



Ministry
of Defence

Monthly Op HERRICK UK Patient Treatment Statistics: RCDM and DMRC Headley Court 8 October 2007 – 31 July 2013

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INTRODUCTION

1. This report provides statistical information on UK Armed Forces and Civilian personnel returned to the UK from Op HERRICK as a result of an injury or illness who have been treated at the Royal Centre for Defence Medicine (RCDM) and/or the Defence Medical Rehabilitation Centre (DMRC) Headley Court. This report covers the time period 8 October 2007 – 31 July 2013.

2. This report has been provided in response to a number of requests for information about the number of UK Service Personnel injured on Op HERRICK that are subsequently receiving treatment in hospital at RCDM or receiving rehabilitation at DMRC, Headley Court. Publishing this information monthly provides accurate and timely information to interested parties.

3. This publication previously contained information on the number of UK Service personnel receiving treatment at RCDM and/or DMRC as a result of an injury sustained on Op TELIC. Defence Statistics released the final publication of this information on 30 April 2013. Op TELIC statistics for the period 8 October 2007 to 31 March 2013 are still available on the Defence Statistics website.

KEY POINTS

4. During the period 8 October 2007 to 31 July 2013 the number of patients from Op HERRICK treated at RCDM was 3,050. This figure includes patients who received treatment prior to the start of the Defence Patient Tracking System (DPTS) which commenced on 8 October 2007. Of these 2,986 were new patients who had not been treated at RCDM for their injury or illness prior to 8 October 2007.

5. During the period 8 October 2007 to 31 July 2013 the number of patients from Op HERRICK treated at DMRC was 1,379¹. This figure includes patients who received treatment prior to the start of the Defence Patient Tracking System (DPTS) which commenced on 8 October 2007. Of these 1,270 were new patients who had not been treated at DMRC for their injury or illness prior to 8 October 2007.

6. In **July 2013** there were 241 patients from Op HERRICK treated at either RCDM or DMRC (190 were Battle Injuries, 30 were Non Battle Injuries and 21 were Natural Causes), 18 of these were new patients who had not previously been treated at RCDM or DMRC for their injury or illness (five were Battle Injuries, eight were Non Battle Injuries and five were Natural Causes).

2013/14: Over the time period 1 April 2013 to 31 July 2013, there were 452 patients from Op HERRICK treated at either RCDM or DMRC (317 were Battle Injuries, 78 were Non Battle Injuries and 57 were Natural Causes), 108 of these were new patients who had not previously been treated at RCDM or DMRC for their injury or illness (29 were Battle Injuries, 42 were Non Battle Injuries and 37 were Natural Causes).

¹ Please note for the period 08 October 2008 to June 2013 this figure has been revised from 1,370 to 1,369.

8. **2012/13:** Over the time period 1 April 2012 to 31 March 2013, there were 913 patients from Op HERRICK treated at either RCDM or DMRC (585 were Battle Injuries, 166 were Non Battle Injuries and 162 were Natural Causes), 450 of these were new patients who had not previously been treated at RCDM or DMRC for their injury or illness (195 were Battle Injuries, 116 were Non Battle Injuries and 139 were Natural Causes).

7. The number of UK Armed Forces and civilian Personnel who were receiving treatment for the first time at RCDM or DMRC as a result of an injury or illness sustained on Operations in Afghanistan peaked in July 2009 and July 2010, at 105 and 103 respectively. This coincides with periods of high operational intensity.

8. The number of UK personnel receiving treatment for the first time at RCDM or DMRC began to fall from July 2010. This was largely due to a reduction in operational tempo of UK Service personnel as responsibility for security transitions to the Afghanistan National Security Force (ANSF), and a reduction in the numbers of UK Service personnel deploying to Afghanistan.

9. The number of UK personnel who were receiving treatment at RCDM or DMRC as a result of an injury or illness sustained on Operations in Afghanistan represents the numbers of patients requiring long-term treatment coupled with new patients. These numbers peaked in 2010 and has remained high due to the long-term treatment required by patients injured in periods of high operational intensity.

DATA, DEFINITIONS AND METHODS

10. Data are compiled by Defence Statistics from the Defence Patient Tracking System (DPTS) which commenced on 8 October 2007. The DPTS was set up to enable the capture of tracking data for aeromedically evacuated patients at the place where healthcare is being delivered along the care pathway. Patients receiving treatment that were aeromedically evacuated prior to this date may not be included. Since October 2008, the figures presented include Armed Forces personnel that have returned on routine flights and subsequently been referred to DMRC for an operational-related injury or illness.

11. The DPTS is not a medical or welfare record system; medical records are held on the Defence Medical Information Capability Programme; welfare records are held in single Service welfare databases. The DPTS is not an authoritative record of personnel and demographic details, these details are held on Joint Personnel Administration system.

20. The DPTS is a live system that is constantly being updated. Data for 2012/13 and 2013/14 are provisional and subject to change. Data for 2007/08 – 2011/12 have been finalised and are no longer provisional. Any amendments since the last release have been highlighted by an 'r'.

21. In many cases totals presented within tables will be less than the sum of their parts. This is for a number of reasons:

- Patients may be treated as an in-patient and as an out-patient (or also as a residential patient at DMRC) within the same location during the same time period. However, these patients will only be counted once in 'All RCDM' and 'All DMRC' totals within each time period.
- Patients may be treated at both RCDM and DMRC within the same time period. However, these patients will only be counted once in the 'Number of patients seen at RCDM & DMRC' totals within each time period.
- Patients may receive treatment at RCDM or DMRC that lasts longer than one month. These patients will appear in the tables for each month that they are at that location but will only appear once in the overall total for the whole time period.
- Patients may attend both RCDM and DMRC for their injury or illness. New patients are counted within the time period that they attended their first appointment at either of these locations. For example, during February 2012 there was one patient from Op HERRICK treated for the first time at RCDM for a Non Battle Injury (**Annex A**). This patient, however, was first treated at DMRC prior to February 2012. Therefore they are not accounted for in the 'New patients at RCDM or DMRC' in February 2012 but appear in the 'New patients at RCDM' figure for a Non Battle Injury in February 2012.

22. These statistics do not represent patient burden at RCDM or DMRC since they only include patients returned from deployment in Op HERRICK. These statistics do not represent numbers treated at any point in time, they only provide the numbers treated during a given month or year.

23. These statistics currently include RCDM and DMRC patients as these are the main facilities for treatment for patients aeromedically evacuated from theatre.

24. Since 2001, the Royal Centre for Defence Medicine (RCDM), based at the University Hospital Birmingham Foundation Trust (UHBFT), has been the main receiving unit for military casualties evacuated from an operational theatre. In the Birmingham area, military patients can benefit from the concentration of five specialist hospitals (including the new Queen Elizabeth Hospital) to receive the appropriate treatment. The Queen Elizabeth Hospital is at the leading edge in the medical care of the most common types of injuries (e.g. polytrauma) our casualties sustain, and the majority of casualties will be treated there, but others may be transferred to another hospital (in Birmingham or elsewhere) if that is where the best medical care can be given.

25. If military patients require further rehabilitation care following initial hospital treatment, they may be referred to the Defence Medical Rehabilitation Centre (DMRC) at Headley Court in Surrey, which provides advanced rehabilitation and includes inpatient facilities. Less serious cases may go on to one of MOD's 15 Regional Rehabilitation Units (RRUs) in the UK and Germany, which provide accessible, regionally based assessment and treatment, including physiotherapy and group rehabilitation facilities. Treatment statistics for the RRUs are not included in this report.

26. Operation HERRICK is the name for UK operations in Afghanistan which started in April 2006. UK Forces are deployed to Afghanistan in support of the UN authorised, NATO led International Security Assistance Force (ISAF) mission.

FINDINGS

27. **Table 1** presents the number of Op HERRICK patients treated at the Royal Centre for Defence Medicine (RCDM) and the Defence Medical Rehabilitation Centre Headley Court (DMRC) during the time period 8 October 2007 – 31 July 2013. Treatment statistics for 2007/08 (8 October 2007 – 31 March 2008) and 2008/09 to 2012/13 are presented annually with detailed monthly breakdowns presented at **Annex A**. Treatment Statistics for 2013/14 (1 April 2013 – 31 July 2013) are presented by month.

