



This report provides statistical information on United Kingdom (UK) Armed Forces and Civilian personnel who have returned to the UK from Op HERRICK and Op TORAL 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).

UK Forces were deployed to Afghanistan in support of the United Nations (UN) authorised, North Atlantic Treaty Organisation (NATO) led International Security Assistance Force (ISAF) mission. Op HERRICK and Op TORAL are the UK operations in Afghanistan that are covered in this report.

Key Points and Trends

- During the period 8 October 2007 to 30 September 2016 the total number of new patients treated at RCDM or DMRC for injuries or illnesses sustained on Operations in Afghanistan was 3,179 and 1,415 respectively.
- For the quarter, 1 July 2016 to 30 September 2016 there were 55 patients from Operations in Afghanistan treated at either RCDM or DMRC (38 were Battle Injuries, 16 were Non Battle Injuries and one was due to Natural Causes). There were four new patients (two Battle Injuries and two Non Battle Injuries) who had not previously been treated at RCDM or DMRC for their injury or illness.
- 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.
- 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.
- The number of UK personnel 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 2010/2011 (n = 1,147) and have since returned to levels seen prior to periods of high operational intensity (2015/2016 n = 151).

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Background quality report: www.gov.uk/government/statistics/uk-service-personnel-patient-treatment-statistics-background-quality-report
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Would you like to be added to our **contact list**, so that we can inform you about updates to these statistics and consult you if we are thinking of making changes? You can subscribe to updates by emailing DefStrat-Stat-WDS-Pubs@mod.uk.

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Past publications and supplementary tables containing all data presented in this publication, including detailed monthly breakdowns, can be found at:

www.gov.uk/government/collections/uk-service-personnel-patient-treatments-statistics-index

Introduction

These statistics include patients treated at The Royal Centre for Defence Medicine (RCDM) and The Defence Medical Rehabilitation Centre (DMRC), as these are the main facilities for treatment for patients aeromedically evacuated from theatre.

Since 2001, 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 specialist hospitals (including the 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.

If military patients require further rehabilitation care following initial hospital treatment, they may be referred to DMRC at Headley Court in Surrey, which provides advanced rehabilitation and includes in-patient facilities. Less serious cases may go on to one of the Ministry of Defence's 14 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 RRUs are not included in this report.

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

Latest Quarter Results

1. In the quarter 1 July 2016 to 30 September 2016 there were **55 patients** from Operations in Afghanistan treated at either RCDM or DMRC (38 were Battle Injuries, 16 were Non Battle Injuries and one was Natural Cause). There were two patients at RCDM (two Non Battle Injuries) and two patients at DMRC (two Battle Injuries) who had not previously been treated at that location for their injury or illness.

2. There were two patients with a Battle Injury seen who had not been seen at either RCDM or DMRC before in their care pathway. Both of these were the continuation of treatment for previous injuries.

Table 1: Afghanistan patients¹ treated at Royal Centre for Defence Medicine and Defence Medical Rehabilitation Centre, Numbers

1 July 2016 to 30 September 2016

Quarter	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 Jul 2016 - 30 Sept 2016	All	3	2	1	52	21	46	10	55	4	2	2
	Battle Injury	0	0	0	38	18	34	7	38	2	0	2
	Non Battle Injury	3	2	1	13	3	11	3	16	2	2	0
	Natural Cause	0	0	0	1	0	1	0	1	0	0	0
Jul-16	All	1	0	1	35	19	28	5	36	1	0	1
	Battle Injury	0	0	0	27	16	22	3	27	1	0	1
	Non Battle Injury	1	0	1	7	3	5	2	8	0	0	0
	Natural Causes	0	0	0	1	0	1	0	1	0	0	0
Aug-16	All	1	0	1	27	12	22	3	28	1	0	1
	Battle Injury	0	0	0	19	9	16	2	19	1	0	1
	Non Battle Injury	1	0	1	8	3	6	1	9	0	0	0
	Natural Causes	0	0	0	0	0	0	0	0	0	0	0
Sep-16	All	3	2	1	29	12	22	6	32	2	2	0
	Battle Injury	0	0	0	20	10	16	4	20	0	0	0
	Non Battle Injury	3	2	1	9	2	6	2	12	2	2	0
	Natural Causes	0	0	0	0	0	0	0	0	0	0	0

