the necessary permissions for work, have completed appropriate threat courses, are in date for inoculations, and are in receipt of detailed Torchlight task orders. Bios are at Section 5 of this document.

The necessary episodic trainers to fill additional roles (Medical, C2, Communications, Driver, etc) have been identified and are ready for up-coming delivery as part of the extended Pilot Project, with a significant additional capacity prepared for the CSSF MAO CASEVAC Programme. A selection of bios are in Section 5 of this document.

From 12 months' experience of delivery, we understand the challenges faced by the Authority to deliver students to the training site in Jordan and have therefore redesigned our delivery methodology in that context. Our in country platform will continue to be a light footprint of permanently deployed staff (Project Manager, Deputy Project Managers, and locally employed Project Support Officer). We have developed an efficient and adaptive longer term employment model that ensures that additional specialist medical instructors are only present in Jordan, and therefore a cost to the Authority, when Beneficiaries are available to conduct training. If students are delayed, the instructors will not incur costs to the project. Our instructors will be brought to short notice for deployment as the training window approaches, and only activated upon the arrival of students. The 18 days of specialist training will commence with initial reception and induction delivered by the persistent in country team. These measures also reduce our support costs.

2.1.4. Logistics

We will continue with the logistics infrastructure and expertise developed during the Pilot Project. This has enabled us to smoothly identify, source, package, ship, and receive some 350 equipment types and in excess of 15,000 items. These hard won and honed skills, particularly in navigating the complex import and export requirements, are fundamental to ensuring that the 'Equip' element of the programme remains consistent and in-step with the 'Train' element. Torchlight have an exceptional track record of delivering complex, large scale, specialist equipment and logistics support to HMG in the Levant. These projects are ongoing, which brings further staff efficiency, a synergistic benefit, and seamless acceleration into the longer term CASEVAC programme.

2.1.5. Equipment

We have proven our fully developed and proven equipment design, procurement, deployment, training, integration and onward movement mechanism during the pilot project and have carried this forward into the future programme. We have designed the indicative programme in Section 3 to allow training to start immediately on 1 Sep 16, and so built time for major equipment packages to be procured and shipped.

Our value added approach ensures that all of our equipment is ready to use at the point of gifting and that individual and collective training events ensure confidence and competence in its use. Our methodology reduces the risk of equipment being under-utilised, misused or discarded. We ensure that our equipment is sustainable through provision of sufficient consumables and spares. We have well practised mechanisms in place, and continuing to be used to identify, verify and select appropriate equipment providers using proven processes described in detail in Section 5.

The equipment that we have provided in the project to date is appropriate and relevant and has been well received. Our design for a large scale MAO CASEVAC equipment model, from front line medical kits, through the Medical Units, to recovery wards, headquarters and MAO field surgical facilities, and for the transport and communications capabilities required to enable it was developed during the inception planning phase (May-Jul 15), and approved by the Authority in Aug 15. It is still ready to go. We supported the Authority in processing gifting requirements and understand the inputs required to enable this. We have delivered a sub-set of this equipment in the Pilot Project, and

are ready in all respect to expand and extend the programme immediately, realising and passing on significant efficiencies through this transition to scale.

Torchlight's continued delivery into the longer term programme will ensure consistency of equipment and resupply type, build coherently on existing delivery of medical, communications and other infrastructure and therefore ensure assured interoperability within an enduring, coherent concept and design.

2.1.6. Training

We are delivering Patrol Medics' training under the extended pilot project in July/August 2016. Our project team, instructors and HQ are all ready to commence training, procurement and management from 1 Sep 2016.

Our bespoke, quality assured, training courses for all of the planned material have been developed and are ready for immediate use. They have been refined following the Pilot Project integrating views, lessons identified, and feedback from MAO personnel. We are ready to start immediately, with all course materials ready, translated into Arabic, adjusted for contextual and cultural issues and proven in Pilot Project delivery. An overview of the training courses that we are propose to deliver is below:

2.1.6.1. Command and Control training

Command and Control training builds appropriate C2 for the newly established medical unit, enabling it to function, sustain itself and to integrate new capabilities effectively. The course includes; developing an awareness of factors affecting the establishment of a unit; operating within a defined medical eligibility matrix; operating casualty tracking procedures; medical planning skills; understanding the intelligence and logistical process and communications capability. It culminates in a summative table top exercise which is designed to prove the HQ's ability to implement the skills taught within the course.

2.1.6.2. Major Incident Medical Management and Support (MIMMS)

MIMMS training provides a framework for managing mass casualty and major incident events in a coherent, integrated and systematic fashion. Command Control and Communication (C3) is combined with appropriate clinical judgement at the scene (Bronze Command), the tactical level (Silver Command) and the strategic level (Gold Command) to ensure that appropriate resources are deployed safely, that casualties are triaged and evacuated swiftly to the appropriate medical facility, and that those who can do so are redirected to normal function early. MIMMS is be directed at the Headquarters staff and the Paramedics that will staff the FTSS and Ambulance Teams.

2.1.6.3. Paramedic training

Paramedics operate the ambulances and the FTSS. Given the paucity of medical infrastructure, it is essential that appropriately trained Paramedics have the ability to identify immediately life threatening traumatic injuries and medical emergencies. They must be able to provide immediate stabilisation, communicate effectively and evacuate to more advanced care. The Paramedic must operate without direct supervision and be trained in advanced resuscitation techniques including advanced airway management, intravenous drug administration and advanced invasive resuscitation techniques. The Paramedic is also trained and equipped to manage the common life threatening medical emergencies: asthma, diabetes, anaphylaxis and epilepsy, as well as management of cardiac arrest, including defibrillation and appropriate intravenous drug administration. At the conclusion of their training package the Paramedics accrue a level of competence exceeding that of a British Army Battlefield Advanced Trauma Life Support (BATLS) trained Combat Medical Technician (Level 2) (CMT2).

2.1.6.4. Primary Health Care and Minor Treatments

A third Paramedic module will be added to the training itinerary that will focus on Disease and non-battle injury (DNBI). These treatments account for a significant attrition rate among combat troops. Generation of a primary healthcare / minor treatment capability provides the ability to assess and treat DNBI casualties as close to their operational units as possible and facilitates rapid return to operational service. The Paramedic will also be trained to recognize those experiencing undue psychological stress.

2.1.6.5. Specialist Nursing Training

Those personnel manning the recovery ward will be trained to assimilate clinical information, to collect post-surgical patients from the Medani and transport them to the ward using a high dependency ambulance. They will be able to adhere to a specific care plan, reference the clinical information received, and be familiar with a range of monitoring equipment and post-surgical care adjuncts. They will ensure that sufficient hydration, nutrition and pain relief is administered and manage the risk of post-surgical infection.

2.1.6.6. Liaison Officers Training

A cadre of personnel will receive the Patrol Medic's training package and the Communications Supervisors and Radio operator's module.

2.1.6.7. Patrol Medics training and Train the Trainer Programmes

MAO personnel from front line Units will be trained and equipped to provide immediate battlefield life-saving trauma care at the point of wounding. They are also trained to provide appropriate triage and effective communication for evacuation. The delivery of a Train The Trainer package enables Patrol Medics to teach emergency battlefield first aid to other personnel within the MAO.

2.1.6.8. Driver and Vehicle Husbandry Training

The driver training course develops students into emergency response drivers and enables them to maintain the vehicles. Modules include; developing an awareness of individual capability, applying the system of car control, maintaining situational awareness, anticipating hazards, driving an emergency vehicle and manoeuvring in a confined space, manoeuvre at low speeds, maintaining vehicle stability, positioning vehicle and cornering, developing an awareness of driver responsibilities, conducting basic vehicle checks, and using an automatic gearbox.

2.1.6.9. Communications Supervisor and Radio Operator

This enables Beneficiaries to communicate effectively over various communication systems within a benign or hostile environment. Modules include; communicating effectively over HF, VHF, UHF and GSM systems, deploying, operating and recovering all communications systems in both the mobile and static roles, basic fault-finding, fault fixing. The most competent students will also be taught to design and set up communications networks.

2.1.6.10. Logistics and Equipment Care Training

Enables Beneficiaries to manage and control Communications, Medical and General stores and stock effectively. Basic principles taught include; the effective receipt and accounting of stock, storage and separation of stock, appropriate stock rotation, time sensitive stock items, and stock issue and tracking procedures.

Within the Pilot Project, Torchlight have delivered nearly 8,000 student hours of training to 32 Paramedic Students, 3,250 hours of training to the Headquarters staff, Communications and driving components, as well as a great deal of further mentorship and engagement. This has forged deep relationships with the Beneficiaries, and inculcated an inherent understanding of and personal investment to the programme amongst our team.

Category	Training requirement	Training Days	No of Students
HQ	Command and Control training	5 days	9
	Major Incident Medical Management System (MIMMS),	5 days	9
	Communications (Supervisor and Radio operator training)	5 days	9
	Logistics/Stores Management training courses	1 day	9
FTSS / Ambulance Paramedics	Paramedic training (personnel with no previous medical background)	32 days	32 trained (28 achieved full passes)

Category	Training requirement	Training Days	No of Students
Drivers / Radio Operators	Communications Supervisor and Radio Operator	5 days	21
Drivers / Radio Operators	Driving and vehicle husbandry	5 days	21
Patrol Medics	Patrol Medics course and T3 module	15 days	23 plus August Course
Collective Training and FTX	All personnel minus Patrol Medics	6 days	68

Table E: Training Delivered by Torchlight to Date

2.1.7. Organisation

We will carry forward our Standard Operating Procedures covering the Health & Safety, Security, Risk Management and Operational Standards from the ongoing delivery without need to delay to research, understand and prepare them. All of these procedures, which have been developed, reviewed and proven in the light of the 12-month Pilot Project, form the basis of the procedural framework needed during the CASEVAC programme. We are entirely confident that these are already fit for purpose and our processes for identifying and developing updates is both robust and timely.

The 3 elements where we propose specific development as we transition to this longer term programme are:

- ▶ **Stakeholders** – A draft list of Stakeholders and their roles has been developed as part of this proposal and is included at Section 2 Table 1. This Stakeholder plan will be confirmed with the Authority within 1 month of contract award.
- ▶ **Project Governance** – we advocate a structured Governance regime that provides guidance and addresses issues at the right level and the most appropriate tempo to ensure the most responsive approach to the programme. We have included a draft plan in Section 2.2 but will refine this with the Authority within 1 month of contract award.
- ▶ **M&E** – The ITT calls for an M&E strategy and this proposal provides a draft plan for measuring and evaluating all aspects of this programme. An initial outline is provided at Section 1.3. The M&E programme will be confirmed with the Authority within 1 month of Contract award.

INTENTIONAL SPACE

3. METHODOLOGY AND APPROACH

Section 3 covers responses to the CASEVAC Invitation To Tender Question 4.1.2 – Lot 1.

Torchlight is not working as part of a consortium for this proposal. We have a principle medical delivery partner and will select others as necessary. Torchlight will hold the role of prime contractor with partners under subcontract where the Authority's terms and conditions are flowed down. Accordingly, the section is structured as follows:

Understanding the requirements – demonstrating that we have a sound grasp of strategic issues as well as tactical project level concerns.

The Torchlight Methodology and Approach – clearly illustrating how we will build on the momentum generated on the Pilot Project and effect a significant capability uplift for the Southern MAO through the provision of coherent, modularised capabilities.

The Torchlight Delivery Plan – Outlining our detailed plan for the next 19 months and our conditions-based, results driven options for the remainder of the programme.

Remaining Flexible and Strategically Aware – highlight our ability to upscale or downscale our delivery as well as remaining alive to factors that will impact delivery.

Torchlight's privileged access and involvement to date means that we understand this requirement better than any other potential implementer. The capability assumptions that we derived in mid-2015, through engagement with MAO Southern Front leadership and regional medical providers, have been supported and upheld by subsequent and ongoing direct engagement with MAO medical leadership. We have continuously refined these assumptions and ensured the validity of our understanding through ongoing engagement, appreciating how the Beneficiary's medical chain operates. We have built robust and valuable relationships with the key leadership figures and shaped the equip and train elements with them.



We impart high quality enduring skills, coupled with appropriate and sufficient equipment to operationalise our effect. This UK HMG intent, delivered through Torchlight, is meeting the desired outcome – it is building sustainable capability and confidence with and within the MAO, which directly impacts their survivability, morale, welfare, effectiveness and reputation. Given the nature of the conflict and of the society within which the MAO reside, the skills and equipment provided also have a beneficial impact on the civil society and offer a platform on which to build into the future.

