

MOD Health and Safety Statistics Annual Report 2011/12

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Theme: Other - Defence

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Defence Analytical
Services and Advice
(DASA)
Oak 0 West #6028
Abbey Wood North
Bristol
BS34 8JH

Enquiries

Press Office:
020 721 83253

Statistical Enquiries:
DASA Health Information
Head
Tel: 0306 798 4423
Fax: 0117 931 9632
DASA-Health-PQ-
FOI@mod.uk

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[DASA-enquiriesmailbox@
mod.uk](mailto:DASA-enquiriesmailbox@mod.uk)

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INTRODUCTION

1. This annual Statistical Notice presents summary statistics on injury and illness to UK regular Armed Forces personnel, Ministry of Defence (MOD) civilian employees and other civilians that were recorded on the MOD's Health and Safety recording systems during the five year period between 2007/08 and 2011/12. The report also provides information on the number of deaths to UK regular Armed Forces and MOD civilian employees as held by Defence Analytical Services and Advice (DASA) and the Defence Safety and Environment Authority (DSEA) over the same period. This information updates previous notices published by DASA, adding information on deaths, injuries and illnesses that occurred in 2011/12.
2. MOD personnel report health and safety incidents using a variety of reporting mechanisms. Since 2005 Service personnel and civilians report incidents to Incident Notification Cells or via their on-site Safety, Health, Environment and Fire (SHEF) advisors.
3. The notification cells record accidents and incidents on Health and Safety reporting systems; these include the Incident Recording Information System (IRIS), the Army Incident Notification Cell (AINC), the Defence Equipment and Support Cell (DINC) and the Naval Service Incident Notification Cell (NSINC) databases. To produce summary figures presented in this report, DASA combine and validate data from all four databases. Further information on reporting mechanisms and validation processes can be found in paragraphs 171 to 175 and 213 to 216.
4. This is the second MOD Health and Safety Statistics Annual Report in its revised format. The first report in this series 'MOD Health and Safety Statistics Annual Report 2010/11' provides details of the methodological changes.
5. As in previous reports, the primary focus of the report is to examine MOD health and safety performance. For this reason, injuries and deaths due to hostile action and off duty road traffic accidents (RTAs) have been excluded from tables and figures throughout the report, unless otherwise specified.
6. Please note that this report focuses on injuries and illness to UK regular Armed Forces personnel and MOD civilian employees. Injuries and illnesses to other civilian populations (for example to contractors, visitors and cadets) have been moved from the tables into the commentary. Previous versions of this report have included other civilian populations in the published tables, therefore direct comparisons between reports should not be made.
7. New statistics have been added to this report comparing the rate of RIDDOR reportable injuries to MOD civilian employees to those observed in UK industry occupational groups. DASA intend to expand this section to include a comparison with UK regular Armed Forces injury rates in the next release of this statistical notice.

KEY POINTS

Deaths

8. In 2011/12, 130 deaths occurred among the UK regular Armed Forces. Of these, 62 (48%) were on-duty deaths, of which 58 were injury related (43 were the result of hostile action). The number of deaths excluding hostile action and off duty RTAs in 2011/12 increased by 13% from 62^f in 2009/10 to 70 in 2011/12. **(Table 1 and Figure 1)**
9. In 2011/12, 20 injury-related deaths occurred as a result of work place incidents or on duty road traffic accidents among UK Armed Forces and civilian personnel. **(Table 2 and Figure 3)**
10. The most frequently recorded causes of death for work place incidents between 2007/08 and 2011/12 were rotary blade accidents (10 deaths involving five separate incidents), fixed wing aircraft accidents (seven deaths involving four separate incidents) and land transport accidents (eight deaths involving eight separate incidents). **(Table A2)**

Major and Serious Injuries and Illnesses (excluding deaths)

11. The number of major and serious injuries and illnesses reported decreased by 20% from 2,850^f in 2010/11 to 2,280 in 2011/12. Of these, 2,040 (90%) involved Armed Forces personnel. The most common mechanism of non-fatal major and serious incidents to Armed Forces personnel and MOD civilian employees was 'Training/Exercise' with 1,020 (45%) incidents reported. **(Tables 3, 4 and Figure 5)**
12. The rate of major and serious injuries and illnesses for UK regular Armed Forces personnel and MOD civilian employees increased 37% from 658^f per 100,000 in 2007/08 to 900 per 100,000 in 2011/12. Between 2007/08 and 2011/12:
 - The Naval Service rate decreased 7% from 588 per 100,000 to 544 per 100,000;
 - The Army rate increased 43% from 1,097 per 100,000 to 1,570 per 100,000;
 - The RAF rate increased 74% from 172 per 100,000 to 299 per 100,000 and
 - The MOD civilian rate remained broadly the same at 363 per 100,000. **(Figure 6)**

Major Injuries and Illnesses (excluding deaths)

13. There were 925 major injuries and illnesses reported in 2011/12, a decrease of 22% on the number reported in 2010/11 (n=1,190^f). Of the 925 major injuries and illnesses, 870 (94%) involved Armed Forces personnel and 55 (6%) involved MOD civilian employees. The most common mechanism of injury was 'Training/Exercise', which represented 350 (38%) of the total incidents recorded. **(Tables 5, 6 and Figure 8)**
14. In 2011/12 the rate of major injuries and illnesses to UK regular Armed Forces personnel and MOD civilians was 365 per 100,000, a decrease of 19% on the previous rate of 475 per 100,000 in 2010/11. Between 2007/08 and 2011/12:
 - The Naval Service rate increased 20% from 220 per 100,000 to 264 per 100,000;
 - The Army rate increased 21% from 556 per 100,000 to 672 per 100,000;
 - The RAF rate increased 194% from 32 per 100,000 to 94 per 100,000 and
 - The MOD civilian rate increased 6% from 77^f per 100,000 to 82 per 100,000. **(Figure 9)**

Serious Injuries and Illnesses

15. There were 1,355 serious injuries and illnesses reported in 2011/12, a decrease of 18% on the number reported in 2010/11 (n=1,660^f). Of the 1,355 serious injuries and illnesses, 1,170 (86%) involved Armed Forces personnel, 185 (14%) involved MOD civilian employees. The most common mechanism of injury recorded was 'Training/Exercise', which represented 670 (49%) of total incidents recorded. **(Tables 7, 8 and Figure 11)**
16. In 2011/12 the rate of serious injuries and illnesses to UK regular Armed Forces personnel and MOD civilians was 535 per 100,000, a decrease of 15% on the previous rate of 628^f per 100,000 in 2010/11. Between 2007/08 and 2011/12:
 - The Naval Service rate decreased 24% from 368 per 100,000 to 280 per 100,000;
 - The Army rate increased 66% from 541 per 100,000 to 897 per 100,000;
 - The RAF rate increased 46% from 140^f per 100,000 to 205 per 100,000; and
 - The MOD civilian rate remained broadly the same at 281^f per 100,000. **(Figure 12)**

Minor Injuries and Illnesses

17. The number of minor injuries and illnesses reported decreased by 12% from 3,960^f in 2010/11 to 3,500 in 2011/12. Of these, 2,230 (64%) involved Armed Forces personnel, 1,265 (36%) involved MOD civilian employees. **(Table 9 and Figure 14)**

HSE Benchmarking

18. In 2010/11, the rate of RIDDOR injuries to MOD civilian Non-Industrial employees was 211 per 100,000 compared with 99 per 100,000 for UK high risk office worker occupations. **(Table 11 and Figures 17 to 19)**
19. In 2010/11, the rate of RIDDOR injuries to MOD civilian Industrial employees was 962 per 100,000 compared with 3,023 per 100,000 for UK transport staff occupations. **(Table 12 and Figures 20 to 22)**

Near Misses

20. In 2011/12, 1,770 near misses were recorded accounting for 17% of the total incidents recorded. Although the number of near misses is fewer than in 2010/11 (n=2,220^f), the proportion of all health and safety records that are near misses has remained the same. **(Section 8)**

Dangerous Occurrences

21. In 2011/12, 85 'Dangerous occurrences' were recorded on health and safety systems. This is an increase of 69% on the previous year's number of dangerous occurrences (n=50). The most frequently occurring types of dangerous occurrence were traffic violations, unsafe working practices and equipment failure. **(Section 8)**

RESULTS

Section 1: All deaths to UK regular Service personnel

22. In 2011/12, there were 130 deaths to UK regular Service personnel; of these, 95 (73%) were Army personnel, 20 (15%) were Naval Service personnel and 15 (12%) were RAF personnel. A breakdown of these deaths by cause and duty status is provided in **Table 1**.

Table 1: UK regular Service personnel¹, all deaths, by cause, 2011/12², numbers

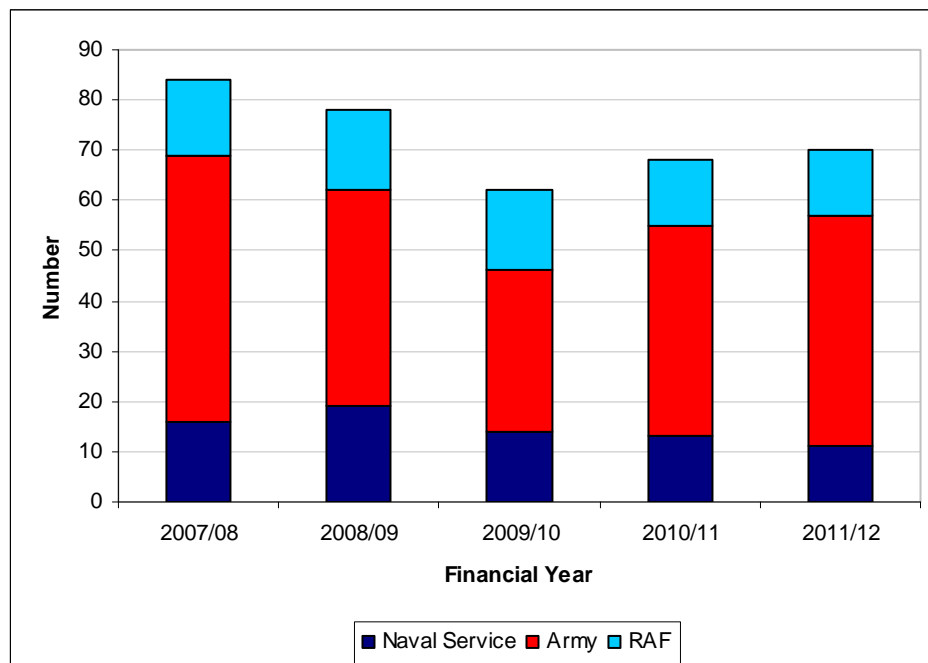
Cause	All	On Duty	Off Duty	Duty status not known ³
All	130	62	67	1
Disease-related conditions	33	4	29	0
External causes of injury	96	58	37	1
Deaths due to Accidents	48	13	34	1
Land Transport Accidents	24	6	17	1
of which Road Traffic Accidents	24	6	17	1
Other	24	7	17	0
Deaths due to Violence	45	44	1	0
Hostile Action	43	43	0	0
Other	2	1	1	0
Suicide and Open verdicts	3	1	2	0
Cause not currently available	1	0	1	0

1. Figures for Tri-Service Regular personnel and only those reservists who have died whilst deployed on operations.

2. 2011 data as reported in the 2011 Death National Statistic, Qtr 1 2012 data is as at 5 Sept 2012.

3. Duty status at time of death under investigation.

Figure 1: UK regular Service personnel¹, deaths (excluding hostile action and off-duty RTAs), by Service, 2007/08 to 2011/12², numbers

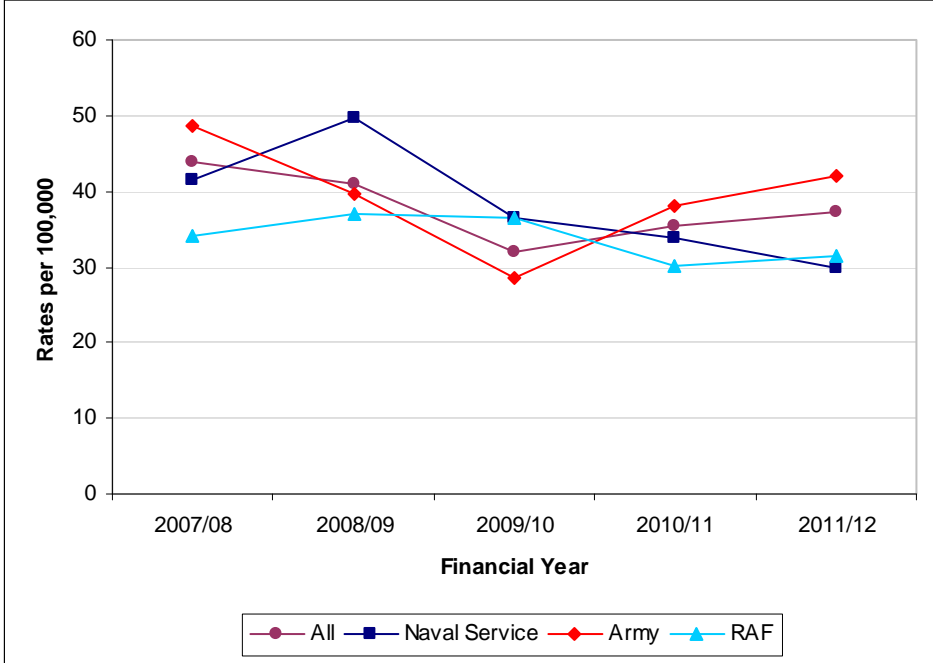


1. Figures for Tri-Service Regular personnel and only those reservists who have died whilst deployed on operations.

2. 2011 data as reported in the 2011 Death National Statistic, Qtr 1 2012 data is as at 5 Sept 2012.

23. The number of deaths to UK regular Service personnel (excluding hostile action and off-duty RTAs) decreased from 84 deaths in 2007/08 to 62¹ deaths in 2009/10. The number of deaths increased by 13% to 70 in 2011/12.

Figure 2: UK regular Service personnel¹, deaths (excluding hostile action and off-duty RTAs), by Service, 2007/08 to 2010/12², rates per 100,000



1. Figures for Tri-Service Regular personnel and only those reservists who have died whilst deployed on operations.
 2. 2011 data as reported in the 2011 Death National Statistic, Qtr 1 2012 data is as at 5 Sept 2012.

- 24. The rate of UK regular Service personnel deaths (excluding hostile action and off-duty RTAs) for 2011/12 was 37 per 100,000 compared to 44 per 100,000 in 2007/08.
- 25. The rate of deaths to UK Armed Forces personnel (excluding hostile action and off-duty RTAs) increased from 35 per 100,000 in 2010/11 to 37 per 100,000 in 2011/12. Overall, there was no discernable increasing or decreasing trend from 2007/08 to 2011/12.
- 26. The most frequently recorded causes of death between 2007/08 and 2011/12 transport related deaths: involving helicopter accidents (five separate incidents resulting in 10 deaths), fixed wing aircraft accidents (four separate incidents resulting in nine deaths) and land transport accidents (eight separate incidents resulting in nine deaths).

Section 2: Work place incidents and on duty road traffic accidents resulting in injury-related deaths

27. **Section 2** presents information on injury-related deaths that were caused by work place incidents and on duty road traffic accidents (RTAs). A 'work place incident' is a death for which the MOD is responsible, that is it is deemed to be 'within the wire'. Work place incidents also include any vehicle incident that occurred on MOD property and on duty RTAs (see paragraphs 184, 185 and 188). A further breakdown of these deaths is provided in Annex A **Table A2**. Please note that disease-related deaths that may have been caused or exacerbated by health and safety failure are not included in these figures.
28. **It is important to note that DASA are not able to attribute these deaths to health and safety failures.**
29. In 2011/12 there were 20 work place incidents and on duty RTAs resulting in injury-related deaths. (**Table 2**). Of these, three were Naval Service personnel (15%), 13 were Army personnel (65%), four were RAF (20%) personnel. In 2011/12 there were no civilian deaths as a result of work place incidents and on duty RTAs.

