



This annual Statistical Bulletin presents summary statistics on reported injury and ill health incidents to UK Armed Forces personnel, Ministry of Defence (MOD) civilian employees and other civilians that were recorded on the MOD's Health and Safety recording systems during the five year period 2010/11 to 2014/15. The report also provides information on the number of work related fatalities among UK regular Armed Forces and MOD civilian employees as held by Defence Statistics and the Defence Safety Authority (DSA) over the same period.

This is the first report in a new annual series to provide trend analysis on health and safety statistics over the past five financial years, in addition to the latest financial year summary. Following a large data validation exercise, many of the numbers and rates presented in the tables within this report are different to numbers and rates presented in previously published reports. All non-provisional figures previously published that have been revised are marked with an 'r' in this Statistical Notice. Full details of the data validation exercise are presented within the accompanying Background Quality Report.

All tables provided in this Statistical Notice are available in a separate Excel file:

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

Key Points and Trends

During 2014/15 there were 18 work related deaths. Of these two were considered to be a result of a failure in health and safety and seven are currently awaiting the outcome of an investigation.

The percentage of regular Armed Forces personnel and MOD Civilians at risk of reported injury or ill health remained stable between 2010/11 and 2013/14 (average of 1.6%^P). However, the percentage of the population at risk increased during 2014/15 (2.1%^P). It is unclear whether this increase is a result of more accurate reporting or a true increase in the number of injuries and ill health incidents.

During 2014/15 the following Armed Forces demographic groups were at significantly higher risk of reporting injury and ill health incidents:

- **Army personnel**
- **Females**
- **Other Ranks**
- **Untrained personnel**
- **Personnel aged under 30**

During 2014/15 the following MOD Civilian demographic groups were at significantly higher risk of reporting injury and ill health incidents:

- **Industrial Civilians**
- **Personnel aged 45 and over**

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Background Quality Report: <https://www.gov.uk/government/collections/defence-statistics-background-quality-reports-index>

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

- All data presented in this Statistical Notice
- Overall summary of injury and ill health incidents and work related fatalities
- Armed Forces summary tables – summaries of injury and ill health incidents by service, severity, assignment type, mechanism of injury, age group, gender, rank and training indicator
- Civilian summary tables – summaries of injury and ill health incidents by employment type, severity, mechanism of injury, age group and gender
- Additional summary tables for deaths, near misses and dangerous occurrences, mechanism of injury and incidents among cadet forces personnel

Introduction

1. The information provided in this Statistical Bulletin presents all reported injury and ill health incidents between 2010/11 and 2014/15 to UK Armed Forces personnel and civilians whilst on MOD property, or injured in or by MOD vehicles.
2. MOD civilian employees are legally required to notify the Health and Safety Executive (HSE) if they suffer work-related injury or ill health, as set out by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR¹). 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 exempt² from reporting. However, it is MOD policy³ 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.
3. The Health and Safety Executive estimate that only half of all qualifying injuries to employees in the work place are actually reported under RIDDOR in the UK⁴. Defence Statistics do not have any evidence to suggest that MOD reporting levels are any different. Therefore the findings in this report may not cover the full picture of all MOD health and safety incidents.
4. The information presented on deaths for regular Armed Forces personnel includes all trained and untrained personnel and non-regulars who died on deployment. In addition, the Defence Safety Authority (DSA) notify Defence Statistics of deaths to non-regular Armed Forces personnel where the cause of death is deemed to be safety-related. Civilian personnel who died while on-duty or on MOD sites (excluding those who died on deployment) are also as notified to Defence Statistics via DSA.

¹Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013: <http://www.hse.gov.uk/riddor/>

²HSE RIDDOR Exemptions: <http://www.hse.gov.uk/riddor/exemptions.htm>

³Management of health and safety in Defence (JSP 375):
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/393531/20141020-375_P2_V1_Chapter_16_Accident_Reporting.pdf

⁴<http://www.hse.gov.uk/Statistics/causinj/index.htm>

Results: All Personnel

5. This section presents a breakdown of all personnel (Armed Forces and Civilians) who have died from a workplace incident and those with a reported injury or ill health incident, across MOD health and safety systems.

All Personnel: Deaths

6. Work-related deaths are defined as injury related deaths occurring on-duty or on MOD property, excluding suicides. There were 18 work related deaths in 2014/15, of these two were as a result of a failure in health and safety with a further seven deaths awaiting the outcome of an investigation (Table 1).

Table 1: All personnel, work related deaths, by type of incident, 2010/11 – 2014/15, numbers

Cause of Death	All	2010/11	2011/12	2012/13	2013/14	2014/15
All	255	98	63	55	21	18
Hostile Action	154	74	43	31	6	0
LTA-On Duty	16	8	5	1	1	1
On Duty and Safety Related	25	10	7	3	3	2
On Duty and Pending	15	0	0	6	2	7
On Duty and Not Safety Related	45	6	8	14	9	8

Source: Defence Statistics and DSA

1. 'All personnel' includes any person whose injury or illness was recorded on MOD health and safety systems. This includes regular and reservist personnel and any other person injured as a result of MOD activity or on a MOD site (see glossary).
2. Excludes coroner confirmed suicide and open verdicts
3. Figures were for on duty deaths only
4. All numbers exclude incidents which were natural causes
5. Should a death resulting from a LTA be found to be the result of a H&S related failure the death will reported under the category 'on duty and confirmed safety related'.

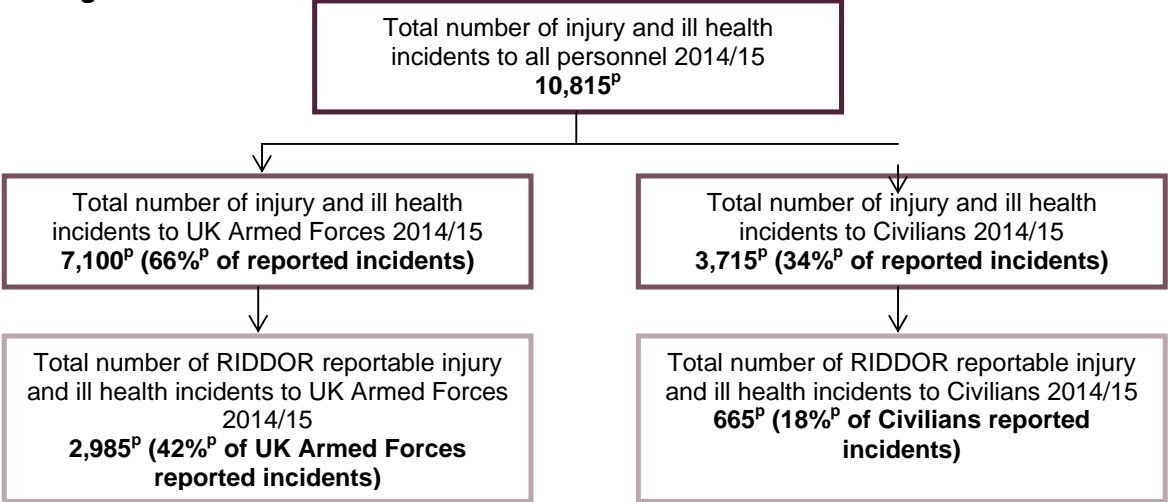
7. Please note: The deaths presented in the Defence Safety Authority (DSA) Annual Assurance Report 2015 (AAR) include only on duty safety related deaths and those pending.

8. Further information on all service personnel deaths can be found in the Deaths National Statistics here: <https://www.gov.uk/government/collections/uk-armed-forces-deaths-in-service-statistics-index>. Further deaths information is also available in the Excel tables accompanying this report.