Table 1: Op HERRICK patients¹ receiving treatment at Royal Centre for Defence Medicine and Defence Medical Rehabilitation Centre, 8 October 2007 – 31 July 2013, Number

Financial Year	Injury Class ⁴	RCDM Birmingham ²			DMRC Headley Court ²				No. of patients seen at RCDM and/or DMRC	New Patients ³		
		All RCDM Afghanistan	In-Patient	Out-patient	All DMRC Afghanistan	In-Patient	Out-patient	Residential Patient		RCDM or DMRC	RCDM	DMRC
8 October 07 - 31 March 08	All	166	125	64	115	55	62	45	256	149	143	27
	Battle Injury	70	57	25	84	45	44	31	132	58	56	23
	Non Battle Injury	56	35	29	30	10	17	13	83	52	48	4
	Natural Causes	40	33	10	1	0	1	1	41	39	39	0
2008/09	All	540	385	299	211	107	135	74	643	493	477	116
	Battle Injury	217	184	110	163	99	97	55	284	180	177	91
	Non Battle Injury	168	79	130	42	8	32	16	199	159	149	21
	Natural Causes	155	122	59	6	0	6	3	160	154	151	4
2009/10	All	866	644	411	438	207	396	118	1,023	773	751	295
	Battle Injury	453	389	157	368	197	331	93	564	394	391	249
	Non Battle Injury	234	121	166	58	9	54	21	268	210	195	40
	Natural Cause	179	134	88	12	1	11	4	191	169	165	6
2010/11	All	834	608	400	655	262	613	170	1,146	721	675	363
	Battle Injury	466	391	198	551	253	513	140	700	361	341	307
	Non Battle Injury	193	94	124	82	6	78	26	256	190	169	44
	Natural Cause	175	123	78	22	3	22	4	190	170	165	12
2011/12	All	627	475	307	614	248	590	160	989	497	451	231
	Battle Injury	346	271	183	524	245	504	127	631	221	198	189
	Non Battle Injury	117	72	71	68	2	66	24	173	113	97	33
	Natural Cause	164	132	53	22	1	20	9	185	163	156	9
2012/13	All	534	393	241	587	235	559	155	913	450	397	192
	Battle Injury	279	217	128	493	226	471	128	585	195	170	143
	Non Battle Injury	117	73	66	67	8	61	23	166	116	97	36
	Natural Cause	138	103	47	27	1	27	4	162	139	130	13
1 April 2013 - 31 July 2013	All	150	103	68	357	152	322	65	452	108	92	46
	Battle Injury	71	51	32	295	148	269	41	317	29	24	26
	Non Battle Injury	43	26	20	39	4	32	17	78	42	35	12
	Natural Cause	36	26	16	23	0	21	7	57	37	33	8
Apr-13	All	51	27	30	207	105	166	20	246	23	20	11
	Battle Injury	29	17	15	183	102	155	8	200	6	4	7
	Non Battle Injury	10	3	8	17	3	8	8	27	7	6	2
	Natural Causes	12	7	7	7	0	3	4	19	10	10	2
May-13	All	52	38	16	214	102	169	25	253	32	26	11
	Battle Injury	30	25	7	189	99	151	17	206	10	10	5
	Non Battle Injury	15	7	8	18	3	12	7	33	13	9	4
	Natural Causes	7	6	1	7	0	6	1	14	9	7	2
Jun-13	All	63	37	27	201	103	163	18	249	35	28	14
	Battle Injury	31	19	12	168	100	136	12	184	8	4	8
	Non Battle Injury	18	9	9	21	3	17	4	39	14	12	5
	Natural Causes	14	9	6	12	0	10	2	26	13	12	1
Jul-13	All	41	28	13	208	80	180	24	241	18	18	10
	Battle Injury	19	14	5	179	78	155	16	190	5	6	6
	Non Battle Injury	14	9	5	16	2	13	5	30	8	8	1
	Natural Causes	8	5	3	13	0	12	3	21	5	4	3

Source: Defence Patient Tracking System (DPTS)

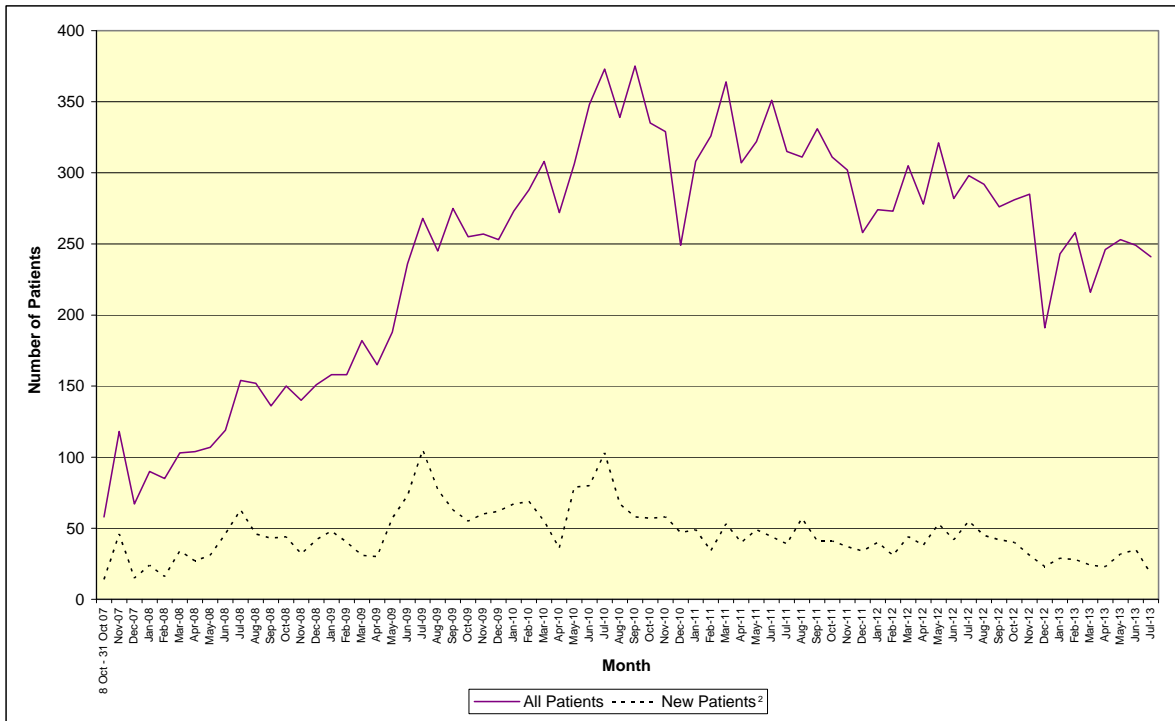
1. Patients include Naval Service Personnel, Army Personnel including those from the Gibraltar Regiment, RAF Personnel, Reservists and UK Civilians. These exclude Other Nations Service Personnel.
2. An in-patient is a patient that has been admitted and allocated a ward bed. A residential patient is a patient that is on a three week rehab course; they are not allocated a ward bed, but reside in dormitory style accommodation. An outpatient is a non-resident patient attending RCDM or DMRC for treatment.
3. Patients treated at RCDM and or DMRC are considered new patients during the time period that they are first treated at these locations within their care pathway. For example, a patient treated for the first time at RCDM in January 2010 and subsequently treated for the first time at DMRC in March 2010 for the same injury/illness will be included in the January 2010 New patients figures under 'RCDM or DMRC' only
4. A battle injury includes those wounded as a result of hostile action. This includes injuries sustained whilst avoiding direct and indirect fire. A non-battle injury is any injury that is not caused by a hostile act and includes any accidental injuries such as sports injuries, road traffic accidents etc. Natural cause includes illness, disease and pregnancy. The distinctions between Battle Injury, Non Battle Injury and Natural cause have been validated against operational casualty data where possible (Annex B).

28. The total number of new patients treated at RCDM for injuries or illnesses sustained on Op HERRICK during the period 8 October 2007 to 31 July 2013 was 2,986.

29. The total number of new patients treated at DMRC for injuries or illnesses sustained on Op HERRICK during the period 8 October 2007 to 31 July 2013 was 1,270.