Table 2: All personnel¹, work place incidents² and on duty RTAs³ resulting in deaths, 2011/12, numbers

Cause	All	On Duty ⁴	Off Duty	Duty status not known
All	20	15	5	0
External causes of injury	20	15	5	0
Deaths due to Accidents	19	14	5	0
Land Transport Accidents	6	6	0	0
of which Road Traffic Accidents	6	6	0	0
Other	13	8	5	0
Deaths due to Violence	1	1	0	0
Other	1	1	0	0
Cause not currently available	0	0	0	0

1. 'All personnel' includes any person whose injury or illness was recorded on MOD health and safety systems. This includes regular Armed Forces personnel and any other person injured as a result of MOD activity or on a MOD site (see paragraph 190).

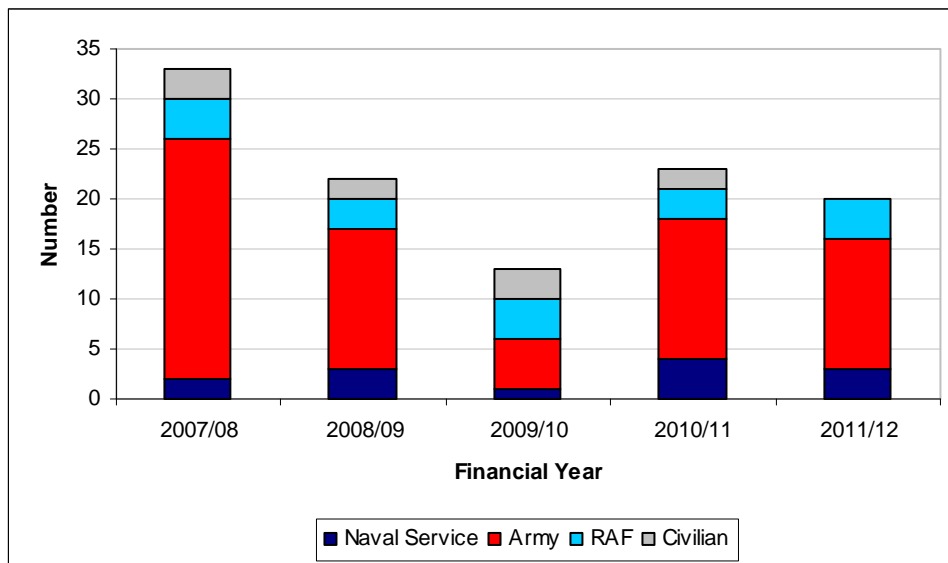
2. For definition of work place incident (see paragraph 184).

3. 'Road traffic accidents - on duty' are those which occurred on public highways whilst the person was on duty (see paragraph 188).

4. On duty figures do not match those shown in Table 1 due to the inclusion of one Army reservist who died in the UK, not as a result of being deployed on operations.

30. There was no common cause among the 13 'Other deaths due to accidents'. These deaths included resulting from suspected suicides, aircraft accidents, negligent discharges, falls and parachute accident.

Figure 3: All personnel¹, work place incidents² and on duty RTAs³ resulting in deaths, by Service, 2007/08 to 2011/12, numbers



1. 'All personnel' includes any person whose injury or illness was recorded on MOD health and safety systems. This includes regular Armed Forces personnel and any other person injured as a result of MOD activity or on a MOD site (see paragraph 190).

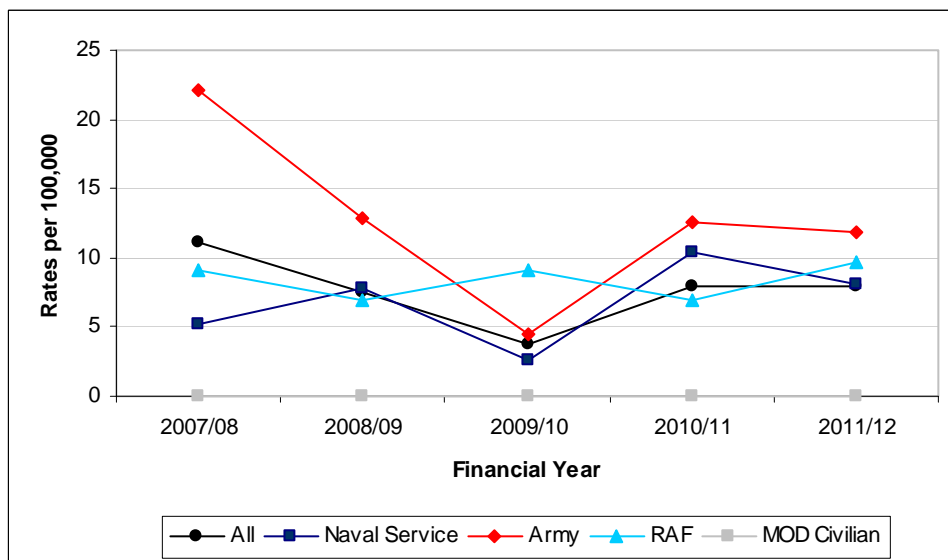
2. For definition of work place incident (see paragraph 184).

3. 'Road traffic accidents - on duty' are those which occurred on public highways whilst the person was on duty (see paragraph 188).

31. The number of injury-related deaths caused by work place incidents and on duty RTAs decreased from 33[†] deaths in 2007/08 to 20 deaths in 2011/12 as a result of work place incidents and on duty RTAs.

32. There were 10 work place incidents and on duty RTAs resulting in injury-related deaths to civilians during the period 2007/08 to 2010/11. Of these, five were cadets, three were contractors, one was a member of the Royal Fleet Auxiliary (RFA) and one was a MOD civilian locally engaged staff based overseas.

Figure 4: All personnel¹, work place incidents² and on duty RTAs³ resulting in deaths, by Service, 2007/08 to 2011/12, rates⁴ per 100,000



1. 'All personnel' includes any person whose injury or illness was recorded on MOD health and safety systems. This includes regular Armed Forces personnel and any other person injured as a result of MOD activity or on a MOD site (see paragraph 190).

2. For definition of work place incident (see paragraph 184).

3. 'Road traffic accidents - on duty' are those which occurred on public highways whilst the person was on duty (see paragraph 188).

4. Rates for general civilian population cannot be calculated.

33. In 2011/12, the rate of work place incidents and RTAs resulting in injury-related death for UK Armed Forces and MOD civilian personnel was 8 per 100,000, unchanged from the previous year.

34. Comparing 2007/08 to 2011/12, the rate of work place incidents and RTAs resulting in injury-related deaths varied between each of the Services:
- The Naval Service rate increased from 5 per 100,000 to 8 per 100,000
 - The Army rate decreased from 22^f per 100,000 to 12 per 100,000
 - The RAF rate increased from 9 per 100,000 to 10 per 100,000
 - The MOD civilian rate remain unchanged at 0 per 100,000

Section 3: Major and serious injuries and illnesses

35. **Section 3** contains information on major and serious injuries and illnesses recorded on the MOD health and safety systems. Major injuries equate to the Health and Safety Executive's (HSE) Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) category of 'major'. Serious injuries equate to the HSE RIDDOR category of 'over-three-day' injuries. Further information on the categories of injury and illness contained in this report can be found in paragraphs 176 to 181, along with detailed definitions of major and serious injuries and illnesses.
36. The MOD has no legal requirement to report injuries and illnesses to Armed Forces personnel to the HSE. However, all information on major and serious injuries has been provided with the assumption that there is no exemption. Incidents that involve MOD civilian personnel are notified to the HSE through normal RIDDOR procedures.
37. Deaths have been excluded from the following tables and figures, as they have been reported in Sections 1 and 2. Other exclusions include battlefield injuries and off duty RTAs (**see paragraph 5**).
38. Please note that the following tables include reported injuries and illnesses to UK regular Armed Forces personnel and MOD civilian employees only. Paragraph 41 summarises the number of injuries/illnesses to other occupational groups.
39. **Table 3** presents the number of major and serious injuries and illnesses to UK regular Armed Forces and MOD civilians between 2007/08 and 2011/12.

Table 3: UK regular Armed Forces personnel and MOD civilian employees¹, major and serious injuries and illnesses, 2007/08 to 2011/12^p, numbers²

Service	2007/08	2008/09	2009/10	2010/11	2011/12 ^p
All	1,785	2,290^r	2,520	2,850^r	2,280
Regular Armed Forces	1,495	1,925	2,135	2,525^r	2,040
Naval Service	225	215	175	170 ^r	200
Army	1,195	1,585	1,735	2,130 ^r	1,715
RAF	75	120	220	220 ^r	125
MOD Civilian	285	370	385	325^r	240
Industrial	125 ^r	150	145	140 ^r	120
Non-Industrial	160	220 ^r	240	185 ^r	120

1. 'MOD civilian' includes Industrial and Non-Industrial personnel only (see paragraphs 195-197).

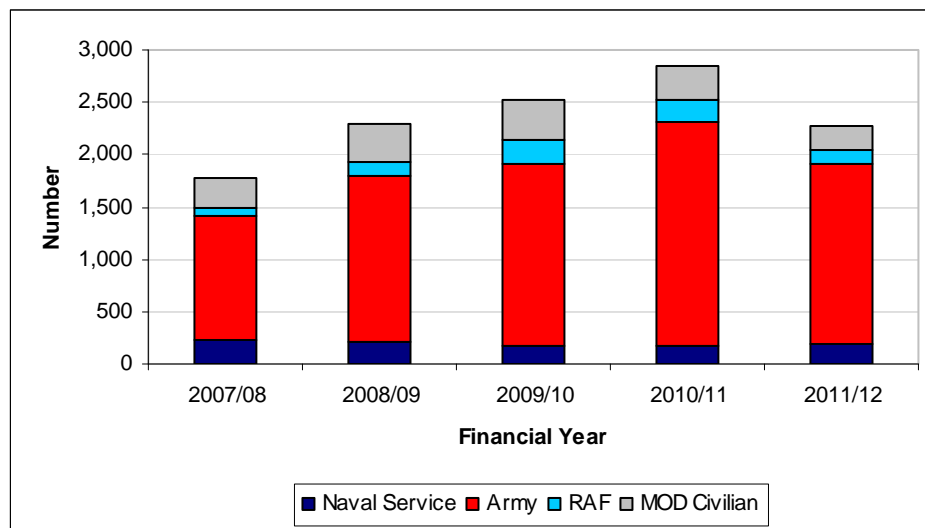
2. In line with DASA's rounding policy, all figures of five or more have been rounded to the nearest 5 and figures fewer than five have been suppressed and marked ~. Totals and sub-totals have been rounded separately and thus totals may not equal the sums of their rounded parts.

p. Figures for 2011/12 are provisional (see paragraph 220).

40. There were 2,280 major and serious injuries and illnesses to UK regular Armed Forces personnel and MOD civilian employees that were reported on MOD health and safety systems during 2011/12 (**Table 3** and **Figure 5**). This was a 20% decrease on the 2010/11 figure of 2,850^r.
41. In addition, there were 785 other persons classified with a major or serious injury/illness reported on MOD health and safety systems during 2011/12. Of these, 260 were identified as reservists (33%), 185 (23%) were cadet forces (including adult volunteers), 60 (8%) were directly employed labour (DEL), 50 (6%) were contractors. The remaining 230 personnel were identified as either Royal Fleet Auxiliary staff (RFA), civilian students, potential recruits, dependants of service personnel (including children) or members of the public.

42. **Figure 5** presents the number of major and serious injuries and illnesses to UK regular Armed Forces and MOD civilians between 2007/08 and 2011/12.

Figure 5: UK regular Armed Forces personnel and MOD civilian employees¹, major and serious injuries and illnesses, 2007/08 to 2011/12^p, numbers



1. 'MOD civilian' includes Industrial and Non-Industrial personnel only (see paragraphs 195-197).
 p. Figures for 2011/12 are provisional (see paragraph 220).

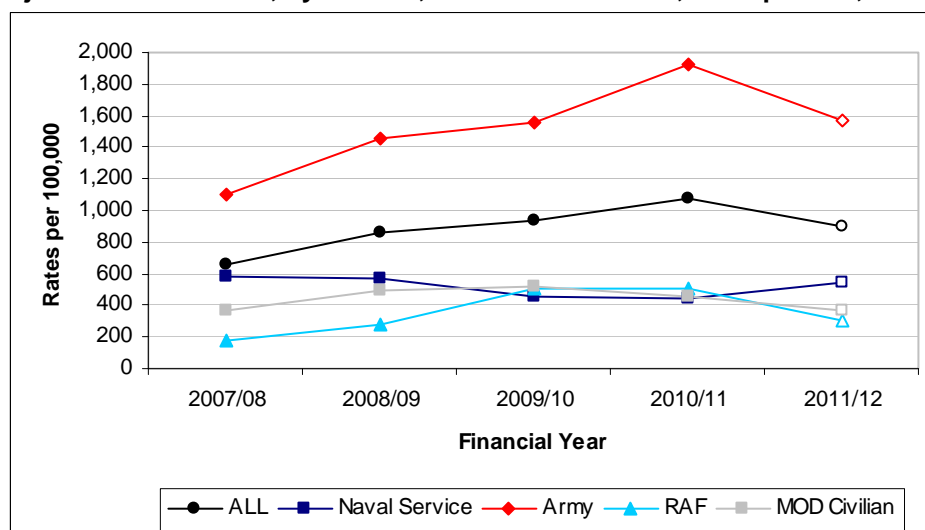
43. Of the 2,280 incidents reported in 2011/12, 10% (n=240) were MOD civilians and 90% (n=2,040) involved UK regular Armed Forces personnel: 9% (n=200) were Naval Service personnel, 75% (n=1,715) were Army personnel, 5% (n=125) were RAF personnel.

44. Of the 2,280 incidents, 1% (n=25) were illnesses, the majority of which were to MOD civilian personnel (n=20). The most common cause was work-related stress (n=15).

45. Please note that reporting of work related illness is known to be incomplete, so the figures quoted should be treated as a minimum. Chronic illness and infectious diseases were more likely to be reported through medical services (either military or civilian).

46. **Figure 6** presents the rates of major and serious injuries and illnesses to UK regular Armed Forces by Service and MOD civilians between 2007/08 and 2011/12.

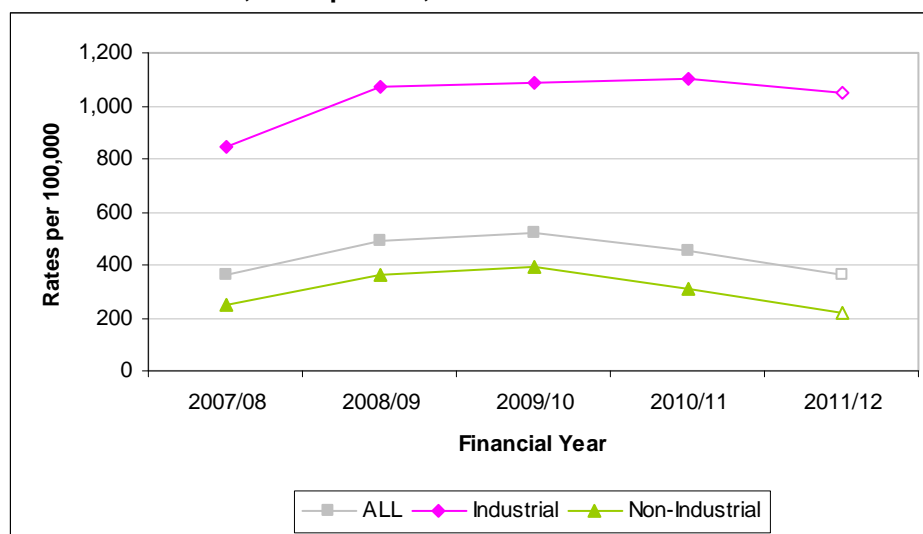
Figure 6: UK regular Armed Forces personnel and MOD civilian employees¹, major and serious injuries and illnesses, by Service, 2007/08 to 2011/12^p, rates per 100,000



1. 'MOD Civilian' includes Industrial and Non-Industrial personnel only (see paragraphs 195-197).
 p. Figures for 2011/12 are provisional (see paragraph 220).

