



MOD Health and Safety Statistics: Annual Summary & Trends Over Time 2014/15 – 2018/19

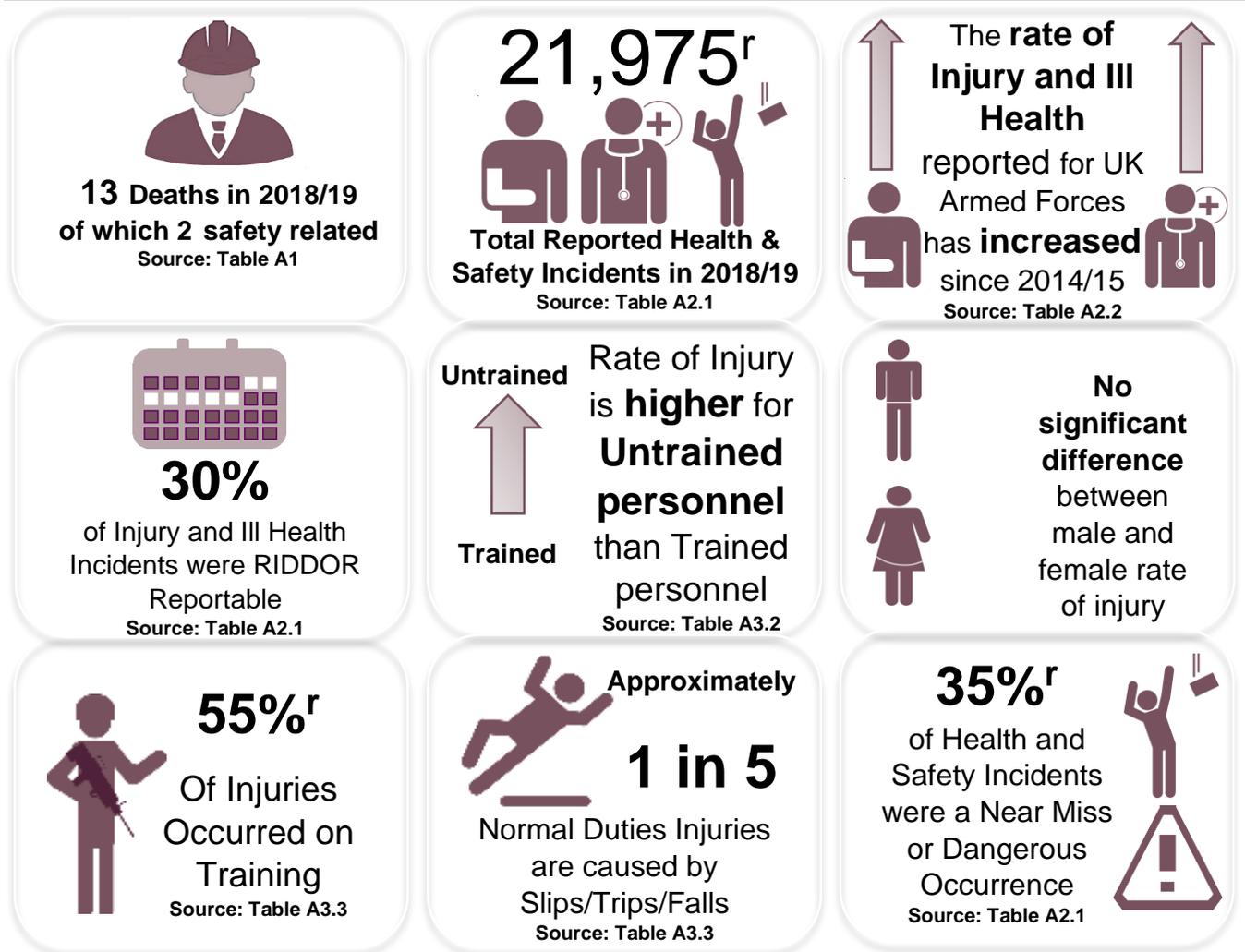
Published 14 November 2019
Revised 22 September 2020

This Statistical Bulletin has been revised on 22 September 2020 and replaces the release in November 2019 due to an update in one of the datasets. Revised figures in this report have been marked with an 'r'.

This bulletin presents summary statistics on injury and ill health incidents among UK Armed Forces personnel, Ministry of Defence (MOD) Civilian employees, Other Civilians, and Cadet Forces personnel that were reported through the MOD's Health and Safety systems during the five-year period 2014/15 to 2018/19. The report includes information on the number of work-related deaths among UK Armed Forces and MOD Civilian employees over the same period.

Note: All Figures for injuries and ill health incidents for 2018/19 in this report are provisional as a result of late reporting in the MOD's Health and Safety systems. Full details are presented within the accompanying Background Quality Report.

Key Points and Trends



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Supplementary tables containing the below information can be found in the Excel tables accompanying the report at this link:

<https://www.gov.uk/government/collections/defence-health-and-safety-statistics-index>

Introduction

The Armed Forces Covenant provides a clear statement about the risk to those who serve or have served in the Armed Forces. ‘The first line of Government is Defence of the realm. Our Armed Forces fulfil that responsibility of the Government, sacrificing some civilian freedoms facing danger and sometimes, suffering serious injury and death as a result of their duty’¹. The MOD policy on managing ‘Health and Safety in Defence (JSP 375)’ recognises this risk and has the ‘fundamental objective that those who deliver or conduct defence activities minimise work-related fatalities, ill-health and reduce health and safety risks so that they are as low as reasonably practicable (ALARP)’².

MOD Civilian employees are legally required to notify the Health and Safety Executive (HSE) if they suffer from work related injury or ill health, as set out by the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR³). There is no current legal requirement for injuries and ill health incidents to UK Service personnel to be notified to the HSE, since the UK Armed Forces are exempt⁴ from reporting. However, it is MOD policy² that all accidents/incidents (excluding battlefield injuries) relating to all MOD staff (Service personnel and civilians), visitors, premises or equipment, or for which MOD may be culpable are reported and recorded; this includes fatalities, injuries, illness and near misses. Injuries and ill health incidents that fall under the RIDDOR criteria are recorded as such, to enable the MOD to monitor RIDDOR-reportable incidents.

The information provided in this Statistical Bulletin presents all Health and Safety incidents between 2014/15 and 2018/19 to UK Armed Forces personnel and civilians whilst on duty, on MOD property, or injured in or by MOD vehicles. Production of the report provides official statistics to support the Defence Safety Authority’s Annual Assurance report. This report also contributes to the MODs commitment to release information where possible.

¹ The Armed Forces Covenant 2017: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf

² Management of Health and Safety in Defence (JSP 375): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/524597/20160518-375_2016_P2_Vol1_Chapter_16_V1-3_Accident_Reporting.pdf