Source: Defence Patient Tracking System (DPTS)

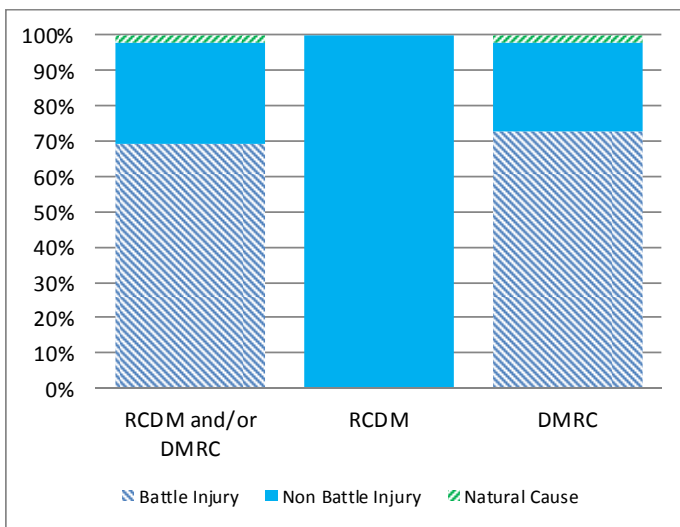
1. Patients include Naval Service personnel, Army personnel including those from the Gibraltar Regiment, RAF personnel, Reservists and UK Civilians. These exclude Other Nations Service personnel.
2. An in-patient is a patient that has been admitted and allocated a ward bed. A residential patient is a 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 February 2010 and subsequently treated for the first time at DMRC in March 2010 for the same injury/illness will be included in the February 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 (see 'Further Information').

Latest Quarter Results Continued

3. In the quarter 1 July 2016 to 30 September 2016, 69% (n = 38) of patients seen at RCDM and/or DMRC were treated for Battle Injuries. 29% (n = 16) of patients were as a result of Non Battle Injuries. The remaining 2% (n = 1) of patients were treated at RCDM and/or DMRC as a result of Natural Causes³. Of these:

- i. 0% (n = 0) of patients seen at RCDM were as a result of Battle Injuries and 100% (n = 3) as a result of Non Battle Injuries.
- ii. 73% (n = 38) of patients seen at DMRC were treated as a result of Battle Injuries, 25% (n = 13) as a result of Non Battle Injuries, and 2% (n = 1) as a result of Natural Causes.

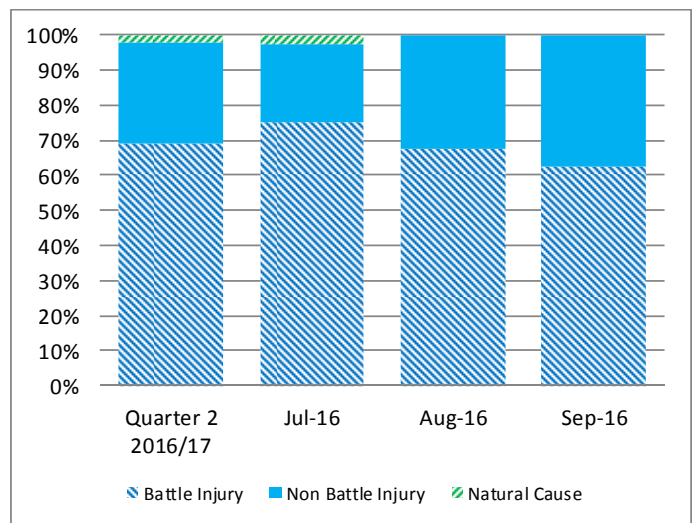
Figure 1: Afghanistan patients¹ treated at the Royal Centre for Defence Medicine and Defence Medical Rehabilitation Centre, by injury class² and treatment provider, Proportions 1 July 2016 to 30 September 2016



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. 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 (see 'Further Information').