47. The rate of major & serious injuries and illnesses for UK regular Armed Forces and MOD civilian personnel increased by 37% from 658^f per 100,000 in 2007/08 to 900 per 100,000 in 2011/12. The increase is partly due to better reporting mechanisms introduced in the MOD over this period.
48. Comparing 2007/08 to 2011/12, the rate of reported major & serious injuries and illnesses varied between each of the Services:
- Naval Service decreased by 7% from 588 to 544 per 100,000
 - Army increased by 43% from 1,097 to 1,570 per 100,000
 - RAF increased by 74% from 172 to 299 per 100,000
 - MOD civilians remained broadly the same at 363 per 100,000
49. The highest annual rate of reported major & serious injuries and illnesses for each Service was as follows:
- Naval Service at 588 per 100,000 in 2007/08
 - Army at 1,926^f per 100,000 in 2010/11
 - RAF at 510^f per 100,000 in 2010/11
 - MOD civilians at 522 per 100,000 in 2009/10
50. Due to the structural differences between the Services, the rates of major and serious injuries and illnesses for the UK Armed Forces personnel have not been broken down into smaller sub groupings. However, MOD civilian employees can be broken down into two clearly identifiable groups: Industrial and Non-Industrial employees.
51. **Figure 7** presents the rates of major and serious injuries and illnesses to MOD civilians by employee type between 2007/08 and 2011/12.

Figure 7: MOD civilian employees¹, major and serious injuries and illnesses by employee type, 2007/08 to 2011/12^p, rates per 100,000



1. 'MOD civilian' includes Industrial and Non-Industrial employees only (see paragraphs 195-197).
p. Figures for 2011/12 are provisional (see paragraph 220).

52. From 2007/08 to 2011/12, the rate for MOD Industrial staff has been consistently higher than MOD Non-Industrial staff (see **Figure 7**). The difference in rates between the MOD Industrial staff and MOD Non-Industrial staff was likely due to the different duties performed and the relative level of risk they were exposed to. For example, MOD Non-Industrial staff are predominately office based while MOD Industrial staff work in vehicle workshops and stores. Further details of rates by severity for MOD Industrial staff and MOD Non-Industrial staff can be found in Annex B **Table B1**.
53. From 2007/08 to 2011/12, the rate of reported major and serious injuries and illnesses for:
- MOD Industrial staff increased by 24% from 843^f to 1,047 per 100,000
 - MOD Non-Industrial staff decreased by 11% from 249^f to 221 per 100,000
54. The highest rate of reported major and serious injuries and illnesses for the
- MOD Industrial staff was 1,101^f per 100,000 in 2010/11
 - MOD Non-Industrial staff was 395 per 100,000 in 2009/10

55. **Table 4** presents the number of major and serious injuries and illnesses to UK regular Armed Forces and MOD civilians by mechanism, 2011/12.

Table 4: UK regular Armed Forces personnel and MOD civilian employees¹, major and serious injuries and illnesses by Service and mechanism, 2011/12^p, numbers²

Mechanism	All		Naval Service ⁵		Army		RAF		MOD Civilian	
	All	%	Service ⁵	%	Army	%	RAF	%	MOD Civilian	%
All	2,280	100%	200	100%	1,715	100%	125	100%	240	100%
Adventure training	120	5%	10	6%	100	6%	10	7%	0	0%
Built Estate infrastructure	55	3%	~	2%	25	1%	5	5%	25	10%
Discipline Related	60	3%	~	2%	55	3%	0	0%	0	0%
Equipment Maintenance	25	1%	~	1%	15	1%	~	2%	~	1%
Normal duties	345	15%	65	33%	80	5%	40	31%	160	67%
RTA	50	2%	~	1%	35	2%	~	1%	10	4%
Sport/Recreation	380	17%	40	21%	310	18%	30	23%	~	1%
Training/Exercise	1,020	45%	60	31%	925	54%	25	19%	10	4%
Workplace Transport	220	10%	10	5%	165	10%	15	10%	30	13%

1. 'MOD civilian' includes Industrial and Non-Industrial personnel only (see paragraphs 195-197).

2. In line with DASA's rounding policy, all figures of five or more have been rounded to the nearest 5 and figures fewer than five have been suppressed and marked ~. Totals and sub-totals have been rounded separately and thus totals may not equal the sums of their rounded parts.

p. Figures for 2011/12 are provisional (see paragraph 220).

56. In 2011/12, 'Training/Exercise' was the most common mechanism that led to a major or serious injury with 1,020 (45%) incidents, this was followed by 'Sport/Recreation' (n=380, 17%) and 'Normal duties' (n = 345, 15%).

57. 'Training/Exercise' was the most common mechanism for the Army (n=925, 54%).

58. 'Normal duties' was the most common mechanism for the Naval Service (n=65, 33%) and RAF (n=40, 31%), followed by 'Training/Exercise' for the Naval Service and 'Sport/Recreation' for the RAF. The differences may be due to a definitional issue whereby activities classed as 'Normal duties' in the Naval Service and RAF may be classed as 'Training/Exercise' in the Army. The definitions of mechanism are currently under review by the single Service Chief Environment and Safety Officers (CESOs).

59. 'Normal duties' was the most common mechanism for MOD civilians. This reflects the fact that MOD civilians predominately perform office based tasks which would be classified as 'Normal duties'.

Section 4: Major injuries and illnesses

60. **Section 4** contains information on major injuries and illnesses recorded on the MOD health and safety systems. Major injuries equate to the Health and Safety Executive's (HSE) Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) category of 'major'. These include injuries where fractures or dislocations are sustained or where the injury necessitates hospitalisation of more than 24 hours. Further information on the categories of injury and illness contained in this report can be found in paragraphs 176 to 181, along with detailed definitions of major injuries and illnesses.
61. Deaths have been excluded from the following tables and figures, as they have been reported on in Sections 2 and 3. Other exclusions include battlefield injuries and off duty RTAs (**see paragraph 5**).
62. Please note that the following tables include reported injuries and illnesses to UK regular Armed Forces personnel and MOD civilian employees only. Paragraph 65 summarises the number of injuries/illnesses to other occupational groups.
63. **Table 5** presents the number of major injuries and illnesses to UK regular Armed Forces and MOD civilians between 2007/08 and 2011/12.

Table 5: UK regular Armed Forces personnel and MOD civilian employees¹, major injuries and illnesses, 2007/08 to 2011/12^p, numbers²

Service	2007/08	2008/09	2009/10	2010/11	2011/12 ^p
All	765	1,085^r	1,265	1,190^r	925
Regular Armed Forces	705	1,000	1,160	1,105^r	870
Naval Service	85	130	90	85 ^r	95
Army	605	830	945	895 ^r	735
RAF	15	40	125	125 ^r	40
MOD Civilian	60	85	105	80	55
Industrial	15	30	35	30	20
Non-Industrial	45	55 ^r	70	50	35

1. 'MOD civilian' includes Industrial and Non-Industrial personnel only (see paragraphs 195-197).

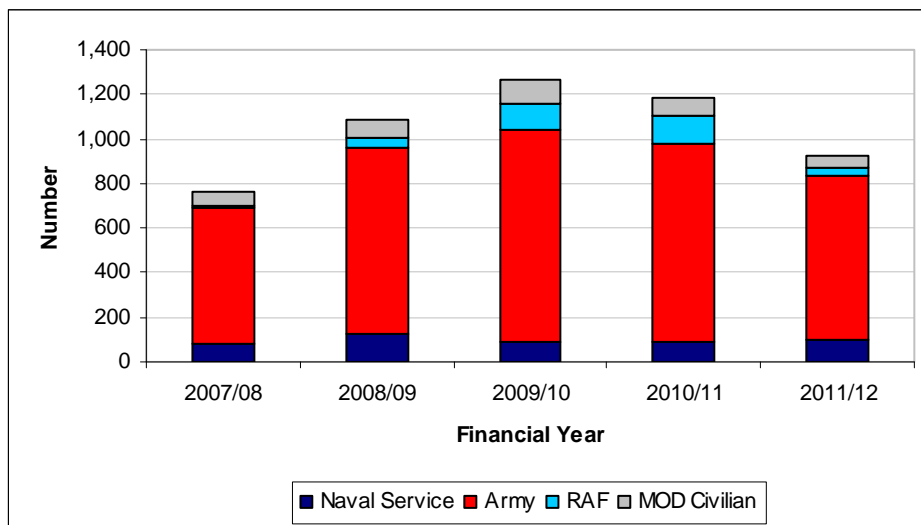
2. In line with DASA's rounding policy, all figures of five or more have been rounded to the nearest 5 and figures fewer than five have been suppressed and marked -. Totals and sub-totals have been rounded separately and thus totals may not equal the sums of their rounded parts.

p. Figures for 2011/12 are provisional (see paragraph 220).

64. There were 925 major injuries and illnesses reported on MOD health and safety systems during 2011/12 (**Table 5** and **Figure 8**). This was a 22% decrease from the 2010/11 figure of 1,190^r.
65. In addition, there were 275 other persons classified with a major injury/illness reported on MOD health and safety systems during 2011/12. Of these, 90 were identified as reservists (33%), 75 (27%) were cadet forces (including adult volunteers), 15 (5%) were contractors and 10 (3%) were directly employed labour (DEL). The remaining 85 personnel were identified as either Royal Fleet Auxiliary staff (RFA), civilian students, potential recruits, dependants of service personnel (including children) or members of the public.

66. **Figure 8** presents the number of major injuries and illnesses to UK regular Armed Forces and MOD civilians between 2007/08 and 2011/12.

Figure 8: UK regular Armed Forces personnel and MOD civilian employees¹, major injuries and illnesses, 2007/08 to 2011/12^p, numbers



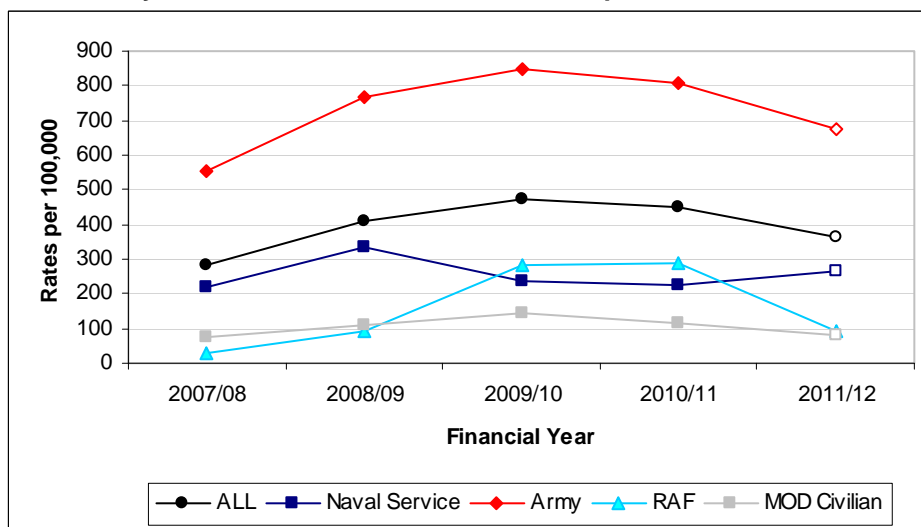
1. 'MOD civilian' includes Industrial and Non-Industrial personnel only (see paragraphs 195-197).
 p. Figures for 2011/12 are provisional (see paragraph 220).

67. Of the 925 incidents reported in 2011/12, 6% (n=55) were MOD civilians and 94% (n=870) involved UK regular Service personnel: 10% (n=95) were Naval Service personnel, 79% (n=735) were Army personnel, 4% (n=40) were RAF personnel.

68. Of the 925 major incidents, 2% (n=20) were illnesses. Please note that reporting of work related illness is known to be incomplete, so the figures quoted should be treated as a minimum. Chronic illness and infectious diseases were more likely to be reported through medical services (either military or civilian).

69. **Figure 9** presents the rates of major injuries and illnesses to UK regular Armed Forces by Service and MOD civilians between 2007/08 and 2011/12.

Figure 9: UK regular Armed Forces personnel and MOD civilian employees¹, major injuries and illnesses, by Service, 2007/08 to 2011/12^p, rates per 100,000

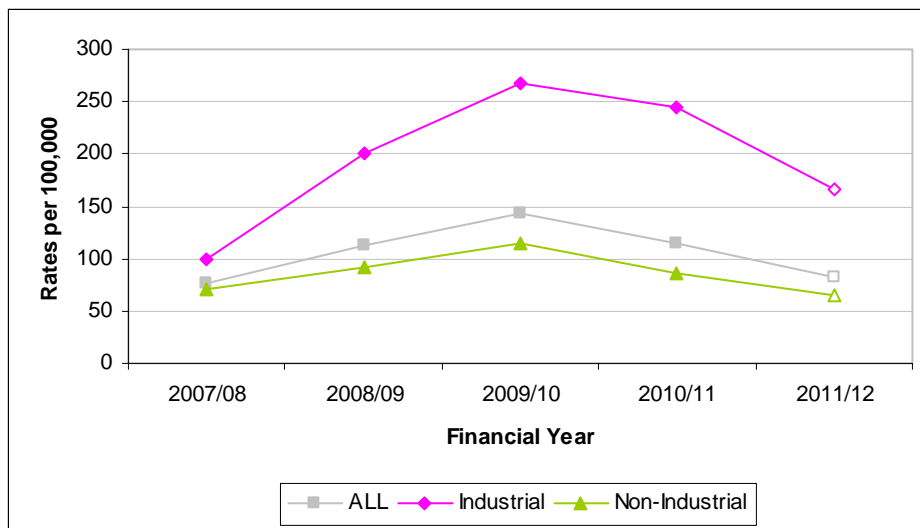


1. 'MOD Civilian' includes Industrial and Non-Industrial personnel only (see paragraphs 195-197).
 p. Figures for 2011/12 are provisional (see paragraph 220).

70. The rate of major injuries and illnesses for UK regular Service and MOD civilian personnel increased by 29% from 282^f per 100,000 in 2007/08 to 365 per 100,000 in 2011/12.

71. Comparing 2007/08 to 2011/12, the rate of reported major injuries and illnesses varied between each of the Services:
- Naval Service increased by 20% from 220 to 264 per 100,000
 - Army increased by 21% from 556 to 672 per 100,000
 - RAF increased by 194% from 32 to 94 per 100,000
 - MOD civilians increased by 6% from 77^f to 82 per 100,000
72. The highest annual rate of reported major injuries and illnesses for each Service was as follows:
- Naval Service at 337 per 100,000 in 2008/09
 - Army at 847 per 100,000 in 2009/10
 - RAF at 291^f per 100,000 in 2010/11
 - MOD civilians at 142 per 100,000 in 2009/10
73. Due to the structural differences between the Services, the rates of major injuries and illnesses for the UK Armed Forces personnel have not been broken down into smaller sub groupings. However, MOD civilian employees can be broken down into two clearly identifiable groups: Industrial and Non-Industrial employees.
74. **Figure 10** presents the rates of major injuries and illnesses to MOD civilians by employee type between 2007/08 and 2011/12.

Figure 10: MOD civilian employees¹, major injuries and illnesses by employee type, 2007/08 to 2011/12^p, rates per 100,000



1. 'MOD civilian' includes Industrial and Non-Industrial employees only (see paragraphs 195-197).
p. Figures for 2011/12 are provisional (see paragraph 220).