With our proven past performance and understanding, we know that it is not realistic to propose a rigid programme and fixed outcomes for three years at this stage. In order to meet the ITT requirements, we propose a costed, realistic and bounded indicative future programme of work. Moving forwards, we will continue to monitor and evaluate the need and supply, offering flexibility and partnership and providing options to the Authority as appropriate through the Governance mechanisms described in Section 1. This will include when, where, how and whether to instigate rapid innovative project expansions. We are fully ready and able to expand and extend the indicative programme included in this proposal to seize the opportunity to achieve full suite capability and even more ambitious objectives rapidly, should this be in line with HMG intent and the operational and political situation allow.

3.1. Understanding the requirements

There is considerable complexity, operational sensitivity, and contextual nuance behind the Authority's Statement of Requirement particularly in relation to how the MAO operate, how they integrate dynamically with other groups, and finally the general civilian population.

Torchlight, through our success on the Pilot Project, is able to supplement this outline understanding of the challenges in delivering the CASEVAC programme with a much deeper knowledge of the changing dynamics and the interdependencies. For example, the following information has been gleaned through structured engagement with MAO representatives, the Commander and key staff of 1 Med Unit, the civilian doctors whilst in Jordan, international NGOs with a specific medical / surgical interest in the Southern AO. This information has been gathered since Jul 2015, is being maintained, and is indicative of the current picture:

- ▶ The Area of Operations (AO) occupied by the MAO Southern Front is partitioned into 2 geographic areas defined as East and West. The threat in the East is predominantly from Regime forces and airstrikes whilst in AOO West the threat predominantly emanates from Da'esh. Overall the situation is complex and fluid¹.
- ▶ Commander Bakr² indicated that more than one single unified Medical Unit would be needed to effectively cover both Operational areas (East and West). This would provide coherence when supporting ongoing MAO operations and enable clearly defined communications with the civilian Medani ³and Hospital networks. He recommended that a second Medical Unit in the image of his own should be established in the Western AOO; and that others may be required. Alternatively, increasing the scale and ambulance capacity in both East and West may allow just two, larger, units.
- ▶ Commander Bakr estimates that 40% of Dara'a is controlled by the Regime whilst 60% is controlled by the Southern Front MAO. The lines of control are contested on a daily basis.
- ▶ Busra Esh-Sham deemed to be the safest location in the Eastern AO, which is under unified control by the Shabab al Sunna group, which suggests that this may be the optimum location for the recovery ward as it is co-located with the largest and most diverse speciality hospital.
- ▶ There is no Neurosurgery specialist present in the Southern AO: all severe cases must be evacuated cross-border for treatment.
- ▶ Due to the limited availability, individual specialists often have to move in order to treat urgent cases where patients are too ill to be moved to their hospital. Some specialists split their time between Syria and Jordan and are not always available to treat urgent cases.
- ▶ The Rawid/Marbr sites were previously used as the main points of departure for evacuation to Israel, but this is now difficult due to the threat from Da'esh in the area. The Tal Shabib and Nasib hospitals are the two main points of departure from which casualties are evacuated to Jordan due to their close proximity to the border; These therefore present options for future development of a static and integrated facility.
- ▶ Tal Shabib has benefitted from funding through the European Union and Ash-Shajara had previously benefitted from support from the Syrian American Medical Society.
- ▶ The only CT scanner, at Nawa, is unserviceable. Medical imaging is a key requirement for developing a more sophisticated capability in country, and should be considered for gifting, potentially in conjunction with other donor nations or groups, in due course.

The following portion of an annotated table has been collated during debriefs detailing how many doctors of which specialisation are available in each facility. The anonymised table refers to a map (not shown during to sensitivity

¹ This information accords with that provided in the contextual notes provided by the FCO in relation to this project.

² Commander of the 1 Medical Unit

³ Medani are local hospitals or aid points based within communities

concerns) which illustrates the West Region and provides an overview of the Hospital and Medani dispositions in the Western AOO. We hold the same information for the Eastern Region.

Surgical & Specialist Care Matrix					
Location Reference Number	1	2	3	4	5
Male Doctors	8	10	1	5	1
Female Doctors					
Specialisation Matrix					
General Surgery	☑		☑	☑	☑
Trauma & Orthopaedic Surgery	☑	☑		☑	☑
ENT	☑				
Urology					

Figure 2 - MAO Southern Medical Dispositions

We have compiled detailed assessments of equipment, medical capacity, nature of woundings and resupply across this and other regions.

3.2. Key Findings

The following Key Findings have been derived from our involvement to date:

- ▶ Important work by International donors and NGOs to address general population medical need (GP and hospital services for common ailments), are ongoing and are having some effect, albeit the work is at an early stage.
- ▶ There is limited trauma care, and almost none within the MAO Southern Front. Reliance on civilian infrastructure is great.
- ▶ Those trained specialists that are available are dealing with an immense and uncoordinated array of need, often extending well beyond their training, specialty and experience.
- ▶ The MAO have no dedicated doctors. Those doctors available are currently keen to maintain their independence in the face of other threats. They treat any casualty, and are keen to emphasise that they target clinical need rather than organisation or grouping. However, it is assessed as likely that, when a functioning, organised and resourced capability is created, they will gravitate to it.
- ▶ The broader medical need identified in the original HMG 2015 Concept Paper is extant and has been refined. The human capability and capacity to address this need exist and there is considerable willingness within the Southern Front leadership to enable this project.
- ▶ The broader organisational benefits of the MAO having an identified medical & surgical capability, and a direct role in coordination of casualty care and logistic support are widely recognised.
- ▶ Delivery of training and equipment in a secure and discrete location within Jordan is practical. Capacity and facilities at the training location may be limited but these can be addressed in collaboration with the Authority and other implementers. Some minor additions to the training location would enhance training effect of a more enduring programme.
- ▶ The key dependency on the Authority is the delivery of students, which is challenged by the identification and host nation clearance and transit requirements. Therefore, the model must allow for delay in student arrival, with minimal cost impact to the project.

- ▶ Students will arrive at the training location with next to no personal belongings, so must be clothed and equipped appropriately for the duration of the training period. Students will be available for a maximum training window of four weeks and are able to return periodically for enhanced or top up training.
- ▶ Communications with deployed, trained, elements are entirely possible. This provides both a fruitful M&E methodology, and also enables at reach mentorship and support.

With these insights, and our excellent relationships with MAO leadership, we have refined our understanding of the objectives that the Authority is trying to achieve. These have, in equal measure, confirmed and refined our proposed methodology and approach for the main CASEVAC programme.

3.3. Proposed Methodology and Approach

The CASEVAC programme will build upon our existing proven concept delivered during the Pilot Project. This is illustrated in Figure 3. Our CASEVAC capability concept involves:

- ▶ **Command and Control.** The dynamic operational conditions under which the Southern Front operate require a robust coordinating function to ensure that the Unit's assets are employed and sustained effectively. Medical resources must be responsive to the needs of the Southern Front leadership and operate with full situational awareness of the local medical situation. The Med Unit's small headquarters provide planning and operational management for the teams and equipment deployed. Equipped with necessary infrastructure, vehicles, IT and communications equipment, these are able to operate from a static (tented) headquarters, with a mobile capability for use when moving the Unit or visiting other locations.
- ▶ **Casualty Stabilisation and Triage.** Forward Triage and Stabilisation Sections (FTSS) provide enhanced casualty triage, emergency surgery and the stabilisation of casualties for onward movement. With support from the Med Unit HQ, they direct which casualties are taken to which subsequent care facility. Operated by paramedics, the FTSS is well equipped with an extensive range of medical equipment including tents, generators, treatment beds, diagnostic equipment, defibrillators and other medical treatment equipment.
- ▶ **Casualty Collection, Extraction and Evacuation.** Torchlight have established 1 Med Unit with six ambulance teams able to operate 24/7, and equipped with relevant and sustainable medical equipment and consumables. They provide an enhanced casualty collection function working in close support of the MAO's front line units. They evacuate casualties from as close to the point of injury as is safe and practical, and provide lifesaving immediate trauma care. They transport casualties to the FTSS whilst stabilising the casualty and communicating information regarding the patient's condition whilst in transit. With a casualty handover completed, they are able to return to the front line, or to evacuate casualties to a Medani if surgical intervention is required. Each team currently consists of one fully equipped ambulance with two driver/operators and two paramedics able to assess casualties and provide emergency life-saving trauma and advanced resuscitation treatment. They are equipped with defibrillators and intravenous drug administration.
- ▶ **Front Line Battlefield Medics.** Beyond the Medical Units, but coherent with their training and equipment, Patrol Medics in the frontline forces provide a point of expertise and focus. They are also trained and equipped to cascade basic battlefield self-aid and first aid to frontline troops.

The Pilot Project has validated our overall concept and methodology, and now enables us to transition into the main CASEVAC Programme with confidence that the MAO operational construct is workable, can be **expanded** to provide further capabilities, can be **replicated** to cover the whole southern AO, and can be **enhanced** to offer a sustainable long term solution to medical needs both during the conflict and in any post-conflict transition.

Based our growing understanding of the developing medical requirements of the MAO, and the often complex geographical interaction of units, we propose the following as the core components of a realistic, coherent and relevant capability development programme:

3.3.1. Replicate – Creation of additional Medical Units

In response to confirmation from Commander 1 Med Unit that the geographic area to be covered, lines of communication and casualty numbers negate the possibility of his Unit adequately covering the entire Southern Front AOO. Assistance will be required from the Authority to identify a suitable commander for subsequent Med Units, and to facilitate access to the personnel to join the Units and undertake the necessary disciplines of training. Further medical Units may be created if the operational context requires it. Torchlight is also able to extend this model to the Northern area of operations, and to support similar stabilisation programmes in other theatres, for instance Libya, though of course each has independent logistical and operational considerations.

3.3.2. Expand - Provision of Trained Liaison Officers

Maintenance of situational awareness on the current capability and capacity of receiving medical facilities is essential in order to facilitate appropriate evacuation and timely access to treatment. The integration of a network of Liaison Officers into the Medanis will provide the medical commander with this invaluable insight, as well as on the location and status of MOA casualties. It also provides an integral capability for casualty tracking and co-ordinating transfer to the recovery ward once available. Further, the liaison personnel, appropriately trained, provide the receiving facility with additional low level medical capability, generating goodwill and facilitating admission of casualties. These same individuals will also become likely candidates to complete further, more advanced medical training.

3.3.3. Expand - Post Anaesthetic Care Ward

Currently casualties who undergo and survive surgery at the Medanis, which function as the Role 2+ capability in Syria, are discharged directly to the care of their families. This is driven by Medani capacity and means that the casualties are lost to the care and control matrix of the operational unit MAO and receive inadequate post-surgical care with reported 'catastrophic mortality outcomes' from post-surgery complications. We will equip and establish a holding facility, with the capacity to receive and manage post-operative casualties, reduce mortality and increase rapid return to operational duties. Based on current casualty reporting from the Southern Front it is proposed that a ten bed facility be generated in each medical unit able to:

- ▶ Collect post-surgical patients from the Medani, assimilate clinical information and transport appropriately to the facility by ambulance.
- ▶ Provide post-surgical care, including adequate anaesthesia, analgesia, hydration and nutrition.
- ▶ Minimise, identify and manage infection.
- ▶ Identify onset of life threatening post-surgical complications and evacuate appropriately to further care.

In discussion, Commander Bakr told us that 'at least ten' donor organisations had promised such a facility, but that none had yet delivered. This, therefore is not only a functional and necessary capability, it is fundamental to the trust and relationship with the Beneficiary, so is prioritised. Such an effective post-surgical ward, with its associated accommodation, logistic support, catering and life support and clinical waste management facilities, will act as a nucleus for any future expansion to a hospital facility in order to address the critical deficiency in Role 2+ / Role 3 capability in theatre. Enhance - Development of the Forward Triage and Stabilisation Sections (FTSS) Capability

Our findings indicate that a permanent presence of doctors within the FTSS is initially unlikely. Further, it is confirmed by the Paramedic students following practical experience in Syria that evacuation to the Medani is frequently protracted, requiring more advanced resuscitation and clinical decision making at the FTSS to reduce mortality. Proposed enhancements include training and contextually appropriate technological upgrades, examples are:

- ▶ **Enhanced Paramedics.** We will upskill the best paramedics to enable them to deliver increased clinical supervision and judgement to support accurate decision making and provide significantly enhanced information to the Medanis prior to the physical arrival of the casualty. We will also improve the provision of Primary Health Care (non battlefield injuries) and to provide respite to those casualties who demonstrate the psychological effects of war.

- ▶ **Supply of Focussed Abdominal Sonography** in Trauma (FAST scanner) and appropriate training – for the identification of internal bleeding,
- ▶ **Introduction of Serum Lactate Measurement** – assists in the identification of illness and monitors patient progress during treatment.
- ▶ **Provision of Intravenous Haemostatic Agents.** Tranaxemic Acid (TXA) - supports the clotting process and providing an effective early treatment for internal and external bleeds.
- ▶ **Provision of Blood Products.** French Lyophilised Plasma, in addition to currently supplied saline – assists with perfusions and clotting. Does not require cross matching of blood type and is delivered in powder form (does not require temperature controlled storage).