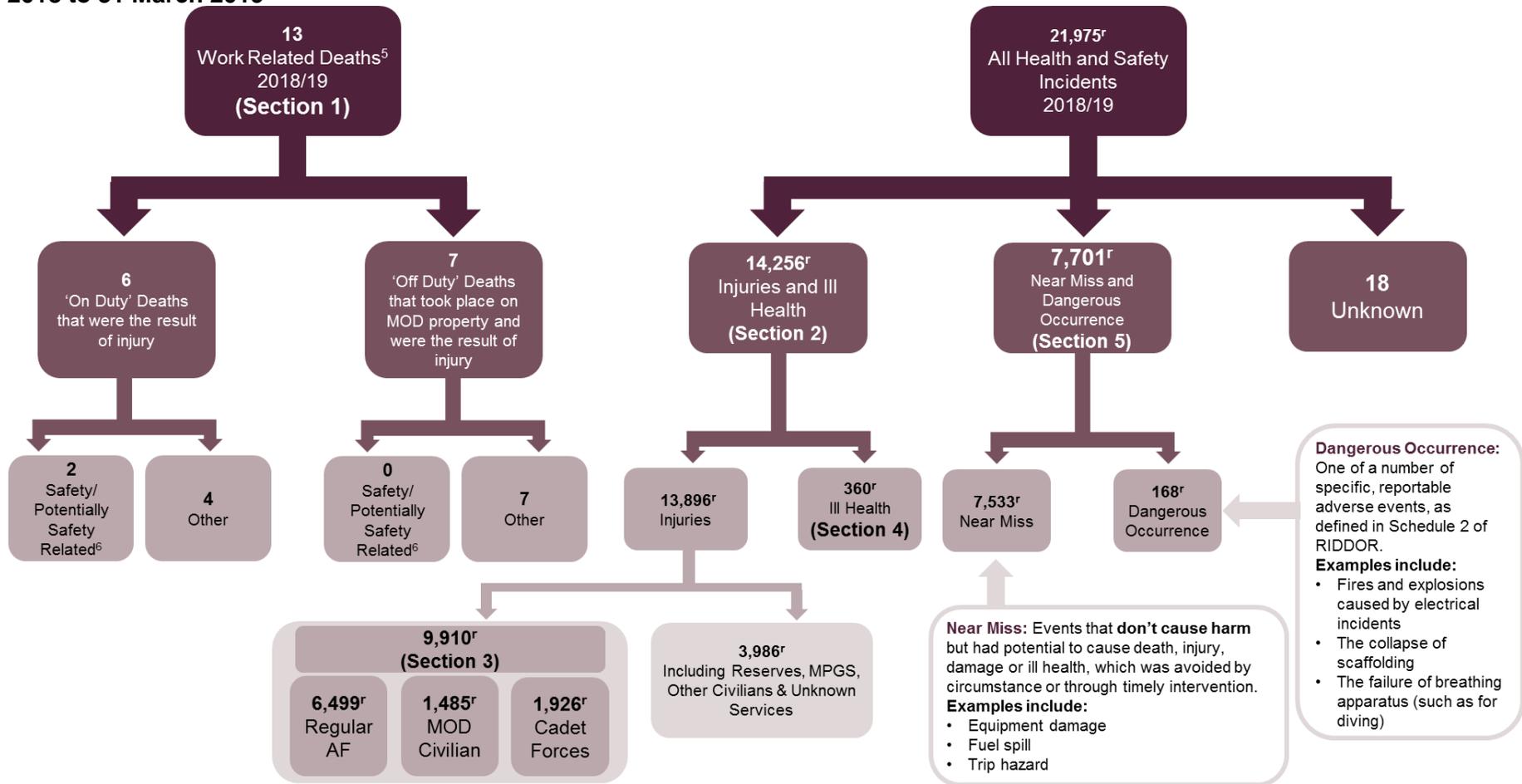
³ Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013: <http://www.hse.gov.uk/riddor/>

⁴ HSE RIDDOR Exemptions: <http://www.hse.gov.uk/riddor/exemptions.htm>

The findings of this report have been presented in five key sections:

- **Section 1:** UK Armed Forces and Civilian personnel, Health and Safety Deaths
- **Section 2:** All personnel Health and Safety Injuries and Ill Health Incidents
- **Section 3:** UK Armed Forces, MOD Civilians, and Cadet Forces Health and Safety Injuries
- **Section 4:** All personnel Health and Safety Ill Health Incidents
- **Section 5:** Near Miss and Dangerous Occurrence Health and Safety Incidents

Figure 1: Health and Safety Incidents, Numbers
1 April 2018 to 31 March 2019



Source: AINC, AIRS, Defence Safety Authority, DINC, DIO, HOCS, HRMS, JFC, JPA, NSINC, Service Inquiries.

⁵Excludes Deaths that took place off-duty and not on MOD property and unknown causes of death. The 13 excludes 3 causes not yet known and 4 suicide and open verdicts.

⁶As determined by a Board of inquiry and/or a coroner/ procurator fiscal (Scotland) confirmed as safety related.

Section 1: UK Regular Armed Forces, on duty Reserves and Civilian personnel, Health and Safety Deaths

1 April 2014 to 31 March 2019

During the latest year **2018/19** there were **six** work related deaths which occurred whilst 'on duty'. Of these **two** have been confirmed as safety related or potentially safety related pending the outcome of investigations. These include one Land Transport Accident and one Diving incident.

In addition, there were **seven** work related deaths which occurred 'off duty' to personnel who were on MOD property at the time of their death. None of these deaths have been considered as the result of a failure in health and safety.

Over the last five-years (1 April 2014 to 31 March 2019) there were **341** UK Armed Forces deaths. Of these **23** (7%) have been deemed to be safety related or potentially safety related pending the outcome of a service inquiry. These deaths were the result of 19 separate incidents. There were two incidents that caused multiple deaths (seven deaths in total).

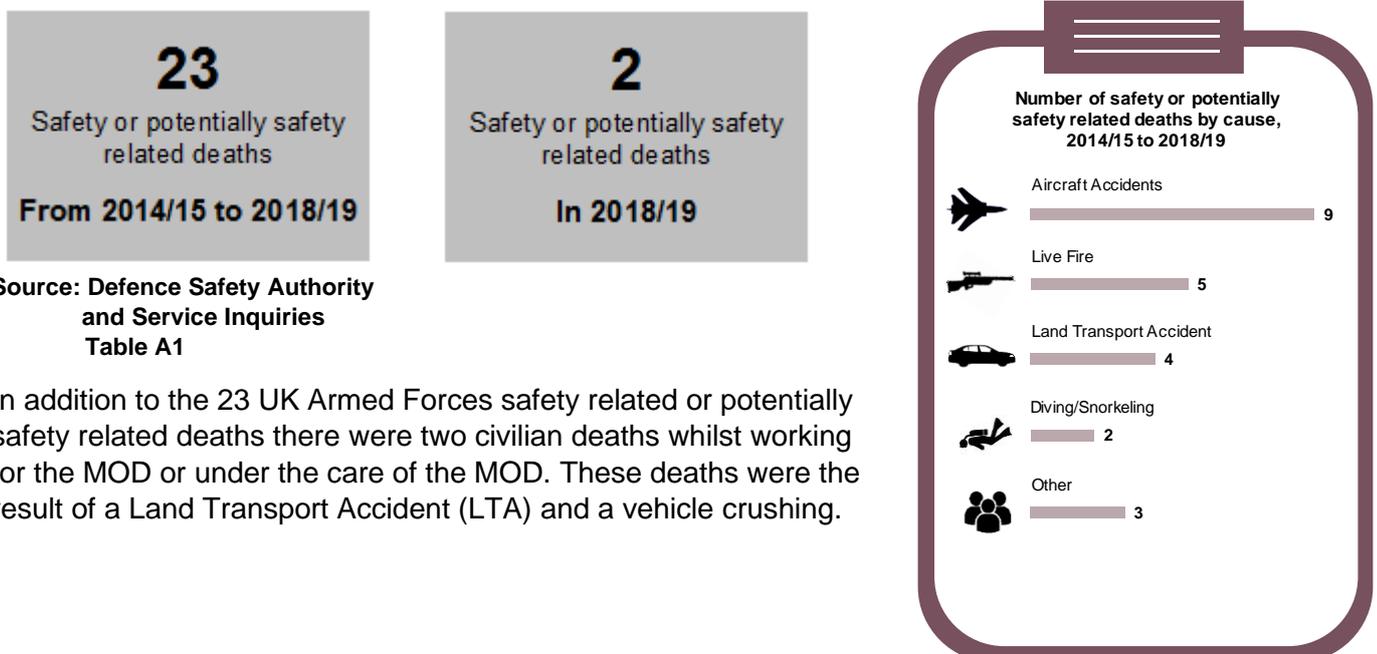
Aircraft accidents accounted for nine (39%) of all safety or potentially safety related deaths. These deaths were the result of four separate incidents.

In 2014/15 there were nine safety or potentially safety related deaths, the largest number in one year over the five-year period. One Aircraft accident accounted for accounted for **five** deaths. It is essential for the UK Armed Forces to create a training programme that prepares personnel for real time scenarios that could happen in an operational environment. The use of aircraft is vital to recreate such scenarios. The nature of an aircraft accident whether pilot or mechanical error, will often lead to multiple fatalities in any one incident with aircraft being used to manoeuvre personnel to designated positions and areas.

A breakdown of safety or potentially safety related deaths by year, duty status and cause can be found in **Table A1 (Annex A)**

Figure 2: UK Regular Armed Forces and on duty reserves Health and Safety related deaths by cause, numbers

1 April 2014 to 31 March 2019



Source: Defence Safety Authority and Service Inquiries
Table A1

In addition to the 23 UK Armed Forces safety related or potentially safety related deaths there were two civilian deaths whilst working for the MOD or under the care of the MOD. These deaths were the result of a Land Transport Accident (LTA) and a vehicle crushing.

Section 2: All personnel Injuries and Ill Health Health and Safety Incidents

1 April 2018 to 31 March 2019 – as at July 2019

14,256^r All MOD Injury and Ill Health Health and Safety Incidents in 2018/19.

During 2018/19 there were 14,256^r injury and ill health, Health and Safety incidents. This number is expected to rise when late reporting for 2018/19 is considered. An overall rate for injury and ill health incidents has not been provided because for one sub-group 'Other Civilian' no suitable population at risk data was available (See Background Quality Report for more information).