75. From 2007/08 to 2010/12, the rate of major injuries for MOD Industrial staff has been consistently higher than the rate for MOD Non-Industrial staff (See **Figure 10**). The difference in rates between the MOD Industrial staff and MOD Non-Industrial staff was likely due to the different duties performed and the relative level of risk they were exposed to. For example, MOD Non-Industrial staff are predominately office based while MOD Industrial staff primarily work in vehicle workshops and stores. Further details of rates by severity for MOD Industrial staff and MOD Non-Industrial staff can be found in Annex B **Table B1**.
76. From 2007/08 to 2011/12, the rate of reported major injuries and illnesses for:
- MOD Industrial staff increased by 67% from 100 to 167 per 100,000
 - MOD Non-Industrial staff decreased by 11% from 72^f to 64 per 100,000
77. The highest rate of reported major injuries and illnesses for:
- MOD Industrial staff was 267 per 100,000 in 2009/10
 - MOD Non-Industrial staff was 115 per 100,000 in 2009/10

78. **Table 6** presents the number of major injuries and illnesses to UK regular Armed Forces and MOD civilians by mechanism, 2011/12.

Table 6: UK regular Armed Forces personnel and MOD civilian employees¹, major injuries and illnesses by Service and mechanism, 2011/12^p, numbers²

Mechanism	All		Naval Service ⁵		Army		RAF		MOD Civilian	
	All	%	Service ⁵	%	Army	%	RAF	%	Civilian	%
All	925	100%	95	100%	735	100%	40	100%	55	100%
Adventure training	60	7%	5	6%	55	7%	~	8%	0	0%
Built Estate infrastructure	30	3%	~	2%	15	2%	~	8%	10	19%
Discipline Related	50	6%	~	3%	50	7%	0	0%	0	0%
Equipment Maintenance	~	0%	0	0%	~	0%	0	0%	0	0%
Normal duties	100	11%	25	27%	30	4%	10	21%	35	63%
RTA	20	2%	~	2%	20	3%	0	0%	0	0%
Sport/Recreation	210	23%	20	23%	175	24%	10	26%	~	2%
Training/Exercise	350	38%	30	30%	310	42%	10	21%	~	4%
Workplace Transport	100	11%	5	7%	80	11%	5	18%	5	13%

1. 'MOD civilian' includes Industrial and Non-Industrial personnel only (see paragraphs 195-197).

2. In line with DASA's rounding policy, all figures of five or more have been rounded to the nearest 5 and figures fewer than five have been suppressed and marked ~. Totals and sub-totals have been rounded separately and thus totals may not equal the sums of their rounded parts. The percentages have been calculated on the actual values rather than unrounded figures.

p. Figures for 2011/12 are provisional (see paragraph 220).

79. In 2011/12, 'Training/Exercise' was the most common mechanism that led to a major injury with 350 (38%) incidents, this was followed by 'Sport/Recreation' (n=210, 23%) and 'Normal duties' (n=100, 11%).

80. 'Training/Exercise' was the most common mechanism resulting in major injuries and illnesses for the Naval Service (n=30, 30%) and Army (n=310, 42%).

81. 'Sport/Recreation' was the most common mechanism for the RAF (n=10, 26%) jointly followed by 'Normal duties' and 'Training/Exercise.' The difference in the most common mechanism was most likely due to definitional issues currently under review by the single Service Chief Environment & Safety Officers (CESOs).

82. 'Normal duties' was the most common mechanism for MOD civilians. This reflects the fact that MOD civilians predominately perform office based tasks which would be classified as 'Normal duties'.

Section 5: Serious injuries and illnesses

83. **Section 5** contains information on serious injuries and illnesses recorded on the MOD health and safety systems.
84. Serious injuries equate to the HSE over-three-day injury category, and are those that are not defined as 'major' according to the above criteria but which could result in a person being unable to perform their normal duties for more than three days. Serious illnesses include any illness recorded on the MOD's Health and Safety reporting systems with a severity of 'serious'.
85. Please note that the following tables include reported injuries and illnesses to UK regular Armed Forces personnel and MOD civilian employees only. Paragraph 88 summarises the number of injuries/illnesses to other occupational groups.
86. **Table 7** presents the number of serious injuries and illnesses to UK regular Armed Forces and MOD civilians between 2007/08 and 2011/12.

Table 7: UK regular Armed Forces personnel and MOD civilian employees¹, serious injuries and illnesses, 2007/08 to 2011/12^p, numbers²

Service	2007/08	2008/09	2009/10	2010/11	2011/12 ^p
All	1,020	1,205^r	1,250	1,660^r	1,355
Regular Armed Forces	795	925	975	1,420^r	1,170
Naval Service	140	90	85	85 ^r	105
Army	590	755	790	1,240 ^r	980
RAF	60	80	100	95 ^r	85
MOD Civilian	225	285	280	245^r	185
Industrial	110 ^r	120	110	110 ^r	100
Non-Industrial	115	165	170	135 ^r	85

1. 'MOD civilian' includes Industrial and Non-Industrial personnel only (see paragraphs 195-197).

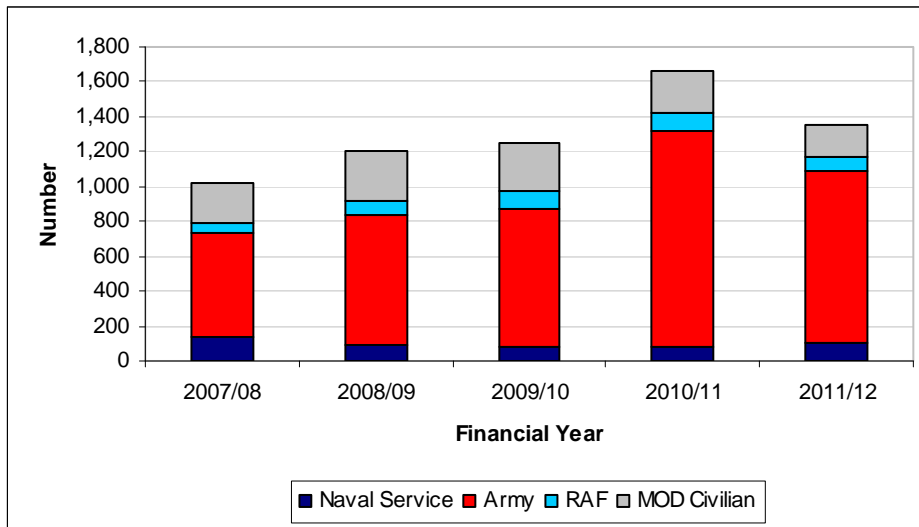
2. In line with DASA's rounding policy, all figures of five or more have been rounded to the nearest 5 and figures fewer than five have been suppressed and marked ~. Totals and sub-totals have been rounded separately and thus totals may not equal the sums of their rounded parts.

p. Figures for 2011/12 are provisional (see paragraph 220).

87. There were 1,355 serious injuries and illnesses reported on MOD health and safety systems during 2011/12 (**Table 7** and **Figure 11**). This was an 18% decrease on the 2010/11 figure of 1,660^r.
88. In addition, there were 515 other persons classified with a serious injury/illness reported on MOD health and safety systems during 2011/12. Of these, 170 were identified as reservists (33%), 110 (21%) were cadet forces (including adult volunteers), 55 (11%) were directly employed labour (DEL) and 35 (7%) were contractors. The remaining 175 personnel were identified as either Royal Fleet Auxiliary staff (RFA), civilian students, potential recruits, dependants of service personnel (including children) or members of the public.

89. **Figure 11** presents the number of serious injuries and illnesses to UK regular Armed Forces and MOD civilians between 2007/08 and 2011/12.

Figure 11: UK regular Armed Forces personnel and MOD civilian employees¹, serious injuries and illnesses, 2007/08 to 2011/12^p, numbers



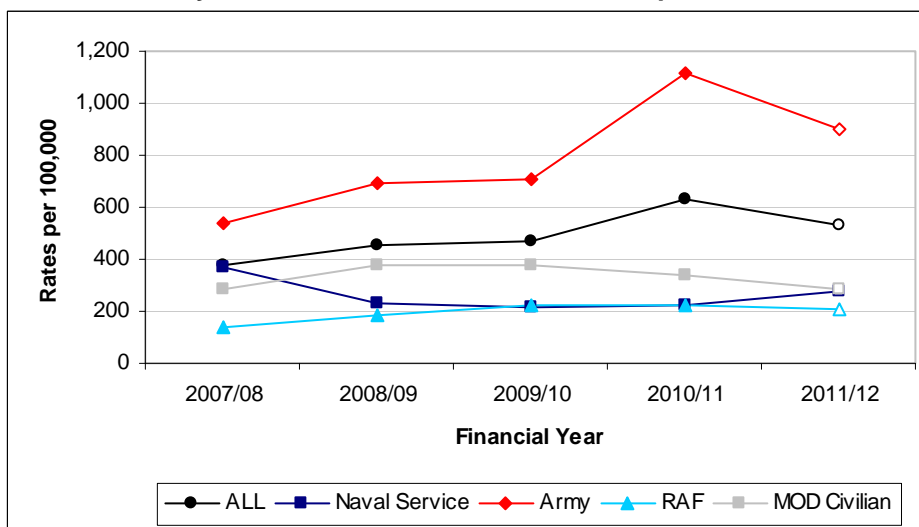
1. 'MOD civilian' includes Industrial and Non-Industrial personnel only (see paragraphs 195-197).
p. Figures for 2011/12 are provisional (see paragraph 220).

90. Of the 1,355 incidents reported in 2011/12, 14% (n=185) were MOD civilians and 86% (n=1,170) involved UK regular Service personnel: 8% (n=105) were Naval Service personnel, 72% (n=980) were Army personnel, 6% (n=85) were RAF personnel.

91. Of the 1,355 serious incidents, 2% (n=20) were illnesses. Please note that reporting of work related illness is known to be incomplete, so the figures quoted should be treated as a minimum. Chronic illness and infectious diseases were more likely to be reported through medical services (either military or civilian).

92. **Figure 12** presents the rates of serious injuries and illnesses to UK regular Armed Forces by Service and MOD civilians between 2007/08 and 2011/12.

Figure 12: UK regular Armed Forces personnel and MOD civilian employees¹, serious injuries and illnesses, by Service, 2007/08 to 2011/12^p, rates per 100,000

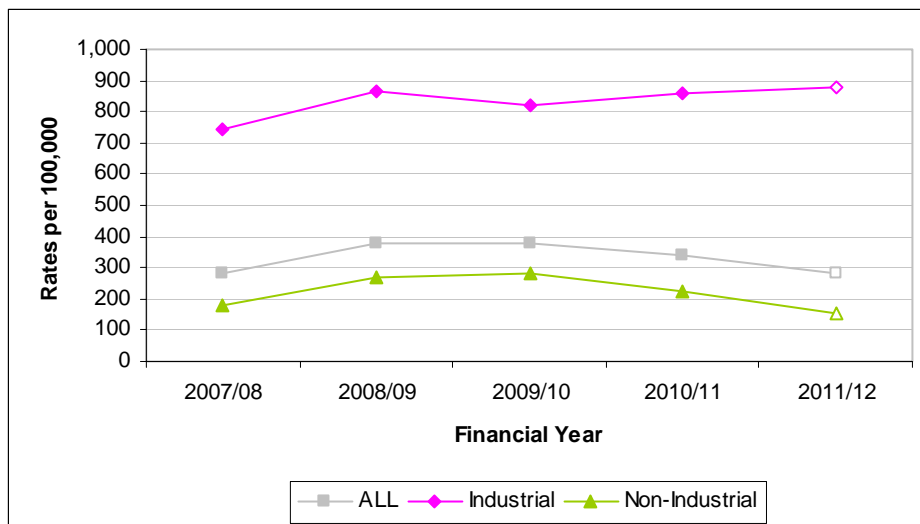


1. 'MOD Civilian' includes Industrial and Non-Industrial personnel only (see paragraphs 195-197).
p. Figures for 2011/12 are provisional (see paragraph 220).

93. The rate of serious injuries and illnesses for UK regular Service and MOD civilian personnel increased by 42%, from 376 per 100,000 in 2007/08 to 536 per 100,000 in 2011/12.

94. Comparing 2007/08 to 2011/12, the rate of reported serious injuries and illnesses varied for each of the Services:
- Naval Service decreased by 24% from 368 to 280 per 100,000
 - Army increased by 66% from 541 to 897 per 100,000
 - RAF increased by 46% from 140^f to 205 per 100,000
 - MOD civilians remained broadly the same at 281 per 100,000
95. The highest rate of reported serious injuries and illnesses for each Service was as follows:
- Naval Service at 368 per 100,000 in 2007/08
 - Army at 1,118^f per 100,000 in 2010/11
 - RAF at 224 per 100,000 in 2009/10
 - MOD civilians at 380 per 100,000 in 2008/09 and 2009/10
96. Due to the structural differences between the Services, the rates of serious injuries and illnesses for the UK Armed Forces personnel have not been broken down into smaller sub groupings. However, MOD civilian employees can be broken down into two clearly identifiable groups: Industrial and Non-Industrial employees.
97. **Figure 13** presents the rates of serious injuries and illnesses to MOD civilians by employee type between 2007/08 and 2011/12.

Figure 13: MOD civilian employees¹, serious injuries and illnesses by employee type, 2007/08 to 2011/12^p, rates per 100,000



1. 'MOD civilian' includes Industrial and Non-Industrial employees only (see paragraphs 195-197).
p. Figures for 2011/12 are provisional (see paragraph 220).

98. From 2007/08 to 2011/12 the rate of reported serious injuries and illnesses for MOD Industrial staff has been consistently higher than MOD Non-Industrial staff (see **Figure 13**). The difference in rates between the MOD Industrial staff and MOD Non-Industrial staff was likely due to the different duties performed and the relative level of risk they were exposed to. For example, MOD Non-Industrial staff are predominately office based while MOD Industrial staff work primarily in vehicle workshops and stores. Further details of rates by severity for MOD Industrial staff and MOD Non-Industrial staff can be found in Annex B, **Table B1**.
99. From 2007/08 to 2011/12, the rate of reported serious injuries and illnesses for:
- MOD Industrial staff increased by 18% from 743^f to 880 per 100,000
 - MOD Non-Industrial staff decreased by 12% from 177 to 156 per 100,000
100. The highest rate of reported serious injuries and illnesses for:
- MOD Industrial staff was 880 per 100,000 in 2011/12
 - MOD Non-Industrial staff was 281 per 100,000 in 2009/10

101. **Table 8** presents the number of serious injuries and illnesses to UK regular Armed Forces and MOD civilians by mechanism, 2011/12.

Table 8: UK regular Armed Forces personnel and MOD civilian employees¹, serious injuries and illnesses by Service and mechanism, 2011/12^p, numbers²

Mechanism	All		Naval Service ⁵		Army		RAF		MOD Civilian	
	All	%	Service ⁵	%	Army	%	RAF	%	MOD Civilian	%
All	1,355	100%	105	100%	980	100%	85	100%	185	100%
Adventure training	60	4%	5	5%	50	5%	5	7%	0	0%
Built Estate infrastructure	30	2%	~	1%	10	1%	~	4%	15	8%
Discipline Related	5	1%	0	0%	5	1%	0	0%	0	0%
Equipment Maintenance	20	2%	~	2%	15	1%	~	4%	~	2%
Normal duties	245	18%	40	39%	50	5%	30	36%	125	68%
RTA	30	2%	0	0%	15	2%	~	1%	10	5%
Sport/Recreation	175	13%	20	19%	130	13%	20	22%	~	1%
Training/Exercise	670	49%	30	31%	615	63%	15	19%	5	4%
Workplace Transport	120	9%	~	3%	90	9%	5	7%	25	12%

1. 'MOD civilian' includes Industrial and Non-Industrial personnel only (see paragraphs 195-197).