30. **Figure 1** presents the number of Op HERRICK patients treated at the Royal Centre for Defence Medicine (RCDM) and the Defence Medical Rehabilitation Centre Headley Court (DMRC) during the time period 8 October 2007 – 31 July 2013 by month.

Figure 1: Op HERRICK patients¹ receiving treatment at Royal Centre for Defence Medicine or Defence Medical Rehabilitation Centre, 8 October 2007 – 31 July 2013, Number



Source: Defence Patient Tracking System (DPTS)

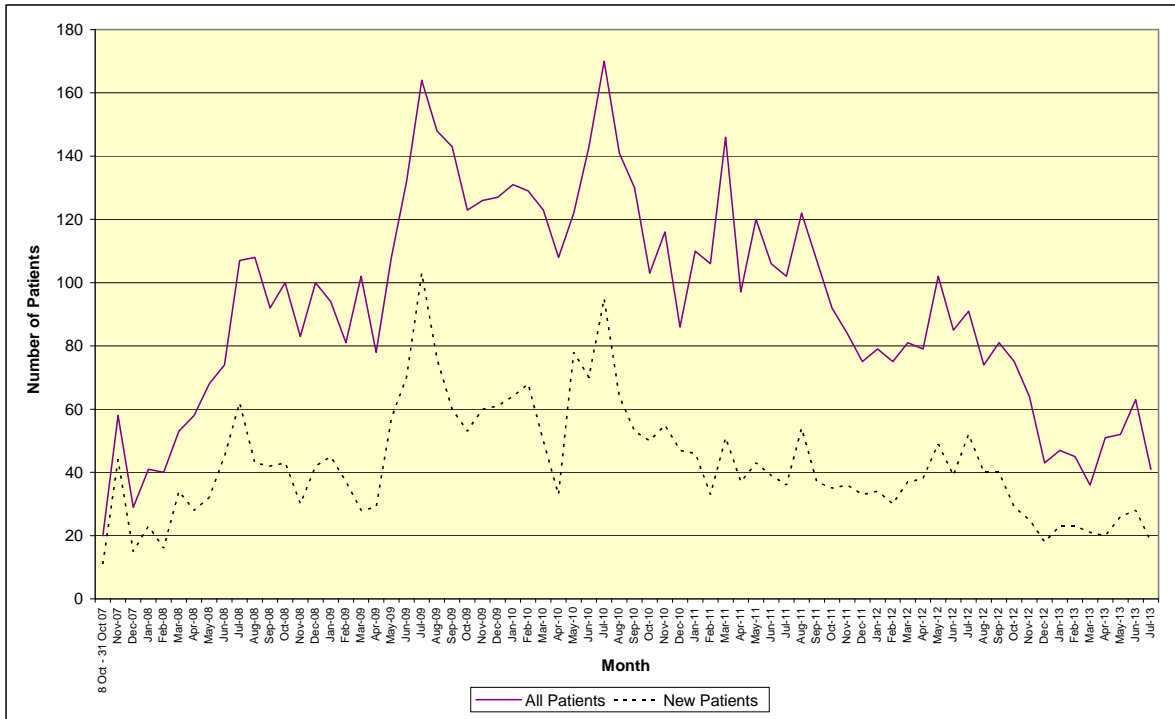
1. Patients include Naval Service Personnel, Army Personnel including those from the Gibraltar Regiment, RAF Personnel, Reservists and UK Civilians. These exclude Other Nations Service Personnel.
2. Patients treated at RCDM and or DMRC are considered new patients during the time period that they are first treated at these locations within their care pathway. For example, a patient treated for the first time at RCDM in January 2010 and subsequently treated for the first time at DMRC in March 2010 for the same injury/illness will be included in the January 2010 New patients figures under 'RCDM or DMRC' only

31. The number of UK Armed Forces and civilian Personnel who were receiving treatment for the first time (New Patients) at RCDM or DMRC as a result of an injury or illness sustained on Operations in Afghanistan peaked in summer 2009 and summer 2010. This coincides with periods of high operational intensity. The number of UK personnel receiving treatment for the first time at RCDM or DMRC began to fall from July 2010. This was largely due to a reduction in operational tempo of UK Service personnel as responsibility for security transitions to the Afghanistan National Security Force (ANSF), and a reduction in the numbers of UK Service personnel deploying to Afghanistan.

32. The number of UK personnel who were receiving treatment at RCDM or DMRC as a result of an injury or illness sustained on Operations in Afghanistan represents the numbers of patients requiring long-term treatment coupled with new patients (All Patients). These numbers peaked in 2010 and 2011 (rather than in 2009 and 2010) due to the long-term treatment required by patients injured in periods of high operational intensity. The dips seen in the data around December each year represent the drop in patients being treated around the festive period. Fewer clinics are run and patients wishing to spend time with their family, and are able, will be discharged over this period.

33. **Figure 2** presents the number of Op HERRICK patients treated at the Royal Centre for Defence Medicine (RCDM) during the time period 8 October 2007 – 31 July 2013 by month.

Figure 2: Op HERRICK patients¹ receiving treatment at Royal Centre for Defence Medicine, 8 October 2007 – 31 July 2013, Number



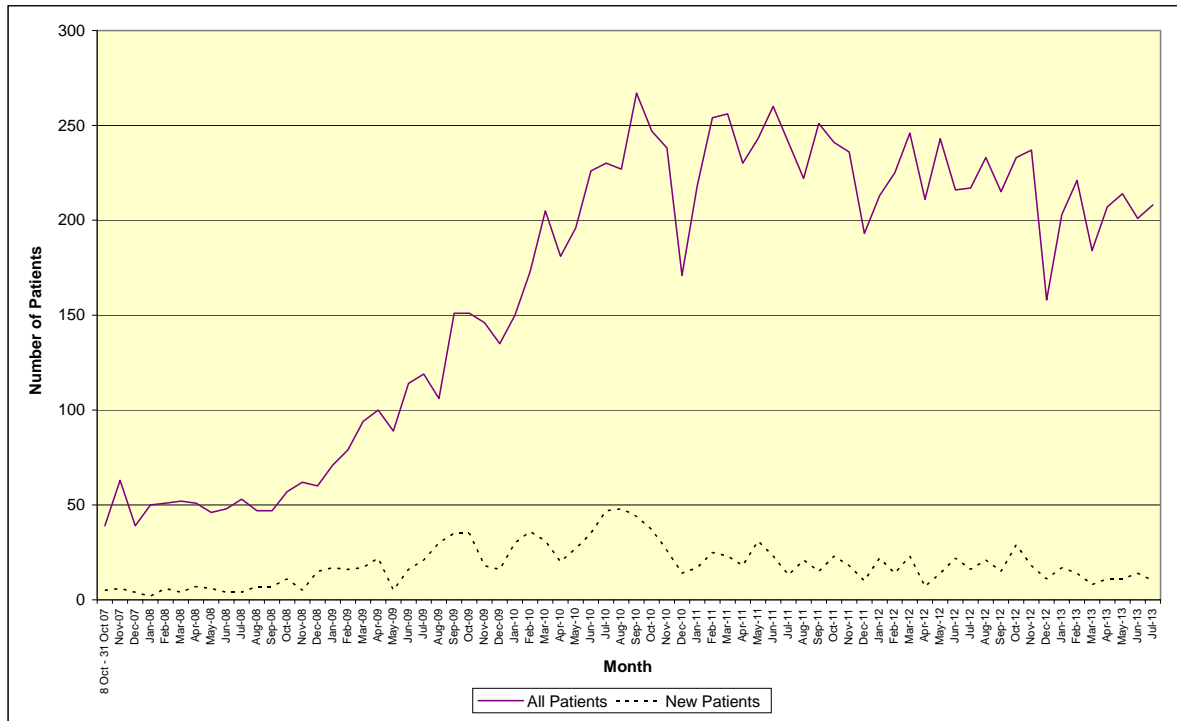
Source: Defence Patient Tracking System (DPTS)

1. Patients include Naval Service Personnel, Army Personnel including those from the Gibraltar Regiment, RAF Personnel, Reservists and UK Civilians. These exclude Other Nations Service Personnel.