All MOD Injury and Ill Health Health and Safety Incidents in 2018/19, by Service, Numbers and rates per 1,000⁷

Service	No. Injury and ill health incidents	Rate per 1,000 personnel
Armed Forces	8,061^r	41^r
Naval Service	1,074	28
Army	5,642	47
RAF	1,345	35
Civilians	4,751^r	Rate unavailable⁸
MOD Civilian	1,595^r	33^r
Other Civilian	1,159^r	Rate unavailable²
Cadet Forces	1,997^r	18^r

⁷1,444^r records were excluded due to an unknown Service type – where information is either missing or insufficient to identify Service. Defence Statistics will monitor this issue and work to identify the cause with stakeholders.

⁸Rates are not provided for total Civilians, or Other Civilians due to suitable population information being unavailable. Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, JPA, NSINC. Table A2.2

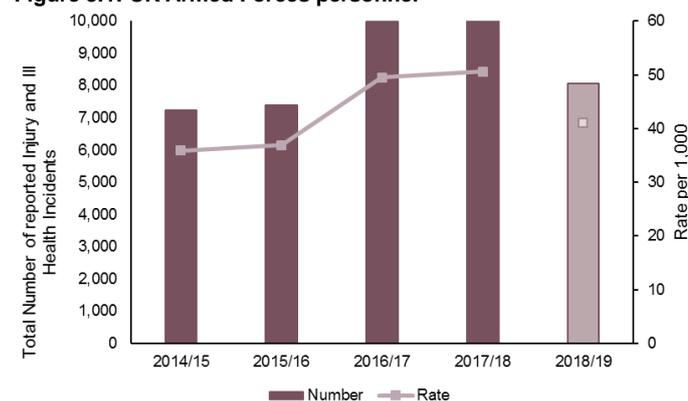
Armed Forces personnel accounted for 8,061^r (57%^r) of all injury and ill health incidents that were reported, the Army as the largest Service accounted for 5,642^r (69%^r) of these incidents. The rate of incidents in the Army (46.7 per 1,000) was **not statistically significantly higher** than the Naval Service (28.3^r per 1,000⁹) and RAF (35.4^r per 1,000)¹⁰.

Civilian personnel accounted for 4,751^r (33%^r) of all injury and ill health incidents that were reported. The rate of injury and ill health incidents was higher for MOD civilians at 33.4^r per 1,000 personnel compared to Cadet Forces (18.1^r per 1,000), this may be due to amount of time spent doing MOD activity.

Figure 3: UK Armed Forces, MOD Civilian and Cadet Forces personnel, reported injury and ill health incidents, numbers and rates per 1,000^r

1 April 2014 to 31 March 2019

Figure 3.1: UK Armed Forces personnel^r



Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, JPA, NSINC. Tables A2.2-A2.5

r. Denotes figures have been revised
p. Figures for 2018/19 are provisional.

Figure 3.2: MOD Civilian personnel^r

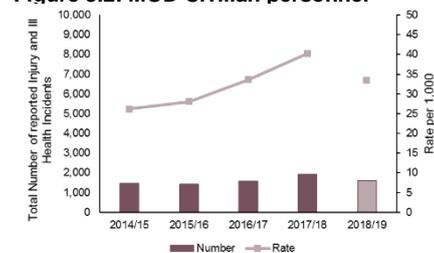


Figure 3.3: Cadet Forces personnel^r

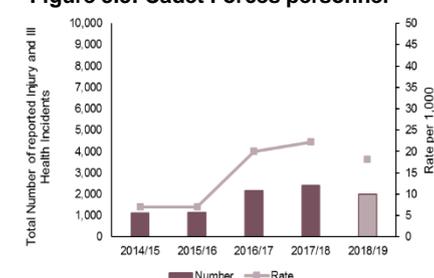


Figure 3 presents the injury and ill health rate over the last five years. When comparing 2014/15 and 2018/19, the rates per 1,000 of injury and ill health for UK Armed Forces personnel (35.9 – 41.0^r), MOD Civilians (26.2 - 33.4^r) and Cadet Forces personnel (7.0 – 18.1^r) have statistically **significantly increased**⁹. While the actual number of incidents has not increased by a large amount, decreasing populations of these groups mean the rate has increased.

⁹Statistically significant using Z-test, $p < 0.01$ (Table A6)

¹⁰Statistically significant using Z-test, $p < 0.05$

For the UK Armed Forces, it is possible this increase could be attributed to the change in activity over time, with an increased focus on Training/Exercise following drawdown of Op Herrick.

The following section presents three populations, the UK Regular Armed Forces (including Gurkha's), all other UK Armed Forces (includes Reservists and MPGS) and Civilians (within this section only MOD civilians and cadets have been included). There were differences observed in rate of injury and ill health incidents within sub-groups in these three populations, which is the focus of the following section.

UK Regular Armed Forces

6,582^r Injury and Ill Health Health and Safety Incidents in 2018/19.

45^r per 1,000

Naval Service



29

Rate per 1,000



27

Rate per 1,000

35^r

Rate per 1,000



Age <30 years

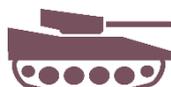
41^r

Rate per 1,000

Trained: 23 Rate per 1,000

Untrained¹¹: 67^r Rate per 1,000

Army



54

Rate per 1,000



51

Rate per 1,000

56

Rate per 1,000



Age <30 years

66

Rate per 1,000

Trained: 48 Rate per 1,000

Untrained¹¹: 91 Rate per 1,000

RAF



37^r

Rate per 1,000



33^r

Rate per 1,000

38^r

Rate per 1,000



Age <30 years

48^r

Rate per 1,000

Trained: 28^r Rate per 1,000

Untrained¹¹: 80^r Rate per 1,000

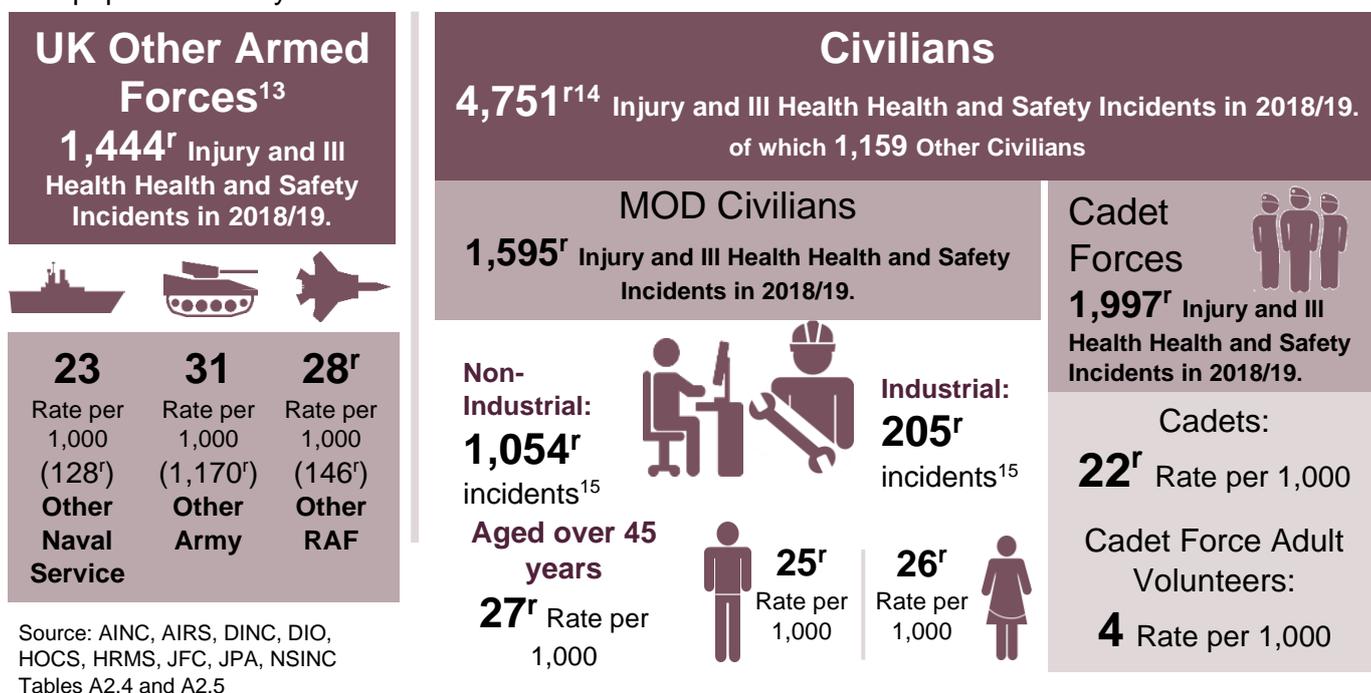
Source: AINC, AIRS, DINC, DIO, HOCS, JFC, JPA, NSINC.
Table A2.3 and A6

¹¹Untrained personnel comprise of Army personnel who have yet to complete Phase 1 training, and Naval Service and RAF personnel who have yet to complete Phase 2 training. For full definitions please see Glossary.