2. In line with DASA's rounding policy, all figures of five or more have been rounded to the nearest 5 and figures fewer than five have been suppressed and marked ~. Totals and sub-totals have been rounded separately and thus totals may not equal the sums of their rounded parts.

p. Figures for 2011/12 are provisional (see paragraph 220).

102. In 2011/12, 'Training/Exercise' was the most common mechanism that led to a serious injury with 670 (49%) incidents, this was followed by 'Normal duties' (n=245, 18%) and 'Sport/Recreation' (n=175, 13%).

103. 'Training/Exercise' was the most common mechanism resulting in serious injuries and illnesses for the Army (n=615, 63%).

104. 'Normal duties' was the most common mechanism for the Naval Service (n=40, 39%) and RAF (n=30, 36%), followed by 'Training/Exercise' for the Naval Service and 'Sport/Recreation' for the RAF. The difference in the most common mechanism was most likely due to definitional issues currently under review by the single Service Chief Environment and Safety Officers (CESOs).

105. 'Normal duties' was the most common mechanism for MOD civilians. This reflects the fact that MOD civilians predominately perform office based tasks which would be classified as 'Normal duties'.

Section 6: Minor injuries and illnesses

106. **Section 6** contains information on minor injuries and illnesses recorded on the MOD health and safety systems. Minor injuries are not reportable under RIDDOR, but are presented here to give a complete picture of reported injuries and illnesses on MOD health and safety systems. Please note that minor injuries and illnesses are known to be underreported. Due to the ongoing structural changes within the MOD (defence transformation and reform), human resources have become limited and data entry of minor injuries and illnesses were not a priority in 2011/12, thus the figures in this section should be considered a minimum.

107. Minor injuries are defined as any injury which results in the injured person being unable to carry out their normal duties for fewer than 3 days. The full definition of minor injuries and illnesses can be found in paragraph 181. Minor illnesses include any illness recorded on the MOD's Health and Safety reporting systems with a severity classification of 'minor'.

108. Please note that the following tables include reported injuries and illnesses to UK regular Armed Forces personnel and MOD civilian employees only. Paragraph 111 summarises the number of injuries/illnesses to other occupational groups.

109. **Table 9** presents the number of minor injuries and illnesses to UK regular Armed Forces and MOD civilians between 2007/08 and 2011/12.

Table 9: UK regular Armed Forces personnel and MOD civilian employees¹, minor injuries and illnesses, 2007/08 to 2011/12^p, numbers²

Service	2007/08	2008/09	2009/10	2010/11	2011/12 ^p
All	2,825	3,490	3,655	3,960^r	3,500
Regular Armed Forces	1,635	2,185	2,190	2,465^r	2,230
Naval Service	600	765	720	820 ^r	585
Army	420	650	630	835 ^r	860
RAF	615	770	840	815 ^r	785
MOD Civilian	1,190	1,305	1,465	1,490^r	1,265
Industrial	560	570	580	570 ^r	475
Non-Industrial	630	740	885	925 ^r	795

1. 'MOD civilian' includes Industrial and Non-Industrial personnel only (see paragraphs 195-197).

2. In line with DASA's rounding policy, all figures of five or more have been rounded to the nearest 5 and figures fewer than five have been suppressed and marked ~. Totals and sub-totals have been rounded separately and thus totals may not equal the sums of their rounded parts.

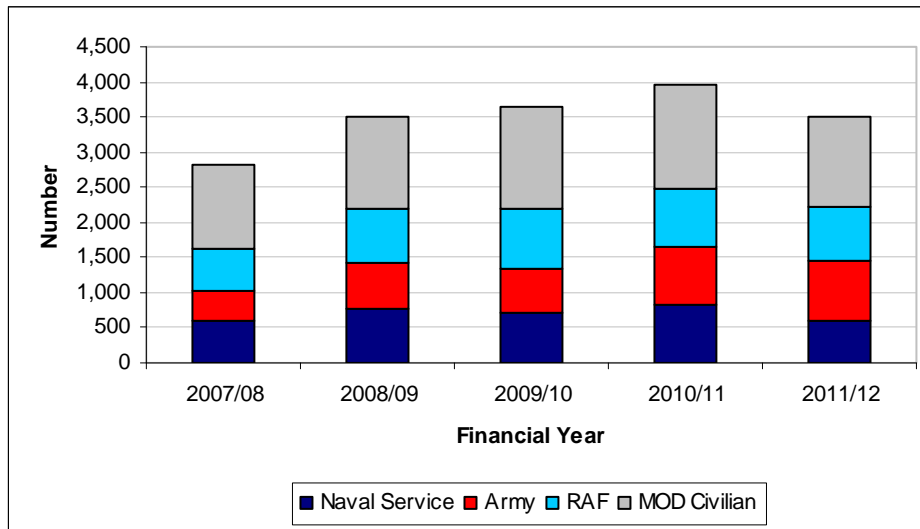
p. Figures for 2011/12 are provisional (see paragraph 220).

110. There were 3,500 minor injuries and illnesses reported on MOD health and safety systems during 2011/12 (**Table 9** and **Figure 14**). This was a decrease of 12% on the 2010/11 figure of 3,960^r.

111. In addition, there were 1,930 other persons classified with a minor injury/illness reported on MOD health and safety systems during 2011/12. Of these, 440 (23%) were cadet forces (including adult volunteers), 285 (15%) were contractors, 210 were identified as reservists (11%) and 180 (9%) were Royal Fleet Auxiliary. The remaining 915 personnel were identified as either civilian students, potential recruits, dependants of service personnel (including children) or members of the public.

112. **Figure 14** presents the number of minor injuries and illnesses to UK regular Armed Forces and MOD civilians between 2007/08 and 2011/12.

Figure 14: UK regular Armed Forces personnel and MOD civilian employees¹, minor injuries and illnesses, 2007/08 to 2011/12^p, numbers



1. 'MOD civilian' includes Industrial and Non-Industrial personnel only (see paragraphs 195-197).

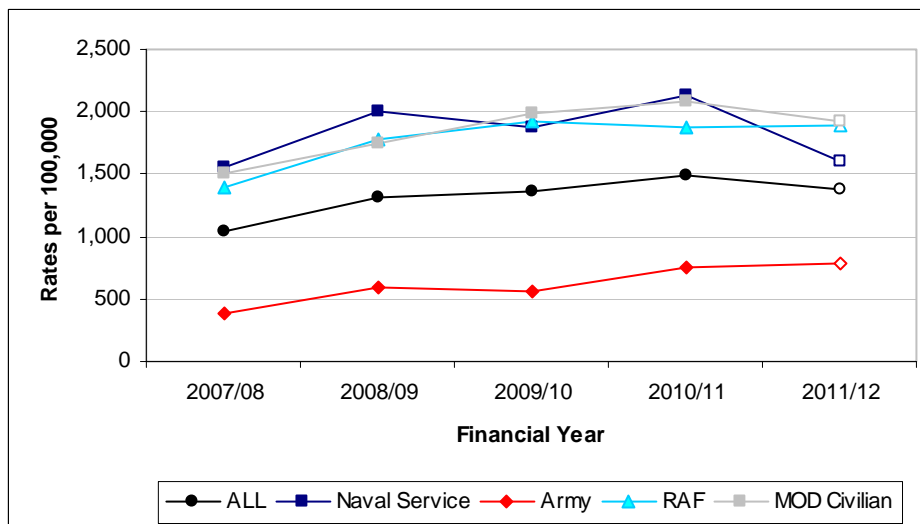
p. Figures for 2011/12 are provisional (see paragraph 220).

113. Of the 3,500 incidents reported in 2011/12, 36% (n=1,265) were MOD civilians and 64% (n=2,230) involved UK regular Service personnel: 17% (n=585) were Naval Service personnel, 25% (n=860) were Army personnel, 22% (n=785) were RAF personnel.

114. The reason why the MOD civilian proportion of minor injuries and illnesses was higher than in the UK regular Armed Forces may be partly due to a different perception of safety culture in MOD civilians and an increased awareness of health and safety reporting procedures.

115. **Figure 15** presents the rates of minor injuries and illnesses to UK regular Armed Forces by employee type and MOD civilians between 2007/08 and 2011/12.

Figure 15: UK regular Armed Forces personnel and MOD civilian employees¹, minor injuries and illnesses, by employee type, 2007/08 to 2011/12^p, rates per 100,000



1. 'MOD Civilian' includes Industrial and Non-Industrial personnel only (see paragraphs 195-197).

p. Figures for 2011/12 are provisional (see paragraph 220).

116. The rate of minor injuries and illnesses for UK regular Service and MOD civilian personnel increased by 32%, from 1,043 per 100,000 in 2007/08 to 1,381 in 2011/12.

117. Comparing 2007/08 to 2011/12, the rate of reported minor injuries and illnesses varied for each of the Services:

- Naval Service increased by 3% from 1,556 to 1,596 per 100,000
- Army increased by 105% from 384 to 788 per 100,000
- RAF increased by 36% from 1,396^r to 1,893 per 100,000
- MOD civilians increased by 28% from 1,502 to 1,925 per 100,000

118. The highest rate of reported minor injuries and illnesses for each Service was as follows:

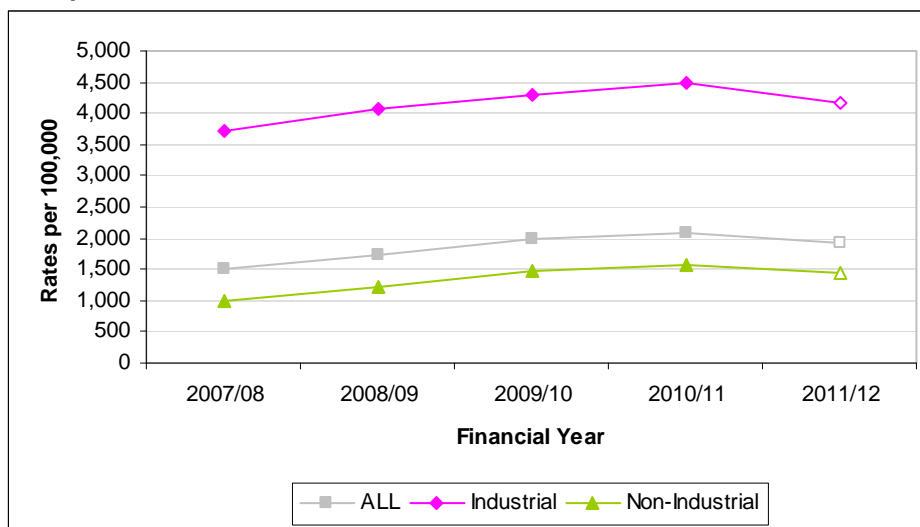
- Naval Service at 2,128^r per 100,000 in 2010/11
- Army at 788 per 100,000 in 2011/12
- RAF at 1,916 per 100,000 in 2009/10
- MOD civilians at 2,076^r per 100,000 in 2010/11

119. The rate of minor injuries and illnesses for the Army was consistently lower than the rates for the Naval Service, RAF and MOD civilian personnel. This was most likely to be due to the Army having to prioritise the recording of incidents due to staffing pressures at the call centre.

120. Due to the structural differences between the Services, the rates of minor injuries and illnesses for the UK Armed Forces personnel have not been broken down into smaller sub groupings. However, MOD civilian employees can be broken down into two clearly identifiable groups: Industrial and Non-Industrial employees.

121. **Figure 16** presents the rates of minor injuries and illnesses to MOD civilians by Service between 2007/08 and 2011/12.

Figure 16: MOD civilian employees¹, minor injuries and illnesses by Service, 2007/08 to 2011/12^p, rates per 100,000



1. 'MOD civilian' includes Industrial and Non-Industrial employees only (see paragraphs 195-197).

p. Figures for 2011/12 are provisional (see paragraph 220).

122. From 2007/08 to 2011/12, the rate of minor injuries for MOD Industrial staff has been consistently higher than the rate for MOD Non-Industrial staff (see **Figure 16**). The difference in rates between the MOD Industrial staff and MOD Non-Industrial staff was likely due to the different duties performed and the relative level of risk they were exposed to. For example, MOD Non-Industrial staff are predominately office based while MOD Industrial staff work primarily in vehicle workshops and stores. Further details of rates by severity for MOD Industrial staff and MOD Non-Industrial staff can be found in Annex B **Table B1**.

123. Comparing 2007/08 to 2011/12, the rate of reported minor injuries and illnesses for:

- MOD Industrial staff increased by 12% from 3,724 to 4,160 per 100,000
- MOD Non-Industrial staff increased by 48% from 982 to 1,458 per 100,000

124. The highest rate of reported minor injuries and illnesses for:

- MOD Industrial staff was 4,473^r per 100,000 in 2010/11
- MOD Non-Industrial staff was 1,561^r per 100,000 in 2010/11

125. **Table 10** presents the number of minor injuries and illnesses to UK regular Armed Forces and MOD civilians by mechanism, 2011/12.

Table 10: UK regular Armed Forces personnel and MOD civilian employees¹, minor injuries and illnesses by Service and mechanism, 2011/12^p, numbers²

Mechanism	All	%	Naval Service ⁵		Army		RAF		MOD Civilian	
				%		%		%		%
All	3,500	100%	585	100%	860	100%	785	100%	1,265	100%
Adventure training	205	6%	35	6%	65	7%	105	14%	~	0%
Built Estate infrastructure	180	5%	10	2%	15	2%	20	3%	135	11%
Discipline Related	15	0%	~	0%	10	1%	~	0%	~	0%
Equipment Maintenance	115	3%	25	4%	25	3%	35	4%	30	2%
Normal duties	1,670	48%	310	52%	135	16%	275	35%	950	75%
RTA	60	2%	~	1%	25	3%	5	1%	25	2%
Sport/Recreation	255	7%	70	12%	85	10%	90	11%	5	1%
Training/Exercise	820	23%	130	22%	395	46%	225	29%	70	5%
Workplace Transport	185	5%	10	2%	105	12%	20	3%	45	4%

1. 'MOD civilian' includes Industrial and Non-Industrial personnel only (see paragraphs 195-197).

2. In line with DASA's rounding policy, all figures of five or more have been rounded to the nearest 5 and figures fewer than five have been suppressed and marked ~. Totals and sub-totals have been rounded separately and thus totals may not equal the sums of their rounded parts.

p. Figures for 2011/12 are provisional (see paragraph 220).

126. In 2011/12, 'Normal duties' was the most common mechanism that led to a minor injury with 1,670 (48%) incidents, this was followed by 'Training/Exercise' (n=820, 23%) and 'Sport/Recreation' (n=255, 7%).

127. 'Training/Exercise' was the most common mechanism resulting in minor injuries and illnesses for the Army (n=395, 46%).

128. 'Normal duties' was the most common mechanism for the Naval Service (n=310, 52%) and RAF (n=275, 35%), followed by 'Training/Exercise' for the Naval Service and the RAF. The difference in the most common mechanism was most likely due to definitional issues currently under review by the single Service Chief Environment and Safety Officers (CESOs).

129. 'Normal duties' was the most common mechanism for MOD civilians. This reflects the fact that MOD civilians predominately perform office based tasks which would be classified as 'Normal duties'.