All Personnel: Injury and Ill Health Incidents

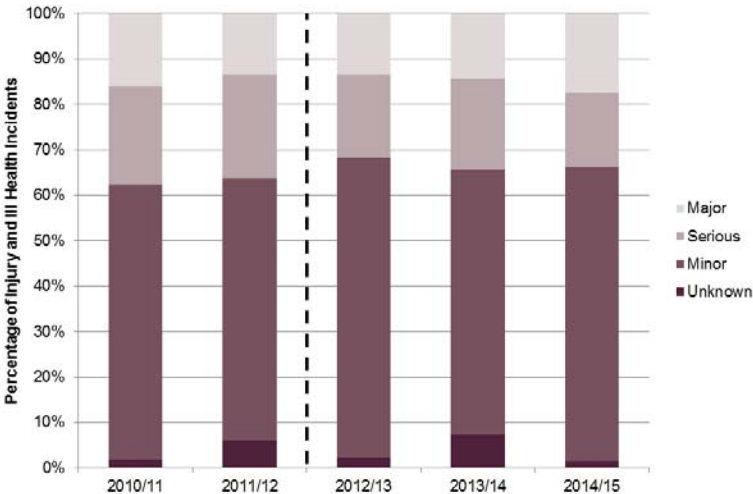
9. This section presents overall numbers of reported injury and ill health incidents by all personnel during the latest financial year 2014/15 and over the previous four financial years.

Figure 1: All personnel¹ reported injury and ill health incidents², 2014/15, numbers and percentages^{3,P}



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, HRMS, JFC, JPA, NSINC
 1. 'All personnel' includes any person whose injury or illness was recorded on MOD health and safety systems. This includes regular and reservist personnel and any other person injured as a result of MOD activity or on a MOD site (see glossary)
 2. Excludes battlefield injuries and off-duty RTAs
 3. There were 50 Armed Forces reported injury and ill health incidents with no severity listed. Therefore the identified RIDDOR reportable incidents are a minimum.
 p. Figures for 2014/15 are provisional and will be updated in future reports

Figure 2: All personnel¹ reported injury and ill health incidents by severity, 2010/11 - 2014/15¹, percentage of injury and ill health incidents^{2,P}

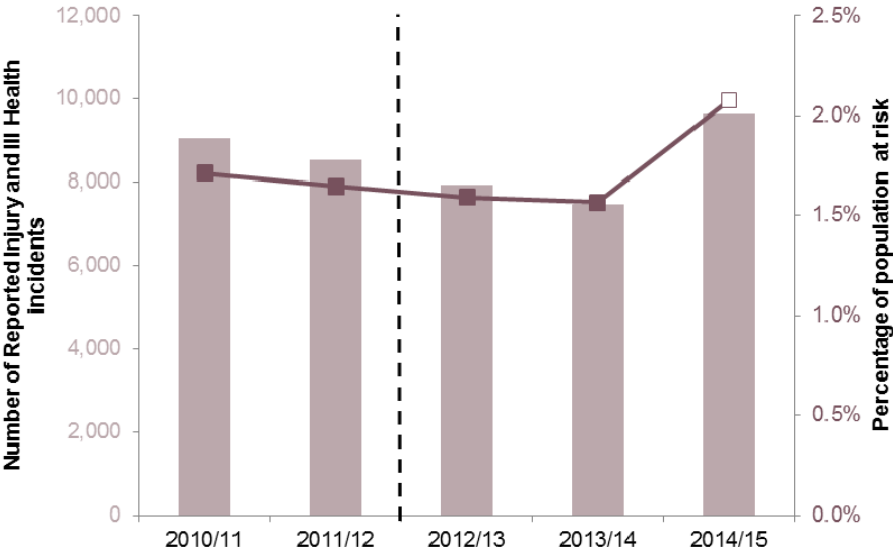


Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, IRIS, JFC, NSINC
 1. Due to a change in the definition of a 'serious' injury and the change in MOD H&S reporting systems there is a break in the time series during 2012/13 (see Methodology Section) - this is represented by a dotted line
 2. Percentages are based on the calculation of the absolute number and are presented to 1dp (see Methodology section)
 p. Figures for 2014/15 are provisional and will be updated in future reports

10. During 2014/15, 42%^P of UK Armed Forces incidents were RIDDOR reportable (severities of major and serious), compared to only 18%^P of incidents among Civilians. This is due to the differing activities and roles that are carried out by Armed Forces Personnel and Civilians.

11. For all personnel the percentage of reported injury and ill health incidents categorised as RIDDOR remained stable. In the latest year there has been an decrease in the percentage of incidents classified as serious. These findings are explored further in the Armed Forces and Civilian sections of the report.

Figure 3: All personnel¹ with reported injury and ill health incidents, 2010/11 - 2014/15², numbers and percentage of population at risk^{3,P}



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, HRMS, IRIS, JFC, JPA, NSINC
 1. Includes: Regulars, Reservists, MOD Civilians, Cadet Forces, Cadet Force Adult Volunteers, Royal Fleet Auxiliary and Locally Employed Civilians.
 2. Due to the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13
 3. Percentages are based on the calculation of the absolute number and are presented to 1dp (See Methodology Section)
 p. Figures for 2014/15 are provisional and is denoted by a hollow point in the chart

12. The percentage of the population at risk enables year on year comparisons whilst taking into account the varying size of the UK Armed Forces and Civilian population. Suitable population information is not available for some non MOD civilians (contractors, foreign forces, directly employed labour) and therefore these are excluded from population at risk calculations. The percentage of population at risk is presented for Regulars, Reservists, MOD Civilians, Cadet Forces, Cadet Forces Adult Volunteers, Royal Fleet Auxiliary (RFA) and Locally Employed Civilians (LECs), who account for 9,635^p of the reported injury and ill health incidents in 2014/15.

13. Reported injury and ill health incidents saw a statistically significant increase⁵ in 2014/15 with 2.1% of the UK Armed Forces and MOD Civilians at risk, compared to an average of 1.6% in the previous four years (**Figure 3**). The increase is being driven by the military element of the population and will be explored later in the report.

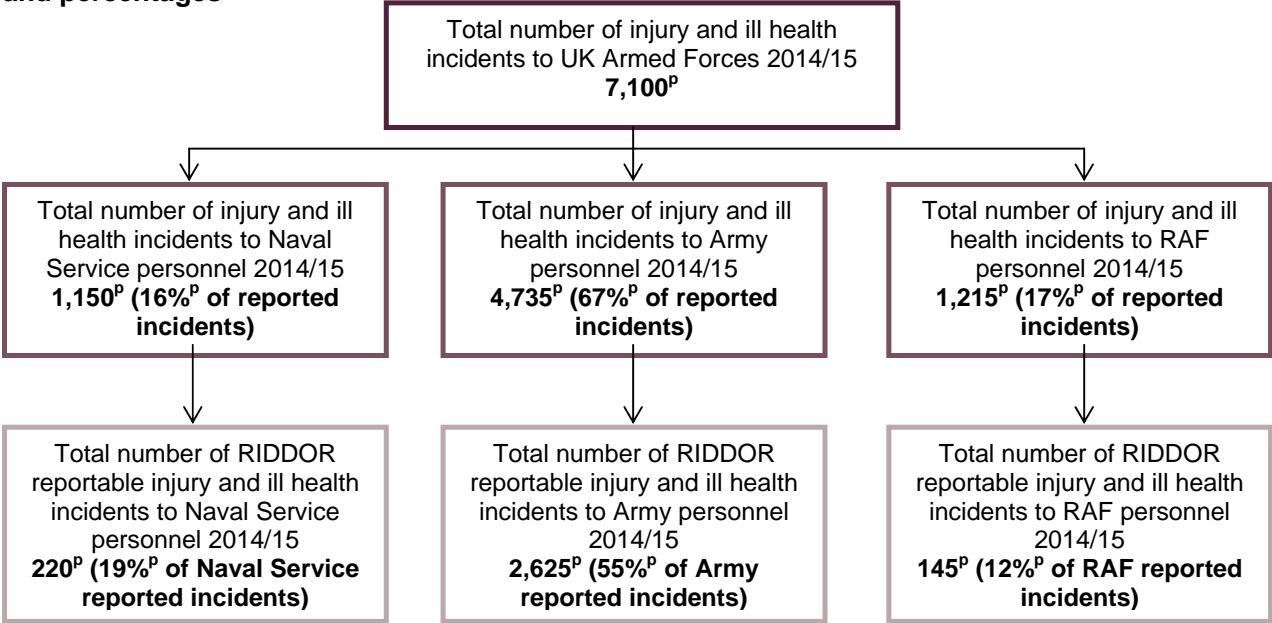
⁵ Rates and Confidence Intervals have been plotted on a graph. Where the confidence intervals do not overlap, statistical significance has been assumed. See Background Quality Report for further details