The majority of injury and ill health incidents reported for the UK Armed Forces were for Regular personnel (6,582^r out of 8,061^r, 82%).

During 2018/19 the following UK Regular Armed Forces demographic groups were at a statistically **significant higher risk**¹² of reporting injury and ill health incidents.

- **Naval Service (Navy & Marine) Females:** This has been tested for the overall Naval Service, which includes Royal Navy and Royal Marine personnel. For the other Services, the differences were not significant.
- **Personnel aged under 30 years:** Higher rates seen in younger personnel may be due to the types of duties performed, with untrained personnel and ranks accounting for a larger proportion of the under 30 age group.
The rate of injury for Army personnel under 30 is higher than those for the other Services, this maybe be due to type of training undertaken, for example, in the Army there are a higher proportion of ground combat roles which has an impact on the training and duties undertaken.
- **Untrained personnel**¹¹: This higher rate is thought to reflect the intense physical nature of training and the learning curve of being in the military and meeting the standards for physically demanding roles. This trend is seen overall and in all three Services. Changes in recruit populations may also affect rates.



During 2018/19 MOD Civilians aged over 45 years were at a statistically **significant higher risk** of reporting injury and ill-health incidents compared to those aged under 45.

¹²Statistically significant using Z-test, p<0.05 – table A.6

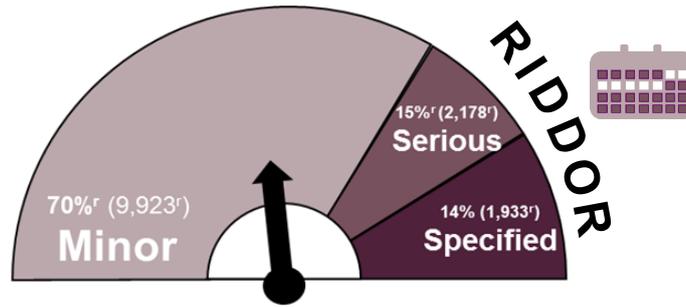
¹³This is the UK Armed Forces excluding Regulars. It includes Reserves and MPGS.

¹⁴Other Civilians have been excluded.

¹⁵From 2018/19 Defence Statistics are unable to provide rates on Industrial and Non-Industrial Civilians. See Background Quality Report for further information.

Severity and RIDDOR Reportable Incidents 2018/19

70%^r (9,923^r) Injuries and Ill Health were Minor, 29%^r (4,111^r) were RIDDOR Reportable^{16,17}



¹⁶222^r (2%) were excluded due to an unknown severity classification
¹⁷Includes all personnel

Specified Injuries/ Occupational Diseases: One of a number of specific reportable incidents as defined by the Health and Safety Executive.
Examples include: Fractures (other than fingers or toes), amputations, loss of sight, hand arm vibration syndrome.

Serious: Injuries and illnesses not defined as specified/ occupational diseases but could still result in **more than seven working days lost.**

RIDDOR: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

RIDDOR sets out a legal obligation for certain workplace accidents and occupational diseases to be reported to the (HSE).

Reportable incidents are determined by severity and include **all Specified and Serious incidents.**

There is no current legal requirement for injuries and ill health incidents to UK Service personnel to be notified to the HSE.

Minor: Injuries not defined as specified or serious. All less than 7 working days lost.

Figure 4: All personnel¹⁸, reported injury and ill health incidents, by severity, percentages^r 1 April 2018 to 31 March 2019

Figure 4.1: Injury incidents^r

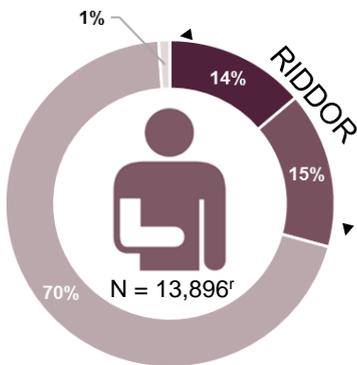
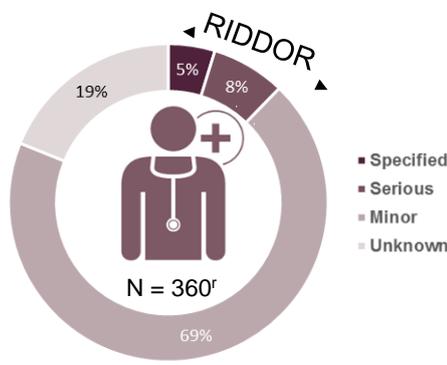


Figure 4.2: Ill health incidents^r



15^r per 1,000 (N=2,875^r) UK Armed Forces personnel sustained a RIDDOR Reportable Injury or Ill Health Incident in 2018/19

4 per 1,000 (N=177^r) MOD Civilian personnel sustained a RIDDOR Reportable Injury or Ill Health Incident in 2018/19

7^r per 1,000 (N=786^r) Cadet Forces personnel sustained a RIDDOR Reportable Injury or Ill Health Incident in 2018/19

Other Civilians and Unknown personnel accounted for the remaining 273 RIDDOR reportable injury and ill health incidents.

Source: Table A2.2, A4, A6

Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, JPA, NSINC. Tables A2.1, A2.2, A3.1, A6

Percentages may not equal 100% due to rounding of figures.

18. 'All personnel' includes any person whose injury or illness was recorded on MOD health and safety systems. This includes All UK Armed Forces personnel and civilians injured as a result of MOD activity or on a MOD site.

Between 1 April 2018 and 31 March 2019, **30%** (4,111^r) of injury and ill health incidents to all personnel were RIDDOR reportable. This is higher than the percentage of RIDDOR Reportable injuries sustained by the UK population (13%), as reported by the HSE using latest available data from the Labour Force Survey¹⁹.

The rate of RIDDOR reportable injury and ill health incidents was statistically **significantly higher** (Table A6) for Cadet Forces compared to the UK Armed Forces personnel. The UK Armed Forces rate was statistically **significantly higher** compared to MOD Civilians.

¹⁹ <http://www.hse.gov.uk/statistics/overall/hssh1718.pdf>

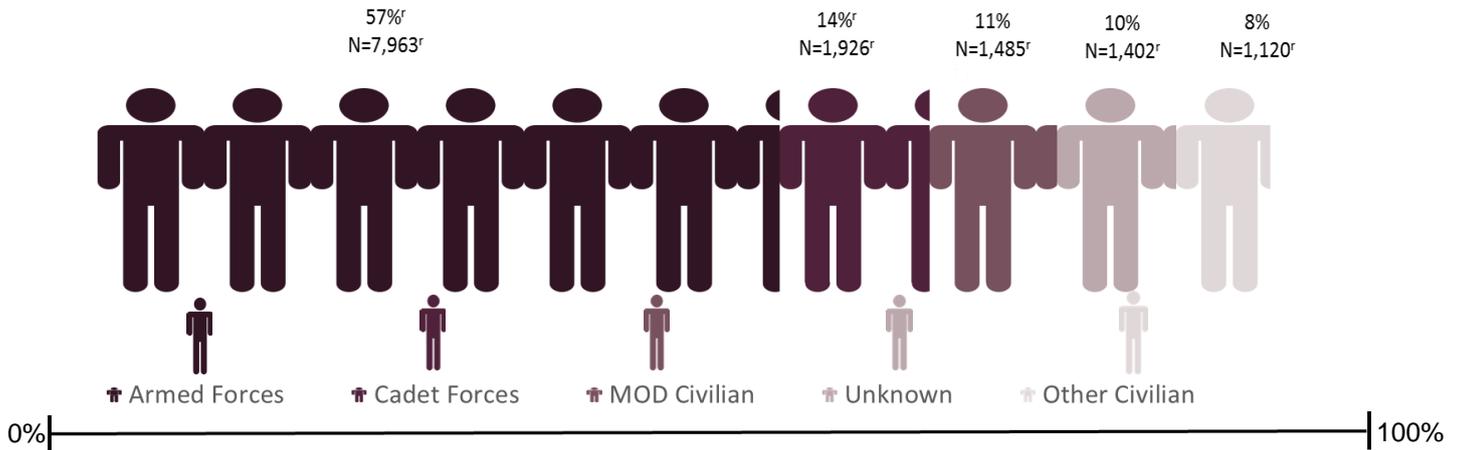
Section 3: All Personnel, Health and Safety Injuries

1 April 2018 to 31 March 2019

Injuries accounted for 63% (N=13,896^r) of all reported Health and Safety incidents in 2018/19. This section focuses on understanding more about these reported incidents, including the demographic characteristics of the personnel injured and the types of activity that were being undertaken at the time of injury. This information supports identification of key areas of risk which can be targeted in the future.