Section 7: HSE Benchmarking

130. **Section 7** provides a comparison of the rates of RIDDOR reportable injuries that occurred to MOD civilian employees with the rates of injury that occurred to similar UK occupational groups.
131. DASA have worked with the Health and Safety Executive (HSE) to identify UK occupational groups whose daily work activities are the most similar to those carried out by MOD employees, and therefore provide the most valid comparison. The occupational group selected to compare with MOD Non-Industrial civilians was 'Office workers with high risk site/warehouse visits occupations', and the occupational group selected to compare with MOD Industrial civilians was of 'Transport support staff occupations'. Paragraphs 199 to 203 provide further details of the selected occupational groups.
132. **Please note** that HSE are trialling the injury statistics by occupational groups, and therefore the figures should be treated with caution. As HSE produce further occupational groupings DASA will evaluate them to assess whether they will provide more valid comparison population for MOD employees.
133. The HSE occupational data provided below shows the rate of injury (including deaths) within each occupational group as reported under RIDDOR. In order to provide a valid comparison, only those injuries to MOD civilian employees that met the criteria for reporting under RIDDOR are included in this section. Therefore, injuries that occurred overseas, RTAs on public highways, suicides, suspected suicides and illnesses have been excluded. In order to calculate rates, any MOD civilian employees who are based overseas have also been excluded. Paragraphs 232 to 234 contain further details on the injuries and employees excluded from this section.
134. All comparisons within this section should be used with caution because of the potential difference in injury reporting levels in the groups being compared. Currently it is estimated that just over half of all qualifying injuries to employees are actually reported under RIDDOR in the UK, with the self-employed reporting a much smaller proportion. The reporting levels within the MOD are not known, and DASA are working with the MOD Chief Environmental Safety Officers (CESOs) to explore methods to estimate under-reporting.
135. A comparison between the rates of RIDDOR reportable injuries that occurred to UK regular Armed Forces with the rates of injury that occurred in similar UK occupational groups has not been produced in this report due to difficulties of historic health and safety data for UK only. However, DASA are aiming to include a comparison in the next release of this statistical notice.

MOD Civilian Non-Industrial employees

136. This section compares MOD civilian Non-Industrial injury rates to the occupational grouping of 'Office workers with high risk site/warehouse visits occupations'. MOD Non-Industrial employees include all civilians not primarily employed in a trade, craft or manual labour occupation. Therefore this group covers a range of functions, including administration, policing, guarding, science and engineering. The UK high risk office worker occupations' was selected as the best available comparison population. However, there are differences between the activities undertaken by UK high risk office worker occupations and MOD Non-Industrial civilian employees and therefore the following comparisons should be used with caution.

137. **Table 11** presents the number of RIDDOR deaths and injuries to MOD civilian Non-Industrial employees and UK high risk office worker occupations, 2007/08 to 2011/12.

Table 11: RIDDOR deaths and injuries to MOD civilian Non-Industrial employees and UK high risk office worker occupations¹, by injury severity, 2007/08 to 2011/12^p, numbers²

Grouped Occupations	2007/08	2008/09	2009/10	2010/11p	2011/12p
MOD Non-industrial (Riddor)³	120	175	195	120	100
Deaths	0	0	0	0	0
Major injuries	40	45	60	40	35
Serious injuries	80	130	140	80	65
UK High risk office worker (Riddor)	1,140	1,155	1,010	855	-
Deaths	5	3	3	7	-
Major injuries	355	360	365	270	-
Serious injuries	780	790	645	575	-

1. Data for 2011/12 on UK high risk office worker occupations not currently available.

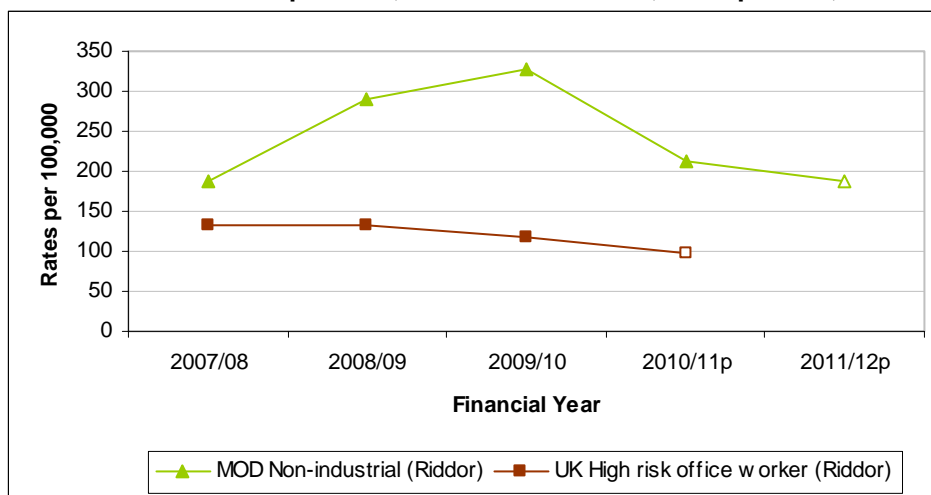
2. In line with DASA's rounding policy, all injury figures of five or more have been rounded to the nearest 5 and figures fewer than five have been suppressed and marked -. Totals and sub-totals have been rounded separately and thus totals may not equal the sums of their rounded parts.

3. Includes UK injuries only excluding battlefield, off duty RTAs, on duty RTAs on public highway, suicides and suspected suicides. - = not available

p. Figures for UK high risk office worker for 2010/11 and all figures for 2011/12 are provisional (see paragraph 220).

138. The following figures (**Figures 17 to 19**) present the rates of RIDDOR deaths and injuries, by injury severity, to MOD civilian Non-Industrial employees and UK high risk office worker occupations, 2007/08 to 2011/12.

Figure 17: RIDDOR deaths and injuries to MOD civilian Non-Industrial employees and UK high risk office worker occupations¹, 2007/08 to 2011/12^p, rates per 100,000



1. Data for 2011/12 on UK high risk office worker occupations not currently available.

p. Rates for UK high risk office worker for 2010/11 and all rates for 2011/12 are provisional.

139. The annual rate of RIDDOR deaths and injuries to MOD civilian Non-Industrial employees was consistently higher than the rate for UK high risk office worker occupations over the period 2007/08 to 2010/11. In 2010/11, the latest year for which comparison data was available, the rate of RIDDOR deaths and injuries to MOD civilian Non-Industrial employees was 211 per 100,000 compared with 99 per 100,000 for all UK high risk office worker occupations.

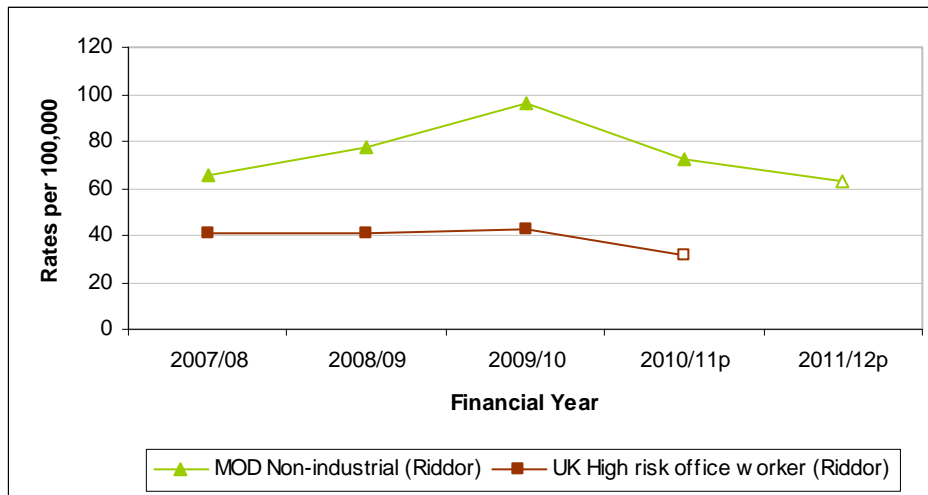
140. There have been no MOD civilian Non-Industrial deaths over the period 2007/08 to 2011/12. The rate for high risk office worker occupations has varied over this period, between 0.3 per 100,000 in 2008/09 and 0.8 per 100,000 in 2010/11.

141. The reasons for the difference in RIDDOR injury rates are not known. It may be due to differences between the levels of risk of activities carried out by the two groups. The MOD civilian Non-Industrial group, for example, includes Non office-based employees such as the MOD Police (who carry out armed policing) and MOD Guard Service (who carry out unarmed guarding). The responsibilities of these personnel may involve higher risk of injury than the UK high risk office worker occupations, who include warehouse staff and office workers who undertake site visits (for example, property

housing and land managers). DASA will investigate methods of improving the validity of the comparisons made in this section prior to the next release of these statistics.

142. Other reasons may account for the differences between the two groups. For example, anecdotal evidence suggests that there is a strong safety culture among MOD Non-Industrial civilians. This, in conjunction with the active promotion of accident reporting mechanisms, may have resulted in a higher level of accident reporting than was seen in UK high risk office worker occupations.

Figure 18: Major injuries to MOD civilian Non-Industrial employees and UK high risk office worker occupations¹, 2007/08 to 2011/12^p, rates per 100,000

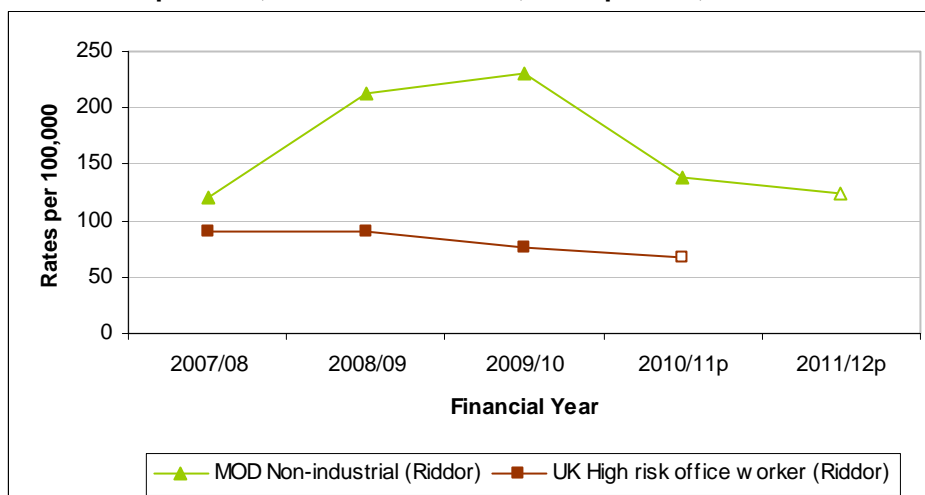


1. Data for 2011/12 on UK high risk office worker occupations not currently available.

p. Rates for UK high risk office worker for 2010/11 and all rates for 2011/12 are provisional.

143. The annual rates of RIDDOR major injuries to MOD civilian Non-Industrial employees were consistently higher than the rates for UK high risk office worker occupations over the period 2007/08 to 2010/11. In 2010/11, the latest year for which comparison data was available, the rate of RIDDOR major injuries to MOD civilian Non-Industrial employees was 72 per 100,000 compared with 31 per 100,000 for all UK high risk office worker occupations.

Figure 19: Serious injuries to MOD civilian Non-Industrial employees and UK high risk office worker occupations¹, 2007/08 to 2011/12^p, rates per 100,000



1. Data for 2011/12 on UK high risk office worker occupations not currently available.

p. Rates for UK high risk office worker for 2010/11 and all rates for 2011/12 are provisional.

144. The annual rates of RIDDOR serious injuries to MOD civilian Non-Industrial employees were consistently higher than the rates for UK high risk office worker occupations over the period 2007/08 to 2010/11. In 2010/11, the latest year for which comparison data was available, the rate of RIDDOR serious injuries to MOD civilian Non-Industrial employees was 139 per 100,000 compared with 67 per 100,000 for all UK high risk office worker occupations.

MOD Civilian Industrial employees

145. This section compares MOD civilian Industrial injury rates to the occupational grouping of 'Transport support staff occupations'. MOD Industrial employees include all civilians primarily employed in a trade, craft or manual labour occupation. Therefore this group covers a range of functions, including air freight handlers, storekeepers, drivers and Industrial technicians. The UK transport support staff occupations group was selected as the best available comparison population. However, there are differences between the activities undertaken UK transport support staff occupations and MOD Industrial civilian employees and therefore the following comparisons should be used with caution.

146. **Table 12** presents the number of RIDDOR deaths and injuries to MOD civilian Industrial employees and UK transport support staff occupations, 2007/08 to 2011/12.

Table 12: RIDDOR deaths and injuries to MOD civilian Industrial employees and UK transport support staff occupations¹, by injury severity, 2007/08 to 2011/12^p, numbers²

Grouped Occupations	2007/08	2008/09	2009/10	2010/11p	2011/12p
MOD Industrial (Riddor)³	120	125	105	120	105
Deaths	0	0	0	0	0
Major injuries	15	25	30	25	20
Serious injuries	105	100	75	95	85
UK Transport support staff (Riddor)	16,505	15,065	12,985	12,725	-
Deaths	10	9	7	8	-
Major injuries	2,550	2,245	2,035	1,975	-
Serious injuries	13,945	12,810	10,940	10,740	-

1. Data for 2011/12 on UK transport support staff not currently available.

2. In line with DASA's rounding policy, all injury figures of five or more have been rounded to the nearest 5 and figures fewer than five have been suppressed and marked -. Totals and sub-totals have been rounded separately and thus totals may not equal the sums of their rounded parts.

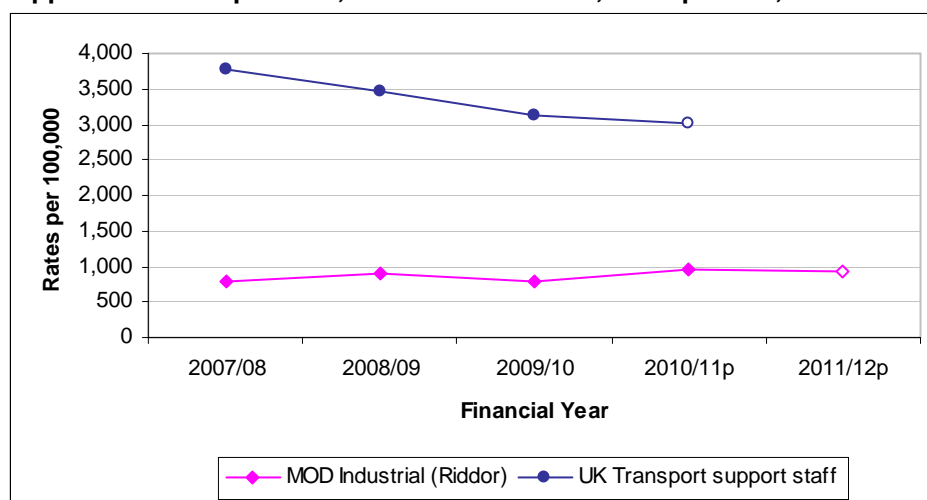
3. Includes UK injuries only excluding battlefield, off duty RTAs, on duty RTAs on public highway, suicides and suspected suicides.

-. = not available

p. Figures for UK transport support staff for 2010/11 and all figures for 2011/12 are provisional (see paragraph 220).

147. The following figures (**Figures 20 to 22**) present the rates of RIDDOR deaths and injuries, by injury severity, to MOD civilian Industrial employees and UK transport support staff occupations, 2007/08 to 2011/12.

Figure 20: RIDDOR deaths and injuries to MOD civilian Industrial employees and UK transport support staff occupations¹, 2007/08 to 2011/12^p, rates per 100,000



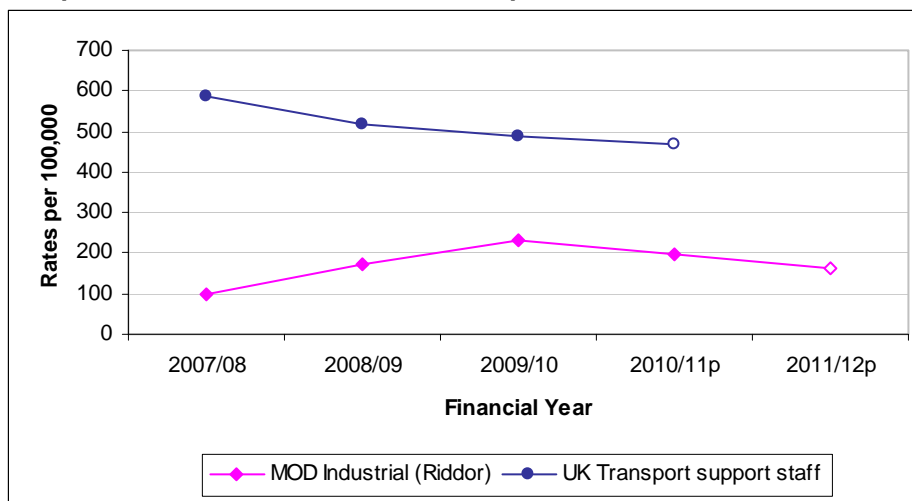
1. Data for 2011/12 on UK transport support staff not currently available.

p. Rates for UK transport support staff for 2010/11 and all rates for 2011/12 are provisional.