Figure 2: Afghanistan patients¹ treated at the Royal Centre for Defence Medicine and Defence Medical Rehabilitation Centre, by injury class², financial quarter and month, Proportions 1 July 2016 to 30 September 2016



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. 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 (see 'Further Information').

³ Percentages may total over 100% due to rounding

Financial Year Results

4. During the period 8 October 2007 to 30 September 2016 the number of patients from Operations in Afghanistan treated at RCDM was 3,244. This figure includes patients who received treatment prior to the start of the DPTS which commenced on 8 October 2007. Of these, 3,179 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 30 September 2016 the number of patients from Operations in Afghanistan treated at DMRC was 1,522. This figure includes patients who received treatment prior to the start of the DPTS which commenced on 8 October 2007. Of these 1,415 were new patients who had not been treated at DMRC for their injury or illness prior to 8 October 2007.

6. Battle Injuries form the largest proportion of injuries treated at RCDM and/or DMRC for each financial year. In the most recent full financial year (2015/2016), 66% (n = 100) of patients seen were due to Battle Injuries, 24% (n = 36) due to Non Battle Injuries and 10% (n = 15) due to Natural Causes.

Table 2: Afghanistan patients¹ receiving treatment at Royal Centre for Defence Medicine and Defence Medical Rehabilitation Centre, Financial Years to Date, Numbers

8 October 2007 – 30 September 2016

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 Oct 2007 - 31 Mar 2008	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	872	645	416	438	207	396	118	1,029	773	751	295
	Battle Injury	453	389	157	368	197	331	93	564	394	391	249
	Non Battle Injury	236	121	168	58	9	54	21	270	210	195	40
	Natural Cause	183	135	91	12	1	11	4	195	169	165	6
2010/11	All	853	616	412	656	262	614	171	1,147	723	676	364
	Battle Injury	480	398	206	551	253	513	140	700	361	341	307
	Non Battle Injury	196	95	126	83	6	79	27	257	191	169	45
	Natural Cause	177	123	80	22	3	22	4	190	171	166	12
2011/12	All	632	477	310	614	248	590	160	994	497	451	231
	Battle Injury	350	272	186	524	245	504	127	635	221	198	189
	Non Battle Injury	117	72	71	68	2	66	24	173	113	97	33
	Natural Cause	165	133	53	22	1	20	9	186	163	156	9
2012/13	All	537	394	243	587	235	559	155	915	451	398	192
	Battle Injury	281	217	130	493	226	471	128	587	195	170	143
	Non Battle Injury	117	73	66	67	8	61	23	166	116	97	36
	Natural Cause	139	104	47	27	1	27	4	162	140	131	13
2013/14	All	285	208	145	452	196	430	117	632	244	197	100
	Battle Injury	114	87	62	359	187	343	80	382	62	43	56
	Non Battle Injury	89	54	49	64	8	59	27	141	99	79	32
	Natural Cause	82	67	34	29	1	28	10	109	83	75	12
2014/15	All	135	84	82	294	123	277	55	374	111	77	60
	Battle Injury	49	31	31	221	110	210	27	227	27	10	35
	Non Battle Injury	47	26	32	49	11	43	17	86	50	38	19
	Natural Cause	39	27	19	24	2	24	11	61	34	29	6
2015/16	All	26	22	6	143	65	139	31	151	30	7	26
	Battle Injury	15	15	1	99	51	97	15	100	16	1	16
	Non Battle Injury	8	4	4	32	13	31	11	36	13	5	10
	Natural Cause	3	3	1	12	1	11	5	15	1	1	0
1 Apr 2016 - 30 Sept 2016	All	6	5	1	78	29	75	13	81	6	2	4
	Battle Injury	3	3	0	58	26	57	7	58	4	0	4
	Non Battle Injury	3	2	1	16	3	14	6	19	2	2	0
	Natural Cause	0	0	0	4	0	4	0	4	0	0	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 February 2010 and subsequently treated for the first time at DMRC in March 2010 for the same injury/illness will be included in the February 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 (see 'Further Information').

Trends Over Time

7. 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 (**Figure 3**). 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.