34. The number of UK Armed Forces and civilian Personnel who were receiving treatment for the first time (New Patients) at RCDM as a result of an injury or illness sustained on Operations in Afghanistan peaked in summer 2009 and summer 2010. This coincides with periods of high operational intensity. The number of UK personnel receiving treatment for the first time at RCDM began to fall from July 2010. This was largely due to a reduction in operational tempo of UK Service personnel as responsibility for security transitions to the Afghanistan National Security Force (ANSF), and a reduction in the numbers of UK Service personnel deploying to Afghanistan.

35. **Figure 3** presents the number of Op HERRICK patients treated at the Defence Medical Rehabilitation Centre Headley Court (DMRC) during the time period 8 October 2007 – 31 July 2013 by month.

Figure 3: Op HERRICK patients¹ receiving treatment at Defence Medical Rehabilitation Centre, 8 October 2007 – 31 July 2013, Number



Source: Defence Patient Tracking System (DPTS)

1. Patients include Naval Service Personnel, Army Personnel including those from the Gibraltar Regiment, RAF Personnel, Reservists and UK Civilians. These exclude Other Nations Service Personnel.

36. The number of UK Armed Forces and civilian Personnel who were receiving treatment for the first time (New Patients) at DMRC as a result of an injury or illness sustained on Operations in Afghanistan peaked in summer 2010 despite the peak in Operations in 2009 and 2010. This is due to the majority of patients being treated at RCDM before being referred to DMRC. The number of new patients reduced in the later half of 2010 and have remained stable since January 2011.

37. The number of UK personnel who were receiving treatment at DMRC as a result of an injury or illness sustained on Operations in Afghanistan represents the numbers of patients requiring long-term treatment coupled with new patients (All Patients). The number of patients receiving treatment peaked in September 2010 and has remained high due to the long-term treatment required by patients injured in periods of high operational intensity. The dips seen in the data around December each year represent the drop in patients being treated around the festive period. Fewer clinics are run and patients wishing to spend time with their family, and are able, will be discharged over this period. Despite numbers remaining relatively stable, they have shown a decrease since September 2010.

ANNEX A

Table A1: Op HERRICK patients¹ receiving treatment at RCDM and DMRC by month, 8 October 2007 - 31 March 2008, Number

Time Period	Injury Class ⁴	RCDM Birmingham ²			DMRC Headley Court ²				No. of patients seen at RCDM and/or DMRC	New Patients ³		
		All RCDM Afghanistan	In-Patient	Out-patient	All DMRC Afghanistan	In-Patient	Out-patient	Residential Patient		RCDM or DMRC	RCDM	DMRC
8 October 07 - 31 March 08	All	166	125	64	115	55	62	45	256	149	143	27
	Battle Injury	70	57	25	84	45	44	31	132	58	56	23
	Non Battle Injury	56	35	29	30	10	17	13	83	52	48	4
	Natural Causes	40	33	10	1	0	1	1	41	39	39	0
8 Oct - 31 Oct 07	All	20	12	10	39	12	12	15	58	14	11	5
	Battle Injury	6	4	3	28	11	6	11	33	2	2	3
	Non Battle Injury	10	5	6	11	1	6	4	21	8	5	2
	Natural Causes	4	3	1	0	0	0	0	4	4	4	0
Nov-07	All	58	42	16	63	32	12	21	118	46	44	6
	Battle Injury	28	21	7	44	27	6	13	69	21	21	5
	Non Battle Injury	17	12	5	18	5	5	8	35	14	12	1
	Natural Causes	13	9	4	1	0	1	0	14	11	11	0
Dec-07	All	29	20	10	39	21	7	11	67	15	15	4
	Battle Injury	16	13	4	26	16	5	5	41	7	7	4
	Non Battle Injury	8	3	5	13	5	2	6	21	4	4	0
	Natural Causes	5	4	1	0	0	0	0	5	4	4	0
Jan-08	All	41	26	16	50	21	19	10	90	24	23	2
	Battle Injury	20	15	5	40	19	14	7	59	10	9	2
	Non Battle Injury	13	6	8	9	2	4	3	22	7	7	0
	Natural Causes	8	5	3	1	0	1	0	9	7	7	0
Feb-08	All	40	27	16	51	22	16	16	85	16	16	6
	Battle Injury	23	16	9	43	21	12	13	60	6	6	5
	Non Battle Injury	11	6	6	7	1	4	2	18	7	7	1
	Natural Causes	6	5	1	1	0	0	1	7	3	3	0
Mar-08	All	53	37	18	52	18	20	15	103	34	34	4
	Battle Injury	24	19	7	45	18	17	11	67	12	11	4
	Non Battle Injury	17	8	9	7	0	3	4	24	12	13	0
	Natural Causes	12	10	2	0	0	0	0	12	10	10	0

Source: Defence Patient Tracking System (DPTS)

1. Patients include Naval Service Personnel, Army Personnel including those from the Gibraltar Regiment, RAF Personnel, Reservists and UK Civilians. These exclude Other Nations Service Personnel.
2. An in-patient is a patient that has been admitted and allocated a ward bed. A residential patient is a patient that is on a three week rehab course; they are not allocated a ward bed, but reside in dormitory style accommodation. An outpatient is a non-resident patient attending RCDM or DMRC for treatment.
3. Patients treated at RCDM and or DMRC are considered new patients during the time period that they are first treated at these locations within their care pathway. For example, a patient treated for the first time at RCDM in January 2010 and subsequently treated for the first time at DMRC in March 2010 for the same injury/illness will be included in the January 2010 New patients figures under 'RCDM or DMRC' only
4. A battle injury includes those wounded as a result of hostile action. This includes injuries sustained whilst avoiding direct and indirect fire. A non-battle injury is any injury that is not caused by a hostile act and includes any accidental injuries such as sports injuries, road traffic accidents etc. Natural cause includes illness, disease and pregnancy. The distinctions between Battle Injury, Non Battle Injury and Natural cause have been validated against operational casualty data where possible (Annex B).

Table A2: Op HERRICK patients¹ receiving treatment at RCDM and DMRC by month, 1 April 2008 - 31 March 2009, Number