148. The annual rate of RIDDOR deaths and injuries to MOD civilian Industrial employees was consistently lower than the rate for UK transport support staff occupations over the period 2007/08 to 2010/11. In 2010/11, the latest year for which comparison data was available, the rate of RIDDOR deaths and injuries to MOD civilian Industrial employees was 199 per 100,000 compared with 470 per 100,000 for UK transport support staff occupations.

149. The rate of RIDDOR deaths and injuries to MOD civilian Industrial employees fluctuated over the period, ranging from a low of 783 per 100,000 in 2007/08 to a high of 962 per 100,000 in 2010/11. The UK transport support staff occupations rate of RIDDOR deaths and injuries has steadily decreased over the period, from 3,786 per 100,000 in 2007/08 to 3,023 per 100,000 in 2010/11.
150. There have been no MOD civilian Industrial deaths over the period 2007/08 to 2011/12. The rate for UK transport support staff occupations has varied over this period, between 1.7 per 100,000 in 2009/10 and 2.3 per 100,000 in 2007/08.
151. The reasons for these changes and the large difference between the rates of the two groups are not known. It may be due to differences between the levels of risk of activities carried out by the two groups. The MOD civilian Industrial group, for example, includes personnel employed as store-keepers, couriers, drivers and in technical trades. The responsibilities of these personnel may involve lower risk of injury than the UK transport support staff occupations, which include rail and air transport operatives, sea farers and dockers. DASA will investigate methods of improving the validity of the comparisons made in this section prior to the next release of these statistics.

Figure 21: Major injuries to MOD civilian Industrial employees and UK transport support staff occupations¹, 2007/08 to 2011/12^p, rates per 100,000

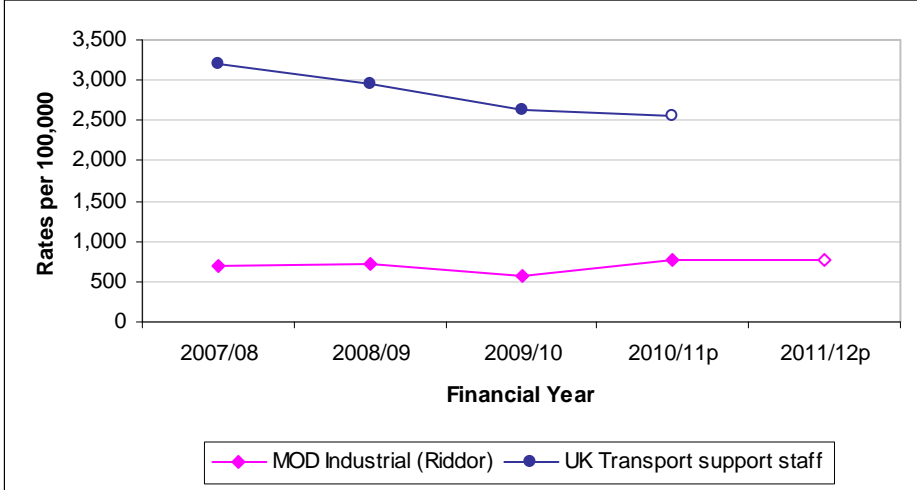


1. Data for 2011/12 on UK transport support staff not currently available.

p. Rates for UK transport support staff for 2010/11 and all rates for 2011/12 are provisional.

152. The annual rates of RIDDOR major injuries to MOD civilian Industrial employees were consistently higher than the rates for UK transport support staff occupations over the period 2007/08 to 2010/11. In 2010/11, the latest year for which comparison data was available, the rate of RIDDOR major injuries to MOD civilian Industrial employees was 199 per 100,000 compared with 470 per 100,000 for all UK transport support staff occupations.

Figure 22: Serious injuries to MOD civilian Industrial employees and UK transport support staff occupations¹, 2007/08 to 2011/12^p, rates per 100,000



1. Data for 2011/12 on UK transport support staff not currently available.
 p. Rates for UK transport support staff for 2010/11 and all rates for 2011/12 are provisional.

153. The annual rates of RIDDOR serious injuries to MOD civilian Industrial employees were consistently higher than the rates for UK transport support staff occupations over the period 2007/08 to 2010/11. In 2010/11, the latest year for which comparison data was available, the rate of RIDDOR serious injuries to MOD civilian Industrial employees was 763 per 100,000 compared with 2,552 per 100,000 for UK transport support staff occupations.

Section 8: Other recorded incidents - Near misses and dangerous occurrences

154. **Section 8** contains information on incidents recorded on the MOD health and safety systems that did not result in injury or illness.
155. In December 2010, a MOD Near miss reporting campaign was launched to increase reporting of near misses and is one of the Defence Board's strategic objectives. Near misses are events which would normally have resulted in death, injury or ill health, or a dangerous event.
156. Health and Safety systems also record specific, unplanned, uncontrolled events which have the potential to cause injury or damage and are listed in Schedule 2 of RIDDOR (1995). These are recorded as dangerous occurrences.

Near Misses

157. There were 1,770 near misses recorded on health and safety systems in 2011/12, accounting for 17% of all events.
158. The number of near misses increased between 2007/08 and 2011/12 from 780 to 1,770 respectively. The highest number of recorded near misses was in 2010/11 with 2,220¹.
159. In 2007/08 near misses accounted for 10% of all recorded incidents, by 2010/11 this had increased to 17%. In 2011/12 this proportion had remained the same. Although it may be too early to speculate, it suggests that the trend in reporting practices of near misses across the TLB's has levelled off and reporting is at a constant level.
160. The majority of near misses were reported Defence Equipment and Support Incident Notification Cell (DINC), who reported 800 near misses in 2011/12.
161. When a near miss occurred, it generally involved the following event kinds:
- Transport incidents - driving of vehicles
 - Moving/falling objects - Estate infrastructure - high wind damage to buildings i.e. falling tiles
 - Exposure to harmful substances - fuel leaks from vehicles
 - Machinery/Equipment - defective/malfunction of machinery/equipment
 - Slips/trips/falls - People walking on icy pavements, uneven walkways

Dangerous Occurrences

162. There were 85 dangerous occurrences reported on health and safety systems in 2011/12, an increase of 69% compared with 2010/11 when there were 50 dangerous occurrences reported.
163. Of the 85 dangerous occurrences reported in 2011/12, 57% were reported to the Defence Equipment and Support Incident Notification Cell (n=50). These covered a range of incidents such as traffic violations, unsafe working practices and equipment failure.

DATA, DEFINITIONS AND METHODS

DATA

Deaths

UK regular Armed Forces: death data

164. DASA receive weekly notifications of all regular Armed Forces deaths from the Joint Casualty and Compassionate Cell (formerly the single Service casualty cells). DASA also receive cause of death information from military medical sources in the single Services, death certificates and coroner's inquests.
165. The information on deaths presented here for regular Armed Forces includes all trained and untrained personnel and Non-regulars who died on deployment.
166. The deaths data excludes the Home Service of the Royal Irish Regiment, full time reservists, Territorial Army and Naval Activated Reservists since DASA do not receive routine notifications of all deaths among reservists and Non-regulars, and because reliable denominator data to produce interpretable statistics are not available.
167. In addition, DSEA notify DASA of deaths to Non-regular Armed Forces personnel where the cause of death is deemed to be safety-related.
168. To record information on cause and circumstances of death, DASA uses the World Health Organisation's International Statistical Classification of Diseases and Health-related Problems 10th revision (ICD-10).
169. DASA regularly check all deaths for information on coroner's verdicts (England and Wales) and the results of investigations by the Procurator Fiscal for Scotland where possible. For Northern Ireland, DASA liaise with the Northern Ireland Statistics and Research Agency (NISRA) who handle the official information on behalf of the Northern Ireland Office. There is an obligation for all accidental deaths and those resulting from violent action to be referred to these officials. Inquests are usually held within a few months of the death, but occasionally a few years may elapse. Therefore some recent deaths may not have clearly defined cause information.

Work-related deaths to civilian personnel

170. Civilian deaths and those to Non-regular personnel who died while on-duty or on MOD sites (excluding those who died on deployment) are as notified to DASA via DSEA.

Health and Safety Injuries and Illnesses

Reporting Procedures

171. Since 2005, Service personnel and civilians report incidents to Incident Notification Cells or via their on-site Safety, Health, Environment and Fire (SHEF) advisors.
172. The notification cells record accidents and incidents on Health and Safety reporting systems; these include the Incident Recording Information System (IRIS), the Army Incident Notification Cell (AINC), the Defence Equipment and Support Cell (DINC), and the Naval Service Incident Notification Cell (NSINC) databases.

Health and safety incidents: cases covered

173. The information provided here covers a range of health and safety incidents as set out by the HSE Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) and the MOD Joint Service Publication (JSP) 375, Leaflet 14 'Accident/Incident Reporting and Investigation'¹. Cases include both MOD and Non-MOD personnel: regular Service personnel, members of the volunteer and regular reserves if they have been mobilised, MOD civilian staff, and any other civilians on MOD property or injured in or by MOD vehicles.

¹ http://www.mod.uk/NR/rdonlyres/D6D22833-8ABA-40E9-A0A7-84847754DDC6/0/20110524_JSP375_Leaflet14_UpdatedDINC.pdf

174. There is no current legal requirement, set out by RIDDOR, for injuries and illnesses to UK Service personnel to be notified to the HSE. However, MOD policy requires that all Service and civilian accidents/incidents, disease or dangerous occurrences which would have been reportable under RIDDOR be reported to the MOD.

175. It is MOD policy that all accidents/incidents (excluding battlefield injuries) relating to MOD staff, visitors, premises or equipment, or for which MOD may be culpable are reported and recorded; this includes fatalities, injuries, ill-health and near misses.

DEFINITIONS

Incident classifications

Illness

176. Illnesses specified within this report are defined as any reported episode of ill health with a cause which can be attributed to MOD activities or an individual's employment with the MOD.

Major injuries and illnesses (excluding deaths)

177. Major injuries are defined by the HSE as work-related cases which:

- could result in death or in hospitalisation (or being confined to bed, if at sea) for more than 24 hours
- result in a person who was not at work being taken to a hospital for treatment.
- a specific type of injury e.g. fracture (except for fingers, thumbs and toes)

178. Major illnesses include any illness recorded on the Health and Safety reporting systems with a severity of 'major'.

Serious injuries and illnesses

179. Serious injuries equate to the HSE over-three-day injury category, and are those that are not defined as 'major' according to the above criteria but which could result in a person being unable to perform their normal duties for more than three days.

180. Serious illnesses include any illness recorded on the MOD's Health and Safety reporting systems with a severity of 'serious'.

Minor injuries and illnesses

181. Minor injuries and illnesses are those that are not classified as 'major' nor 'serious'. This category will include the severities of 'slight' and 'trivial'. Slight injuries and illnesses are defined as those causing a loss of normal work activity for more than one hour, but less than three days loss of the injured person's normal duty. Trivial injuries and illnesses are any other (resulting in less than one hour's lost time).

Near Misses

182. Near Misses are events that, while not causing harm, have the potential to cause death, injury, damage or ill health, but which was avoided by circumstance or through timely intervention. Also known as hazardous incident at sea.

Dangerous Occurrences

183. The Health and Safety systems also record specific, unplanned, uncontrolled events which have the potential to cause injury or damage and are listed in Schedule 2 of RIDDOR (1995).

Work place incident

184. A 'work place incident' is an incident for which the MOD is responsible, that is it is deemed to be 'within the wire', thus work place incidents will include any incidents that occur on MOD property. On duty road traffic accidents (RTAs) are also included.

Within the wire

185. 'Within the wire' refers to incidents that occur on MOD property, including MOD sites in the UK and overseas, on military training facilities and ships. Injuries in Service provided accommodation and in Service educational facilities are also included.

Work-related deaths

186. For the purpose of this report, 'work-related deaths' have been defined as injury related deaths occurring on-duty or on MOD property, excluding suicides.

Hostile action

187. 'Hostile action' is the combination of the JCCC reporting categories 'killed in action' and 'died of wounds' for operational deaths that are a result of hostile action.

Road Traffic Accidents - on duty

188. Road traffic accidents are those which occur on public highways whilst the Service personnel or MOD civilian employees are on duty.

Land Transport Accident

189. A land transport accident is defined as any accident involving a device that has been designed for, or is being used at the time for, the conveyance of either goods or people from one place to another on land.

Personnel classifications

190. **All** – Includes identified UK regular Armed Forces personnel and MOD civilian employees.

191. **Regular Armed Forces** - Includes identified UK regular Armed Forces personnel only.

192. **Naval Service** – Includes identified Royal Navy and the Royal Marine personnel only.

193. **Army** - Includes identified UK regular Army personnel only.

194. **RAF** - Includes identified UK regular RAF personnel only.

195. **MOD civilian** – Consists of permanent Industrial and Non-Industrial MOD employees only. Excludes Royal Fleet Auxiliary (RFA) and MOD locally engaged staff overseas (LEC's).

196. **MOD civilian Industrial** - (also known as skill zone staff) are civilian personnel employed primarily in a trade, craft or other manual labour occupation. This covers a wide range of work such as Industrial technicians, air freight handlers, storekeepers, vergers and drivers.

197. **MOD civilian Non-Industrial** - are civilian personnel who are not primarily employed in a trade, craft or other manual labour occupation. This covers a wide range of personnel undertaking work such as administrative, analysis, policy, procurement, finance, medical, dental, teaching, policing, science and engineering.

198. **Other** – The 'Other' category consists of all other personnel who have an injury or illness recorded on MOD health and safety systems. These are people who are not identified as UK regular Service personnel or MOD civilians (Industrial or Non-Industrial), but for whom the MOD has a duty of care. Such people include reservist personnel, contractors (both casual and permanent), MOD locally engaged staff overseas, agency staff, Service cadets, visiting forces, dependents of Service personnel including children, members of public.

HSE comparison populations

199. **Office workers with high risk site/warehouse visits occupations** are split into two separate entities: Office work (high risk site visits) and Office work (warehouse).

200. Office work (high risk site visits) include the following occupations

- Production, works and maintenance managers (1121)²
- Security managers (1174)
- Hospital and health service managers (1181)
- Healthcare practice managers (1183)
- Natural environment and conservation managers (1212)
- Property, housing and land managers (1231)

² These codes refer to the ONS Standard Occupational Classification 2000 Volume 1 Structure SOC 2000 unit group codes.

- Recycling and refuse disposal managers (1235)

201. Office work (warehouse) include the following occupations

- Transport and distribution managers (1161)
- Storage and warehouse managers (1162)
- Stock control clerks (4133)
- Transport and distribution clerks (4134)

202. **Transport support staff** include the following occupations

- Rail transport operatives (8216)
- Seafarers (merchant navy); barge, lighter and boat operatives (8217)
- Air transport operatives (8218)
- Transport operatives NEC (8219)
- Stevedores, dockers and slingers (9141)
- Other goods handling and storage occupations NEC (9149)

203. For further information please see the ONS Standard Occupational Classification 2000 Volume 1 Structure and descriptions of unit groups' document. The occupational codes listed above are the SOC 2000 unit group codes

Mechanism classifications

204. **Adventure Training** – Injuries resulting from organised adventure training activities (i.e. when part of an exercise or training course) such as skiing, rock climbing, parachuting and mountain biking.