3.3.4. Enhance - FTSS Step Up / Light Dressing Station

Given the paucity of doctors within the evacuation chain, we propose embedding medical resources with the ability to hold and treat casualties at light dressing stations within the fighting units. We will generate the ability for the FTSS to deploy a Step Up /Light Dressing station closer to the front line. These facilities will provide a casualty collection and treatment function, provide advanced resuscitation and stabilisation and hold casualties until such time as evacuation was safely feasible. Such a facility would be equipped from within the FTSS resources and manned by FTSS staff deployed forward and augmented by Patrol Medics.

3.3.5. Enhance - Reconfiguration of the Ambulance Teams

To enable the option to field the Light Dressing Stations described above, we will reconfigure and train the ambulance teams. The current ambulance team is four staff; 2 x Paramedics, 2 x Driver/ Radio Operator we will change this to 1 x Paramedic, 1 x Driver and 2 x Patrol Medics/Radio Operator/First Aid Trainers. This will add flexibility to engage with the front line Units and will enable more effective utilisation of the trained Paramedics in conjunction with enhancing the FTSS paramedics' skillset described above.

3.3.6. Enhance - Logistics resupply.

We will optimise logistic support and resupply to assure UK gifting is appropriate and remove duplication. Currently FTSS and Ambulance Teams are deployed with an estimated six-month resupply. Quantities issued are estimated as we continue to understand operational usage and other sources of supply. Equipment types and consumption rates will be refined through communication with, and mentoring of, Commander 1 Med Unit.

3.4. Additional Capabilities Available as Required

In addition to replicating, expanding and enhancing the core Med Unit capabilities above, the following is a selection of additional options that are also available to the project as required in either Phase 1 or Phase 2:

- ▶ **Patrol Medics.** Torchlight are able to deliver Patrol Medics courses at high volume to increase the number of front line MAO personnel who can provide immediate Combat Casualty Care and cascade medical first aid training. We have developed a bespoke training solution specifically designed for the MAO Southern Front. These courses have been adapted according to our contextual understanding of the need, specifically for the method of injuries encountered by the front line medical staff. We have shared our understanding and course development with the parallel UK MOD implementation teams.
- ▶ **Telemedicine.** Specialist Mentorship at Reach. We are able to provide access to 24/7/365 advanced medical reach-back support accessed via the delivery Platform. This service would enable the MAO Medical Units to seek SME advice, assist with diagnosis and advise on treatment plans. The service offers access to specialist advice where MAO medical staff do not have access to civilian specialists (eg Neurology, Tropical Medicine, etc). The Telemedicine service has the ability to review (anonymised) patient scans, test results and clinical information to be able to provide specific advice.
- ▶ **Field Surgical and Medical Capabilities.** Field Hospitals with a reception/triage department/area, an emergency department for stabilisation of acute trauma casualties, a fully-stocked, appropriately scaled pharmacy, laboratory and radiology departments to support surgical decision making, a reinforced surgical

capability, a pre/ post-surgery Intensive Care Unit, an outpatients' department for General Practitioner primary healthcare medical management, appropriately scaled medical stores, evacuation and holding bays for the evacuation of post-surgical and post-medical casualties, a morgue preparation area and a mobile refrigerated morgue. All of these field hospital capabilities are modular and scalable and can be introduced according to the scope of the requirement, appropriateness to enhance existing capabilities and sustainability in accordance with existing infrastructure and utilities.

- ▶ **Integration of Communications with MAO.** Uniquely, Torchlight have significant experience in the provision of specialist communications for Beneficiaries in this region, through multiple iterative communications programmes on the behalf of UK HMG. Subject to authorisation by the owner of the other HMG programme, our communication systems can be configured to integrate seamlessly and securely with other MAO organisations improving interoperability across the MAO Southern Front span of command. This would enable the medical capability to be responsive to ongoing operational activities. No other provider is able to offer this additional value.
- ▶ **Solar Power.** Although the generators that we provided for the Headquarters and FTSS offer an effective power solution, feedback received from the users during the training period revealed that sourcing fuel for generators can prove to be both expensive, difficult, irregular and can drive dependence on groupings outside the MAO. It is recommended that the project consider the procurement of Solar arrays and batteries to augment the generator power.
- ▶ **Forensic / SSE of Casualty and Collection Site.** In order to generate a sustainable capability that will enable the collection of evidence level information that allows identification of crimes and subsequent prosecution of perpetrators, enhancing Rule of Law protection now and in a future stable state, we recommend inclusion of the non-medical evidence and forensic enhancement packages described in Reference A.
 - ▷ Tactical Evidence (One Day) Course.
 - ▷ Evidence Gathering (Three Day) Course.
 - ▷ Mass Fatality Disaster Victim Identification (Three Day) Course.
 - ▷ Crimes against a Person Forensic Recovery (Three Day) Course.
 - ▷ Site Exploitation and Forensic Evidence Recovery (Five Day) Course.
 - ▷ Forensic Evidential Photography (Five Day) Course.

3.5. The Torchlight Delivery Plan

3.5.1. Overview

The CSSF MAO CASEVAC programme will endure from 1 September 2016 to 31 March 2019. While we understand that flexibility will be fundamental to success and optimising opportunity, Torchlight have developed a realistic indicative programme to deliver the capability enhancements, expansions and replication described in Para 3.3 above. This programme is compliant with the current constraints articulated in the ITT. We understand that Beneficiaries will only be available for a maximum period of 4 weeks for training, that the training facilities currently have a maximum attendance of 75 personnel at one time and that the project aims to enable 200 personnel a year. We will remain able to adapt this indicative programme as the constraints of capacity and duration evolve over time.

For planning purposes, based on our experience to date, we have allowed 4 weeks for each training event in order to assure student presence for 3 weeks of input (18 training days), and we have assumed that each 4-week block will be separated by 2 weeks. This provides contingency to allow for late or changed arrival of Beneficiaries. The proposed programme sequence is prioritised, though is flexible so that all of the training blocks can be shifted in time, and the sequence of modules can be adapted in light of student availability and Beneficiary feedback. The programme is detailed at Figure 4. Given the inherent operational complexity and strategic variability we have divided this into 2 distinct phases.

3.5.1.1. Phase 1 – Expand and Enhance 1 Med Unit. Create, Expand and Enhance 2 Med Unit

Across 5 training periods (20 weeks) between 1 September 2016 – 31 Mar 2017 we will train up to 150 Beneficiaries. This will deliver a tranche of patrol medics, liaison capability and enhanced FTSS functionality to 1 Med Unit, and initiate 2 Med Unit's medical capacity with the creation of 28 paramedics, and preparation to receive an FTSS and 6 ambulances.

Across 7 training periods (28 weeks) in Year 2, between 1 April 2017 – 31 March 2018, we will train 200 Beneficiaries. This will complete the enhancement and expansion of 1 Med Unit, with a Recovery ward, an additional FTSS and 6 ambulance teams. 2 Med Unit will receive command and control and MIMMS capability, receive 2 enhanced FTSS, 6 ambulances and their liaison network and recovery ward, as well as the associated drivers, communicators and collective training.

3.5.1.2. Phase 2 – Tailored Expansion and Development Package

Throughout Phase 1, we will continue to develop our contextual understanding and operational awareness in consultation with the Authority. We will develop and deliver options for appropriate extension of the programme through the governance mechanisms described in Section 1. This will ensure that Phase 2 deliverables are coherent with developing need and capacity and relevant to the situation at that time.

This could foreseeably include:

- ▶ Creating further Med Units where appropriate.
- ▶ Making additional enhancements to the extant Med Units, for instance adding additional FTSS and ambulance teams.
- ▶ Using the Recovery ward as a platform for further development to begin creation of full suite field medical and surgical facilities.
- ▶ Expansion of the Patrol Medics' programme.
- ▶ Integration of the Medical Units in to a nascent national infrastructure or other capability development programme.

For illustrative purposes Figure 4 describes creation of a third Med Unit, which in year 3 which could be initiated and receive command and control and MIMMS capability, receive 2 enhanced FTSS, 6 ambulances, 28 paramedics, their liaison network and recovery ward, as well as the associated drivers, communicators and collective training.

3.5.2. Equipment Approach and Methodology

In order to develop the necessary building blocks to create a coherent and relevant CASEVAC capability, Torchlight support training with procurement of appropriate bespoke equipment packages. Our approach to delivery of equipment for the CSSF MAO CASEVAC programme remains to ensure that it is robust and sustainable in the operating environment, relevant to the need in country, and provides a coherent capability from point of wounding to recovery. Our in use MAO CASEVAC equipment solutions are high quality without being 'gold plated' and contextually appropriate. From Individual First Aid Kits (IFAKS) through to full field hospitals they are bespoke designed to the Beneficiaries' need.

We take into account the numerous other sources of supply of aid into Syria, and therefore focus HMG supply through this project on the areas of greatest need and demand. We use the purchasing power of this long term contract to drive value from the supply chain, and to assure timely and effective sources of supply. Our approach and methodology is described in detail in Section 5.

Torchlight are fully conversant with local customs regulations and export controls and have significant experience of the challenges associated with procurement and supply activity into Jordan. Medical Equipment Provision.

We have provided IFAKS, Patrol Medic Kits, FTSS modules, Ambulance Team modules, specialist diagnostic equipment, medical training equipment and a full sustainable package of medical consumables and resupply. Working with the

Beneficiaries, we have understood and continue to develop the medical equipment requirements, while continually seeking to indigenise supply where it is appropriate to do so. Detailed equipment capability packages are fully developed and have been shared with, and approved by, the Authority as part of the Pilot Project.

3.5.3. Communications Equipment Provision.

It is important that the Med Unit can swiftly and effectively transmit information on number and nature of casualties and availability and capacity of assets and resources. We have provided 1 Med Unit with a robust and effective communications network with a simplex (one-to-one), and complex (many-to-many) communications networks across the southern AO. The equipment provided is locally appropriate, commercially available and simple-to-use secure and insecure sets with minimal infrastructure requirements. This is a proven capability that has succeeded within the region (further details available upon request subject to HMG approvals).

The following communications matrix enables optimum flexibility and resilience:

Ser	Capability / Method
1	GSM (Mobile phone) – to allow quick and effective tasking of Ambulance teams.
2	HF Network – to allow all Unit personnel to communicate when / if GSM fails and provide an all informed communications network.
3	VHF Network – to allow HQ and FTSS to communicate effectively and Ambulances when GSM is not available. Allow Ambulances to communicate with paramedics when on foot or away from the ambulance.
4	UHF Network – providing interoperability with non-medical formations for casualty collection. Allows the Med Unit to communicate with other MAO elements.
5	Masts and Antennae – to propagate the signal and extend range of communications.

Table F: Outline Communications Capability

Torchlight has developed an effective communications equipment delivery methodology, proven over the last three years, combining detailed procedures, project monitoring, testing and documentation. We design, source, procure, prepare, program, configure, commission, test, package, dispatch and manage the equipment packages. Equipment will be configured so that it can be immediately installed and deployed. Equipment used for training will become operational spares. Programming software and a semi-rugged laptop will be provided to ensure that the system is configurable and sustainable.

3.5.4. Vehicle Provision

Torchlight have a proven methodology, as evidenced within the Pilot Programme, for Local Purchase activity in Jordan in order to supply vehicles for gifting to the Medical Unit. We are able to upscale this activity and purchase further bespoke vehicles to support our delivery plan. We will continue to ensure that these vehicles are serviceable and provided with sufficient tools and spares to support minor repairs. Appropriate Beneficiaries will be trained in driving and vehicle husbandry, with management checks being covered under the C2 package for the Quartermaster. All vehicles will continue to be fitted with our comprehensive and fully integrated communications package in accordance with the modalities listed above. In consultation with the Med Unit we will ensure that our purchasing supports the specification required by the Beneficiaries and in line with the adopted security profile.

Through our vehicle procurement we have understood local customs arrangements and are fully conversant with the necessary arrangements that needs to be made with the Authority’s local security partner to ensure that vehicles are moved to the academy site prior to final gifting.

Ser	Capability /Type	Quantity	Total
1	Frontline Ambulance Torchlight will procure bespoke 4x4 Ambulances.	1 Med Unit	6
		2 Med Unit	6
		For training purposes	1
			13
2	Recovery Ward Ambulance Bespoke high dependency Ambulance to transfer post-surgical patients from Medani to the recovery ward.	1 Med Unit	1
		2 Med Unit	1
			2
3	FTSS 4x4 king cab pick-up vehicles to enable 'lift and shift' of FTSS during operations.	1 Med Unit	4
		2 Med Unit	4
			8

Table G: Vehicle procurement required to support Phase 1

Listed within the table above we have planned to make available a static equipment capability at the training site in Jordan. This will enable the provision of credible, realistic and challenging training scenarios without interference to the gifting process. All equipment utilised at the training site will be gifted to the Beneficiaries at the appropriate point in time.