Time Period	Injury Class ⁴	RCDM Birmingham ²			DMRC Headley Court ²				No. of patients seen at RCDM and/or DMRC	New Patients ³		
		All RCDM Afghanistan	In-Patient	Out-patient	All DMRC Afghanistan	In-Patient	Out-patient	Residential Patient		RCDM or DMRC	RCDM	DMRC
1 April 08 - 31 March 09	All	540	385	0	211	107	135	74	643	493	477	116
	Battle Injury	217	184	0	163	99	97	55	284	180	177	91
	Non Battle Injury	168	79	0	42	8	32	16	199	159	149	21
	Natural Causes	155	122	0	6	0	6	3	160	154	151	4
Apr-08	All	58	34	27	51	27	15	12	104	27	28	7
	Battle Injury	27	17	11	44	26	11	10	67	5	5	7
	Non Battle Injury	18	8	12	7	1	4	2	24	11	12	0
	Natural Causes	13	9	4	0	0	0	0	13	11	11	0
May-08	All	68	33	38	46	23	13	10	107	31	32	6
	Battle Injury	26	15	13	38	22	9	7	59	8	9	4
	Non Battle Injury	29	11	18	7	1	3	3	34	14	14	2
	Natural Causes	13	7	7	1	0	1	0	14	9	9	0
Jun-08	All	74	38	39	48	20	11	17	119	46	45	4
	Battle Injury	25	12	14	40	18	9	13	62	7	7	3
	Non Battle Injury	26	12	16	8	2	2	4	34	18	17	1
	Natural Causes	23	14	9	0	0	0	0	23	21	21	0
Jul-08	All	107	57	58	53	23	17	18	154	63	62	4
	Battle Injury	49	32	22	46	22	13	15	89	28	27	4
	Non Battle Injury	33	9	26	7	1	4	3	40	15	15	0
	Natural Causes	25	16	10	0	0	0	0	25	20	20	0
Aug-08	All	108	50	65	47	24	10	13	152	46	43	7
	Battle Injury	49	28	27	41	22	7	12	87	17	16	5
	Non Battle Injury	36	9	28	5	2	2	1	41	14	13	1
	Natural Causes	23	13	10	1	0	1	0	24	15	14	1
Sep-08	All	92	51	45	47	23	17	7	136	43	42	7
	Battle Injury	50	34	19	42	23	14	5	89	23	23	6
	Non Battle Injury	26	7	19	4	0	2	2	30	11	10	1
	Natural Causes	16	10	7	1	0	1	0	17	9	9	0
Oct-08	All	100	45	57	57	31	15	13	150	44	43	11
	Battle Injury	51	27	25	49	29	11	11	94	16	16	8
	Non Battle Injury	30	6	25	8	2	4	2	37	16	15	3
	Natural Causes	19	12	7	0	0	0	0	19	12	12	0
Nov-08	All	83	53	35	62	32	20	17	140	32	30	5
	Battle Injury	47	33	18	52	28	19	11	95	14	14	1
	Non Battle Injury	22	8	14	10	4	1	6	31	9	7	4
	Natural Causes	14	12	3	0	0	0	0	14	9	9	0
Dec-08	All	100	53	52	60	36	17	7	151	42	42	15
	Battle Injury	54	38	19	52	33	16	3	97	18	18	14
	Non Battle Injury	26	5	21	8	3	1	4	34	12	12	1
	Natural Causes	20	10	12	0	0	0	0	20	12	12	0
Jan-09	All	94	52	47	71	32	27	12	158	48	45	17
	Battle Injury	42	29	14	61	30	20	11	96	16	16	13
	Non Battle Injury	33	9	26	8	2	5	1	41	16	14	3
	Natural Causes	19	14	7	2	0	2	0	21	16	15	1
Feb-09	All	81	46	38	79	34	34	14	158	40	37	16
	Battle Injury	40	30	11	65	33	26	8	103	19	18	12
	Non Battle Injury	24	6	20	11	1	5	5	35	12	11	2
	Natural Causes	17	10	7	3	0	3	1	20	9	8	2
Mar-09	All	102	51	56	94	51	42	11	182	31	28	17
	Battle Injury	50	32	21	81	50	32	7	118	9	8	14
	Non Battle Injury	33	9	26	10	1	8	1	42	11	9	3
	Natural Cause	19	10	9	3	0	2	3	22	11	11	0

Source: Defence Patient Tracking System (DPTS)

1. Patients include Naval Service Personnel, Army Personnel including those from the Gibraltar Regiment, RAF Personnel, Reservists and UK Civilians. These exclude Other Nations Service Personnel.
2. An in-patient is a patient that has been admitted and allocated a ward bed. A residential patient is a patient that is on a three week rehab course; they are not allocated a ward bed, but reside in dormitory style accommodation. An outpatient is a non-resident patient attending RCDM or DMRC for treatment.
3. Patients treated at RCDM and or DMRC are considered new patients during the time period that they are first treated at these locations within their care pathway. For example, a patient treated for the first time at RCDM in January 2010 and subsequently treated for the first time at DMRC in March 2010 for the same injury/illness will be included in the January 2010 New patients figures under 'RCDM or DMRC' only
4. A battle injury includes those wounded as a result of hostile action. This includes injuries sustained whilst avoiding direct and indirect fire. A non-battle injury is any injury that is not caused by a hostile act and includes any accidental injuries such as sports injuries, road traffic accidents etc. Natural cause includes illness, disease and pregnancy. The distinctions between Battle Injury, Non Battle Injury and Natural cause have been validated against operational casualty data where possible (Annex B).

Table A3: Op HERRICK patients¹ receiving treatment at RCDM and DMRC by month, 1 April 2009 - 31 March 2010, Number

Time Period	Injury Class ⁴	RCDM Birmingham ²			DMRC Headley Court ²				No. of patients seen at RCDM and/or DMRC	New Patients ³		
		All RCDM Afghanistan	In-Patient	Out-patient	All DMRC Afghanistan	In-Patient	Out-patient	Residential Patient		RCDM or DMRC	RCDM	DMRC
1 April 09 - 31 March 10	All	866	644	411	438	207	396	118	1,023	773	751	295
	Battle Injury	453	389	157	368	197	331	93	564	394	391	249
	Non Battle Injury	234	121	166	58	9	54	21	268	210	195	40
	Natural Cause	179	134	88	12	1	11	4	191	169	165	6
Apr-09	All	78	40	43	100	50	49	18	165	30	29	22
	Battle Injury	38	21	18	84	49	38	13	109	7	7	19
	Non Battle Injury	28	12	20	13	1	9	4	41	17	16	2
	Natural Cause	12	7	5	3	0	2	1	15	6	6	1
May-09	All	108	66	48	89	49	51	14	188	57	57	5
	Battle Injury	40	34	6	80	49	44	11	112	16	16	4
	Non Battle Injury	44	15	31	8	0	7	2	51	23	23	1
	Natural Cause	24	17	11	1	0	0	1	25	18	18	0
Jun-09	All	132	73	68	114	55	79	18	236	73	70	16
	Battle Injury	58	43	18	92	52	64	12	142	30	30	9
	Non Battle Injury	46	15	33	17	3	11	4	61	24	21	7
	Natural Cause	28	15	17	5	0	4	2	33	19	19	0
Jul-09	All	164	113	65	119	52	78	16	268	105	103	21
	Battle Injury	88	74	21	103	50	69	10	179	61	61	17
	Non Battle Injury	44	20	28	14	2	7	6	55	21	19	4
	Natural Cause	32	19	16	2	0	2	0	34	23	23	0
Aug-09	All	148	100	51	106	49	62	18	245	77	76	30
	Battle Injury	86	70	18	94	48	58	11	171	41	41	29
	Non Battle Injury	37	18	20	11	1	4	6	48	22	21	1
	Natural Cause	25	12	13	1	0	0	1	26	14	14	0
Sep-09	All	143	90	61	151	64	97	27	275	63	60	35
	Battle Injury	85	67	23	127	63	80	20	194	36	36	30
	Non Battle Injury	35	13	24	20	1	14	6	54	16	13	5
	Natural Cause	23	10	14	4	0	3	1	27	11	11	0
Oct-09	All	123	83	47	151	69	105	24	255	55	53	35
	Battle Injury	80	62	22	135	66	94	20	197	32	31	30
	Non Battle Injury	20	5	16	15	3	10	4	34	8	7	5
	Natural Causes	23	16	9	1	0	1	0	24	15	15	0
Nov-09	All	126	86	44	146	73	88	31	257	60	60	18
	Battle Injury	82	66	19	132	71	81	24	199	38	38	17
	Non Battle Injury	23	10	13	12	2	5	7	35	9	9	0
	Natural Causes	21	10	12	2	0	2	0	23	13	13	1
Dec-09	All	127	90	42	135	59	96	17	253	62	61	16
	Battle Injury	84	68	20	123	58	89	13	198	40	40	15
	Non Battle Injury	31	15	17	9	1	4	4	40	14	14	0
	Natural Causes	12	7	5	3	0	3	0	15	8	7	1
Jan-10	All	131	82	52	150	66	115	19	273	67	64	30
	Battle Injury	77	57	22	135	64	101	18	204	28	28	24
	Non Battle Injury	32	11	22	13	1	13	1	45	22	20	5
	Natural Causes	22	14	8	2	1	1	0	24	17	16	1
Feb-10	All	129	93	41	173	71	119	34	288	69	68	36
	Battle Injury	78	64	16	154	69	105	30	219	35	35	29
	Non Battle Injury	30	13	19	16	1	13	3	45	19	18	7
	Natural Causes	21	16	6	3	1	1	1	24	15	15	0
Mar-10	All	123	70	59	205	89	153	36	308	55	50	31
	Battle Injury	81	55	30	179	84	137	30	240	30	28	26
	Non Battle Injury	25	7	19	19	4	11	5	44	15	14	3
	Natural Causes	17	8	10	7	1	5	1	24	10	8	2

Source: Defence Patient Tracking System (DPTS)

1. Patients include Naval Service Personnel, Army Personnel including those from the Gibraltar Regiment, RAF Personnel, Reservists and UK Civilians. These exclude Other Nations Service Personnel.
2. An in-patient is a patient that has been admitted and allocated a ward bed. A residential patient is a patient that is on a three week rehab course; they are not allocated a ward bed, but reside in dormitory style accommodation. An outpatient is a non-resident patient attending RCDM or DMRC for treatment.
3. Patients treated at RCDM and or DMRC are considered new patients during the time period that they are first treated at these locations within their care pathway. For example, a patient treated for the first time at RCDM in January 2010 and subsequently treated for the first time at DMRC in March 2010 for the same injury/illness will be included in the January 2010 New patients figures under 'RCDM or DMRC' only
4. A battle injury includes those wounded as a result of hostile action. This includes injuries sustained whilst avoiding direct and indirect fire. A non-battle injury is any injury that is not caused by a hostile act and includes any accidental injuries such as sports injuries, road traffic accidents etc. Natural cause includes illness, disease and pregnancy. The distinctions between Battle Injury, Non Battle Injury and Natural cause have been validated against operational casualty data where possible (Annex B).