205. **Built Estate Infrastructure** - Injuries resulting from issues with the working environment or accommodation on MOD sites. For example, injuries resulting from slips, trips or falls on poorly treated icy surfaces or trip hazards such as broken flooring. Injuries resulting from poor lighting would also come under this mechanism.

206. **Discipline Related** – Injuries resulting from incidents where an individual could be disciplined by the Service or civilian authorities for their actions. The individual committing the offence does not necessarily have to be the injured person or a member of the Services. Many injuries that fall in to this mechanism are as a result of assaults. However, please note this mechanism is also used for injuries resulting from suspected self harm, which is not considered a military offence.

207. **Equipment Maintenance** – Injuries resulting from trying to fix or routinely maintain an item of machinery. For example injuries resulting from carrying out weapon repairs, injuries in workshops not directly involving vehicles, injuries as a result of using specialist equipment such as grinders or bolt guns.

208. **Normal duties** – Injuries that occur during normal work duties that do not fall into other mechanism categories.

209. **RTA** – Injuries resulting from road traffic accidents on the public highway. Only RTAs that occur on duty are included in the report.

210. **Sport/Recreation** – Injuries resulting from participating in sporting activities such as football or rugby. This mechanism also includes injuries resulting from off duty activities where that activity does not readily fall in to any other mechanism.

211. **Training/Exercise** – Injuries resulting from activities related to being on exercise, routine training or participating in organised physical training. This mechanism also includes Non battlefield injuries sustained on operations where the information supplied on health and safety systems is minimal.

212. **Workplace Transport** – Injuries resulting from road traffic accidents off the public highway i.e. within the boundaries of a military establishment or training area. This mechanism also includes injuries resulting from directly working on a vehicle.

METHODS

Data Quality

Validation process

213. Data from the MOD health and safety recording systems have been standardised, merged and validated prior to the production of this report. The primary validation processes are detailed in paragraphs 216 to 217.

214. **Duplicates:** Where duplicate injuries have been found within, or across systems, duplicate records have been removed.

215. **Severity:** Where incidents have been recorded on health and safety systems with a severity of 'Unknown' or blank and the severity can be clearly identified, it has been reclassified to the correct severity. If the severity is not clear it has been classified as 'Minor'.

216. **Service Number** – Service personnel and MOD civilians have been identified by linking their recorded service or staff number to the Joint Personnel Administration System (JPA) or Human Resources Management System (HRMS). Where a service/staff number has been entered incorrectly or left blank, it has been updated where possible. If no information exists on the health and safety system to indicate the individual's Service (if applicable), or if they are identified as cadets, contractors or locally employed civilians or members of the public, they have been allocated to the 'Other' personnel category.

Quality issues

217. **Excluded records:** No injuries reported on the MOD Health and Safety recording systems during the period 2007/08 to 2011/12 has been excluded from this report. Only duplicate incident records have been removed. However, there were 75 ill health records reported in 2011/12 where the severity was not recorded and therefore cannot be ascertained. These have been excluded from the report.

218. **Safety-related deaths:** The MOD does not formally classify deaths as safety or Non-safety related. Therefore, injury-related deaths caused by work place incidents and on duty RTAs are presented in **Section 2**, as these are the only clearly defined categories of death currently available.

219. Injury and illness data used within this report was extracted from the various health and safety systems on 1 July 2012. Deaths data was sourced from the Deaths in the UK regular Armed Forces 2011 National Statistic and Quarter 1 2012 deaths data extracted as at 5 September 2012.

220. **Late reporting of incidents:** Due to the fact that injuries and illnesses can be reported several months after the event, figures for 2011/12 have been marked as provisional (p) and will be updated in the 2012/13 report. The level of late reporting is not known; therefore figures for 2011/12 should be used with caution as they may under represent the actual number of injuries that occurred in that period.

221. **Illness reporting:** The primary process for reporting ill health to Service personnel is through the Service medical reporting chain, not health and safety reporting processes. MOD civilians report through their reporting chain however they may report illnesses directly to their general practitioner. Therefore the numbers of safety related illnesses presented in this report should be treated as a minimum.

222. Due to complexity of reporting across different Top Level Budget (TLB) systems, the mechanism from the Army AINC system has been adapted and applied to the other incident records held on other systems. It is not an exact practice due to the different types of activity undertaken by the three Services and MOD civilians resulting in different data capture. Mechanism definitions are currently under review by the single Service Chief Environment & Safety Officers (CESOs).

223. **Defence Transformation** - Due to the ongoing structural changes occurring within the MOD, human resources across all TLBs has become limited. As a result of turnover and loss of data entry staff who worked on the IRIS system within the Central TLB Incident Notification Cell (CINC), many records had been duplicated and 500 records were identified as not having a severity allocated to an injury. By examining each record manually, it was possible for DASA to allocate a severity for these records.

224. This report is based on health and safety incidents **as recorded** on the MOD's systems. Further incidents may have been reported to the Incident Notification Cells that have not yet been recorded on the systems due to staffing issues. DASA are investigating with CESOs the extent of this issue.

Statistical measures

Numbers and rates

225. In line with DASA's rounding policy health and safety injury numbers have been rounded to the nearest five. Numbers fewer than five have been suppressed, and are represented by ~.

226. When reporting deaths, actual numbers have been presented in line with DASA's rounding policy, May 2009. Totals and sub-totals have been rounded separately and thus totals may not equal the sums of their rounded parts. Percentage values have been calculated using un-rounded figures.

227. This report provides data on the number of incidents recorded by various health and safety systems. Where possible we also provide crude rates based on the overall known population. Please note that DASA do not have reliable denominators for the reservist population, therefore the rates for Service personnel exclude reservists. For civilians, DASA only have information on MOD employees, not on external contractors. It is important to note that crude rates are not strictly comparable owing to the possible different age and gender profiles of the baseline populations. This would apply particularly between Service personnel and civilian personnel as the former are predominantly composed of young people.

228. Injury rates for UK regular Armed Forces personnel have been calculated using a 13 month average strength over each financial year using the Joint Personnel Administration System (JPA) for 2007/08 to 2011/12. All UK Armed Forces strengths data used are considered finalised. These will be published in the next release of UK Defence Statistics 2012 (see DASA website for release date - www.dasa.mod.uk).

229. All rates presented in the report are per 100,000 personnel per year.

230. The report uses the number of Full-Time Equivalent (FTE) personnel as the denominator for MOD civilian rates. FTE is a measure of the proportion of a standard working week that an individual is employed, for example, a person who works three standard working days per week would have an FTE of 0.6.

Amendments to the structure and contents of the report

231. A new Section 7 has been incorporated within this year's report which examines the benchmarking of MOD civilian employees injuries against other comparable occupations.

232. Within Section 7, the rates of injuries that are considered to be RIDDOR reportable are presented. In order to provide a valid comparison, only those injuries to MOD civilian employees that met the criteria for reporting under RIDDOR are included in this section. Therefore, injuries that occurred overseas, RTAs on public highways, suicides, suspected suicides and illnesses have been excluded.

233. RIDDOR injury rates for MOD civilian employees have been calculated using a 13 month average strength over each financial year using the Human Resources Management System (HRMS) for 2007/08 to 2011/12. The strengths from JPA have been revised to exclude those MOD civilian employees overseas or classified as at sea, as injuries to personnel outside the UK are not RIDDOR reportable.

234. Injury rates for the protective services, transport support staff and high risk office worker groups in the figures have been calculated using data sourced from the Annual Population Survey (APS). For more information please go to <http://www.hse.gov.uk/statistics/sources.htm#employment>.

Future planned changes affecting the structure and contents of the report

235. Two changes have occurred to health and safety reporting that may affect the contents of this report in 2012/13. DASA will monitor the impact of these changes and devise appropriate amendments to the 2012/13 report, in consultation with stakeholders.

236. **Changes to RIDDOR** - As of 6 April 2012, RIDDOR's over-three-day injury reporting requirement has changed. The trigger point has increased from over three days' to over seven days' incapacitation (not counting the day on which the accident happened). Incapacitation means that the worker is absent or is unable to do work that they would reasonably be expected to do as part of their normal work. For further information please see the link to the HSE document³. Proposals to revise the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 are currently being explored by the Health and Safety Executive. The Health and Safety Executive opened a 12 week consultation on proposals to simplify and clarify how businesses comply with the requirements. The consultation began on 2 August 2012 and ends on 28 October 2012.
237. **Changes to MOD reporting systems** - The Incident Recording Information System (IRIS) that was designed initially to capture and record all MOD health and safety incidents was switched off on 29 June 2012. New reporting procedures have been implemented across the TLBs that previously used IRIS in order to record health and safety incidents. The Accident and Incident Recording System (AIRS) is mandatory across Air Command. Defence Infrastructure Organisation (DIO) has set up its own notification cell (DIOINC). Joint Forces Command (JFC) and 'Head Office and Corporate Services' (HOCS) has implemented a system based upon a minimum dataset. It is too early to report if the levels of reporting of injuries will remain the same.

Revisions

238. Data presented for 2007/08 to 2010/11 are final and are not subject to revision, unless errors are found in the classifications or statistical methods used during their publication. Due to the fact that injuries and illnesses can be reported several months after the event, figures for 2011/12 have been marked as provisional (p) and will be updated in the 2012/13 report. All revisions are marked †.

³ <http://www.hse.gov.uk/pubns/indg453.htm>

Annex A - On/Off duty work related deaths

Work-related deaths

239. Work-related deaths' have been defined as injury related deaths occurring on-duty or on MOD property, excluding suicides. Hostile action includes deaths categorised as Killed in Action (KIA) and Died of Wounds (DOW) where KIA is a battle casualty who is killed outright or who dies as a result of wounds or other injuries before reaching a medical treatment facility and DOW is a battle casualty who dies of wounds or other injuries received in action, after having reached a medical treatment facility.

240. DASA were notified of 85 work-related deaths (excluding hostile action) among UK Armed Forces and civilian personnel for the period 1 April 2007 to 31 March 2012. The main cause categories by financial year are shown in **Tables A1** and **A2**.

Table A1: All personnel¹, work-related deaths by type of incident³, 2007/08 to 2011/12, numbers

Type of incident	All	2007/08	2008/09	2009/10	2010/11	2011/12
All	454	94^r	77^r	133^r	93^r	57
Hostile action	369	67	60	125	74	43
Road traffic accident - on duty ²	30	10 ^r	6	0 ^r	8	6
Work place incident	55	17 ^r	11 ^r	8 ^r	11 ^r	8

Source: DASA(Health Information) and DSEA

1. 'All personnel' includes any person whose injury or illness is recorded on MOD health and safety systems. This includes regular and Reservist personnel, MOD civilian employees and any other person injured as a result of MOD activity or on a MOD site (see paragraph 185).

2. 'Road traffic accidents - on duty' are those which occur on public highways whilst the Service personnel are on duty (see paragraph 188).

3. Excludes coroner confirmed suicide and open verdicts.

Table A2: All personnel¹, On-duty² work place incidents³ resulting in injury-related deaths by cause⁴, 2007/08 to 2011/12, numbers

Work Place Incidents	All	2007/08	2008/09	2009/10	2010/11	2011/12
All	55	17^r	11^r	8^r	11^r	8
Adventure training	4	1	0 ^r	2	1	0
Electrocution	2	0 ^r	0	0	1 ^r	1
Gunshot wounds and other explosive related agents	4	1	0	0	1	2
Parachuting accidents	2	1	0	0	0	1
Transport accidents	25	11^r	6^r	5^r	1^r	2
Fixed wing aircraft	7	0 ^r	2 ^r	3 ^r	0	2
Rotary blade aircraft	10	7	2	1	0	0
Land transport	8	4 ^r	2	1 ^r	1 ^r	0
Water based activities	3	1	1	0 ^r	1	0
Other ⁵	11	2 ^r	2 ^r	1 ^r	6 ^r	0
Pending investigation	4	0	2 ^r	0	0	2

Source: DASA(Health Information) and DSEA

1. 'All personnel' includes any person whose injury or illness was recorded on MOD health and safety systems. This includes regular and Reservist personnel, MOD civilian employees and any other person injured as a result of MOD activity or on a MOD site (see paragraph 185).

2. Duty status is as specified on initial notification of death or any subsequent information received.

3. For definition of work place incident (see paragraph 184).

4. Excludes coroner confirmed suicide and open verdicts.

5. Includes causes of death: fire, play fighting, training accident climbing up a ship, barbeque flash back burns, struck by objects.

241. The classification of cause presented in **Table A3** is based on the best available information to DASA. DASA, however, do not receive all data regarding the circumstances of death. For example, 'adventure training' is based on information in the NOTICAS signal and refers to the activity the deceased was engaged in rather than the specific cause of death. There may have been other deaths that occurred during adventure training but they may not have been recorded as such.

242. **Table A3** includes deaths that were recorded as 'off duty', however because they have occurred 'within the wire' they are considered to be work-place incidents and thus fall under the JSP442 reporting requirements.

Table A3: All personnel¹, Off duty² work place incidents³ resulting in injury-related deaths by cause⁴, 2007/08 to 2011/12, numbers

Work Place Incidents	All	2007/08	2008/09	2009/10	2010/11	2011/12
All	14	3^r	2^r	2^r	2^r	5
Fall	1	1	0 ^r	0	0	0
Workplace transport	1	0 ^r	0	1 ^r	0	0
Other ⁵	4	1 ^r	1	1	1 ^r	0
Pending investigation	8	1	1	0 ^r	1	5

Source: DASA(Health Information) and DSEA

1. 'All personnel' includes any person whose injury or illness is recorded on MOD health and safety systems. This includes regular and Reservist personnel, MOD civilian employees and any other person injured as a result of MOD activity or on a MOD site (see paragraph 185).

2. Duty status is as specified on initial notification of death or any subsequent information received.

3. For definition of work place incident (see paragraph 184).

4. Excludes coroner confirmed suicide and open verdicts.

5. Includes causes of death: alcohol related, accidental hanging.

243. Between 2007/08 and 2011/12, DASA have been notified of 14 injury related deaths that occurred off-duty (**Table A3**) that have occurred to UK Armed Forces and civilian personnel on MOD property.

Annex B - MOD civilian employees injuries and illnesses

MOD civilian employees injuries and illnesses

244. Table B1 shows MOD civilian employees all injury and illness rates by severity.

Table B1: MOD civilian employees¹, all severities of injuries and illnesses², 2007/08 to 2011/12^p, rates per 100,000³

Severity	2007/08	2008/09	2009/10	2010/11	2011/12 ^p
Major and Serious					
All	362 ^r	492 ^r	522	452 ^r	363
Industrial	843 ^r	1,068	1,090	1,101 ^r	1,047
Non-Industrial	249 ^r	360 ^r	395	313 ^r	221
Major					
All	77 ^r	112 ^r	142	114 ^r	82
Industrial	100	201	267	244 ^r	167
Non-Industrial	72 ^r	92 ^r	115	86 ^r	64
Serious					
All	285 ^r	380 ^r	380	338 ^r	281
Industrial	743 ^r	867	823	857 ^r	880
Non-Industrial	177	268 ^r	281	227 ^r	156
Minor					
All	1,502	1,746	1,986	2,076 ^r	1,925
Industrial	3,724	4,071	4,294	4,473 ^r	4,160
Non-Industrial	982	1,213	1,469	1,561 ^r	1,458

1. 'MOD civilian' includes Industrial and Non-Industrial employees only (see paragraphs 195-197).

2. Injury and illness classifications (see paragraphs 176-181).

3. Rates are calculated using Full-time equivalent civilian strengths as the denominator.

p. Figures for 2011/12 are provisional (see paragraph 220).