3.5.5. Training Approach and Methodology

In the delivery of training modules our objective is to gain maximum benefit and utilisation from our Beneficiary contact time and where possible to cross-train and familiarise all students with one another's specialist disciplines. This develops necessary operational resilience and coherence, for instance all personnel should be familiar with the operation of the communications equipment. If a trainee is assessed to be below the baseline requirement to undertake medical training we will enable that individual to be trained in another discipline, be it communications, driving or logistics.

The courses that will be delivered in order to establish and develop 1 and 2 Med Unit are:

Course	Duration
A comprehensive package focussed on HQ/FTSS personnel	6 Days
Major Incident Medical Management and Support (MIMMS)	6 days
Paramedic training	3 modules of 18 days training
Liaison Officers training	12 days medical training, 6 days communications training
Specialist Nursing and integration training for Recovery Ward personnel	18 Days
Patrol Medic training	12 Days
Driver and vehicle husbandry training	6 Days
Communications supervisor and radio operator training	6 Days
First aid training for Radio operators and drivers	1 Day
Instructor training for Paramedics	6 Days
Instructor training for Patrol Medics	6 Days
Logistics training and equipment familiarisation	6 Days
Final Training Exercise (FTX)	Flexible from 3-6 days

Table H - Training Courses

3.6. Remaining Flexible and Strategically Aware

Our experience on the Pilot programme has enabled us to develop and hone a mobilisation and delivery plan that can rapidly and efficiently respond to the dynamic and complex nature of this activity. The construct we have agreed with our suppliers is based on only calling forward trainers when there is a defined training programme to deliver. During the Pilot Project, due to its short term nature and variable nature of MAO engagement, we had to hold trainers at readiness to ensure their availability to deliver courses when the Beneficiaries finally arrived. We evolved the

deployment model from the earliest iteration of the Pilot and eventually operated with only a short period of ‘Standby’.

For the CSSF MAO CASEVAC programme, we are proposing a small permanent core of personnel, who are described in detail in Section 5, who will manage all aspects of the training facility, advance all the preparations for the Beneficiaries arrival and then call forward episodic trainers when required. In this way the use of episodic trainers can be kept to an absolute minimum and be focused on the delivery of training.

Where opportunities arise to exceed the stated capacity limitations (for instance in gaps between deliveries by the other implementers at the training site or where additional Beneficiaries become available for training unexpectedly), Torchlight are able to provide additional surge capacity at short notice in order to deliver further training. This efficient surge capability makes it possible for a greater number and variety of students to receive our training in each year of the project.

The preceding paragraphs of this sections highlight how Torchlight has been constantly attuned to the evolving strategic and political context that encompasses the region and the MAO, and has been swift to adjust both the delivered outcome and the delivery modality to ensure that we remain effective and efficient.

3.7. Additional Benefits of Project Expertise

The following table provides the Authority with further examples and assurances of Torchlight’s approach and methodology relevant to this ITT.

Contract	Description	Evidence
Contract # TLBI2011 TCV: £1.5M	A 3 year HMG CT programme based in AFG. Involved the design, delivery and expansion of a complex CT Train and Equip programme.	Torchlight’s methodology and approach are borne from extensive experience of delivering complex HMG programmes within a dynamic and changeable environment. We understand the need for agility, ingenuity and dynamic planning that is cognisant of HMG intent and ensures attainment of programme objective and outputs – to time, quality and budget.
Contract # PO120258447 TCV: £3M	A 1 year HMG pilot Eqpt and Trg programme based in the Levant. Involved the design, procurement and dynamic delivery of a Medical programme to MAO.	
Contract # TCV: £.9M	A 3-Year Training and Services Contract with HMG for global CT training delivery. TL has mobilised and delivered in excess of 37 training tasks to over 30 partner nations in FCAS.	

Table 1 - Examples of successful use of our methodology and approach in similar environments and themes.

INTENTIONAL SPACE

Pilot Project Capability

Future Capability

Green Current status delivered through Pilot Project
Red Areas to be rapidly **enhanced** and **expanded**,
Red + Green Will be **replicated** in additional med units
Grey We will advise the Authority when to introduce, based on operational feedback and our analysis of the context.

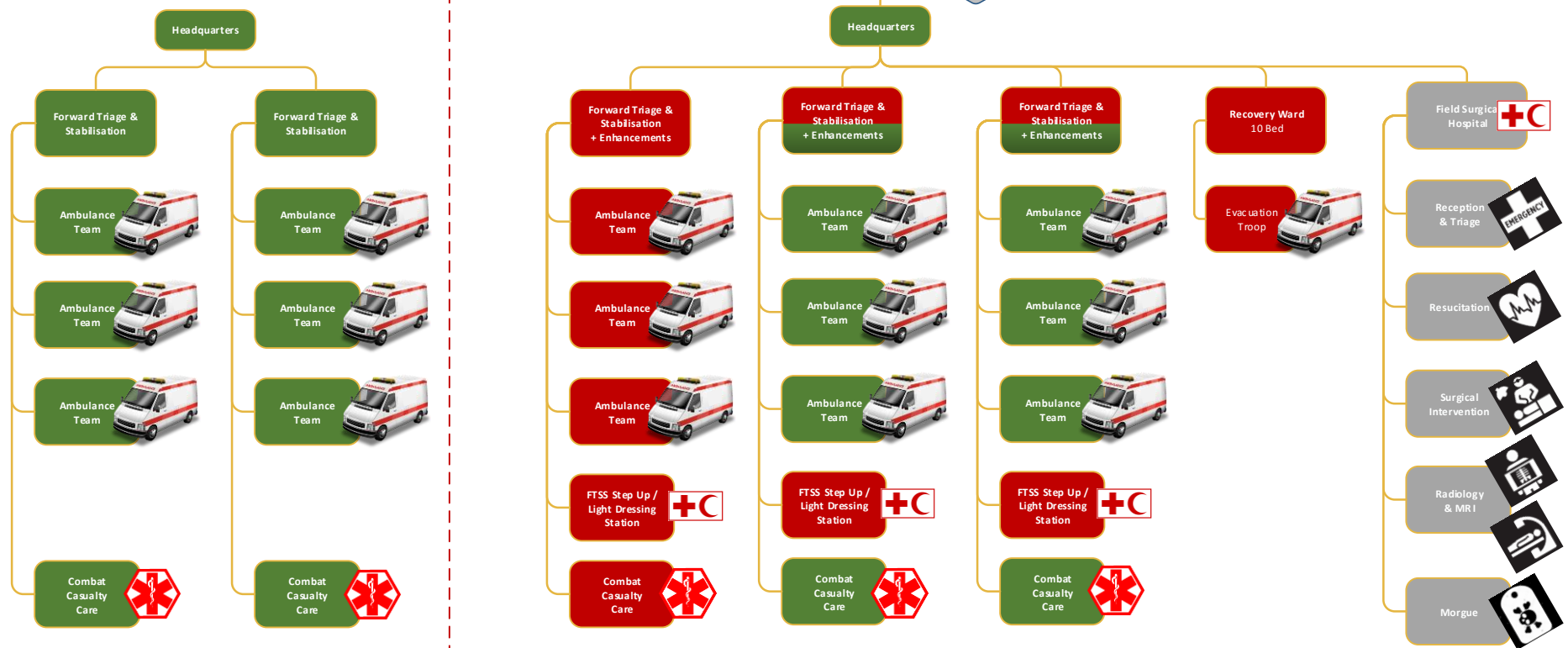


Figure 3 - Organisation and capability structure of a medical unit

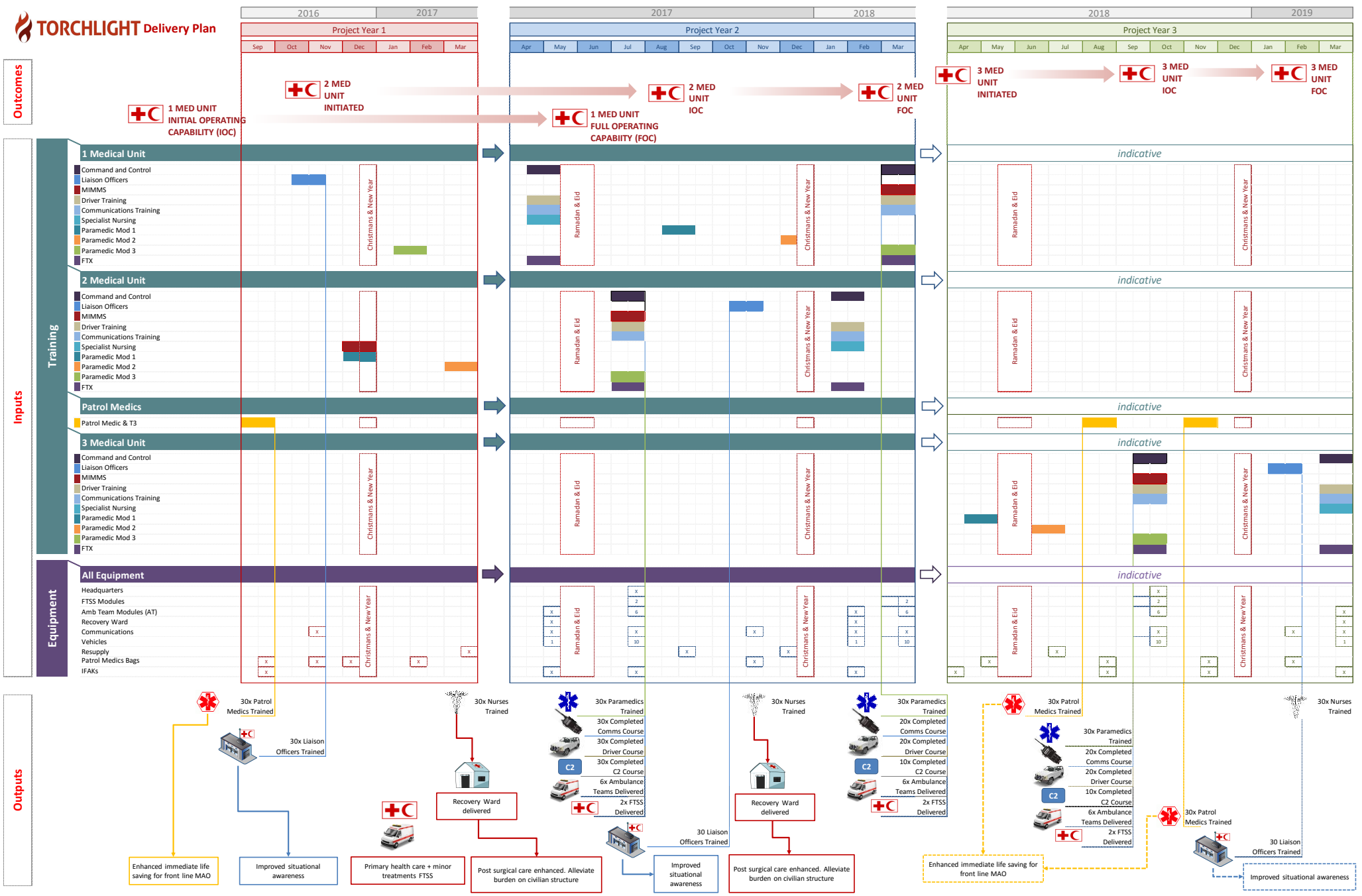


Figure 4: Delivery Plan

4. OPERATING ENVIRONMENT

This section covers responses to the CASEVAC Invitation To Tender Question 4.1.5– Lot 2. Here we explain the threats and risks as we have recorded and assessed following the Pilot Project and other large scale HMG training and equipment programmes in similar environments. We describe how we will manage these risks and their allied contingency plans – particularly in relation to operating in neighbouring countries. We also consider issues such as sub-contractor failure, unavailability of the site, or illness / incapacitation of key staff. Finally we provide a copy of the live risk matrix.

At Section 4.5 and 4.6 we address Operational Standards and Security Operating Procedures respectively which is the formal answer to ITT Question 4.1.3 – Lot 2.



Torchlight's experience in this operational environment across a number of large scale equipment programmes means that we fully get the context. Not only do we understand the strategic challenges that see the conflict vary in both space and time, but we get the need for current robust contingency plans that account for all factors that may impact the ability to deliver the programme in a sustainable and reliable manner.

Torchlight's understanding of delivering this complex, long-term programme and the risks and threats associated with it have been shaped by our success on the Pilot Project. We comprehend both the actual challenges of delivering the programme within the existing infrastructure environment as well as the practical issues we are likely to face along the way.

We have the understanding and associated plans, developed during the MAO CASEVAC Pilot Project, that have evolved to address all the threats and risks likely to emerge from this programme. They have been tested and proven effective in the light of actual events occurring within the project since August 2015.

