AAIB Report: Hawker Sea Fury T MK.20, forced landing following engine failure, near Button End, Cambridgeshire

News story

The engine oil temperature rose and the oil pressure started to fluctuate. The engine then seized, forcing the pilot to make a landing in a field near Button End, Cambridgeshire, 4 August 2020



During the second flight of Hawker Sea Fury T MK.20 (G-INVN) following maintenance, the engine oil temperature rose and the oil pressure started to fluctuate. The engine then seized, forcing the pilot to make a landing in a field. The aircraft was extensively damaged and both occupants suffered serious injuries.

Examination of the engine revealed extensive internal damage which resulted from the failure of a main engine bearing. The cause of the bearing failure could not be identified but the investigation determined that contamination of the oil system was the most likely cause. The investigation has not identified the need for new safety recommendations, but three areas for additional consideration by operators of similar aircraft are highlighted:

- An engine oil chip detector may provide sufficient early warning of engine damage to indicate the need for remedial maintenance before further flight.
- Forced landing or abandonment involves significant risk of injury in high performance aircraft. Operators and pilots can promote safe outcomes by providing clear safety briefings and ensuring all occupants wear effective head protection, as in this case.
- Training in a relevant simulator can help familiarise pilots with prioritising the tasks necessary to conduct a safe forced landing, including the importance of maintaining sufficient airspeed, field selection, and the

passenger and other emergency procedures that must be completed. The AAIB recognises that there are few such simulators for high performance piston driven aircraft, and alternative means of achieving the same training aims may also be beneficial.

Read the report.

Media enquiries call: 01932 440015 or 07814 812293

Published 16 September 2021

CMA action makes funeral prices clear for grieving families

Press release

Funeral directors and crematorium operators have a legal duty from today to present clear and comparable pricing to customers, as a result of CMA action.



- Funeral firms must be upfront about their prices and products.
- The CMA has teamed up with Gloria Hunniford in a bid to ensure that people know their rights.
- The CMA will take action to make sure that providers follow the rules.

The Competition and Markets Authority (CMA) has published an <u>information page</u> to <u>help customers understand their rights</u> and issued a short video voiced by broadcaster Gloria Hunniford.

Things to know when arranging a funeral

Following its in-depth market investigation, the CMA ordered the funerals sector to take steps to make it easier for families to arrange a funeral that meets their needs and budget. All firms had 3 months to implement the changes and funeral directors are now legally required to display a Standardised

Price List in their window at their premises and on their website. This list must include:

- The headline price of a funeral.
- The price of the individual items comprising the funeral.
- The price of certain additional products and services.

Crematorium operators must also provide specified price information to funeral directors and customers, displayed in the same places.

The CMA's market investigation identified a number of concerns, including that prices for similar services differed considerably between funeral directors and the way that information was provided made it hard for families to compare prices and choose the right combination of services.

The CMA consulted with funeral directors, crematorium operators and groups representing people arranging funerals across the UK to implement a package of changes. On 17 June, the first of these were written into law, including banning funeral directors from incentivising certain institutions — such as hospitals or care homes — to refer customers to them.

Martin Coleman, CMA Panel Inquiry Chair, said:

Arranging a funeral is a very difficult and often unfamiliar process, which can mean the price is the last thing on our minds. These changes will make it easier for grieving families to compare costs and choose the right service for their loved one.

We gave funeral directors and crematorium operators 3 months to implement these changes and this legal deadline must be honoured. We stand ready to take action — including naming providers — if they fail to follow the rules. The final cost of a funeral should never come as a surprise.

This latest announcement is part of the CMA's wider work to protect vulnerable consumers, which includes <u>taking action against pharma firms over excessive prices</u> and <u>creating IVF guidance</u> so patients understand their consumer rights.

More information can be found on the <u>funerals market investigation</u> web page.