Table A4: Op HERRICK patients¹ receiving treatment at RCDM and DMRC by month, 1 April 2010 - 31 March 2011, Number

Time Period	Injury Class ⁴	RCDM Birmingham ²			DMRC Headley Court ²				No. of patients seen at RCDM and/or DMRC	New Patients ³		
		All RCDM Afghanistan	In-Patient	Out-patient	All DMRC Afghanistan	In-Patient	Out-patient	Residential Patient		RCDM or DMRC	RCDM	DMRC
1 April 10 - 31 March 11	All	834	608	400	655	262	613	170	1,146	721	675	363
	Battle Injury	466	391	198	551	253	513	140	700	361	341	307
	Non Battle Injury	193	94	124	82	6	78	26	256	190	169	44
	Natural Cause	175	123	78	22	3	22	4	190	170	165	12
Apr-10	All	108	69	50	181	92	130	26	272	36	33	20
	Battle Injury	71	53	26	160	86	117	20	214	13	12	17
	Non Battle Injury	25	9	19	18	5	11	5	43	13	11	3
	Natural Causes	12	7	5	3	1	2	1	15	10	10	0
May-10	All	122	85	38	196	88	145	32	306	79	78	27
	Battle Injury	82	66	16	176	84	131	29	246	52	52	25
	Non Battle Injury	19	9	11	15	4	10	2	34	13	12	2
	Natural Causes	21	10	11	5	0	4	1	26	14	14	0
Jun-10	All	143	94	56	226	95	167	39	348	80	70	35
	Battle Injury	98	76	28	193	90	144	31	270	43	40	25
	Non Battle Injury	25	8	18	27	5	18	7	52	21	15	9
	Natural Causes	20	10	10	6	0	5	1	26	16	15	1
Jul-10	All	170	108	66	230	106	175	40	373	103	95	47
	Battle Injury	112	80	35	197	104	151	30	282	55	53	38
	Non Battle Injury	33	13	20	27	2	20	8	60	28	24	6
	Natural Causes	25	15	11	6	0	4	2	31	20	18	3
Aug-10	All	141	79	63	227	104	172	41	339	67	64	48
	Battle Injury	87	53	34	205	102	159	33	264	33	30	45
	Non Battle Injury	29	11	19	15	2	8	6	44	13	13	2
	Natural Causes	25	15	10	7	0	5	2	31	21	21	1
Sep-10	All	130	71	67	267	103	214	50	375	58	53	44
	Battle Injury	80	50	37	242	101	198	43	300	29	25	39
	Non Battle Injury	26	7	19	20	2	12	6	46	17	16	3
	Natural Causes	24	14	11	5	0	4	1	29	12	12	2
Oct-10	All	103	60	45	247	113	185	47	335	57	50	37
	Battle Injury	52	40	12	222	111	165	40	260	22	19	30
	Non Battle Injury	29	8	23	20	2	17	5	48	17	14	6
	Natural Causes	22	12	10	5	0	3	2	27	18	17	1
Nov-10	All	116	72	49	238	111	186	29	329	58	55	26
	Battle Injury	66	48	21	217	110	169	21	260	26	24	23
	Non Battle Injury	25	7	19	18	1	15	7	41	14	13	3
	Natural Causes	25	17	9	3	0	2	1	28	18	18	0
Dec-10	All	86	59	28	171	97	129	17	249	47	47	14
	Battle Injury	42	39	4	159	96	121	12	193	19	19	12
	Non Battle Injury	27	8	19	10	1	6	5	37	15	15	1
	Natural Causes	17	12	5	2	0	2	0	19	13	13	1
Jan-11	All	110	62	50	218	118	173	28	308	49	46	17
	Battle Injury	69	46	23	198	114	159	23	247	28	26	16
	Non Battle Injury	23	9	15	16	2	12	5	39	13	12	1
	Natural Causes	18	7	12	4	2	2	0	22	8	8	0
Feb-11	All	106	56	56	254	122	195	39	326	34	33	25
	Battle Injury	74	42	37	232	118	181	33	272	16	16	22
	Non Battle Injury	17	7	10	19	2	12	6	36	8	7	3
	Natural Causes	15	7	9	3	2	2	0	18	10	10	0
Mar-11	All	146	84	66	256	120	211	33	364	53	51	23
	Battle Injury	100	62	42	224	117	183	27	288	25	25	15
	Non Battle Injury	30	13	17	22	2	19	6	51	18	17	5
	Natural Causes	16	9	7	10	1	9	0	25	10	9	3

Source: Defence Patient Tracking System (DPTS)

1. Patients include Naval Service Personnel, Army Personnel including those from the Gibraltar Regiment, RAF Personnel, Reservists and UK Civilians. These exclude Other Nations Service Personnel.
2. An in-patient is a patient that has been admitted and allocated a ward bed. A residential patient is a patient that is on a three week rehab course; they are not allocated a ward bed, but reside in dormitory style accommodation. An outpatient is a non-resident patient attending RCDM or DMRC for treatment.
3. Patients treated at RCDM and/or DMRC are considered new patients during the time period that they are first treated at these locations within their care pathway. For example, a patient treated for the first time at RCDM in January 2010 and subsequently treated for the first time at DMRC in March 2010 for the same injury/illness will be included in the January 2010 New patients figures under 'RCDM or DMRC' only
4. A battle injury includes those wounded as a result of hostile action. This includes injuries sustained whilst avoiding direct and indirect fire. A non-battle injury is any injury that is not caused by a hostile act and includes any accidental injuries such as sports injuries, road traffic accidents etc. Natural cause includes illness, disease and pregnancy. The distinctions between Battle Injury, Non Battle Injury and Natural cause have been validated against operational casualty data where possible (Annex B).

Table A5: Op HERRICK patients¹ receiving treatment at RCDM and DMRC by month, 1 April 2011 - 31 March 2012, Number