4.1. Introduction

The operating environment in Jordan is well established although continues to evolve and change. At the strategic level Jordan faces threats based on its proximity to neighbouring Syria and Iraq and the presence of trans-national terrorists such as Da'esh. The attack at the Jordan International Police Training Centre in November 2015 and the very recent attack at the Jordanian Security Force Headquarters in June 2016 means that the utmost diligence and awareness is necessary. The situation within the camp, the engagement with the host nation, the skills, attitudes and behaviours of incoming Beneficiaries, the operations of fellow implementers, and allied support organisations (such as Eastern Holding) all create a dynamic that requires constant monitoring and effective, diplomatic handling if pragmatic solutions are to be achieved.

This section highlights:

- ▶ Torchlight's current assessment of the risk and identifies key contingency plans to address these and further presenting a methodology for identifying and addressing future risks.
- ▶ Presents the current Risk Matrix.
- ▶ Addresses operational standards and security procedures.

4.2. Current Risk Assessment and Contingency Planning

Successful delivery of the Pilot Project has enabled us to identify and then mitigate many of the risks than can initially appear to be quite complex and intractable when this programme is viewed remotely. Our experiences over the last 12 months, the working relationships developed with the widest range of stakeholders, and our problem solving abilities have all contributed to effective risk identification and management success. We now have a clear view of the residual risks and the viable mitigation strategies that will drive the programme forward over the coming months and years.

The full, current risk register is maintained by the project management team and is available upon request, it highlights a total of 36 open risks. The majority of these are assessed as ‘Low’ with only 4 identified as ‘Medium’ and 4 ‘High’ Risks which are listed below. In all cases our Risk scores are calculated using the standard formula of Probability and Impact to provide the score. The score is converted into a rating of ‘Low’, ‘Medium’ or ‘High’.

Our current assessment of the programme risks breaks them into the following categories; Security, Health, Support, Project and Strategic.

Table K below is an extract from the main risk register and sets out the ‘Medium’ and ‘High’ Risks.

4.3. Torchlight Risk Management Methodology

Over the last 12 months, the Torchlight PM team has conducted regular and timely risk assessments at each phase of the programme. From the strategic level (asking whether the support provided to the MAO could be inadvertently diverted for the benefit of the government regime) through to the tactical (such as the instance of road traffic accidents during driver training), although never in isolation.

Working from our proven tailored Risk Management Methodology, illustrated at Figure 5, Torchlight cultivated a proactive strategy for the Pilot Project that engaged widely with the full range of stakeholders, continually evaluated the threats and risks in the light of programme outputs and maintained these in a comprehensive Risk Register shared across the project team.



Figure 5: Torchlight Risk Management Methodology

Torchlight will continue to identify mitigation strategies utilising our SME team in Jordan and the UK and then build / refine contingency plans for existing or new risks. We will continue our early proactive engagement with the Authority and other key stakeholders, including Beneficiaries where necessary.

We do not expect the Authority to develop contingency plans or engage with stakeholders on our behalf. Torchlight will continue to develop pragmatic solutions to challenges that emerge and to work proactively to anticipate those that will arise during the CSSF MAO CASEVAC Programme. We are prepared and equipped to develop contingency plans accordingly. Planning for unexpected future events or circumstances has been at the very core of our work – maintaining a flexible, adaptable approach to training delivery and ensuring that the Beneficiaries physical and security needs and education requirements are catered for.

4.4. Operating in Neighbouring Countries

Torchlight is engaged on a number of projects in the Region and have been employed on Syria related programmes for over 4 years. The current security situation in Syria necessitates that support to the MAO is provided in Jordan for support to the groups in the South. Torchlight are prepared to move their delivery platform to other sites within Jordan or to other places as required by the Authority. If the Political / Strategic situation dictates and if the security profile changes significantly during the lifecycle of the programme a delivery platform could be established in the south of Syria if a safe haven could be secured and protected.

Torchlight operate in a number of countries in the region and are exploring specific opportunities to establish permanent corporate entities in neighbouring or regional countries. We can, and will, accelerate or refine these plans depending on the nature and duration of any emerging requirements.

4.5. Temporary or extended unavailability of the site

If there is no training delivery and no Beneficiaries at the training site, the impact will be minimal. The PM team are capable of working at dispersal locations and all of our real estate and stores are left secured when the PM Team is

not present at the site. If training were underway and Beneficiaries were hosted at the site Torchlight will work closely with the Authority, the Jordanian Security Forces and the other training implementers to understand the duration of the likely interruption of service. We will work with the Authority to identify alternate locations for training and to put in place any agreed and relevant contingency plans.

4.6. Operational Standards

Torchlight have developed an operationally proven set of Standard Operating Procedures (SOPs) which have evolved and been continually refined over the duration of the Pilot Project. These were prepared following a thorough risk analysis and established to provide guidance for Torchlight's staff. Initially little was known of the environment, the threat, the effectiveness and involvement of the Jordanian Security Forces or the identification of the insider threat from the Beneficiaries.

The comprehensive set of SOPs have been trialled, tested and refined based on Torchlight's experience of working in some 35 different countries, primarily characterised as complex, high threat, self-dependent environments. They have been used effectively in this project for 12 months. Some of the key procedures are listed below as examples. Evidential recordings are available for each procedure:

- ▶ **Medical Emergencies.** All Beneficiaries complete a medical questionnaire upon arrival at the training site in order to highlight any serious medical issues. Whilst risk or major medical emergency remained relatively low throughout the programme, live firing exercises, driver training and the risk of road traffic accidents all present risks and make a serious incident a possibility. A medical cascade document has been produced which is briefed to all team mentors which uses a flow chart to show the actions and responsibilities in the event of a medical emergency. This process is described for both inside and outside of training hours.
- ▶ **Student Discipline.** Under the training covenant the PM team, trainers, interpreters and students all agree to certain standards of behaviour. If those standards are not met, a decision is made on the best method for dealing with the transgression, without putting project staff under any threat. In the event of a breach of discipline protocols by any student, the incident was recorded and reported to the chain of command – the PM Team escalated on a case by case basis any disciplinary matters, as appropriate. All disciplinary matters were subsequently logged in the incident log. This log was then reviewed by the PM Team and shared with the Commanding Officer of the medical unit, the Authority and Jordanian security forces as appropriate.
- ▶ **RTAs.** Driving standards, vehicle and highway maintenance in Jordan are generally poor in comparison with the UK. Appropriate quality hire cars – 4x4s – have been procured for all use to assure good road handling in all conditions and to mitigate the risk on serious injury in a collision. The actions on a RTA are attuned to those of a medical emergency and include a cascade reporting mechanism to inform the Torchlight PM team and UK based operations team.

4.7. Security

The security of the student cohort and the programme delivery team is of paramount importance. Several standard operating procedures were developed in the Pilot Project to safeguard physical and information security:

- ▶ **Clearances and Disclosure.** All Torchlight personnel working on this project are experienced security professionals who hold national clearances (in the UK either SC or DV) and who are acutely aware of the risks, sensitivities and responsibilities of this task. All subcontracts who need to be aware of the details of the ITT have been cleared through the FCO and all have agreed NDAs to cover the project activity. All staff are briefed on personal and information security upon arrival in Jordan.
- ▶ **Monitoring of Indicators and Warnings of changes to Threat profile.** Torchlight receive security threat updates via the FCO's UK [<mailto:GOVUK@public.govdelivery.com>] notification service and Torchlight staff regularly monitor open source security portals and news outlets in order to track up to date security information. Our most recent example was the attack in Baqa'a, Amman at the Jordanian Security Force HQ on 6th June 2016 - the notification of which we received from the FCO. Torchlight UK Operations Facility is available 24/7. Updates are then communicated directly to the deployed teams as soon as possible.

- ▶ **Engagement with 1 Med Unit.** Torchlight have established secure processes and procedure to enable communications with 1 Med Unit. For those individuals with a specific and justified need, we have assigned 'burner' communications devices and established opaque profiles using a number of simple to use and encrypted phone apps to facilitate these communications. Our personnel are experienced security professionals who understand the risks, sensitivities and responsibilities of working with the Authority and the MAO. All of the connectivity with 1 Med Unit is controlled at the delivery platform with no corporate or personal information or contacts being compromised / shared.

4.8. Subcontractor Failure

Torchlight has built significant resilience into our supply chain and has multiple, viable and cost efficient alternatives to each of our sub-contractors. We monitor performance of the supply chain on a regular basis and are ready to instigate corrective action should that be necessary, including replacement with one of our approved alternatives.

INTENTIONAL SPACE

4.9. Risk Register

Description	Risk Rating	Category	Open / Closed	Risk Owner	Mitigation
Security. Physical security breach of the Camp. A coordinated armed attack on the site by hostile forces opposed to HMG. Red on Blue.	H	Security	Open	HMG	Physical security is taken seriously at the site. It has been established the JAF are responsible for the outer perimeter and internal security at the site, whereas the security of the project offices is the responsibility of the TLG Management team. Armed guards from the Jordanian Security Forces provide 24 hours security of the site, they man the perimeter and provide a security detail for inside the camp. This inner perimeter detail situated around the training buildings maintain radio communication with the main gate and outer perimeter providing security for all personnel within the training facility. Access to the site is via the main gate and ID passes provided by the Jordanian authorities are required for entry, a 100% check of ID passes is mandatory to alleviate the potential of unauthorised personnel entering the site. The training site is patrolled by JAF guards and Jordanian Security who are routinely armed as part of the external/internal security provision. All weapon protocols are controlled and monitored by the Jordanian Security who provide the weapons to JAF.
Security. Physical security risk within the Camp. Threat from disaffected student or member of the JAF in possession of a weapon and ammunition and conducts an armed attack on TLG staff and others. Green on Blue	H	Security	Open	HMG	Measures are taken by Jordanian Security Forces to conduct vetting on students prior to their arrival at the Academy. Any individual that is identified as a potential threat is not permitted to cross the border. Students conducting weapon training on the site are only armed when on the ranges - the issue and recovery of weapons and ammunition must be strictly controlled. Training staff conducting weapon training are armed with personal weapons and a 'Guardian Angels' are deployed to observe and monitor behaviour whilst weapon training. In addition, armed guards from the Jordanian Security Forces provide a security detail for inside the camp. This inner perimeter detail situated around the training buildings maintain radio communication with the main gate and outer perimeter providing security for all personnel within the training facility.
Security. Live firing at the Camp. Other training conducted on the site involves live firing. Consequently third party personnel are in possession of weapons and live ammunition on the Camp in addition to the Jordanian Security Personnel on site. Risk includes the accidental discharge of a weapon resulting in a member of TLG being inadvertently shot - Blue on Blue.	H	Security	Open	HMG	An Authority policy is required for the site that describes in detail the responsibilities and safety measures for all those that are commissioned with carrying loaded weapons in the course of their duties. The policy must include details of authorised personnel and when and where it is appropriate for them to carry loaded weapons and when it is appropriate to carry weapons and ammunition separately. It must also describe the restrictions on the carriage of weapons in office and living accommodation, the carriage of weapons in vehicles and describe the designated loading and unloading bays and procedures for conducting such activity.

Description	Risk Rating	Category	Open / Closed	Risk Owner	Mitigation
Security. Other projects - live firing at site and risk of ricochet. In particular the risk of ricochet from the live firing ranges onto the driving range and wider area behind. NB, there is likely to be overlap of live firing and driving courses.	M	Health & Safety/ Project	Open	HMG	TLG have established a shared policy to AVOID this risk by deconflicting training activity on the driving range when there is rangework. A detailed timetable of activity is shared with all training providers and coordinated between the TLG Management team and other training providers during weekly and daily coordination conferences.
Infectious Disease: Risk of D+V illness for students and staff owing to close quarters, shared student ablutions and dining facilities which may impact trg delivery. If the camp is running to full capacity, the risk of disease increases proportionally with little or no means of providing any suitable quarantine at the academy.	H	Health & Safety	Open	HMG	Project staff and students have separate facilities. Mitigation is provided by ensuring site managers keep soap, paper towel and alcohol stocks in ablutions; early intervention is required as per Medical SOP's 001 and 002. Students and staff are educated of the need for basic hygiene during induction. Signs are in place to act as a constant reminder to maintain personal hygiene whilst using the facilities. The TLG Management team has successfully negotiated with the catering and facility parent provider (the Grand Millenium Hotel) to provide additional hand gel dispensers within the central food hall to encourage students to wash their hands before eating as well as air-conditioning units above the main entrance doorways to the academy, in order to reduce the level of insects (flies) within the building. The TLG Management Team also regularly inspect the food being supplied by the hotel and ensures feedback from the students is relayed back to the supplier. Early intervention is encouraged via education of students/staff on basic hygiene. Students and Staff are briefed as part of the induction process and signs are displayed in prominent and appropriate places to remind personnel to apply the highest standards of personal hygiene.
Jordanian Security Forces no longer able to provide interpreters. Interpreters are critical to training delivery.	M	Project	Open	HMG	A close relationship and regular communication with Jordanian Security Forces and the Authority with regard to the provision of interpreters will ensure that TLG have sufficient notice to source UK interpreters when the Authority are not able to meet their dependency. An agreed mechanism by which to fund UK interpreters will be considered in the contract. Additional interpreter shortfalls may be further mitigated through Al-Resheq Office for Translation & Commercial Services who are able to provide security cleared translators for the training site (proven capability as demonstrated during the delivery of the Patrol Medic course in April 2016). However, this will be dependent on the existing translation requirement for other commercial/ NGO's working on site. Any additional costs to HMG will be agreed for this option.