8. 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 who wish to, and are able to, spend time with their family are discharged over this period.

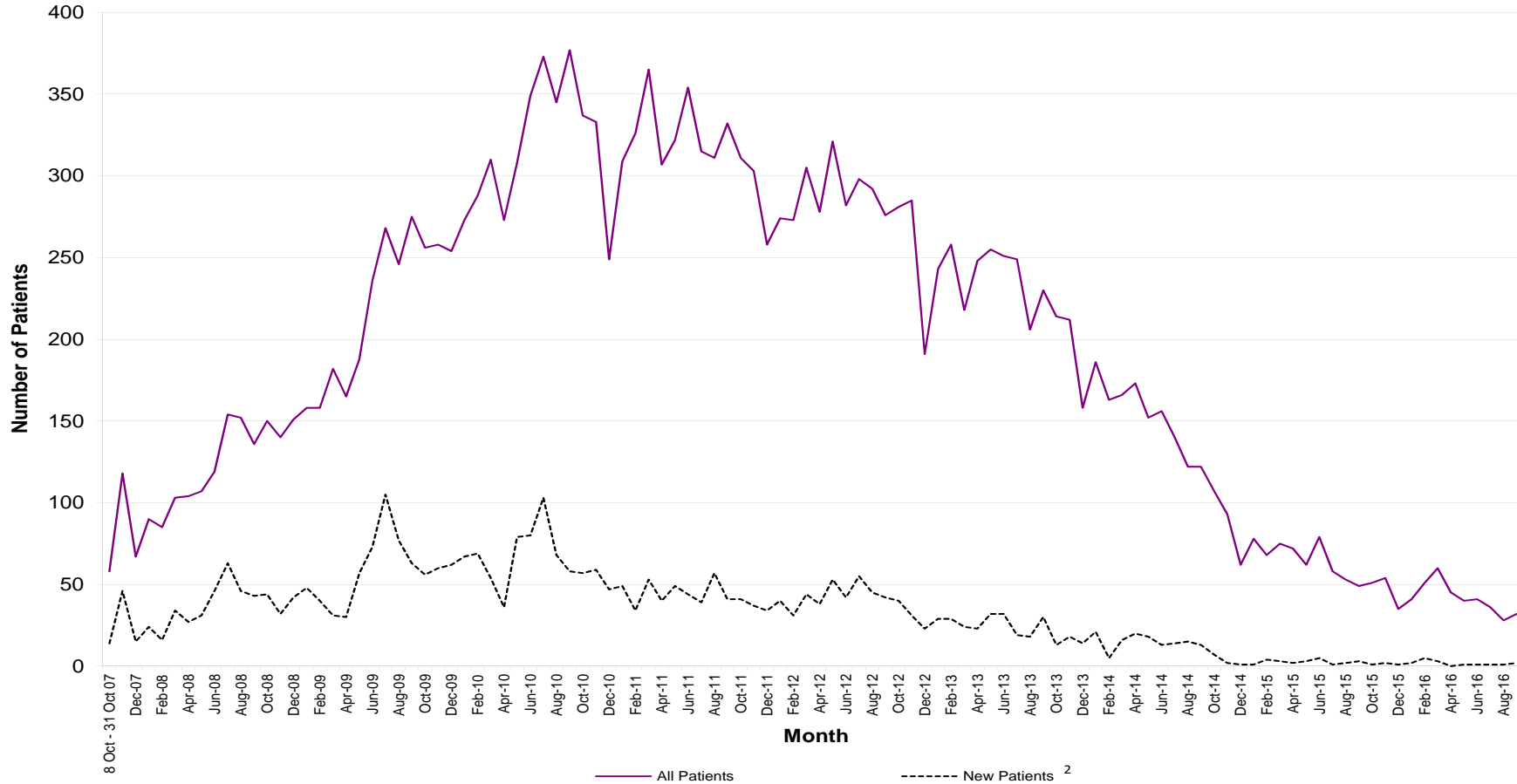
9. The number of UK Armed Forces and Civilian personnel who were receiving treatment for the first time (New Patients) at **RCDM** as a result of an injury or illness sustained on Operations in Afghanistan peaked in summer 2009 and summer 2010 (**Figure 4**). This coincides with periods of high operational intensity. The number of UK personnel receiving treatment for the first time at RCDM began to fall from July 2010.