Time Period	Injury Class ⁴	RCDM Birmingham ²			DMRC Headley Court ²				No. of patients seen at RCDM and/or DMRC	New Patients ³		
		All RCDM Afghanistan	In-Patient	Out-patient	All DMRC Afghanistan	In-Patient	Out-patient	Residential Patient		RCDM or DMRC	RCDM	DMRC
1 April 11 - March 12	All	627	475	307	614	248	590	160	989	497	451	231
	Battle Injury	346	271	183	524	245	504	127	631	221	198	189
	Non Battle Injury	117	72	71	68	2	66	24	173	113	97	33
	Natural Cause	164	132	53	22	1	20	9	185	163	156	9
Apr-11	All	97	62	40	230	111	183	30	307	40	37	18
	Battle Injury	65	43	26	212	110	169	25	257	13	12	15
	Non Battle Injury	16	8	8	15	0	13	4	31	13	11	3
	Natural Causes	16	11	6	3	1	1	1	19	14	14	0
May-11	All	120	72	50	243	117	195	36	322	49	43	31
	Battle Injury	77	44	34	226	115	182	32	264	23	18	25
	Non Battle Injury	21	12	10	12	1	9	4	31	9	9	4
	Natural Causes	22	16	6	5	1	4	0	27	17	16	2
Jun-11	All	106	69	42	260	108	206	46	351	44	39	23
	Battle Injury	63	42	23	234	106	188	37	283	16	15	15
	Non Battle Injury	18	9	12	21	2	15	6	38	10	6	8
	Natural Causes	25	18	7	5	0	3	3	30	18	18	0
Jul-11	All	102	65	43	241	116	197	36	315	39	36	13
	Battle Injury	73	48	28	224	115	186	29	269	24	22	12
	Non Battle Injury	12	4	9	12	1	8	5	24	6	5	1
	Natural Causes	17	13	6	5	0	3	2	22	9	9	0
Aug-11	All	122	77	51	222	99	178	31	311	57	54	21
	Battle Injury	88	59	35	197	99	164	19	252	33	32	19
	Non Battle Injury	13	5	8	19	0	11	9	32	9	8	1
	Natural Causes	21	13	8	6	0	3	3	27	15	14	1
Sep-11	All	107	62	48	251	119	213	31	331	41	37	15
	Battle Injury	76	44	34	228	118	199	22	277	20	17	14
	Non Battle Injury	16	8	8	21	1	13	8	37	10	9	1
	Natural Causes	15	10	6	2	0	1	1	17	11	11	0
Oct-11	All	92	57	39	241	113	194	29	311	41	35	23
	Battle Injury	61	39	24	219	111	175	26	258	19	16	18
	Non Battle Injury	14	7	9	18	1	15	3	32	11	9	4
	Natural Causes	17	11	6	4	1	4	0	21	11	10	1
Nov-11	All	84	62	25	236	104	202	32	302	37	36	18
	Battle Injury	52	45	8	222	104	190	28	256	16	16	16
	Non Battle Injury	14	4	10	8	0	6	3	22	7	7	1
	Natural Causes	18	13	7	6	0	6	1	24	14	13	1
Dec-11	All	75	47	31	193	76	169	15	258	34	33	10
	Battle Injury	53	36	18	177	76	155	13	220	21	20	10
	Non Battle Injury	11	3	9	11	0	10	1	22	4	4	0
	Natural Causes	11	8	4	5	0	4	1	16	9	9	0
Jan-12	All	79	46	39	213	103	189	16	274	40	34	22
	Battle Injury	45	25	23	205	103	181	14	232	14	11	19
	Non Battle Injury	14	6	10	6	0	6	2	20	10	8	2
	Natural Causes	20	15	6	2	0	2	0	22	16	15	1
Feb-12	All	75	41	36	225	112	200	27	273	31	30	14
	Battle Injury	41	19	23	215	112	191	25	229	7	6	13
	Non Battle Injury	18	9	9	7	0	6	2	25	10	10	1
	Natural Causes	16	13	4	3	0	3	0	19	14	14	0
Mar-12	All	81	43	44	246	113	209	25	305	44	37	23
	Battle Injury	49	27	26	226	113	191	21	253	15	13	13
	Non Battle Injury	16	6	11	14	0	13	2	30	14	11	7
	Natural Causes	16	10	7	6	0	5	2	22	15	13	3

Source: Defence Patient Tracking System (DPTS)

1. Patients include Naval Service Personnel, Army Personnel including those from the Gibraltar Regiment, RAF Personnel, Reservists and UK Civilians. These exclude Other Nations Service Personnel.
2. An in-patient is a patient that has been admitted and allocated a ward bed. A residential patient is a patient that is on a three week rehab course; they are not allocated a ward bed, but reside in dormitory style accommodation. An outpatient is a non-resident patient attending RCDM or DMRC for treatment.
3. Patients treated at RCDM and or DMRC are considered new patients during the time period that they are first treated at these locations within their care pathway. For example, a patient treated for the first time at RCDM in January 2010 and subsequently treated for the first time at DMRC in March 2010 for the same injury/illness will be included in the January 2010 New patients figures under 'RCDM or DMRC' only
4. A battle injury includes those wounded as a result of hostile action. This includes injuries sustained whilst avoiding direct and indirect fire. A non-battle injury is any injury that is not caused by a hostile act and includes any accidental injuries such as sports injuries, road traffic accidents etc. Natural cause includes illness, disease and pregnancy. The distinctions between Battle Injury, Non Battle Injury and Natural cause have been validated against operational casualty data where possible (Annex B).

Table A6: Op HERRICK patients¹ receiving treatment at RCDM and DMRC by month, 1 April 2012 - 31 March 2013, Number

Financial Year	Injury Class ⁴	RCDM Birmingham ²			DMRC Headley Court ²				No. of patients seen at RCDM and/or DMRC	New Patients ³		
		All RCDM Afghanistan	In-Patient	Out-patient	All DMRC Afghanistan	In-Patient	Out-patient	Residential Patient		RCDM or DMRC	RCDM	DMRC
1 April 12 - 31 March 13	All	534	393	241	587	235	559	155	913	450	397	192
	Battle Injury	279	217	128	493	226	471	128	585	195	170	143
	Non Battle Injury	117	73	66	67	8	61	23	166	116	97	36
	Natural Causes	138	103	47	27	1	27	4	162	139	130	13
Apr-12	All	79	47	35	211	110	176	27	278	38	38	7
	Battle Injury	37	20	17	203	109	170	24	229	8	9	5
	Non Battle Injury	20	9	11	8	1	6	3	27	12	11	2
	Natural Causes	22	18	7	0	0	0	0	22	18	18	0
May-12	All	102	58	48	243	108	216	30	321	53	49	14
	Battle Injury	58	32	29	222	107	199	25	258	26	23	11
	Non Battle Injury	25	12	14	17	1	13	5	40	14	13	3
	Natural Causes	19	14	5	4	0	4	0	23	13	13	0
Jun-12	All	85	61	27	216	87	170	38	282	42	39	22
	Battle Injury	51	42	11	195	85	156	33	229	17	16	16
	Non Battle Injury	16	8	8	18	2	11	5	32	11	8	6
	Natural Causes	18	11	8	3	0	3	0	21	14	15	0
Jul-12	All	91	71	25	217	95	181	31	298	55	52	16
	Battle Injury	55	46	12	199	92	166	29	247	26	26	10
	Non Battle Injury	16	10	7	17	3	14	2	30	10	8	5
	Natural Causes	20	15	6	1	0	1	0	21	19	18	1
Aug-12	All	74	52	23	233	105	197	35	292	45	40	21
	Battle Injury	45	33	13	215	103	186	28	245	23	19	18
	Non Battle Injury	20	12	8	15	2	8	7	35	13	13	2
	Natural Causes	9	7	2	3	0	3	0	12	9	8	1
Sep-12	All	81	50	34	215	103	172	27	276	42	40	15
	Battle Injury	61	40	22	199	100	162	22	241	30	29	12
	Non Battle Injury	15	7	10	13	3	8	4	27	8	7	2
	Natural Causes	5	3	2	3	0	2	1	8	4	4	1
Oct-12	All	75	48	31	233	93	188	34	281	40	29	29
	Battle Injury	47	29	21	205	90	165	27	227	13	9	21
	Non Battle Injury	14	9	6	19	3	14	5	31	11	8	4
	Natural Causes	14	10	4	9	0	9	2	23	16	12	4
Nov-12	All	64	39	27	237	106	198	26	285	31	25	18
	Battle Injury	45	27	19	215	105	183	19	244	15	12	15
	Non Battle Injury	10	5	6	15	1	10	4	25	9	6	3
	Natural Causes	9	7	2	7	0	5	3	16	7	7	0
Dec-12	All	43	30	15	158	71	131	18	191	23	18	11
	Battle Injury	29	23	7	137	67	117	14	157	8	7	7
	Non Battle Injury	7	3	5	17	4	10	4	23	7	5	2
	Natural Causes	7	4	3	4	0	4	0	11	8	6	2
Jan-13	All	47	31	17	203	88	169	24	243	29	23	17
	Battle Injury	25	18	8	183	85	155	21	201	13	8	15
	Non Battle Injury	11	5	6	12	3	8	1	23	8	7	2
	Natural Causes	11	8	3	8	0	6	2	19	8	8	0
Feb-13	All	45	25	23	221	108	174	32	258	28	23	14
	Battle Injury	27	14	14	202	103	162	30	220	10	8	7
	Non Battle Injury	9	4	6	12	5	6	1	21	7	6	3
	Natural Causes	9	7	3	7	0	6	1	17	11	9	4
Mar-13	All	36	26	18	184	95	152	17	216	24	21	8
	Battle Injury	22	15	8	172	92	142	16	184	6	4	6
	Non Battle Injury	7	4	3	10	3	8	1	17	6	5	2
	Natural Causes	7	7	7	2	0	2	0	15	12	12	0