Description	Risk Rating	Category	Open / Closed	Risk Owner	Mitigation
DELAY in arrival of students for 1 Med Bn. Students are unavailable to undertake training. The operational situation has an impact on the availability of students for training.	M	Project	Open	HMG	The delivery programme has built in contingencies to allow for the delay of students. Training personnel are kept on standby in the UK and are ready to deploy within 48 hours; weekends will be utilised as training days if required to meet deadlines. TLG have demonstrated its flexibility in adapting its training programme and absorbing delays, and will continue to do so. Close and regular communication as part of the Communication Plan with the Authority provides early notice of any delay, extension or repetition. Plans to manage such an eventuality are presented by TLG and agreed by the Authority prior to any delayed arrival.
Student / Interpreter / Instructor ratio not as planned. A greater number of students than anticipated may result in the ratio of instructors, role - players and/or interpreters to students to become unsuitable for the delivery. This will affect the level of interaction between the instructors and students and may impact the quality of training.	M	Project	Open	HMG	Regular communication between the Authority and TLG Management team as part of a Communication Plan that identifies an early understanding of any developments or changes to student numbers. Where necessary and time permits, additional interpreters are sourced within the UK and deployed.

Table J: Extract from Risk Register

5. RESOURCES

Section 5 covers responses to the CASEVAC Invitation To Tender Question 4.1.7 – Lot 2. At Section 5.7 and beyond we address Question 4.1.8-Lot 2 of the ITT.

This section, organised into 3 subsections, covers the following topics:

***In-Country Administration Arrangements** – illustrating that our core team is in place and ready to support the immediate delivery of training and equipment provision to the MAO Southern Medical capability.*

***Sub-Contract Management** – showing that our processes follow a rigorous, cross-checked regime ensuring that we deliver to time, quality and budget.*

***Personnel & Organisation** – listing the skills and experiences of the key people who have helped design and deliver the Pilot Project and who will carry the MAO CASEVAC programme forward.*

Torchlight has an already established, effective, and appropriate platform to design, manage and deliver all aspects of this equip and train CSSF MAO CASEVAC programme. This platform, and the team within it, are intimately supported by Torchlight Group resources from the UK. With a Med Unit of 68 personnel already trained and deployed and in excess of 15,000 items sourced, shipped, and ready to be gifted, this platform is tested, proven and fully ready for the next phase of the CASEVAC programme.



We have worked with our supply chain to develop ever more competitive commercial terms and to embed the flexibility and agility that this programme demands. We benchmark our personnel and equipment against other suppliers for both quality and price and since the start of the Pilot Project are now able to offer the Authority an average discount of 10% on equipment and 17% on episodic manpower. There will be no additional charges associated with any delays in the arrival of students for training.

We have effective and proven procedures in place to provide robust financial oversight for the programme, ensuring that every pound is wisely spent. Overseen by the Torchlight Finance Director who is a qualified chartered certified accountant.

We will carry forward the team of exceptionally experienced individuals who have so successfully delivered the Pilot Project. Building on a small core team of permanent staff deployed in country to liaise with the Authority and Beneficiaries, design, prepare and implement the training programmes, we will also have at readiness specialist trainers who will only be employed to meet the specific needs of the train/equip programme.

5.1. Torchlight In-country Administration Arrangements

Torchlight's in-Country arrangements have been established and refined during the Pilot Project to incorporate value for money without compromising efficiency or quality. A wide network of local facilitators has been established for identifying, sourcing, and acquiring equipment and the provision of a variety of life-support services.

Torchlight have increasingly taken on direct responsibility for those services delivered through parallel contracts direct with HMG, such as those with Eastern Holdings for food and accommodation at the camp. While unable to re-negotiate or vary them for HMG, we forecast their expenditure in our proposals, and continue to monitor the delivery of services through them. In addition, the PM also maintains a good working relationship with the British Embassy, with particular attention to security and Customs (for equipment imports from the UK).

Torchlight has been, and will remain, fully responsible for its own in country administrative arrangements during this programme. Well established, independent and self-sufficient from UK HMG, the Torchlight in country team links to

our broader platform in the country and region. In comparison to the episodic and inherently piecemeal nature of the project to date, significant savings have been made in moving to a longer term contract, these are reflected in our price and detailed in the commercial volume. In particular, we have established self-administered arrangements for;

- ▶ **Accommodation.** Torchlight has suitable, secure, long-term accommodation within the Host Nation Capital for all project staff operating in-country – a significant achievement given that demand for good quality apartments is high and the supply is relatively limited. This delivers an appreciable saving over hotel accommodation – on average some 60%. Using these strong working relationships with local businesses we are also able to mitigate short notice programme accommodation issues, such as identifying last minute accommodation for MAO Doctors at nearby hotels when required. We will continue this proven and successful approach in conjunction with the Authority’s in country team.
- ▶ **Transport.** The Torchlight team is entirely self-sufficient for transport needs for both the Pilot Project and this future CSSF MAO CASEVAC Programme. We favour suitable quality, well-maintained, insured vehicles to transport the team and to maintain both road safety, personnel security and to reduce overall project costs. *This is reflected in our SOPs relating to RTAs.*
- ▶ **Medical Care.** Medical care provision for both students and trainers has been planned in great detail and proven in practice. Within the Torchlight team’s SOPs, detailed information has been provided for both minor and major injury as well as illness. Medical care procedures for the students require close co-operation between the Jordanian Security Forces and the project staff. Torchlight has ensured that these procedures are well tried and tested.
- ▶ **Interpreters.** Torchlight has developed a strong working relationship with the Jordanian Security Forces and the interpreters they provide; their support within the teaching environment is invaluable and enables us to maintain the training schedule. On several occasions throughout the Pilot Project, the Torchlight PM team has identified interpreter shortfalls where a lack of availability would have adversely impacted training delivery. Torchlight’s consistent, proactive project management generates successful solutions to either recruit additional cleared interpreters locally, or bring across security cleared UK interpreters and maintain the delivery programme.
- ▶ **Permissions to Work.** Torchlight personnel currently operate using an initial 1-month visa obtained on entry to Jordan and then extended every 2 months. This is now a well understood, and well versed process for Torchlight staff in-country. We have further facilitated the process by use of a local ‘fixer’ who accompanies all personnel to complete the application process efficiently to aid in dealing with the lack of standardisation and consistency. In making a long term investment to the programme and our other operations in Jordan, Torchlight is currently investigating the establishment of a permanent corporate presence to enable longer term visas to be obtained.
- ▶ **Security Arrangements.** Further informal relationships have been formed with colleagues in country to support our team in the events of any police involvement or in the event of an accident or emergency via the Jordanian Security Forces.
- ▶ **Maintaining HMG Contractual Obligations on site.** Maintaining an effective working relationship with the site owners (Eastern Holding Ltd) on behalf of HMG has been critical to ensuring a resilient operation. Torchlight will continue to work with these and with any other HMG appointed implementers.

5.2. Sub-Contract Management

Torchlight is experienced in the identification, selection, and on-going scrutiny of partner organisations and has conducted a rigorous competitive process for the provision of both training services and equipment to support the CSSF MAO CASEVAC Programme. Torchlight procurement policy has been developed to satisfy a large (Circa £7M and ongoing HMG equipment and services programmes in the Levant – (further details available upon request and HMG approval). These processes were assessed by the National Audit Office to be fair and auditable with the outcome providing Value for Money. As part of our due diligence practices we search for suppliers and partners who; are expert,

and represent best value for money, are low risk within the context of the programme objectives, are resilient, offer the most beneficial commercial terms, and can meet, and if necessary, exceed the needs of the specification.

While we showed notable incremental supply chain improvements over the last 12 months, the short term, urgent nature of the Pilot Project provided limited leverage to dramatically influence the supply chain. Torchlight have revisited our supply chain using the process below to prepare for this ITT, with its longer term timeframe and greater clarity on overall scale and scope. This has enabled significant benefits to be realised for the Authority and the CSSF MAO CASEVAC Programme.

As part of our normal business Torchlight uses a four stage process, which is then adapted to fit the particular needs of the contract. These stages are:

- ▶ Stage 1: Market Research & Due Diligence.
- ▶ Stage 2: Request for Proposal (RFP).
- ▶ Stage 3: Evaluation & Negotiation.
- ▶ Stage 4: Selection.

5.2.1. Stage 1: Market Research & Due Diligence

The first stage in the process demands that Torchlight have a clear view of what goods or supplies will be needed during the contract. The ITT indicated that both medical training and equipment and medical supplies, potentially at scale, were necessary and this prompted a review of those companies which could supply one or both of these capabilities. We quickly narrowed the available options to only a few credible and competent companies, with very few being able to do both. Many were not experienced in delivering within the context of a conflict environment or at the range and tempo that was deemed necessary.

This first part of due diligence included:

- ▶ **Revised Dun & Bradstreet Supplier Reports.** Covering the overall condition of the business, how the company compares with other businesses in the same industry, and any significant legal proceedings.
- ▶ **Revised Companies' House information.** Covering annual accounts, Officers of the company, and Company history.
- ▶ **Revised Company Check.** Which includes such investigations as credit rating, and cross references against Companies House information.

Our chosen sub-contractor for the Pilot Project, **Iqarus Intelligent Health Solutions, (previously EXMED Ltd)** was shortlisted for the CSSF MAO CASEVAC Programme as a potential partner for both medical training and medical supplies as they stood out as a market leader and unique in their capability in the field of remote medicine.

5.2.2. Stage 2: Request for Proposal

The Authority's ITT for this programme, enabled Torchlight and Iqarus to examine and reassess the delivery model for training and equipping the MAO medical teams. The success of the Pilot Project reaffirmed the original design concept and, with some additional adjustments, allowed for a detailed description of the train and equip requirements to be evolved. We used our clinical experts to scrutinise these final supply design proposals.

5.2.3. Stage 3: Evaluation & Negotiation

Given the nature of the existing partnership, and Torchlight's objective to show continual improvement in both quality of service and price as part of this proposal, Torchlight and Iqarus worked together to refine and develop an acceptable position.

5.2.4. Stage 4: Selection

Based on the evaluation results and negotiations and a previous existing arrangement, Torchlight are able to confirm exclusive access to Iqarus as our preferred supplier based upon the following:

- ▶ **Training:** A strong balance of quality and price, secured over the duration of the programme and showing an indicative 22% saving over the short terms rates secured during the Pilot Project. Iqarus specialise in remote medicine and offer a unique range of bespoke and directly relevant training courses for this programme.
- ▶ **Equipment:** A strong balance of quality and price, particularly against hard to source medical supplies and the intrinsic knowledge on selecting appropriate, necessary, or replacement items to fully operationalise the Torchlight MAO CASEVAC methodology.
- ▶ **Commercial Terms:** Torchlight has driven a change in the deployment modality to enable us to remove standby periods for deploying medical trainers, thus improving the efficiency of the overall programme.
- ▶ **Contractual Terms:** Iqarus accepts the full flow down of CSSF terms and conditions, including the provisions for Bribery and Corruption.

5.2.5. Wider Supply Chain

As part of the overall programme, various other equipment is procured from a variety of local contractors and UK-based companies. A close working relationship has been fostered with the British Embassy customs representative. The selection of these suppliers, which may be needed from time to time within this programme, follows the same managed process detailed above, and comes under the same level of due diligence and scrutiny.

- ▶ **Communications Equipment.** Torchlight purchases communications equipment to fulfil the programme requirements from a range of suppliers across each of the frequency ranges required. This includes sourcing and purchasing the necessary ancillaries and tools and in some cases manufacturing bespoke masts to meet operational requirements.
- ▶ **Student Clothing and Toiletries.** A variety of clothing from boots to underwear is purchased prior to each student cohort arriving at the training site. The clothing procurement has matured throughout the Pilot Project, and ensures students are adequately equipped to meet the demands of the medical training over a prolonged duration of time. Torchlight's in-country team have an excellent working relationship with the providers and are able to meet last-minute demands and additional requirements including seasonal changes in requirement.
- ▶ **Medical Equipment.** The provision of specialist medical equipment will primarily be through Iqarus, however, where possible, standardised equipment such as furniture, fridges and air conditioners have been, and will in the future, be procured in Amman at significant cost savings.
- ▶ **Vehicle Purchase.** Torchlight have identified and used a vehicle suppliers operating in the Jordan Free Zone. Initially a single vehicle was purchased in order to assess the quality of the vehicles and the standard of the conversion necessary to change purpose from minibus to ambulance. Once satisfied with the standard of the work further vehicles were purchased. The vehicles were purchased in Qatar and moved to the Free zone. From this point arrangements were made by the Jordanian Security Forces to enable all of the vehicles purchased to be moved to the training site and readied (including registration documentation) for gifting.
- ▶ **Miscellaneous Requirements.** A strong working network of local traders enables the PM team to efficiently meet additional requirements, often at short notice. This covers everything from stationary needs through to the procurement of specialist unit badges.