10. 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 (**Figure 5**). This is because the majority of patients were treated at RCDM before being referred to DMRC. The number of new patients reduced in the latter half of 2010 but then remained stable until January 2013. Since January 2013 the number of patients treated has declined.

11. 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 2010/2011 (n = 656). From January 2013 the numbers of patients receiving treatment started to decline, and have now returned to levels seen prior to periods of high operational intensity (2015/2016, n = 143).

Trends Over Time Continued

Figure 3: Afghanistan patients¹ treated at the Royal Centre for Defence Medicine or Defence Medical Rehabilitation Centre, Numbers²
8 October 2007 – 30 September 2016



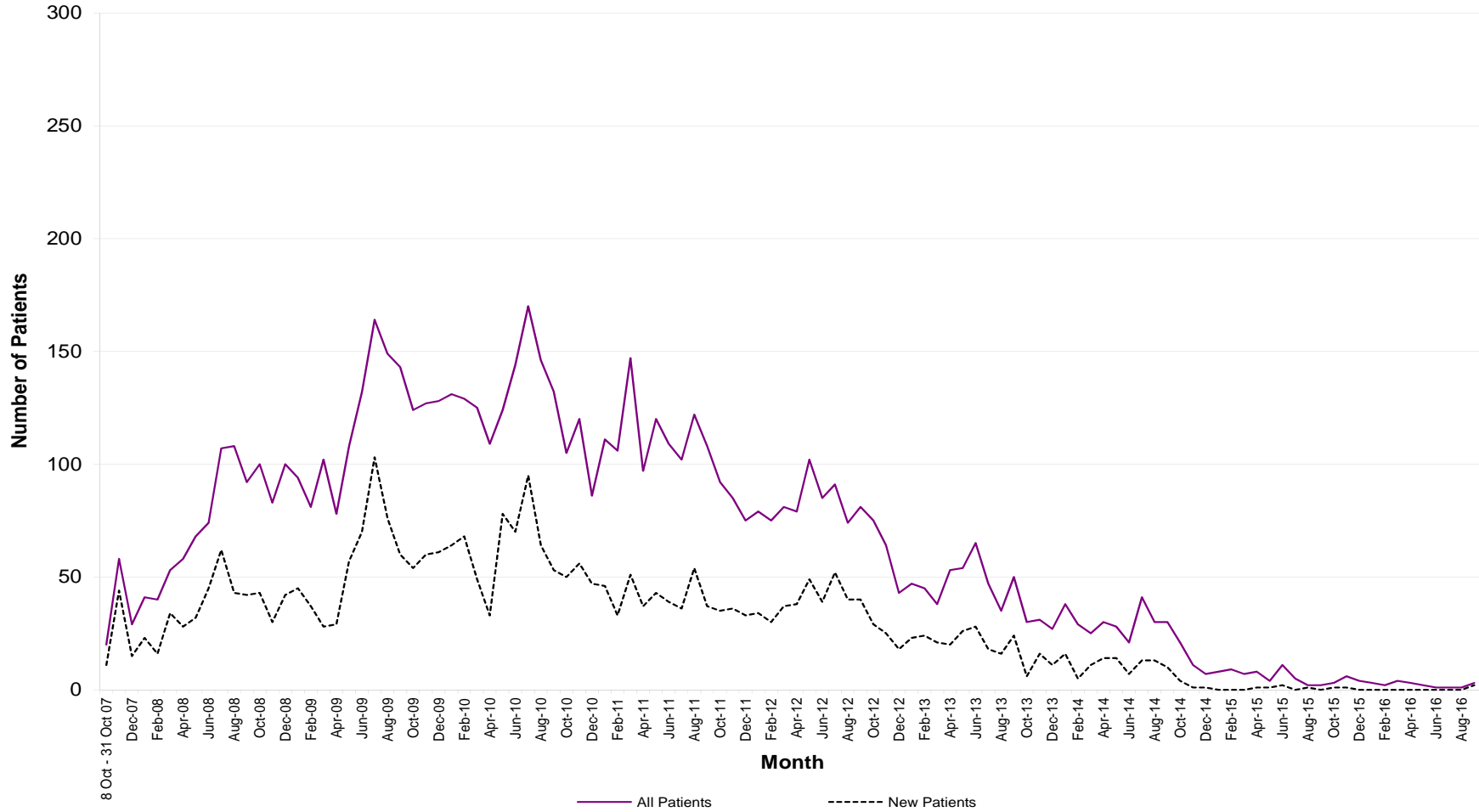
Source: Defence Patient Tracking System (DPTS)