Results: Armed Forces Personnel

All Armed Forces: Reported injury and ill health incidents

14. This section presents overall numbers of reported injury and ill health incidents by all Armed Forces personnel during the latest financial year 2014/15 and over the previous four financial years. The percentage of the population at risk of injury is also presented for each of the five financial years.

Figure 4: All Armed Forces personnel¹ reported injury and ill health incidents, 2014/15, numbers and percentages^{2,3,p}



Source: AINC, AIRS, DINC, DIO, HOCS, JFC, JPA, NSINC

- 1. Includes Regulars, Reservists, MPGS and Gurkha
- 2. There were 0 Armed Forces personnel with an unknown Service
- 3. There were 50 Armed Forces reported injury and ill health incidents with no severity listed. Therefore the identified RIDDOR reportable incidents are a minimum
- p. Figures for 2014/15 are provisional and will be updated in future reports

15. The largest proportion of reported injury and ill health incidents during 2014/15 were reported by the Army (67%). Overall the Army make up 58%⁶ of the Armed Forces population and therefore we would expect to see a higher proportion of incidents within this population.

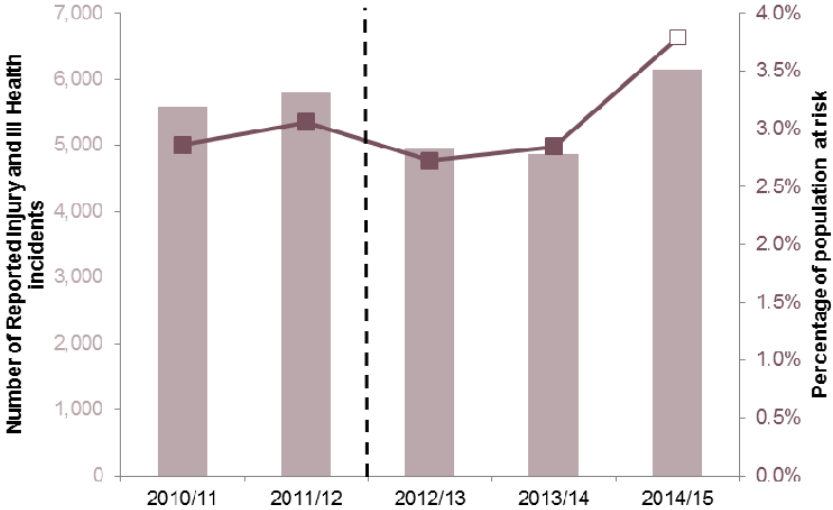
16. Over half of the Army injury and ill health incidents were RIDDOR reportable (major and serious), showing a higher proportion of more serious incidents than the Naval Service and RAF. It is not known why the Army shows a higher proportion of RIDDOR reportable incidents, however possible reasons may be the different working environments, hazard exposure and mechanisms of incident reporting between the Services. The MOD plan to investigate this further for future reports.

17. Due to incomplete population data (see paragraph 12) it is not currently possible to estimate the percentage of all Armed Forces personnel at risk of injury. Therefore the remainder of the Armed Forces Results section concentrates on regular Armed Forces personnel only.

⁶ <https://www.gov.uk/government/statistics/uk-armed-forces-monthly-service-personnel-statistics-2015>

Regular Armed Forces: Reported injury and ill health incidents

Figure 5: Regular Armed Forces personnel¹ reported injury and ill health incidents, 2010/11 - 2014/15², numbers and percentage of population at risk^{3,p}

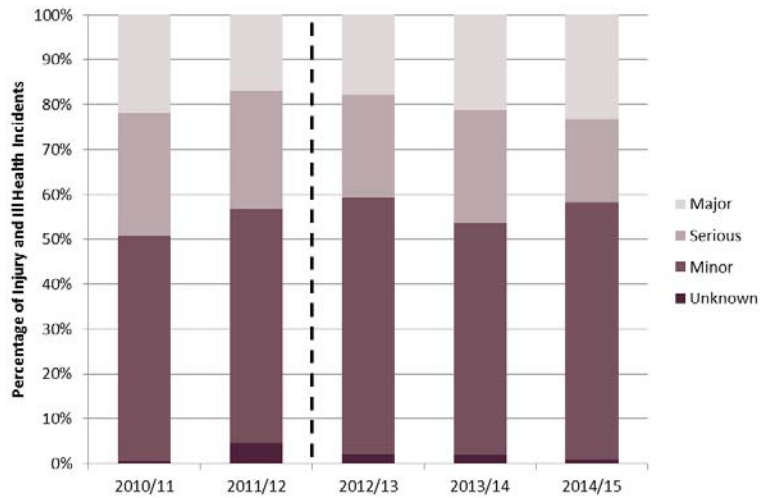


Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, IRIS, JFC, JPA, NSINC

- 1. Includes regular Armed Forces personnel, Gurkhas and MPGS
- 2. Due to the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13
- 3. Percentages are based on the calculation of the absolute number and are presented to 1dp (See Methodology Section)
- p. Figures for 2014/15 are provisional. Provisional data are denoted by a hollow point in the chart

18. The percentage of regular Armed Forces personnel at risk of injury or ill health has remained stable over time, with the exception of 2014/15 which saw a large increase in reported injury and ill health incidents (**Figure 5**). The increase in 2014/15 is predominantly driven by an increase in the number of Training/Exercise and Sport/Recreation incidents during this year. This increase may be partly due to the withdrawal of troops on operations in Afghanistan. Personnel are now more likely to be carrying out more Training and Exercise, Normal Duties, Sport and Recreation and Adventure Training as a result of no longer being in the pre-deployment / deployment cycle. It may also be a consequence of personnel finding it easier to report injury and ill health incidents at home than when on operations.

Figure 6: Regular Armed Forces personnel¹ reported injury and ill health incidents by severity, 2010/11 – 2014/15², percentage of incidents^p



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, IRIS, JFC, JPA, NSINC

1. Includes regular Armed Forces personnel, Gurkhas and MPGS

2. Due to a change in the definition of a 'serious' injury and the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13


















p. Figures for 2014/15 are provisional and will be updated in future reports

19. RIDDOR reportable (major and serious) incidents have accounted for approximately 45% of all reported injury and ill health incidents each year. The most common causes of incidents across all three severity levels were Training and Exercise, Normal Duties and Sport and Recreation. In 2014/15 there was a decrease in serious incidents which was mainly due to a decrease in Normal Duties incidents.

UK Regular Armed Forces: Demographic Risk Groups

20. This section presents a breakdown of regular Armed Forces personnel with reported injury and illness incidents during the latest financial year for the following demographic groups: Service, Gender, Rank, Training Status and Age Group (**Table 2**). A five-year trend has been plotted for any demographic groups with a statistically significantly higher risk of injury and ill health in 2014/15 to determine trends over time.