Details of the training and equipment packages to be provided can be found at Sections 2 and 3 of this document and in the Commercial Volume.

5.2.6. Fraud, Corruption, Financial Integrity Control

Torchlight values its reputation and is committed to maintaining the highest level of ethical standards in the conduct of its financial affairs. The actions and conduct of our staff and network of associates are key to maintaining these standards which are addressed and documented internally as part of our Company Operating Procedures.

The qualifications and experience of our team matched with our ISO9001: 2008 compliant internal procedures ensure that as a company we are fully compliant and financially transparent in all corporate responsibilities, and is overseen by the Company Finance Director.

When designing new projects Torchlight places partnership with both donor and host authorities at the centre of our approach. Specifically, in this area we will ensure that the following aspects are in place:

- ▶ An agreed set of reporting standards, both financial and non-financial.
- ▶ Governance and Communications plans.
- ▶ Monitoring requirements and standards.
- ▶ Auditing requirements, both internal and external.
- ▶ Any specialised training requirements for staff, both internal and with partners.

Our experience has clearly demonstrated that these factors, when combined, create a powerful framework which maximises transparency and counters the potential for corruption or other financial mismanagement. In addition to the above, Torchlight will also undertake additional pre-funding due diligence checks on potential partners.

Overall, Torchlight has extensive experience with these mechanisms, including delivering large scale, high value, multi-year programmes in countries with problematic corruption records. For example, since 2013, Torchlight has been working with the European Union and FCO in Pakistan, a nation widely recognised as having challenges in this area, noting that it ranks 127th of 177 countries on the Transparency International Corruption Perceptions Index. This programme, which is delivering a comprehensive forensic mentoring capability to the Punjab government, has been consistently rated outstanding in this regard during detailed external audit.

The Authority will also wish to note that Torchlight has experience of working closely with HMG to deliver large quantities of services and equipment support as part of the development of host nation capacity. In the case of Authority Contract No 29016 this amounted to equipment valued in excess of £10.6M. The accounting mechanisms implemented for this and similar projects are both thorough and transferable, providing the Authority with the levels of assurance required to minimise risk in this area.

5.3. Personnel and Organisation

This section sets out the Torchlight Programme Team, their qualifications and proven experience, the operational modality of the planned programme, our plans for dealing with deployment variations and for uplift or downsizing within the needs of the programme. This section should be read in concert with Section 2 and 3 which describe our transition from Pilot Project incumbent to long term contract, and the project methodology and approach and the specifics of the project plan.

5.4. Programme Leadership

The Programme Director will visit the project site and to engage face to face with the Authority SRO monthly, focused on appropriate periods of activity. He will lead Torchlight's representation on the Programme Board. Routine and responsive face to face account management will also continue to be provided by Torchlight's Regional Account Manager, based in Amman.

The Programme team, illustrated below, has the delegated authority from the Programme Director to deliver the programme, and will be supported with administrative functions (legal, commercial, finance, HR) from Company HQ. Torchlight's specialist medical training and equipment sub-contractor, Iqarus Intelligent Health Solutions Ltd, provides support through the DPM (Medical), and the episodic medical trainers.

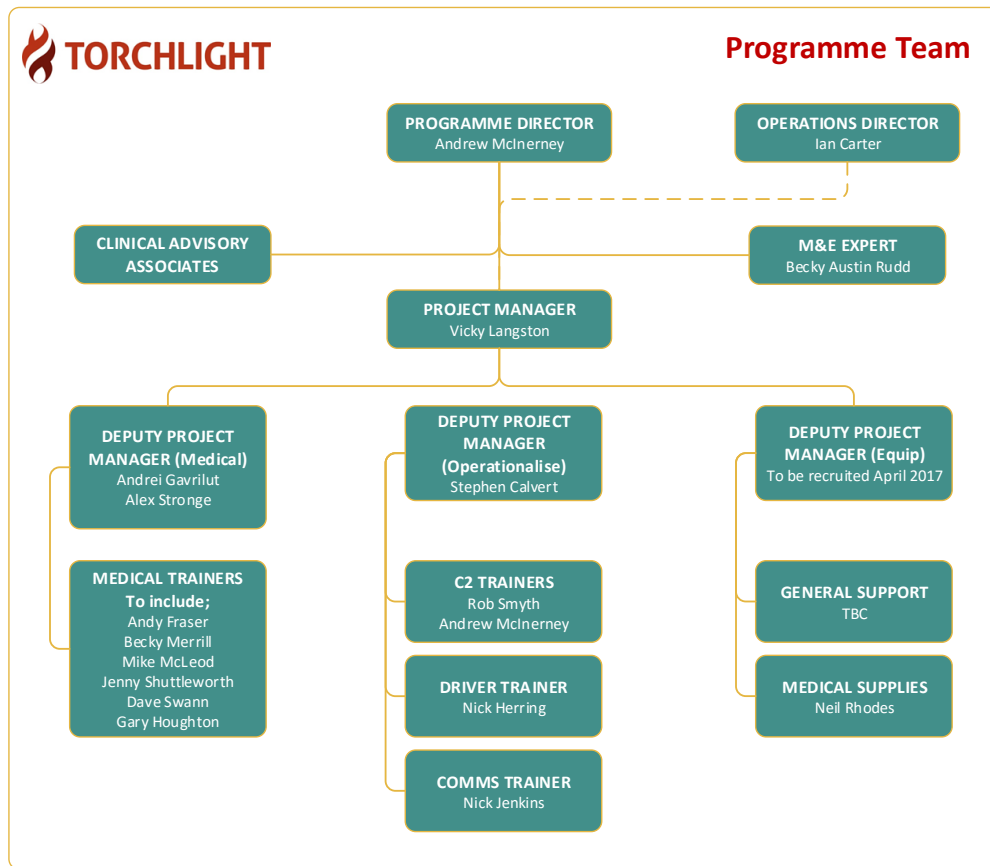


Figure 6: Torchlight Programme Team

Torchlight draws specialist consultancy expertise as required for programmes from a number of our senior associates. For the CSSF MAO CASEVAC project we have developed and activated a network of credible, suitably qualified and experienced multi-discipline medical consultants (described in Section 5.7 below) for a variety of tasks, including programme design and review from UK, as well as direct contact instruction in Amman.

Torchlight's Project Manager, based in Amman, is accountable to the Torchlight Programme Director for deployed personnel, the organisation of the training facility, and the successful delivery of the train and equip elements of this programme. The PM is supported by three deputies⁴, all based in Amman, to provide organisational structure and coherence given the diverse strands of parallel activity. The PM has a second line of accountability to the Torchlight Operations Director for adherence to company procedures and quality of project management / budgetary control practices. The PM is required to support a weekly internal project review by the Finance Director and Operations Director.

5.5. Variation and Flexibility

Supported by this persistent project platform, we are able to reliably and flexibly activate the right instructor and management package, to upscale, surge and to downsize as required. Instructors and additional personnel are based outside Amman. As a programmed training period approaches they will be brought to notice to deploy. On arrival of students in the training camp, Torchlight will activate and deploy forward our trainers, concurrently using the permanent staff team to receive, induct, and evaluate the student cohort and to commence initial training and equipment issue. This enhancement of the employment/activation model presents significant efficiencies to the Authority and compensates for the most significant and persistent project risk observed to date – that of delayed student arrival. The scale and range of our faculty and associate instructors enables Torchlight to rapidly expand this project to take advantage of permissive political and operational conditions, as well ensuring sustainability of the capability through transition by creating an instructor cadre within the Beneficiary population.

⁴ The third DPM will be added to the structure in April 2017.

5.6. Deployment Modality

Before personnel are deployed on this or any other Torchlight project a thorough risk assessment is conducted, which combined with a rigorous deployment process ensures that all personnel are fully briefed on the environmental, security and task objectives they face. We follow a structured ISO 9001 accredited approach, illustrated;

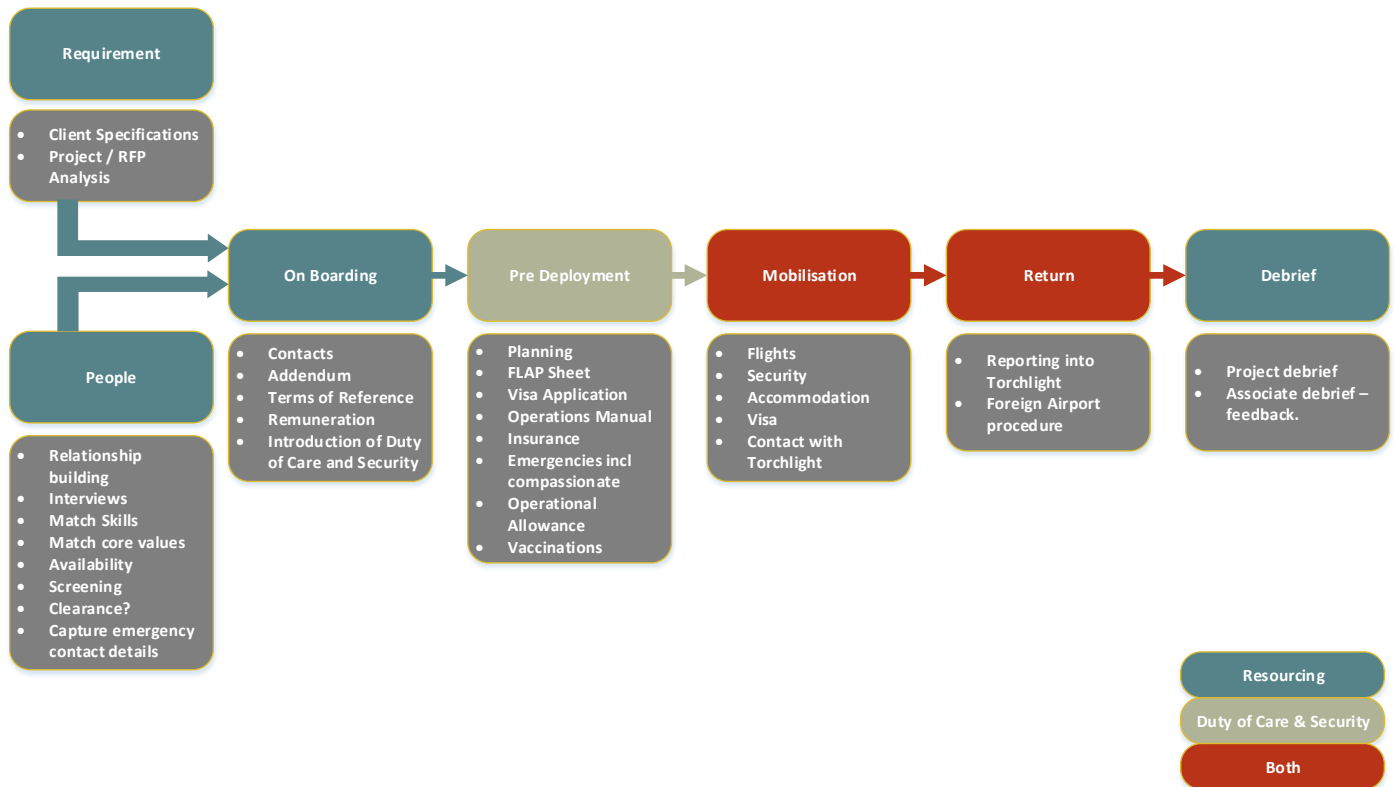


Figure 7: Torchlight Deployment Process

On arrival in country each member of the team receives a comprehensive in-country briefing pack providing information on their duties, the general administration arrangements, security and familiarisation with all SOPs. The Torchlight PM will manage all handover and takeover requirements ensuring that an appropriate written brief is the basis of this process. Similarly, the PM liaises daily with Torchlight HQ to highlight any issues (such as sickness or the need for emergency cover) and co-ordinates the need to surge forward personnel from our company faculty to fill any gaps that may arise.

5.6.1. Staff Leave

Managing Staff leave throughout the programme is a responsibility of the Project Manager supported by the Torchlight's Resourcing Officer who will ensure that the programme is supported to the extent required. Experience on the Pilot Project shows that staff leave is able to be planned even with a fluid delivery schedule and coordinated with the Authority. Torchlight will ensure that leave is planned and taken in accordance with Company Operating Procedures and de-conflicts from key training times, always leaving sufficient capability support.