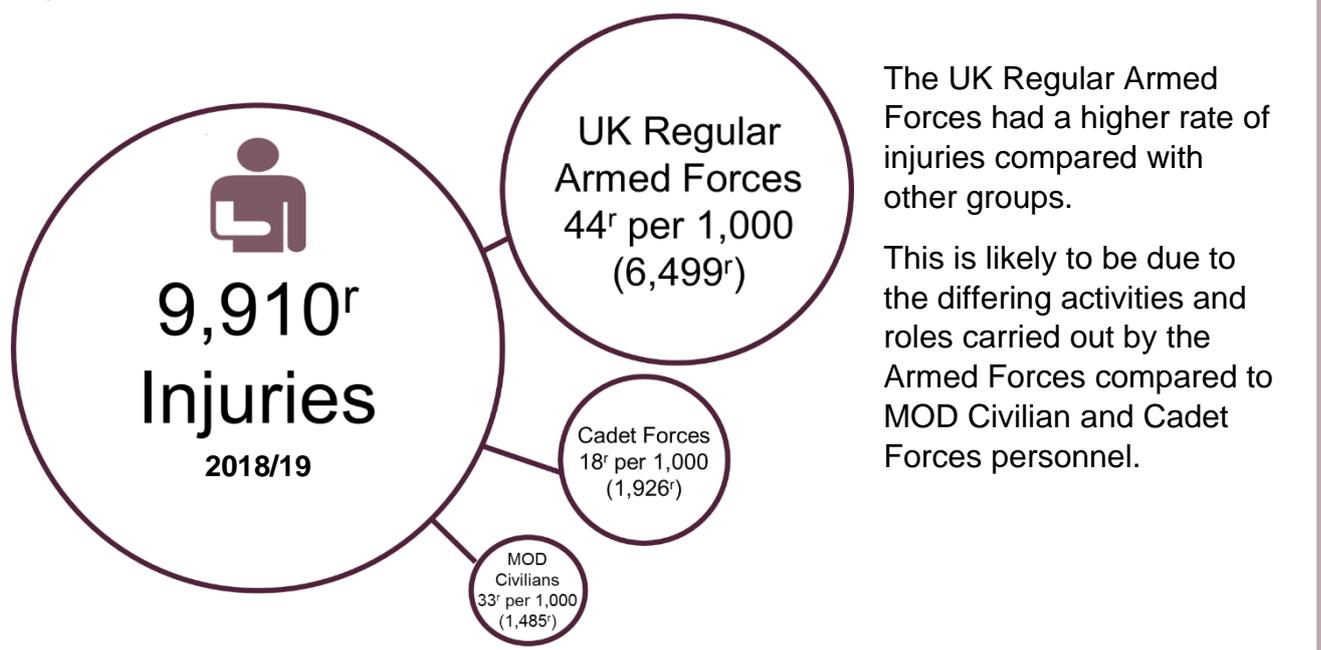
Figure 5: UK Armed Forces, MOD Civilian, Other Civilian, and Cadet Forces personnel, Injuries reported in Health and Safety, by Service, numbers, and proportions^r
1 April 2018 to 31 March 2019

Total Injuries: 13,896^r



For Section 3 rates have been presented for **UK Regular Armed Forces (including Gurkhas), MOD Civilians, and Cadet Forces only**. This is due to incomplete/not readily available population data for UK Other Armed Forces and Other Civilian personnel.

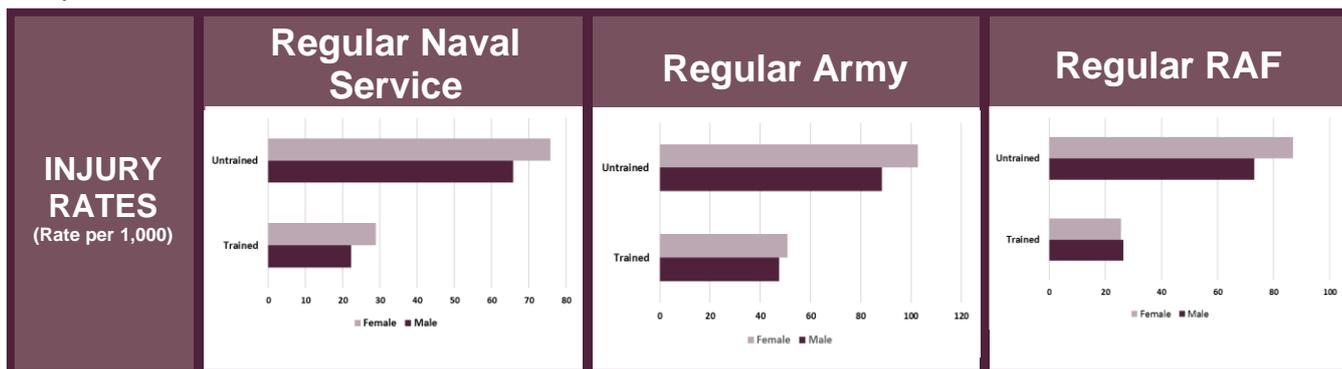
Figure 6: Health and Safety Injuries, Service, Numbers^r
1 April 2018 to 31 March 2019



Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, JPA, NSINC.
Tables A3.1, A3.2, A3.8, A3.9

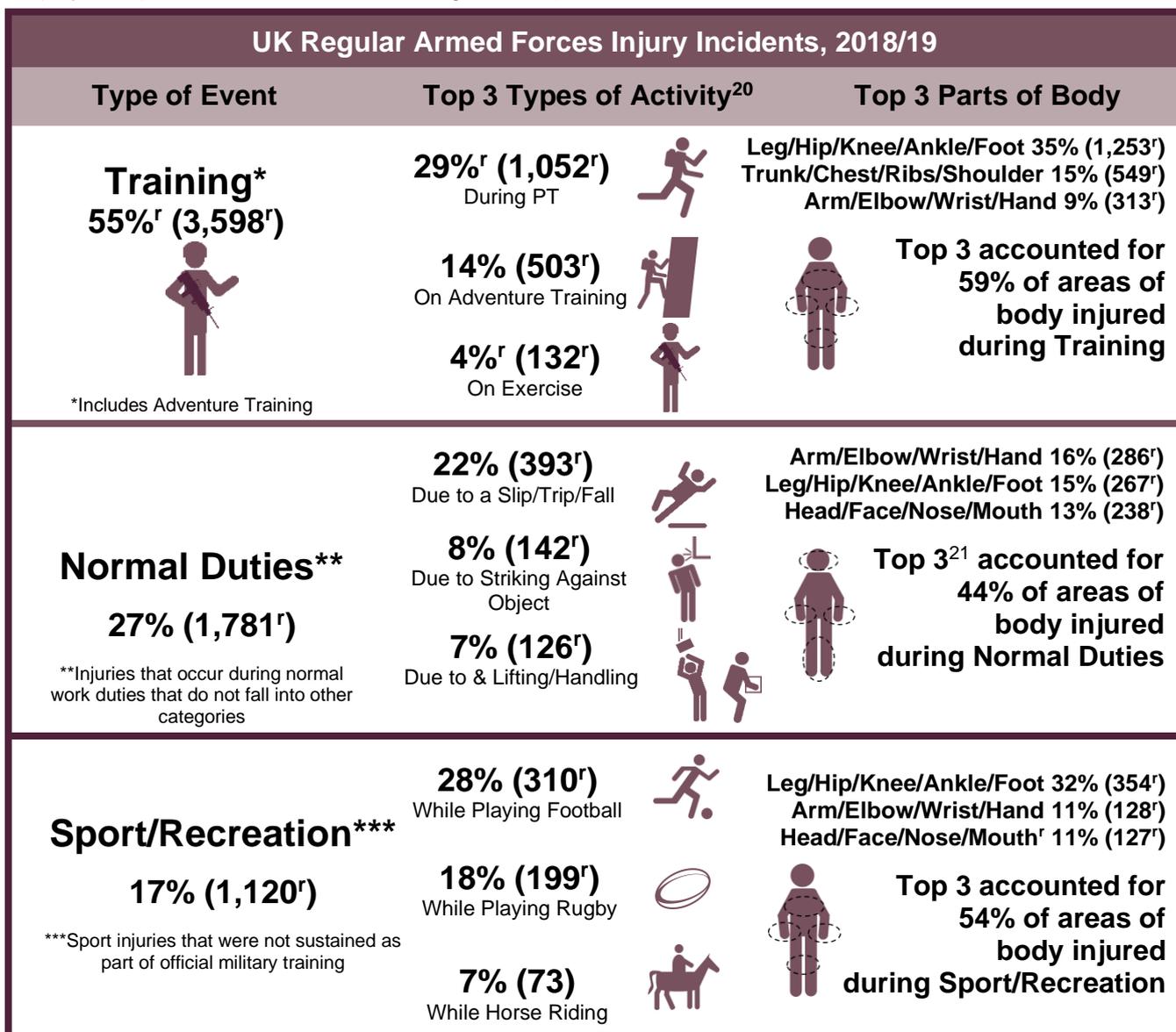
Figure 7: UK Regular Armed Forces personnel, Injuries reported in Health and Safety, by Service, rates^r