Table 2: UK Regular Armed Forces personnel¹ reported injury and ill health incidents by demographics, 2014/15, number and percentage of population at risk^{2,P}

	2014/15		percentage of all UK Armed Forces personnel ¹
	n	%	
Number of reported injury and ill health incidents to UK Armed Forces personnel	6,145 ^P	3.8 ^P	
Service			
Naval Service	1,095 ^P	3.3 ^P	
Army	3,910 ^P	4.1 ^P	
RAF	1,140 ^P	3.3 ^P	
Gender			
Male	5,150 ^P	3.5 ^P	
Female	685 ^P	4.3 ^P	
Rank			
Officer	605 ^P	2.2 ^P	
Other Rank	5,085 ^P	3.8 ^P	
Training Status			
Trained	4,605 ^P	3.1 ^P	
Untrained	1,085 ^P	8.9 ^P	
Age			
<20	595 ^P	7.8 ^P	
20-24	1,870 ^P	5.5 ^P	
25-29	1,490 ^P	3.8 ^P	
30-34	790 ^P	2.6 ^P	
35-39	510 ^P	2.4 ^P	
40-44	270 ^P	1.8 ^P	
45-49	110 ^P	1.2 ^P	
50-54	55 ^P	1.1 ^P	
55+	~ ^P	1.3 ^P	

Source: AINC, AIRS, DINC, DIO, HOCS, JFC, JPA, NSINC

1. Includes regular Armed Forces personnel, Gurkhas and MPGS
 2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See Methodology Section)
 3. There were 310 (5%) regular Armed Forces personnel records with no Gender excluded from this analysis.
 4. There were 455 (7%) regular Armed Forces personnel records with no Rank excluded from this analysis.
 5. There were 455 (7%) regular Armed Forces personnel records with no Training Status excluded from this analysis.
 6. There were 450 (7%) regular Armed Forces personnel records with no Age excluded from this analysis.
- p. Figures for 2014/15 are provisional and will be updated in future reports

21. During 2014/15 there were certain demographic groups who, statistically⁷, are more likely to have a reported injury or ill health incident:

22. Higher for Army personnel and Royal Marine personnel: As previously reported the Army account for the majority of the reported injury and ill health incidents. However, even with the size of the Army taken into account, they are at a greater risk. No particular activity or demographic group within the Army is driving this increased risk. The Army and RAF have seen an increase in the population at risk of injury and ill health incidents in the latest financial year; the Naval Service has not shown this same increase (**Figure 7**). Results for each Service are explored in more detail in ANNEXES A, B and C.

23. Higher for females: The percentage of females at risk of injury and ill health has remained higher than the percentage of males at risk during the past five financial years (**Figure 7**). It is not currently known why female military personnel are at a significantly higher risk of injury than their male counterparts. In the clinical field, females have shown higher rates of reporting than males, which supports these findings. The MOD will continue to monitor these trends and explore possible causation.

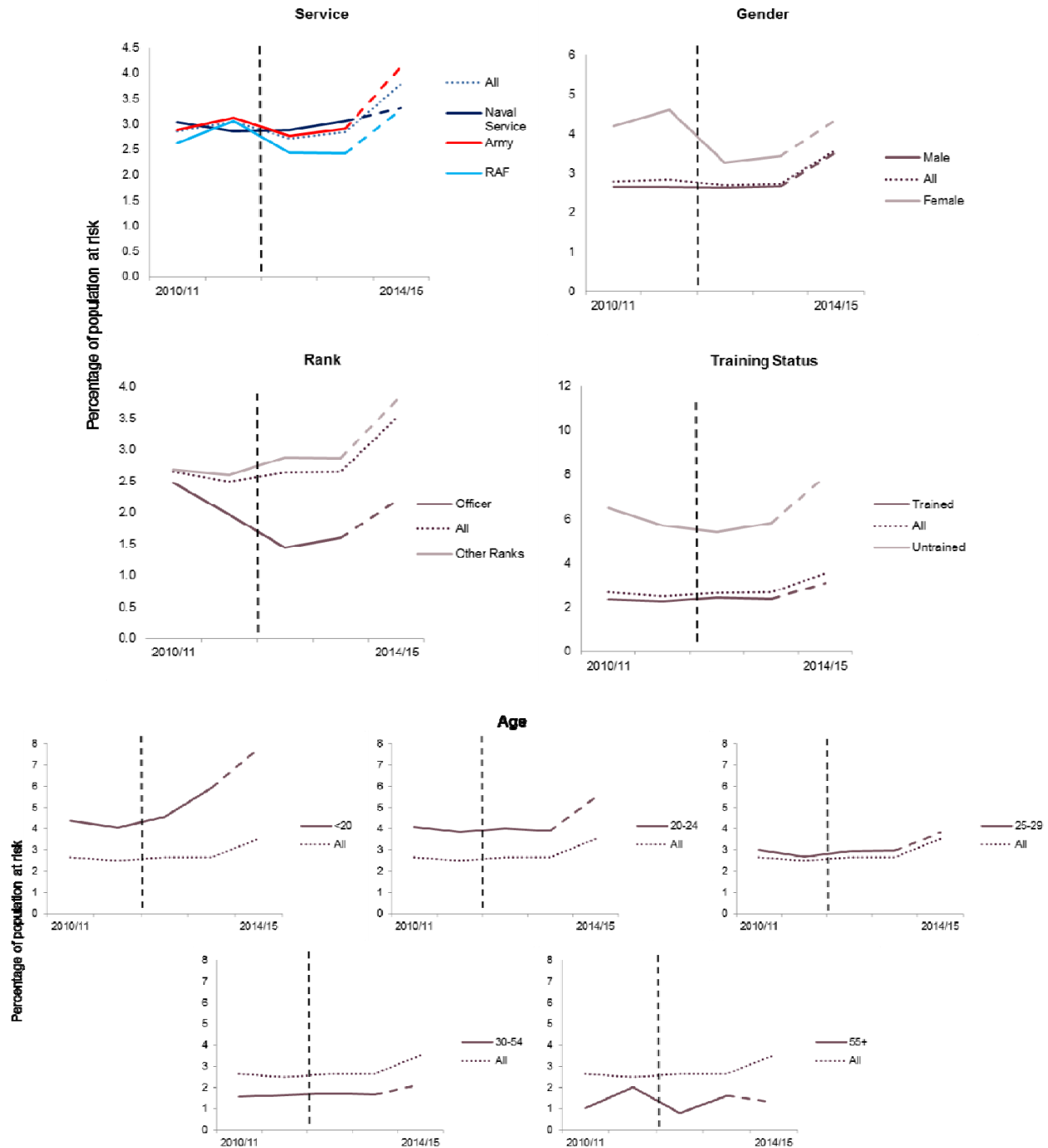
24. Higher for Other Ranks: The percentage of Other Ranks at risk of injury has been higher than Officers during the past five financial years (**Figure 7**). From the data it is unclear why Other Ranks have a higher risk of injury, though there may be a correlation with the significant findings for younger personnel since 72% of Other Ranks with reported injury and ill health incidents were also aged under 30 (compared with 45% of Officers).

25. Higher for untrained personnel: Untrained personnel may be at increased risk of injury due to greater exposure to environments and activities for prolonged periods of time (e.g. intense basic training programme) where injuries may occur. It is also possible that untrained personnel are encouraged to report their injuries as they are at greater risk of being medically discharged if they continue to train on an injury (Army Recruitment and Training Division (ARTD)). The percentages of these populations at risk of injury have increased each year since 2012/13, with a particularly large increase during 2014/15 (**Figure 7**). It is not currently known whether new recruits to the military have been more prone to injury in recent years, whether changes have been implemented within basic training that have resulted in more injuries, or whether there has been improved reporting of injuries for untrained and younger personnel.