5.6.2. Sick or Emergency Cover

The Torchlight management team have significant knowledge of the CSSF MAO CASEVAC Programme and we have sufficient resilience to deploy a member of the operations team or the Defence and Special Programmes team to cover positions within the Project Management team if sickness or emergency cover were necessary. If a long term solution were necessary, we would deploy a suitably qualified replacement from our Associate resources and then recruit and deploy a permanent replacement.

Further detail on the specific Duty of Care provisions can be found in the Answer to ITT Question 1.2.4 which is submitted separately to this document on the Bravo Portal.

5.7. Key Staff – Experience and Qualifications

The following paragraphs illustrate the range, relevance and depth of skills and qualifications held by members of the Torchlight team who will support the delivery of this programme:

Programme Director - Andrew M^cInerney BSc, MA, MBA, psc(j). Mac is Torchlight's Director for Defence and Special Programmes. With 24 years of experience as a Royal Marines officer, he has a depth of experience in operating in fragile and conflict affected states. He held a variety of senior roles, and brings a track record of success in delivering effective change and of integrating complex multi-disciplinary and cross departmental programmes. With lead responsibility for all our projects across the Levant and North Africa, he directs our large scale (>£10M) UK government equipment programme, and the full breadth of our indigenous capacity building portfolio. Fully immersed in the CSSF MAO CASEVAC project since its inception, he has led its successful development to date in close connectivity with the Authority and the beneficiary stakeholders. In addition to the Programme Director role, he will continue direct contact delivery; mentoring the medical unit leadership in command and control. He holds DV clearance.

Project Account Manager - Rob Smyth. Rob is Torchlight's Senior Account Manager in the Defence and Special Programmes Practice, focussed upon UK HMG overseas development projects. Rob spent over 20 years in the British Army as an information and intelligence professional which included 10 years serving with the Special Forces Group. He has served in many Fragile and Conflict Affected States including Iraq, Afghanistan and Kosovo as well as assignments in West Africa and the Middle East employed on Counter Terrorist and Counter Narcotics programmes. In his commercial career he has an exceptional track record of managing complex change programmes across multiple sectors. At Torchlight his projects are focused in the MENA region and a significant percentage of his time allocation is focused on the CASEVAC programme.

Senior Advisor – Dr Douglas A Wilkinson BSc MBChB MRCGP FRCA FFICM Douglas has been a Consultant in Anaesthetics and Intensive Care in Oxford for 20 years, providing full Critical Care support in all areas, including Trauma and Acute medicine. He has been Clinical Director of the NDA, managing over 120 anaesthetic doctors, in providing 24,000 operating sessions per year. He is also a Royal Naval Reserve Surgeon Commander, and serves as the Principal Medical Officer for HMS President, London. During his 10 years in the RNR, he has been mobilised to Iraq, Afghanistan and off the East Coast of Africa, where he was officer commanding the ITU capability, managing and training 10-80 international and cross cultural doctor, nursing and orderly staff to deliver maximum capability in times of routine ops and surge. He is the Founder and Chairman of Primary Trauma Care Foundation, a Trauma Foundation designed to train Doctors and Nurses and Paramedics in the management of the severely injured patient, in remote locations. This programme has been run in over 70 countries and is the biggest trauma system in developing countries in the world.

Senior Advisor – Dr Mike Smith Mike is a Defence Senior lecturer in General Practice & Primary Health. As Medical Officer for 22 SAS and Principal Medical Officer for UKSF Group he conducted multiple deployments in intimate and direct support of high intensity counter terrorism and counter insurgency operations. He has acquired extensive clinical experience delivering primary health care to service personnel and their families on operations and in between. As a senior medical officer he has managed multidisciplinary teams in medical centres throughout the UK and abroad. He has been directly responsible for medical support to an operational flying base and the UK military high readiness counter-terrorist team. He is a subject matter expert on the delivery of GP and emergency care in remote and austere environments. Mike has extensive knowledge of medical risk assessments, medical planning and health care governance processes. He is a civilian and military instructor for major incident management and pre hospital emergency.

Senior Advisor – Dr Harriet Charles-Jones BSc MBChB MRCGP. A former British Army Medical Officer, Harriet has operational experience in Afghanistan and Bosnia. She has further specialised in delivering training for expedition and wilderness medicine, both of which highlight the practitioner's resilience and ability to operate with minimal reference and support. Harriet lives in Amman, and has been involved in the CSSF MAO CASEVAC project since inception, supporting our design, planning and delivery throughout. She remains a Torchlight associate consultant as the programme continues.

Project Manager – Victoria Langston. Vicky joined the Operations Team at Torchlight Group in October 2015 following a career in the British Army. Her focus has been on stakeholder engagement, risk management and project oversight. She assumed the role of Project Manager for the Pilot Project in March 2016. Deeply and recently experienced in capability development in fragile and conflict affected states, she has extensive operational project management experience in Afghanistan where she provided technical communications capabilities to meet strategic priorities and operational objectives. Vicky also worked closely during the last year with the Authority and International partner organisations in Nigeria whilst undertaking a change and reform programme focussed on de-radicalisation and countering violent extremism. Vicky holds a BSc in Psychology and Neuroscience and an MSc in International Security.

Monitoring and Evaluation Consultant – Rebecca Austin Rudd. Becky is Torchlight’s Monitoring and Evaluation (M&E) consultant, with extensive experience in identifying strategic level implications from data analysis and effectively communicating them to key decision makers. Most recently she has been supporting a Stabilisation Response Mechanism Programme for Syria, with the development of appropriate M&E processes and structures using remote monitoring systems. Rebecca has conducted M&E in the most difficult of contexts when leading the Helmand Monitoring and Evaluation Programme (HMEP) in Afghanistan for three years as part of the Helmand Provincial Reconstruction Team, providing M&E support to all programmes being conducted in this multi-national, multi-agency organisation, as well as conducting strategic analysis to determine the most effective interventions. She also has significant experience in Nigeria, as the Staff Officer leading on Information Activities and Outreach in the British Military Advisory and Training Team and through supporting capacity building in the Nigerian Armed Forces in Civil-Military Cooperation and Information Operations. She contributed to the British High Commission’s Combating Violent Extremism (CVE) activity stream and facilitated the development of a logframe for CSSF defence engagement programmes in Nigeria, in support of the NSC strategy.

Deputy Project Manager (Operationalise) – Stephen ‘Spike’ Calvert. Spike joined Torchlight Group in September 2015 as the Deputy Project Manager for the MAO CSSF CASEVAC Pilot Project. He has been full time engaged in the project since then. He has many years’ experience of managing personnel and logistics on complex overseas projects. Spike has also supported other Torchlight training delivery, design and policy review both when deployed and for capability development. During his military career he has deployed in direct support of both conventional and Special Forces operations with multiple tours in both Iraq and Afghanistan.

Deputy Project Manager (Medical) - Thomas Alexander Stronge MSc MCGI MCPara. Alex served in the British Army, including service with the Special Forces. Following an interlude as the Practice Manager of the British Army Training Support unit Belize, he returned to the Special Forces as the Chief Medical Instructor and as the inaugural Officer in Command Medical Training for the UK Special Forces Group. He is a State Registered Paramedic in current clinical practice, holds a Master’s Degree in Trauma Science and is a peer reviewer of clinical journals.

Deputy Project Manager (Medical) – Andrei Gavrilut. Andrei is a former French Foreign Legion soldier who has served in Afghanistan, Djibouti, the Central African Republic and the Lebanon. Since leaving the military he has worked on medical projects in Iraq, supported the CASEVAC response in Guinea during the EBOLA crisis and worked as an emergency Paramedic during the 9/11 response in the USA. He has qualified as a Paramedic and Emergency Medical Technician through training in the USA and is registered as an Advanced Life Support specialist with the UK Resuscitation Council. He is an experienced trainer and has worked in this capacity with Military, Ambulance and Fire Services.

Alex and Andrei will share the deployed Deputy Project Manager (Medical) role in order to ensure persistent coverage and that the most appropriate experience and skillset is applied to each planning, design, equipment and training package.

Medical Trainers. For this programme, Torchlight has allocated up to 9 full time Medical instructors and 40 pre-vetted Medical Associates trainers who can be mobilised at short notice. Many are experienced and accredited instructors (PGCE / PTLS), very able to engage students and transfer their knowledge and enthusiasm for their subject. All are experienced in working in austere conditions and in delivering through interpreters. Many have specific experience in

the Middle East. The majority are active paramedics (HCPC registered), maintaining practical personal currency and relevance in parallel to successful careers in training. All are experienced in trauma medicine in hostile areas, many from their military backgrounds with a depth of experience in relevant trauma specialisms. Most will have experience from delivery during the Pilot Project, and so have been re-selected and are already experienced in the detail of this bespoke project. Exemplar biographies of several are below:

Medical Trainer – Andrew Fraser. Andy is a former London Ambulance Service Paramedic who has subsequently worked as a Medical Trainer in Thailand and Jordan. He has also performed medical rescues in the Australian outback and in Nepal during the 2015 earthquake response. His areas of expertise include Advanced Life Support, Remote Medicine, Solo Response and Evacuation planning. His professional qualifications include being a HCPC registered Paramedic with additional UK and US accredited qualification in Pre-Hospital Trauma Life Support, Advanced Cardiac Life Support and being a qualified Paramedic Practice educator for the London Ambulance service.

Medical Trainer – Rebecca Merrill. Becky is a former London Ambulance Service Paramedic who has also worked as an Accident and Emergency Technician. She is an experienced trainer and has worked with Police, Fire and Ambulance Services in the UK, Africa and the Middle East. Becky is a HCPC registered Paramedic and is also a Qualified Paramedic Practice Educator. Other accredited qualifications include Pre-Hospital Trauma Life Support, Pre-Hospital new born Life Support and European Paediatric Life Support.

Medical Trainer – Michael McLeod. Mike is a Registered General Nurse with over 30 years' experience, spanning an extremely diverse range of clinical, managerial and educational fields. As a senior nursing clinician in the National Health Service, Mike was responsible for the management, training and development of staff operating in complex and stressful environments in both Acute and Emergency Care as well as Intensive Care. His success in these fields led to his appointment as the Regional Resuscitation officer, with responsibility for reducing mortality from cardiac events across an entire NHS trust.

Clinical Trainer – Jenny Shuttleworth. Jenny is a State Registered Paramedic with almost two decades experience in the austere clinical environment. Following training and operational experience as an Ambulance Technician, she was selected and qualified as a Paramedic. Thereafter, she was rapidly selected as a Paramedic Team Leader and Clinical Mentor, with responsibility for quality assurance and development of front line operational Paramedics. Pursuing her interest in medical provision out with the standard NHS environment, Jenny has actively sought and delivered high quality care in challenging and austere environments as an independent clinician in high risk motor sport and international media production events. She continues to develop her educational portfolio, both as a trainer and an assessor.

Clinical Trainer – Dave Swann. Dave is a State Registered Paramedic with a strong military background of 23 years' service, retiring a Warrant Officer Class 1 (Regimental Sergeant Major) having served with UK Special Forces as a Sabre Squadron Medic and Medical Warrant Officer, and as a research paramedic with the Academic Department of Military Emergency Medicine. A highly experienced a clinical instructor, Dave built on his training and management portfolio to rapidly assume a senior strategic appointment with the NHS resilience infrastructure.

Clinical Trainer – Gary Haughton. Gary is a multi-skilled clinician, qualified as Registered General Nurse, Operating Department Practitioner and Offshore Medic. He combines this diverse clinical skillset a strong military background with 23 years' service with conventional and airborne forces, in operational, managerial and clinical appointments across the world. On retirement from military life, Gary has translated the accrued skill and experience to both the NHS and Operational Remote Area environments, latterly as a lone medic on oil and gas platforms in the North Sea where he has demonstrated his wider skillset in evolving innovative procedures for the safety and welfare of those in his care.

Communications Trainer - Nick Jenkins. Nick is a resourceful telecommunication engineer with over 23 years' experience within the Armed Forces. Previous roles included telecommunications operator and manager within the UK Special Forces. Well accustomed to working in high pressure and austere conditions, Nick has been highly commended for his work in the technical training and development of indigenous forces in hostile environment. Nick

conducts training needs analysis, delivering training and configuring our communications packages ready for use. Nick is one of two communications supervisors available for this programme.

Driver Trainer - Nick Herring. Nick completed a 30-year career in the Royal Air Force employed within the Logistics Driver trade. He has a proven track record in a wide range of training tasks with National and International projects delivered to military personnel both in an operational and non - operational capacity. Nick was previously a Mechanical Transport (MT) Training Instructor, Transport Manager as well as a Driving Examiner integrated within a Tri Service environment of driving examiners. Nick is one of Torchlight's three qualified driving instructors who is available for this programme.

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