1 April 2018 to 31 March 2019



Source: AINC, AIRS, DINC, DIO, HOCS, JFC, JPA, NSINC. Table A3.2a

Overall, untrained UK Armed Forces personnel were more likely to have reported an injury than trained personnel, consistent with findings from the report on Annual Medical Discharges in Regular UK Armed Forces²². Of note, **1 in 10 untrained female UK Armed Forces Personnel reported an injury** (Table A3.2a). Females under the age of 25 also had statistically **significant higher rates** of injury compared to Males under the age of 25 (Table A6).



Source: AINC, AIRS, DINC, DIO, HOCS, JFC, JPA, NSINC. Tables A3.3 and A3.6

²⁰Top three activities excluding general categories such as 'Training' for Training

²¹For normal duties, unknown body part was the highest category, but excluded from top 3.

²²<https://www.gov.uk/government/collections/medical-discharges-among-uk-service-personnel-statistics-index>

Training (including Adventure Training) was the event with the greatest proportion of injury incidents amongst UK Regular Armed Forces personnel (55%^r), followed by Normal Duties (27%) and then Sport/Recreation (17%). For two of three events, the lower body (leg/hip/knee/ankle/foot) was the body area most frequently injured (35% on training and 32% on sport/recreation).

Training and Sport/Recreation had a greater proportion of injury incidents that were specified or serious (40%^r and 46%^r respectively) compared to Normal Duties (28%). The following activities had a notably high proportion of specified or serious reported injuries (Table A3.5).

Sport/Recreation:

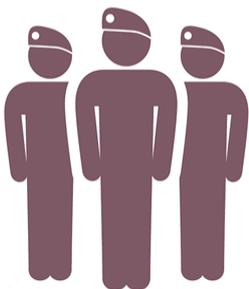
- Rugby with 63%^r of injury incidents specified or serious (126^r out of 199^r)
- Football with 54%^r of injury incidents specified or serious (166^r out of 310^r)

Training:

- Adventure Training with 46%^r of injury incidents specified or serious (233^r out of 503^r)
- PT with 39%^r of injury incidents specified or serious (413^r out of 1,052^r)

There were some affected body regions where particular activities accounted for a large proportion of the injuries. This included; ear/hearing where 75% of all incidents affecting this area took place during Training (44 out of 59). Stomach/Abdomen/Groin/Buttocks was also of note, where 72%^r took place on Training (68^r out of 94^r) (Table A3.6).

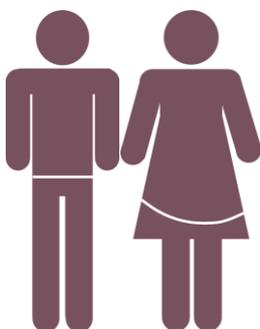
Within 'Normal Duties' the top three activities causing the largest number of injury incidents were 'Slip/Trip/Fall', 'Struck Against Object', 'Struck by Object' and 'Lifting/Handling'. This is mostly consistent with the statistics published by the Health and safety executive (HSE) on workplace non-fatal injuries to employees in Great Britain in 2017/18 (<http://www.hse.gov.uk/statistics/overall/hssh1718.pdf>)



Cadet Forces

Of the 1,926^r Health and Safety Injury Incidents in 2018/19:

- 85%^r (1,640^r) of injuries to Cadet Forces took place on Training.
- 13% (243^r) were due to Slip/Trip/Falls.
- 60%^r (1,147^r) of injuries sustained by Cadets were Minor Injuries.



MOD Civilians

Of the 1,485^r Health and Safety Injury Incidents in 2018/19:

- 48%^r (718^r) of injuries to MOD Civilians were because of Slip/Trips/Falls and Lifting/Handling.
- 87%^r (1,287^r) of injuries sustained by MOD Civilians were Minor Injuries.

Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, JPA, NSINC.
Tables A3.1, A3.8, A3.9

Section 4: All personnel, Health and Safety Ill Health Incidents

1 April 2018 to 31 March 2019

Ill health reported within the MOD Health and Safety systems should be any reported incident of ill health with a cause which can be attributed to MOD activities or an individual's employment with the MOD. Health and safety incidents for ill health accounted for 2%^r (N=360^r) of all Health and safety incidents in 2018/19.

Defence Statistics are aware that some Health and Safety ill health incidents (specifically for military personnel) are recorded through the medical chains and not through the Health and Safety data systems. Chronic illness and infectious diseases are more likely to be recorded through medical systems (either military or civilian). Therefore, numbers presented within this report for ill health should be treated as a minimum.

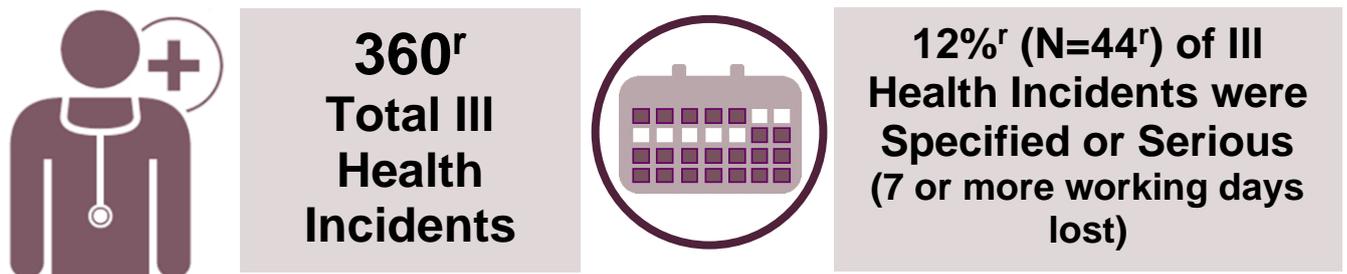
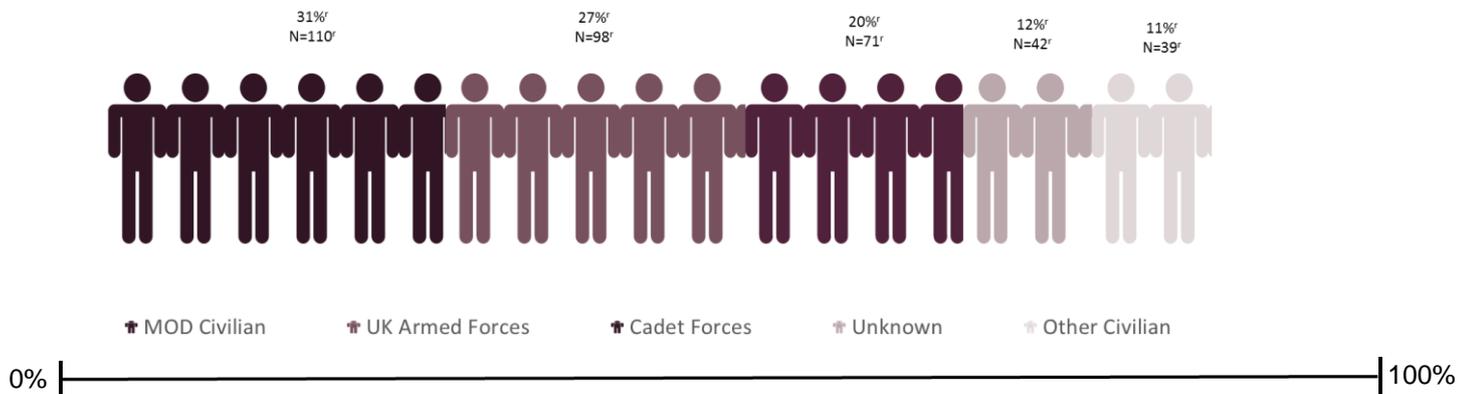


Figure 8: UK Armed Forces, MOD Civilian, Other Civilian, and Cadet Forces personnel, Ill Health Incidents reported in Health and Safety, by Service, numbers and proportions^r

1 April 2018 to 31 March 2019



Illnesses reported within Health and Safety include things such as hearing loss and environmental illnesses. RIDDOR reportable²⁵ occupational diseases include things such as Hand Arm Vibration Syndrome and Occupational Dermatitis.