Notes to Editors

- 1. The legal Order follows an <u>extensive consultation process</u> in which the funeral sector and third parties had the opportunity to contribute their views on the design of the Order.
- 2. The investigation was conducted by a Group drawn from the <u>CMA's panel of independent members</u>, chaired by Martin Coleman. The other members were Richard Feasey, Sheila McClelland and Karthik Subramanya.
- 3. The exceptional circumstances of the coronavirus (COVID-19) pandemic meant that some of the <u>remedies the CMA might otherwise have pursued</u>,

- including measures to control prices, could not be developed.
- 4. The <u>government's response to the CMA's funeral market report</u> can be found here.
- 5. The CMA has published a <u>blog further explaining the changes that funeral</u> providers and crematorium operators must make here.
- 6. For media enquiries, contact the CMA press office on 020 3738 6460 or press@cma.gov.uk.

Published 16 September 2021

New review investigates babies harmed by fathers and stepfathers

A new report investigating the death or serious harm of 23 babies is calling for midwives, health visitors and social workers to provide more support to fathers.

The independent Child Safeguarding Practice Review Panel reviews serious child safeguarding cases — when a child dies or suffers serious harm, and abuse or neglect is known or suspected. The panel's latest review looks at the lives of babies who were known or suspected to have been seriously harmed or killed by their father, step-father or male carer. The aim is to understand what led the perpetrators to harm their children, and what could be done to prevent similar incidents.

The key findings show that while maternal health and wellbeing are, and should be, the main focus of maternity services, insufficient attention to men means that support for them to be active and engaged fathers is limited. The Panel is calling for universal, antenatal and perinatal services to work with fathers so significant risk factors, such as domestic abuse, substance misuse, and mental health problems, are addressed and the fathers are offered support before the additional stressor of a baby's birth.

Chair of the Child Safeguarding Practice Review Panel, Annie Hudson said:

The panel has received a significant number of notifications about non accidental injury to small babies where fathers and stepfathers are known or suspected to have been the perpetrators of the abuse. Some children died as a result and many of those who survived face a lifetime of life limiting conditions.

This report makes clear that these men must be held to account for this abuse but there is an equally strong imperative for everyone involved in safeguarding children to 'see' and know more about these men, their complex histories, the impact of substance abuse and of mental health issues.

This report indicates that there are systemic weaknesses in how services operate so that too often, fathers remain hidden, unassessed and unengaged. Everyone involved in safeguarding children must give more effective focus to working with fathers who are struggling and whose behaviour and backgrounds may present risk to children. This is vital if we are to protect better very vulnerable babies in the future.

President of the Association of Directors of Children's Services, Charlotte Ramsden said:

This latest national learning review from the Child Safeguarding Practice Review Panel considers some very distressing cases. It is clear the pandemic has intensified some of the 'hidden harms' we've heard about, bringing the health, safety and wellbeing of children to the fore. Babies and very young children cannot tell us how they feel or what is happening to them and disrupted access to the formal and informal networks families rely on, from health visitors to grandparents, further heightens the risk of harm as the rise in serious incident notifications shows.

This review highlights some longer term challenges in both policy and practice that require urgent action. This includes the involvement of, and focus on men, both before the birth of a baby and the weeks and months following. Our collective focus is almost exclusively on mother and child and this is crucial, but we must make space for fathers and other male figures in both assessments and offers of parenting support.

The panel calls for new government investment in multi-agency responses, which the Association wholly supports. The role of health services are particularly important but there is more we can all do as local leaders, strategic partnerships and frontline professionals, to understand and respond to the needs of men and share our respective insights in order to keep children safe.

Dr Jeremy Davies of the Fatherhood Institute, who led the literature review said:

There is a real lack of attention to fathers and father-figures, both in the data and research underpinning our understandings of the risks posed to babies, and in the design, delivery and evaluation of services that might better protect against these rare but tragic cases. Our findings suggest that if services routinely found out about, met and supported dads — and worked actively to identify and reduce the risks a small proportion of them pose —

more lives could be saved.