26. Higher for younger age groups (specifically higher for those aged under 30): The percentage of personnel aged under 30 at risk of injury has been higher than personnel aged 30 and over during each of the past five financial years (**Figure 7**). It is thought that there may be a correlation between the significantly higher percentage of untrained personnel and personnel aged under 30 at risk of injury. In 2014/15 96%^p of untrained personnel with reported injury and ill health incidents were aged under 30.

⁷ Rates and Confidence Intervals have been plotted on a graph. Where the confidence intervals do not overlap, statistical significance has been assumed. See Background Quality Report for further details

Figure 7: UK Regular Armed Forces personnel¹ reported injury and ill health incidents by Service, Gender², Rank, Training Status and Age Group, 2010/11- 2014/15³, percentage of population at risk^{4,p}



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, IRIS, JFC, JPA, NSINC

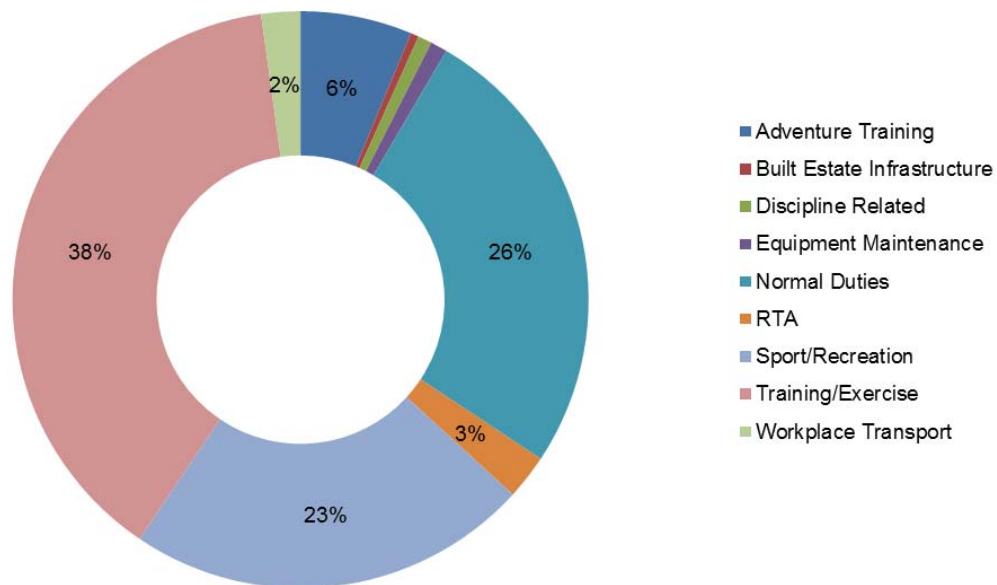
1. Includes regular personnel, Gurkhas and MPGS
2. Due to the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13
3. Percentages are based on the calculation of the absolute number and are presented to 1dp (see Methodology Section)
4. Please see Table 2 for a breakdown of records excluded from the analysis
- p. Figures for 2014/15 are provisional. Provisional data are denoted with a dashed line

UK Regular Armed Forces: Mechanisms of Injury

27. This section presents a breakdown of the mechanisms associated with regular Armed Forces personnel reported injury and ill health incidents during latest financial year (**Figure 8**).

28. Please note that specific population data for each mechanism is not available (e.g. the number of people who have taken part in adventure training) and therefore the percentage at risk calculations for each mechanism is not included in this report. Percentage at risk using the UK regular Armed Forces population is available in the Excel tables.

Figure 8: Regular Armed Forces personnel¹ reported injury and ill health incidents by mechanism, 2014/15, percentage of all incidents^{2,p}



Source: AINC, AIRS, DINC, DIO, HOCS, JFC, JPA, NSINC

1. Includes regular personnel, Gurkhas and MPGS

p. Figures for 2014/15 are provisional and will be updated in future reports

29. During 2014/15 injury and ill health incidents were mainly due to **Training and Exercise, Normal Duties** and **Sport and Recreation**. This is consistent across the previous four years.

30. From 2010/11 to 2013/14, the highest proportion of injury and ill health incidents whilst on Normal Duties were due to being struck by an object, but this has changed to incidents due to slips, trips and falls for the latest financial year.

31. The highest proportion of injury and ill health incidents whilst participating in Sport and Recreation were in football, rugby and recreation. There has been an increase in the both rugby (41%^p) and horse riding incidents (almost 400%^p).

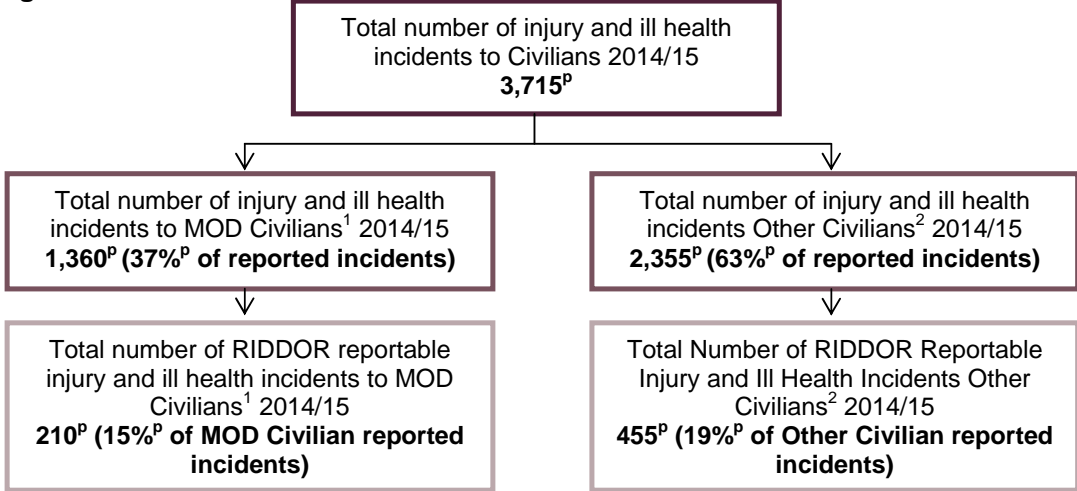
32. **Please note** that health and safety incidents under the mechanism 'Adventure Training' within these statistics reflect all injury and ill health incidents reported as adventure training incidents by MOD TLBs. This differs to the statistics presented within the Defence Safety Authority Annual Assurance report 2015 which includes incidents that result in injury only whilst participating in the following official MOD adventure training activities: Canoeing/Kayaking, Parachuting, Paragliding/Gliding, Sailing, Caving, Skiing, Mountaineering/Climbing, Diving, Mountain Biking.

Results: Civilians

All Civilian: Reported injury and ill health incidents

33. This section presents overall numbers of reported injury and ill health incidents by all Civilians during the latest financial year, 2014/15 and over the previous four financial years. The percentage of the population at risk of injury is also presented for each of the previous five financial years.

Figure 9: All Civilian^{1,2} reported injury and ill health incidents, 2014/15, numbers and percentages³



Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, NSINC
 1. MOD Civilians are civilians directly employed by the MOD, includes industrial and non-industrial staff.
 2. Other Civilians include includes Cadet Forces, Cadet Force Adult Volunteers, Royal Fleet Auxiliary, Locally Employed Civilians, Foreign Forces, Directly Employed Labour, Contractors and any other civilian injured on a MOD site.
 3. There were 105 Civilian reported injury and ill health incidents with no severity listed. Therefore the identified RIDDOR reportable incidents are a minimum.
 p. Data for 2014/15 are provisional and will be updated in future reports.