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. Please note that some values have been revised since previously published data. Please see Methodology for further information and the supporting Excel document (Figure 3) for further details.
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 February 2010 and subsequently treated for the first time at DMRC in March 2010 for the same injury/illness will be included in the February 2010 new patients figures under 'RCDM or DMRC' only.

Trends Over Time Continued

Figure 4: Afghanistan patients¹ treated at the Royal Centre for Defence Medicine, Numbers²

8 October 2007 – 30 September 2016



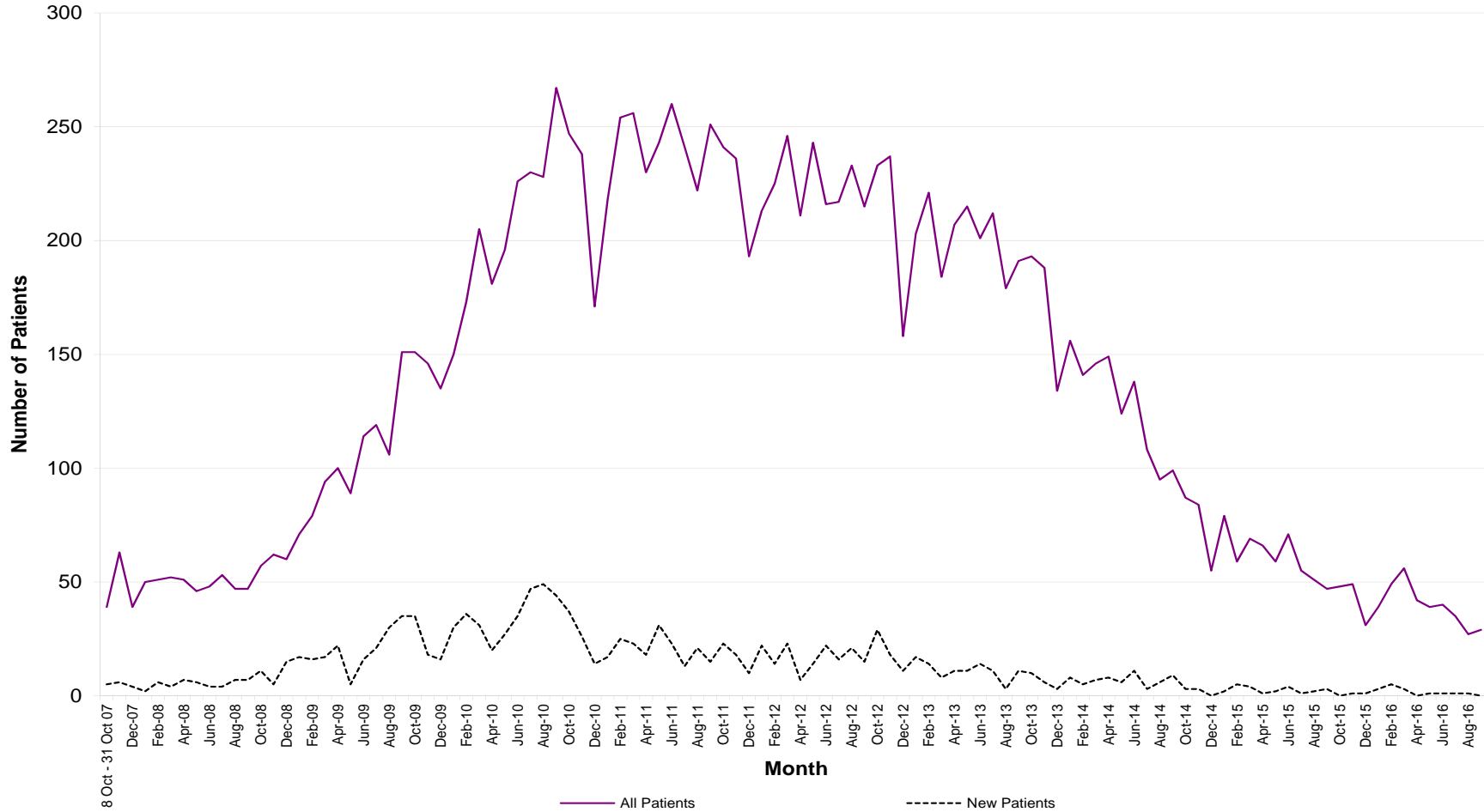
Source: Defence Patient Tracking System (DPTS)