²³<https://www.gov.uk/government/statistics/armed-forces-continuous-attitude-survey-2019>

²⁴<https://www.gov.uk/government/statistics/mod-civilian-sickness-absence-financial-year-2019>

²⁵<http://www.hse.gov.uk/riddor/occupational-diseases.htm>

Section 5: Near Miss and Dangerous Occurrences, Health and Safety Incidents

1 April 2018 to 31 March 2019

Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, JPA, NSINC. Table A2.1, A5.1 and A5.2

Total Near Misses & Dangerous Occurrences in 2018/19 (7,701^r)

**7,533^r Total Near Misses
in 2018/19**

**168^r Total Dangerous
Occurrences in 2018/19**

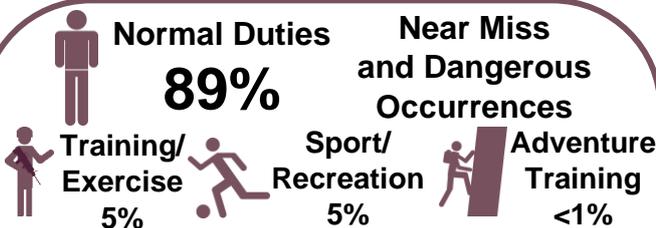


Near Miss: Events not causing harm, but have the potential to cause death, injury, damage or ill health, but which was avoided by circumstance or through timely intervention. Also known as a hazardous incident at sea.

Dangerous Occurrence: One of a number of specific, reportable adverse events, as defined in Schedule 2 of RIDDOR. Examples on page 3.

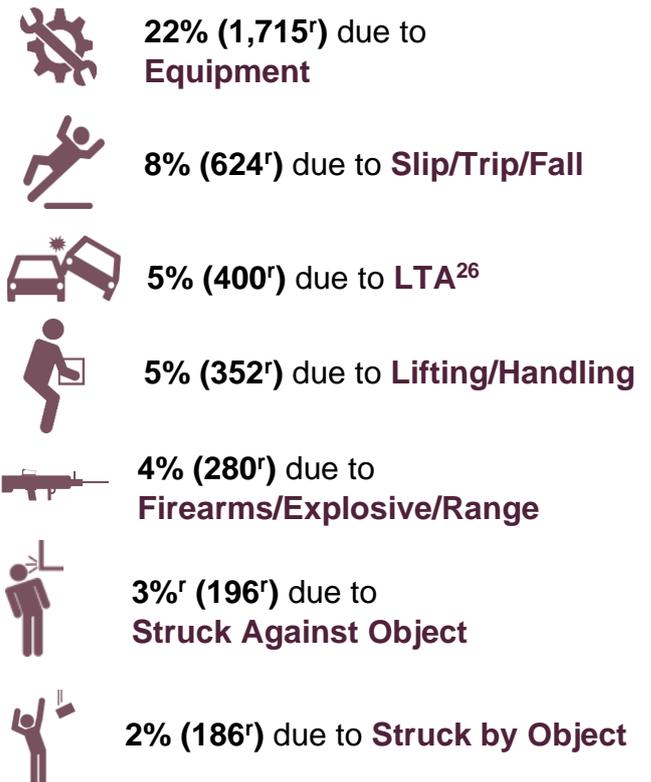
35%^r

of reported MOD Health and Safety incidents in 2018/19 were Near Misses or Dangerous Occurrences.



Normal Duties accounted for 89% of all near misses and dangerous occurrences reported and only 10% were for incidents that took place on Training and Exercise, Sport and adventure Training. This is in contrast to what was reported for incidents that resulted in injury, where Training (including Adventure Training) accounted for 55%^r and Sport/Recreation accounted for 17%^r. Normal Duties accounted for 27%^r of injury incidents.

Top Causes in 2018/19



The most frequent cause of near miss or dangerous occurrence was equipment accounting for 22% of incidents. This was consistent with previous years as noted within the 2016/17 and 2017/18 report²⁷.

²⁶Land Transport Accident:

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 and will include military specific vehicles, off road events etc.

²⁷https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/681702/Enclosure_1-_MOD_Health_and_Safety_Statistics_Annual_Report_2016-17.pdf

Glossary

Army - The British Army consists of the General Staff and the deployable Field Army and the Regional Forces that support them, as well as Joint elements that work with the Royal Navy and Royal Air Force. Its primary task is to help defend the interests of the UK.

Cadet Forces – The Ministry of Defence sponsors and supports 4 Cadet Forces (voluntary youth organisations). They offer challenging and enjoyable activities for young people and prepare them to play an active part in the community while developing valuable life skills.

The Cadet Forces comprise of the:

- Sea Cadets
- Army Cadet Force
- Air Training Corps
- Combined Cadet Force

Cause of Event - gives detail about the reason why an incident occurred, and is categorised by the following causes:

- **Firearms/Explosive/Range** – incidents involving Firearms/Explosive/Range both near miss or otherwise
- **Equipment Related** – incidents resulting from contact with equipment or equipment failure
- **Fall from Height** – incidents where an individual has fallen from height
- **Fire** – incidents involving a fire
- **Lifting/Handling** – incidents where an individual sustained an injury or near miss while lifting and handling objects or persons
- **Land Transport Accident (LTA)** - 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 and will include military specific vehicles, off road events etc.
- **Slip/Trip/Fall** – incidents where an individual has fallen or tripped on the same level
- **Struck by Object** – incidents where an individual has been struck by a moving object.
- **Struck Against Object** – incidents where an individual has struck against a stationary object
- **Other** – Incidents which do not fall into any of the other causes.

Illness - is any reported episode of ill health with a cause which can be attributed to MOD activities or an individual's employment with the MOD.

Live Fire Tactical Training (LFTT) - Injuries resulting from training for combat situations involving live fire not on a range.

Ministry of Defence - The Ministry of Defence (MOD) is the United Kingdom government department responsible for the development and implementation of government defence policy and is the headquarters of the British Armed Forces. The principal objective of the MOD is to defend the United Kingdom and its interests. The MOD also manages day to day running of the armed forces, contingency planning and defence procurement.

MOD Civilian - consists of permanent industrial and non-industrial MOD employees.

MOD Civilian Industrial Personnel - (also known as skill zone staff) are 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.

MOD Civilian Non-Industrial Personnel - 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.

MOD Property - includes all 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.

Naval Service - is a term used in this publication to describe full-time Naval Armed Forces personnel which comprises of the **Royal Navy** (including the Queen Alexandra's Royal Naval Nursing Service) and the **Royal Marines** combined.

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

Physical Training (PT) - Injuries that occur during physical training sessions, this includes any Endurance Training.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) - outline the legal requirement for employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses). Such occurrences are reported as specified (see **Specified injuries and illnesses** for definition) or serious (see **Serious injuries and illnesses** for definition).

Royal Air Force (RAF) - The Royal Air Force (RAF) is the aerial defence force of the UK.

Severity - injury and ill health incidents are categorised by the following levels of severity:

- a. **Specified injuries and illnesses** - are defined by the HSE as work-related cases which includes:
 - a fracture, other than to fingers, thumbs and toes;
 - amputation of an arm, hand, finger, thumb, leg, foot or toe;
 - permanent loss of sight or reduction of sight;
 - crush injuries leading to internal organ damage;
 - serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs);
 - scalplings (separation of skin from the head) which require hospital treatment;
 - unconsciousness caused by head injury or asphyxia;
 - any other injury arising from working in an enclosed space, which leads to hypothermia, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.
- b. **Serious injuries and illnesses** - From April 2012 serious injuries equate to the HSE over-seven day 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 seven days. Prior to April 2012 serious injuries were those not defined as 'major' but which resulted in a person being unable to perform their normal duties for more than three days.
- c. **Minor injuries and illnesses** - are those that are not classified as 'major' nor 'serious'. This category will include the severities of 'slight' and 'trivial'.