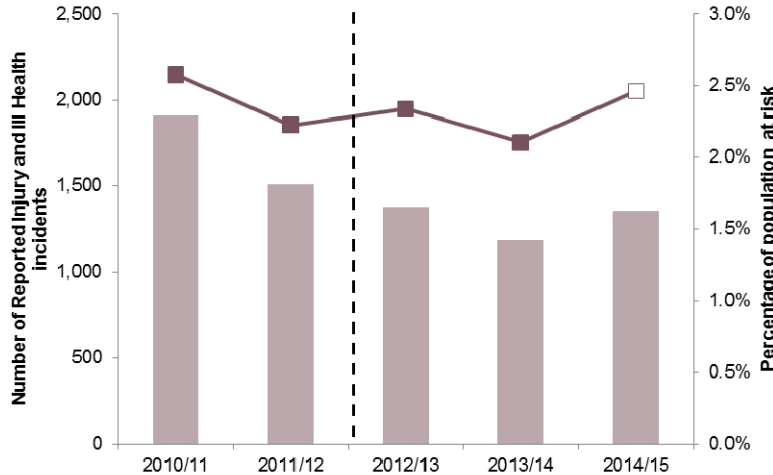
34. Almost two-thirds of reported injury and ill health incidents during 2014/15 were reported by Other Civilians. Around half of Other Civilians that reported injury and ill health incidents during 2014/15 were Cadets and Cadet Force Adult Volunteers (CFAV) (Table 3.1). Further information on Cadet and CFAV reported injury and ill health incidents can be found in ANNEX F

35. Due to incomplete population data (see paragraph 12) it is not currently possible to estimate the percentage of all Civilians at risk of injury. Therefore the remainder of the Civilian Results section concentrates on MOD-employed Civilians only.

MOD Civilian: Reported injury and ill health incidents

36. Between 2010/11 and 2014/15 the percentage of MOD Civilians at risk of injury and ill health has remained stable. The overall percentage of population at risk is driven by Industrial Civilians. More detailed analysis for industrial and non-industrial civilians is presented in ANNEX D and ANNEX E respectively.

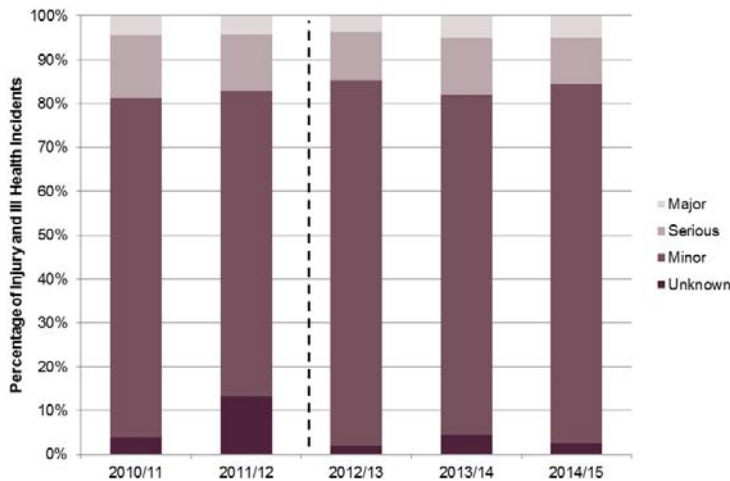
Figure 10: MOD Civilian¹ reported health and safety incidents, 2010/11 - 2014/15², numbers and percentage of population at risk^{3,P}



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, HRMS, IRIS, JFC, NSINC

1. Includes MOD-employed Industrial and Non-Industrial Civilians
2. Due to a change in the MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
3. Percentages are based on the calculation of the absolute number and are presented to 1dp (see Methodology Section)
- p. Figures for 2014/15 are provisional and is denoted by a hollow point in the chart

Figure 11: MOD Civilian¹ reported health and safety incidents, by severity, 2010/11 - 2014/15², percentages of reported incidents^p



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, HRMS, JFC, NSINC


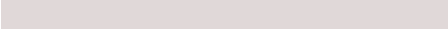
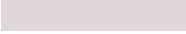

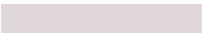

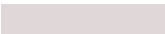






1. Includes MOD-employed Industrial and Non-Industrial Civilians
2. Due to a change in the definition of a 'serious' injury and the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
- p. Figures for 2014-15 are provisional and will be updated in future reports.

37. Over the time period RIDDOR reportable (major and serious) incidents have accounted for approximately 20% of all reported injury and ill health incidents each year. Across all three severities in Normal Duties was the highest cause of reported injury and ill health incidents

MOD Civilian: Demographic Risk Groups

38. This section presents a breakdown of MOD Civilians with reported injury and ill health incidents during the latest financial year for the following demographic groups: Industrial/Non-Industrial Marker, Gender, and Age Group (**Table 3**). A five-year trend has been plotted for any demographic groups with a statistically significantly higher risk of injury or ill health in 2014/15 to determine trends over time (**Figure 12**).

Table 3: MOD Civilian¹ personnel reported injury or ill health incidents by demographics, 2014/15, number and percentage of MOD Civilian personnel at risk^{2,P}

2014/15		
	No.	Percentage of MOD Civilians ²
Number of MOD Civilians¹ with reported injury or ill health incident	1,360 ^P	2.5 ^P 
Industrial/Non-Industrial Marker³		
Industrial	390 ^P	4.4 ^P 
Non-Industrial	845 ^P	1.8 ^P 
Gender⁴		
Male	740 ^P	2.1 ^P 
Female	400 ^P	2.0 ^P 
Age Group⁵		
<20	- ^P	0.0 ^P
20-24	30 ^P	2.3 ^P 
25-29	55 ^P	1.6 ^P 
30-34	65 ^P	1.5 ^P 
35-39	70 ^P	1.6 ^P 
40-44	110 ^P	1.7 ^P 
45-49	225 ^P	2.3 ^P 
50-54	230 ^P	2.2 ^P 
55+	335 ^P	2.3 ^P 

Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, NSINC

- 1. Includes MOD-employed Industrial and Non-Industrial Civilians
- 2. Percentages are based on the calculation of the absolute number and are presented to 1dp (see Methodology Section)
- 3. It was not possible to identify 120 (9%) MOD Civilians as industrial or non-industrial staff. These records have been excluded from this analysis.
- 4. There were 220 (16%) MOD Civilian records with no Gender recorded that were excluded from this analysis.
- 5. There were 235 (17%) MOD Civilian records with no Age recorded that were excluded from this analysis.
- p. Figures for 2014/15 are provisional and will be updated in future reports

39. During 2014/15 there were certain demographic groups who, statistically⁸, are more likely to have a reported injury or ill health incident:

40. Higher for Industrial Civilians: The percentage of Industrial Civilians at risk of an injury or ill health incident has remained higher than the percentage of Non-Industrial Civilians during the past five financial years. (**Figure 12**). A higher percentage of Industrial Civilians at risk is not unexpected due to the nature of their work (See glossary for examples of roles carried out by Industrial and Non-Industrial Civilians). Overall, the percentage of Industrial Civilians at risk has decreased over the past five years, despite an increase in the latest financial year. The increase seen in the latest financial year is due to an increase in reported incidents as a result of slips, trips and falls, or lifting and handling goods/equipment. In comparison, the percentage of Non-Industrial Civilians at risk has remained stable over the five year time period.