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. Please note that some values have been revised since previously published data. Please see Methodology for further information and the supporting Excel document (Figure 4) for further details.

Trends Over Time Continued

Figure 5: Afghanistan patients¹ treated at the Defence Medical Rehabilitation Centre, Numbers²

8 October 2007 – 30 September 2016



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. Please note that some values have been revised since previously published data. Please see Methodology for further information and the supporting Excel document (Figure 5) for further details

Methodology

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.

The DPTS is a live system that is constantly being updated. Data for 2015/16 are provisional and subject to change. Data for 2007/08 – 2014/15 have been finalised and are no longer provisional. The data for this report was extracted on 11 October 2016. Any amendments since the last release have been highlighted by an 'r'.

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 outpatient (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.

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

Please note that this report covers only Op HERRICK and Op TORAL. Any Operations in Afghanistan prior to April 2006 (e.g. Op VERITAS) are not included in these figures.

For further information regarding data validation, accuracy and security, please see the Background Quality Report for this Official Statistic. This can be found at <https://www.gov.uk/government/statistics/uk-service-personnel-patient-treatment-statistics-background-quality-report>

Glossary

Defence Medical Rehabilitation Centre (DMRC)

If military patients require further rehabilitation care following initial hospital treatment, they may be referred to DMRC at Headley Court in Surrey, which provides advanced rehabilitation and includes in-patient facilities.

Royal Centre for Defence Medicine (RCDM)

Since 2001, 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 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.

Injury Class

Battle Injury (BI)

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

Non Battle Injury (NBI)

Any injury sustained as a result of external causes not as a result of direct or indirect fire is referred to as NBI. This includes:

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

Natural Cause (NC)

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.

Patient Status

In-patient (ward)

An in-patient is a patient that has been admitted an allocated a ward bed.

Outpatient

An outpatient is a non-resident patient attending DMRC or RCDM for treatment.

In-patient (residential)

A residential in-patient is a patient that is on a rehabilitation course, normally of three weeks in length; they are not allocated a ward bed, but reside in dormitory-style accommodation.

Glossary Continued

Operations

Afghanistan

This report covers patients injured in Afghanistan while on Op HERRICK or Op TORAL. This report does not include Operations in Afghanistan prior to April 2006 (for example Op VERITAS).

Op HERRICK

Operation HERRICK is the name for UK operations in Afghanistan which started in April 2006 and ended 30 November 2014. UK Forces were deployed to Afghanistan in support of the UN authorised, NATO led International Security Assistance Force (ISAF) mission.

Op TORAL

Operation TORAL is the name for UK operations in Afghanistan which began 1 December 2014 following the drawdown of Op HERRICK, under the NATO Resolute Support Mission.

Op VERITAS

Operation VERITAS is the name for UK operations in Afghanistan which started in October 2001. The UK was involved in Afghanistan alongside Coalition forces, led by the US under Operation Enduring Freedom (OEF), from the first attacks in October 2001.

Further Information

Revisions

Some of the data sources used in this report are live systems that are constantly being updated. This means figures can occasionally change. Any amendments made since the last release have been indicated by an 'r'.

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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