As part of the review, a clinical psychologist interviewed 8 men who have been convicted of either killing or causing serious harm to a baby and are currently serving a prison sentence. The aim of these interviews was to explore the experiences of the men of their own childhood and their experiences of professionals and agencies. One case study shows how the father's history of drug use, mental health problems and violence, were not sufficiently registered by practitioners before their baby's birth.

'Father AB was mentally unwell. He had been hearing voices telling him to harm others, he had chronic sleep disturbance and a long history of cannabis abuse. His compliance with any prescribed medication was poor and his engagement with mental health services very erratic. The information about his risk was there and well documented in his medical records and yet, none of this was communicated with children's services when he became a prospective and then new father.'

The review engaged over 300 practitioners during fieldwork visits to 19 local areas and in a series of roundtables with stakeholder organisations. As one health visitor said: "the father is not on my caseload", which highlights that frontline practitioners cannot solve this problem alone.

Therefore, the review makes the following recommendations for the government:

- the engagement of fathers must be embedded in prospective and current programmes, including Family Hubs, the Troubled Families Programme and the follow-up work stemming from the Leadsom Review into 'Best Start for Life: A vision for the first 1001 critical days'
- a pilot project should be funded to holistically work with expecting fathers who meet the risk factors outlined in this review, providing them with perinatal health provision, local mental health and substance misuse services, and local initiatives to tackle domestic abuse, in a collective and integrated service response
- there should be further research into the backgrounds, characteristics and trigger factors of male perpetrators of serious harm, with a view to understanding how practitioners across agencies can more effectively engage with those who might present a potential risk to babies in their care

Notes to editors:

The <u>Child Safeguarding Practice Review Panel</u> is an independent body that was set up in July 2018 to identify, commission and oversee reviews of serious child safeguarding cases. It brings together experts from social care, policing and health to provide a multi-agency view on cases which they believe raise issues that are complex, or of national importance.

The panel received notification of 257 incidents of non-accidental injury to under ones between July 2018 and July 2020.

Also published today are supplementary reports, which underpin the data and analysis:

GAD's work with universities

News story

The special feature details the work of the Government Actuary's Department with universities.



We take an in-depth look at GAD's collaboration with universities on projects, events and work placements. This enables future actuaries, analysts and data scientists to gain an understanding of what GAD does while providing valuable input into the department's work. Special feature: GAD's work with universities

Published 16 September 2021

PM Statement on AUKUS Partnership: 15 September 2021

I'm delighted to join President Biden and Prime Minister Morrison to announce that the United Kingdom, Australia and the United States are creating a new trilateral defence partnership, known as AUKUS, with the aim of working handin-glove to preserve security and stability in the Indo-Pacific.

We are opening a new chapter in our friendship, and the first task of this partnership will be to help Australia acquire a fleet of nuclear-powered

submarines, emphasising of course that the submarines in question will be powered by nuclear reactors, not armed with nuclear weapons, and our work will be fully in line with our non-proliferation obligations.

This will be one of the most complex and technically demanding projects in the world, lasting for decades and requiring the most advanced technology.

It will draw on the expertise that the UK has acquired over generations, dating back to the launch of the Royal Navy's first nuclear submarine over 60 years ago.

And together with the other opportunities from AUKUS, creating hundreds of highly skilled jobs across the United Kingdom — including in Scotland, the North of England and the Midlands — taking forward this Government's driving purpose of levelling up across the whole country.

We will have a new opportunity to reinforce Britain's place at the leading edge of science and technology, strengthening our national expertise.

And perhaps most significantly, the UK, Australia and the US will be joined even more closely together.

Reflecting the measure of trust between us.

The depth of our friendship.

And the enduring strength of our shared values of freedom and democracy.

Only a handful of countries possess nuclear-powered submarines.

And it is a momentous decision for any nation to acquire this formidable capability.

And perhaps equally momentous for any other state to come to its aid.

But Australia is one of our oldest friends, a kindred nation and a fellow democracy, and a natural partner in this great enterprise.

Now the UK will embark on this project alongside our allies, making the world safer and generating jobs across the United Kingdom.