RIDDOR Reportable Occupational Diseases - Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work. Please see the background quality report for further information.

Trained Personnel – Following public announcement and public consultation the definition of Army Trained Strength has changed. From 1 October 2016, UK Regular Forces and Gurkha personnel in the Army who have completed Phase 1 but not Phase 2 (trade training) training, are now considered Trained personnel. Previously, only personnel who had completed Phase 2 training were considered trained. Trained Naval Service and RAF personnel are those who have completed both Phase 1 and 2 training. Phase 1 training includes all new entry training to provide basic military skills. Phase 2 training

includes initial individual specialisation, sub-specialisation and technical training following Phase 1 training prior to joining the trained strength.

Type of Activity - provides a breakdown of the activity an individual was doing at the time of the incident, on each event.

Type of Event - gives detail about the event an individual was participating in at the time of the incident, and is categorised by the following events:

- **Adventure Training** - injuries resulting from adventure training activities (i.e. when part of an exercise or training course) such as skiing, rock climbing, parachuting and mountain biking (Defence Statistics cannot distinguish between regulated and unregulated adventure training from the data provided).
- **Normal Duties** - injuries/illnesses that occur during normal work duties that do not fall into other categories. This mechanism may also include non-battlefield injuries sustained on operations.
- **Sport/Recreation** - injuries resulting from participating in sporting activities such as football or rugby (Defence Statistics cannot distinguish between regulated and unregulated sport from the data provided). This category also includes injuries resulting from off duty activities where that activity does not readily fall in to any other category.
- **Training/Exercise** - injuries resulting from activities related to being on exercise, routine training or participating in organised physical training. This may also include non-battlefield injuries sustained on operations.

UK Regulars - are full time Service personnel, including Nursing Services, Gurkhas and Military Provost Guarding Service (MPGS) but excluding FTRS personnel, Naval activated Reservists, mobilised Reservists, and Non Regular Permanent Service (NRPS). Unless otherwise stated, includes trained and untrained personnel. This definition may differ from other reports produced by the Ministry of Defence.

UK Reservists – includes volunteer reserves who are mobilised, High Readiness Reserves and those volunteer reserves serving on Full Time Reserve Service (FTRS) and Additional Duties Commitment (ADC). Sponsored Reserves who provide a more cost effective solution than volunteer reserve are also included in the Army Reserve FR20. Volunteer Reserves voluntarily accept an annual training commitment and are liable to be mobilised to deploy on operations. They can be utilised on a part-time or full-time basis to provide support to the Regular.

Untrained Personnel – comprises Army personnel who have yet to complete Phase 1 training, and Naval Service and RAF personnel who have yet to complete Phase 2 training.

Work-related deaths - for the purpose of this report are defined as injury related deaths occurring on-duty or on MOD property, excluding suicide.

Methodology

This section provides a brief summary of the methodology and data sources; more detailed information is available in the Background Quality Report (BQR)

Health and Safety data sources

1. Defence Statistics (Health) receives Regular returns of the various TLB datasets, either via email or direct access to an IT system. Defence Statistics receive health and safety data from TLBs from the following sources:

- *AINC (Army Incident Notification Cell)* – covers full reporting period
- *AIRS (Royal Air Force Cell)* – covers full reporting period
- *DINC (Defence Equipment and Support Cell)* – covers full reporting period
- *DIO (Defence Infrastructure Organisation)* – established April 2011
- *HOCS (Head Office and Corporate Services)* – established April 2012
- *HRMS (Human Resources Management Systems)*
- *JFC (Joint Force Command)* – established April 2012
- *NSINC (Naval Service Incident Notification Cell)* – covers full reporting period

These sources are live and personnel can enter information months and years after the event initially occurred.

2. Health and safety data returns with missing demographic information have been linked to the Joint Personnel Administration (JPA) System and the Human Resources Management System (HRMS) using staff or service number to obtain this information.

Deaths data sources

3. Defence Statistics receives weekly notifications of all Regular Armed Forces deaths from the Joint Casualty and Compassionate Cell (JCCC). Defence Statistics also receive cause of death information from military medical sources in the single Services, death certificates and coroner's inquests.

Data Coverage

4. The data in this report include all Regular and reserve Service personnel, MOD civilian staff and any other civilians with reported injury or illness whilst on MOD property, or injured in or by MOD vehicles.

5. The injured person or a witness to the incident will report the incident to the relevant TLB notification cell. The information is provisional and final severities may differ as an individual may find the incident to be more severe after the initial report has been made. The severities of incidents are categorised in accordance with the HSE specification RIDDOR (2013).

Definitional Changes

6. In April 2012 the HSE definition of serious injuries changed (see **Serious injuries and illnesses** in Glossary). It was anticipated that this change may result in fewer reported serious injuries and more reported minor injuries. However, this has not been seen in the data. It is believed that this is due to more extensive military injuries and illnesses tending to result in a person being unable to perform their normal duties for more than seven days, therefore being categorised as 'serious'.

7. HSE renamed the severity classification of 'major' injuries and illnesses to 'specified' in October 2013, although MOD Health and Safety systems have been capturing incidents for both these classifications since April 2014. This was reported on from April 2016 to allow time for the transition.

8. Figures for cadets are higher than previously presented. This is due mainly to a correction in the denominator used to calculate rates. Previously Cadet Forces Adult Volunteers were incorrectly counted amongst the cadet denominator population

Rates

9. Rates enable comparisons between groups and over time, taking account of the number of personnel in a group (personnel at risk) at a particular point in time. **The number of events (i.e. Reported injuries and ill health incidents) is then divided by the number of personnel at risk per annum and multiplied by 1,000 to calculate the rate per 1,000 personnel at risk.**

Strengths and weaknesses of the data presented in this report

10. This report combines data captured across many IT systems and databases to present a single source of information on reported health and safety incidents by Service personnel and civilians. These statistics can be used by MOD to monitor trends over time. This report, for the first time, also presents reported injury and ill health incidents by demographic groups and mechanisms of injury which may further enable MOD to better target its accident reduction strategies.

11. Users should be aware that these statistics rely on all individuals reporting incidents through the appropriate TLB reporting system. It is believed not all incidents are reported through the formal reporting process however we are unsure on the level of under reporting.

12. Cause of injury or illness (mechanism) is derived from free text information. The level of detail within free text summaries determines how incidents are categorised. Incidents with insufficient detail will be categorised to the default mechanism for incidents which is Normal Duties.

13. More detailed information on the data, definitions and methods used to create this report can be found in the Background Quality Report (BQR) published at:
<https://www.gov.uk/government/collections/defence-statistics-background-quality-reports-index>

Symbols

~ Figure has been suppressed due to Statistical Disclosure Control
p Provisional
r Revised

Disclosure Control

In line with JSP 200 (April 2016), the suppression methodology has been applied to ensure individuals are not inadvertently identified dependent on the risk of disclosure. Where numbers fewer than three have been presented, each occurrence has been scrutinised and the risk of disclosure has been assessed as low.

Revisions

Routine revisions:

Incident numbers from 2016/17 have been updated to account for late reporting. Figures updated are represented with an 'r'.

Table A1 has been revised to reflect changes where cause of death was previously 'cause not yet known'.

Revisions due to processing errors:

Since the last release of this Statistical Bulletin in September 2018 the following revisions have been made:

Defence Statistics identified an issue within the data where some Cadets have been incorrectly classified as Other civilians. From 2016/17 onwards, these records have been validated and amended accordingly reflecting an increase in the number of Cadet Force incidents presented. This increase may partly also be due to an internal effort to improve Cadet health and safety reporting.

Some figures prior to 2016/17 have been revised following the identification of a processing issue. Additional errors where confidence intervals were incorrectly inputted in years prior to 2016/17 have also been amended.

Revision on 22 September 2020

Due to a change in the AIRS TLB reporting system, a small proportion of the dataset was not received by Defence Statistics(Health). The full dataset has now been received and the Statistical Bulletin has been revised.

Contact Us

Defence Statistics welcome feedback on our statistical products. If you have any comments or questions about this publication or about our statistics in general, you can contact us as follows:

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If you require information which is not available within this or other available publications, you may wish to submit a Request for Information under the Freedom of Information Act 2000 to the Ministry of Defence. For more information, see:

<https://www.gov.uk/make-a-freedom-of-information-request/the-freedom-of-information-act>

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