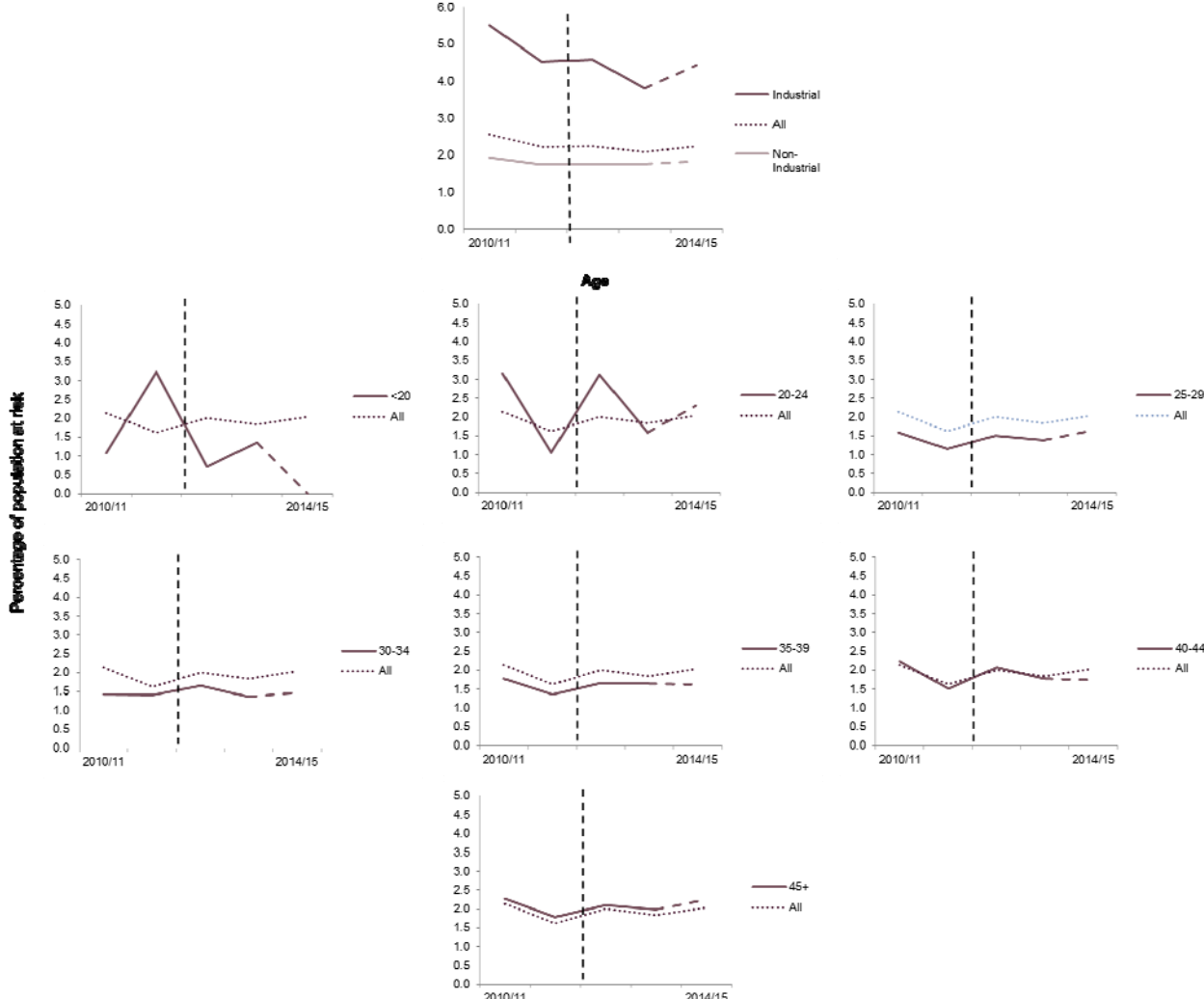
41. Higher for MOD Civilians aged 45 and over: The percentage of MOD civilians aged 45 and over at risk of injury or ill health has remained higher than the percentage of MOD Civilians aged under 45 during the past five financial years. From the data the reasons are unclear, with all age groups having similar rates for males and females and for the type of activities being carried out. The HSE⁹ report that there is little evidence to show that older workers have an increased risk of an accident at work than younger workers, therefore this finding is not expected. MOD Civilians aged 45 and over had a higher percentage of RIDDOR reportable incidents than MOD Civilians aged under 45 which does however, correspond with the HSE reporting that accidents involving older individuals are likely to be more serious.

42. The percentage of MOD Civilians aged 20-24 at risk of injury or ill health equalled that of the older age groups, but due to small numbers this finding was not significant.

⁸ Rates and Confidence Intervals have been plotted on a graph. Where the confidence intervals do not overlap, statistical significance has been assumed. See Background Quality Report for further details

⁹ <http://www.hse.gov.uk/vulnerable-workers/older-workers.htm>

Figure 12: MOD Civilians¹ with reported injury and ill health incidents by Industrial/Non-Industrial marker and age group, 2010/11- 2014/15², percentage of population at risk^{3,4,5,P}



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, HRMS, IRIS, JFC, NSINC

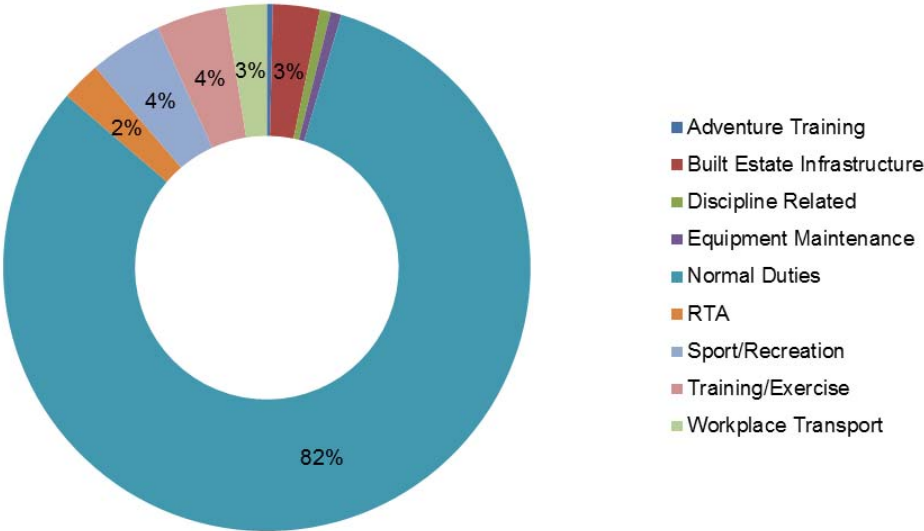
1. Includes MOD-employed Industrial and Non-Industrial Civilians
2. Due to a change in the MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
3. Percentages are based on the calculation of the absolute number and are presented to 1dp (see Methodology Section)
4. It was not possible to identify 120 (9%) MOD Civilians as industrial or non-industrial staff. These records have been excluded from this analysis.
5. There were 235 (17%) MOD Civilian records with no Age recorded that were excluded from this analysis
- p. Figures for 2014/15 are provisional. Provisional data are denoted with a dashed line in the chart.

MOD Civilian: Mechanisms of Injury

43. This section presents a breakdown of the mechanisms associated with MOD Civilian reported injury and ill health incidents during the latest financial year (**Figure 13**).

44. Please note that specific population data for each mechanism is not available (e.g. the number of people who have taken part in adventure training) and therefore the percentage at risk calculations for each mechanism is not included in this report. Percentage at risk using the MOD civilian population is available in the Excel tables.