Source: Defence Patient Tracking System (DPTS)

1. Patients include Naval Service Personnel, Army Personnel including those from the Gibraltar Regiment, RAF Personnel, Reservists and UK Civilians. These exclude Other Nations Service Personnel.
2. An in-patient is a patient that has been admitted and allocated a ward bed. A residential patient is a patient that is on a three week rehab course; they are not allocated a ward bed, but reside in dormitory style accommodation. An outpatient is a non-resident patient attending RCDM or DMRC for treatment.
3. Patients treated at RCDM and or DMRC are considered new patients during the time period that they are first treated at these locations within their care pathway. For example, a patient treated for the first time at RCDM in January 2010 and subsequently treated for the first time at DMRC in March 2010 for the same injury/illness will be included in the January 2010 New patients figures under 'RCDM or DMRC' only
4. A battle injury includes those wounded as a result of hostile action. This includes injuries sustained whilst avoiding direct and indirect fire. A non-battle injury is any injury that is not caused by a hostile act and includes any accidental injuries such as sports injuries, road traffic accidents etc. Natural cause includes illness, disease and pregnancy. The distinctions between Battle Injury, Non Battle Injury and Natural cause have been validated against operational casualty data where possible (Annex B).

ANNEX B

Validating Injury Class

38. In order to validate the injury class of a patient (BI, NBI or NC), Defence Statistics (Health) compare the data captured on the DPTS to information stored on the Defence Health Database (DHD). Patient care pathways held on the DPTS are linked to DHD events using a personal identifier (pseudo-anonymised) and date of injury. All automatic links between DPTS care pathways and DHD events are manually validated and DHD events that are not linked to a care pathway but are attributed to an individual with at least one care pathway are checked to ensure that no linkage should occur. If there is a discrepancy between the information stored on the DHD and the DPTS, a qualitative assessment of the data is made by analysts based on the narrative contents of both data sources. If there is insufficient information available in the DHD and DPTS to identify an injury class, Defence Statistics (Health) contact the Defence Patient Tracking Cell (DPTC) for further clarification on the incident. The injury class assessments are made according to the criteria outlined below:

Battle Injury

39. Any injury sustained whilst under direct and indirect fire is referred to as a Battle Injury (BI). Whilst this is frequently applied to injuries such as gunshot and fragmentation wounds, it is also applied to injuries sustained whilst avoiding hostile firing and friendly fire.

Non-Battle Injury

40. Any injury sustained as a result of external causes not as a result of direct or indirect fire is referred to as a Non-Battle Injury (NBI). This includes:

- i. Injuries caused by sports and other external factors (e.g. training, normal duties and negligent discharge)
- ii. Bites and stings
- iii. Heat and cold injuries
- iv. Accidental poisonings & allergic reactions (excluding asthma and other respiratory conditions)

Natural Cause

41. Any illness not as a result of external causes is referred to as a natural cause. This will include bacterial infections (where not the result an injury), viral infections (where not the result of biological weaponry) and musculoskeletal pain. Any mental or behavioural disorders (including post traumatic stress disorder - PTSD) are also classified as NC. Asthma and other respiratory conditions that have been exacerbated or triggered by external factors are also classified as natural cause.

42. If the information available from the DPTS and the DHD is not sufficient to adequately categorise injury or illness, Defence Statistics contact the Defence Patient Tracking Cell for further clarification on the incident.

Defence Health Database (DHD)

43. Data held on the DHD comes from four separate sources: Field Hospital Admissions from J97 Returns and OpEDAR, NOTICAS, Aeromedical Evacuation and Joint Theatre Trauma Registry (JTTR). They all hold information regarding the injury class of the patient, with the exception of the Aeromedical Evacuation notes which contain diagnosis codes that are utilised to determine an injury class. If there is a discrepancy in the injury class recorded between any of the four data sources, a manual examination of the narrative data for each source is made, and a qualitative assessment of the correct classification of an injury or illness is conducted against the injury class criteria outlined above. If there is insufficient information from these four data sources to identify an injury class, Defence Statistics (Health) contact the Academic Department of Military Emergency Medicine (ADMED) for further JTTR information, the Joint Casualty and Compassionate Centre (JCCC) for further NOTICAS information, the Permanent Joint Headquarters (PJHQ) for further Field Hospital Admission information and the Aeromedical Evacuation Control Centre (AECC) for further Aeromedical Evacuation information.

44. A more detailed description of each of the four data sources can be found in the section below:
Field Hospital Admissions from J97 Returns and OpEDAR

45. The UK has a Field Hospital at Camp Bastion, this provides deployed hospital care to coalition forces and, when indicated, Afghan National Security Forces and local nationals. Associated support elements include Emergency Medicine, Surgery, Medicine, Intensive Care Unit, and Medium and Low dependency nursing care beds. Advanced diagnostic support is provided by a laboratory and an imaging department that includes two CT Scanners. The exact clinical contribution is constantly under review, being mission-tailored to provide the best mix of specialties and support services.

46. Defence Statistics receive information on the patients who are admitted to the UK Field Hospital at Camp Bastion from the J97 Returns. This J97 return also includes those patients admitted to the following two locations:

47. The HQ of Multinational Brigade (South) in Kandahar maintain a Field Hospital which provides support for ISAF and Coalition personnel. This facility includes additional capabilities to that of the Role 2 including specialist diagnostic resources and specialist surgical and medical capabilities.

48. In Kabul, UK Personnel may be admitted to either the French or Greek Field Hospital. There is also a US facility which provides physiotherapy and dentistry.

49. Up until 31 December 2011, Defence Statistics also received information on admissions and attendances at the UK Field Hospital at Camp Bastion from the Operational Emergency Attendance Register (OpEDAR). This register has now been replaced with a new IT system; Whole Hospital Information System (WHIS). Defence Statistics now receive an extract from WHIS that will be used in the future to replace the statistics produced by OpEDAR.

50. An admission to the field hospital is where a patient is allocated a bed; this could be within the Ward, in Intensive Care, or Surgery. If the patient is not allocated a bed they are recorded as an attendance, they are seen and treated without the need to allocate a bed.

51. Field Hospital Admissions from J97 Returns and OpEDAR, information is available from 1 March 2006 (Opening of the UK Field Hospital in Afghanistan).

NOTICAS

52. Notification of Casualty (or "NOTICAS") is the name for the formalised system of reporting casualties within the UK Armed Forces. The NOTICAS reports raised for casualties contain information on how seriously medical staff in theatre judge their condition to be. They are not strictly medical categories but are designed to give an indication of the severity of the injury or illness to inform what the individual's next of kin are told.

53. The NOTICAS system is initiated very early in the patient's admission to the field hospital in Afghanistan, the classification of a casualty will change as time progresses. The initial signal listing may in some cases be followed by an updated less serious listing if the case appeared worse on admission than transpires.

54. Initial Notification of Casualty (NOTICAS), information is available from 7 October 2001 (start of Operations in Afghanistan).

Aeromedical Evacuation

55. Aeromedical Evacuation is the medically supervised movement of patients to and between medical facilities by air transportation. The RAF Aeromedical Evacuation Service provides the worldwide patient air movement capability for Defence 24 hours a day, 365 days a year. Patients are risk assessed prior to flight, and when necessary, trained medical teams are provided to deliver care in the air.

56. Defence Statistics receive Aeromedical evacuation records fortnightly from the Aeromedical Evacuation Control Centre (AECC) at RAF Brize Norton for operations in Afghanistan.

57. Aeromedical Evacuations, information is available from 1 January 2003 to 31 July 2012 (latest data available). Information on Aeromedical Evacuations from 7 October 2001 to 31 December 2002 is not held electronically.

Joint Theatre Trauma Registry (JTTR)

58. The JTTR commenced during 2003 to improve the care of the seriously injured patient from the point of injury to the point of discharge from hospital treatment (both in Afghanistan and UK). The JTTR records patient level clinical information on trauma patients admitted to a field hospital in Afghanistan where the UK Trauma Team was activated.