Figure 13: MOD Civilians¹, reported injury and ill health incidents by mechanism, 2014/15, percentage of all incidents



Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, NSINC
 1. Includes MOD-employed Industrial and Non-Industrial Civilians
 p. Data for 2014/15 are provisional and will be updated in future reports

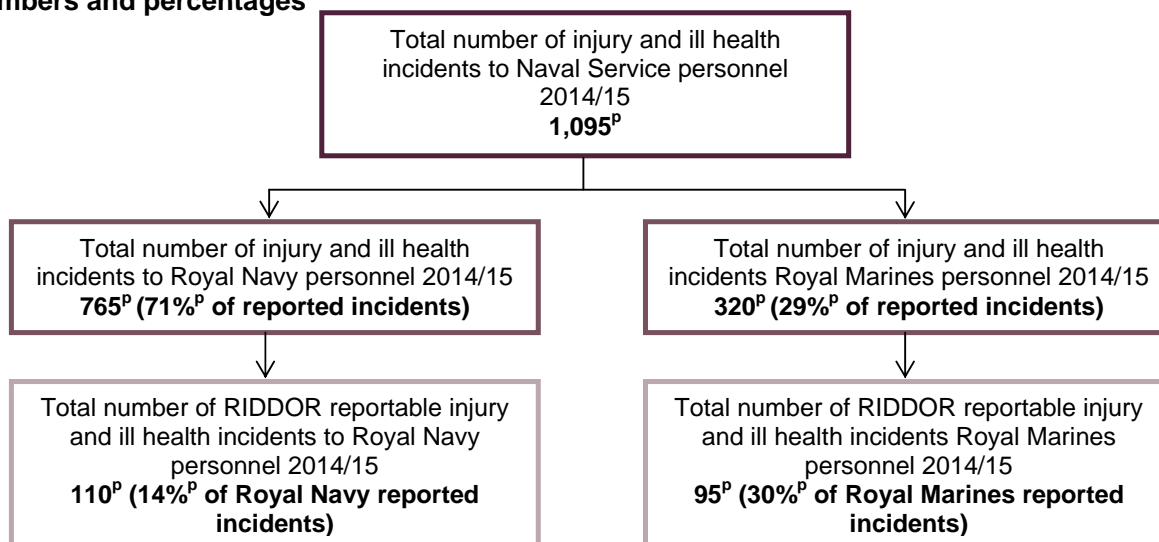
45. During 2014/15 the highest percentage of incidents among MOD Civilians was whilst undertaking **Normal Duties**. Almost two-thirds^p of normal duties incidents were due to slips, trips and falls, striking or being struck by an object and lifting or handling goods and equipment.

Results: Regular Naval Service personnel

Regula Naval Service: Reported Injury and Ill Health Incidents

46. This section presents overall numbers of reported injury and ill health incidents among Regular Naval Service personnel during the latest financial year 2014/15, and the previous four financial years. The percentage of the population at risk of injury is also presented for each of the last five financial years.

Figure A1: Regular Naval Service personnel¹ reported injury and ill health incidents, 2014/15, numbers and percentages²



Source: AINC, AIRS, DINC, DIO, HOCS, JFC, JPA, NSINC

1. Includes regular Royal Navy and Royal Marine personnel

2. There were five regular Naval Service personnel reported injury and ill health incidents with no severity listed. Therefore the identified RIDDOR reportable incidents are a minimum.

p. Data for 2014/15 are provisional and will be updated in future reports

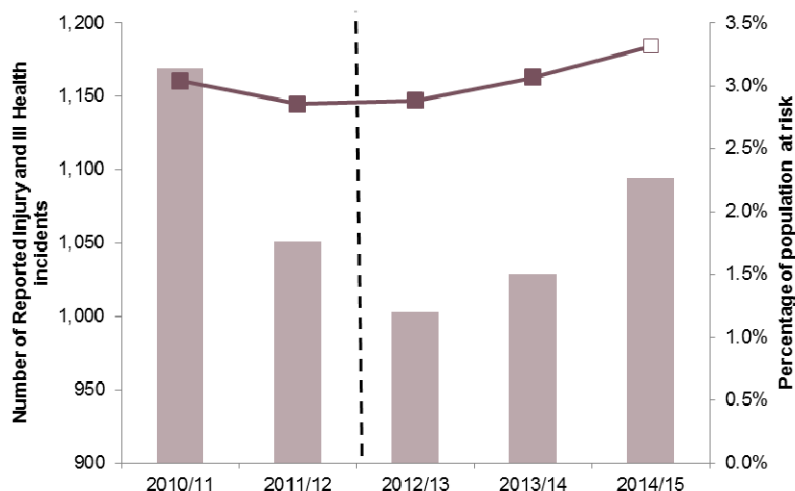
47. Nearly three-quarters of all regular Naval Service reported injury and ill health incidents during 2014/15 were reported by the Royal Navy. This is not unexpected given that the Royal Navy make up 77% of the Naval Service¹⁰.

48. Whilst regular Royal Marine personnel had fewer reported injury and ill health incidents, nearly one third of their reported injury and ill health incidents were RIDDOR reportable (major and serious). The higher number of RIDDOR reportable incidents is likely to be due to the differing activities and roles.

49. The percentage of regular Naval Service personnel at risk of injury or ill health increased each year since 2011/12 (**Figure A2**), though at a much slower rate than the regular Armed Forces as a whole (**Figure 5**).

1. <https://www.gov.uk/government/statistics/royal-navy-and-royal-marines-monthly-personnel-statistics-2015>

Figure A2: Regular Naval Service personnel¹ with reported injury and ill health incidents, 2010/11 - 2014/15², numbers and percentage of population at risk^{3,p}

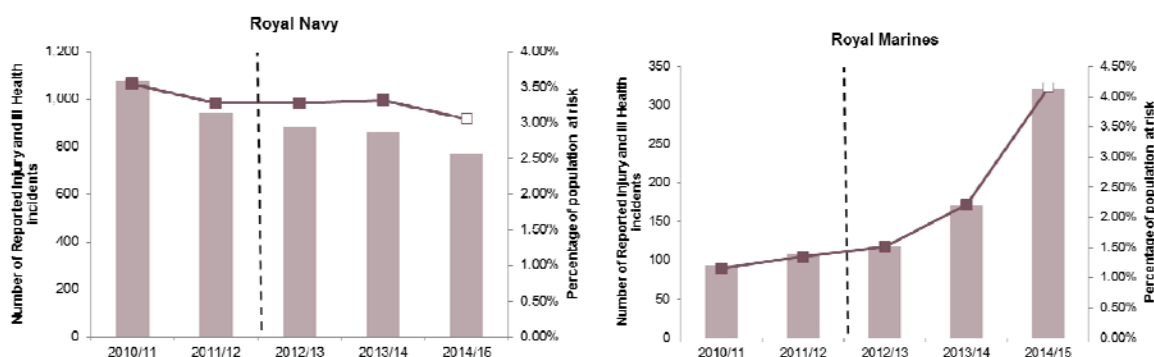


Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, IRIS, JFC, JPA, NSINC

1. Includes regular personnel, Gurkhas and MPGS
2. Due to a change in the definition of a 'serious' injury and the switching off of the health and safety reporting system IRIS there is a break in the time series at April 2012 (see Methodology Section)
3. Percentages are based on the calculation of the absolute number and are presented to 1dp (See Methodology Section)
- p. Figures for 2014/15 are provisional and is denoted by a hollow point in the chart

50. Since the Naval Service includes the Royal Navy and Royal Marines that carry out different roles, have different training requirements and report to different chains of command, the numbers of reported incidents and percentage of the population at risk each year during the past five years have been presented separately (**Figure A3**).

Figure A3: Regular Royal Navy and Royal Marines personnel with reported injury and ill health incidents, 2010/11 - 2014/15², numbers and percentage of population at risk^{3,p}



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, IRIS, JFC, JPA, NSINC

1. Due to a change in the definition of a 'serious' injury and the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See Methodology Section)
- p. Figures for 2014/15 are provisional and is denoted by a hollow point in the chart

51. The five-year analysis for reported incidents shows different trends between regular Royal Navy and regular Royal Marines. The five-year trend for reported Royal Navy incidents shows a decrease in both the number of reported incidents and the percentage of the population at risk (**Figure A3**) whereas the number of reported incidents and the percentage of the population at risk for Royal Marine personnel almost quadrupled over the five-year time period (**Figure A3**).

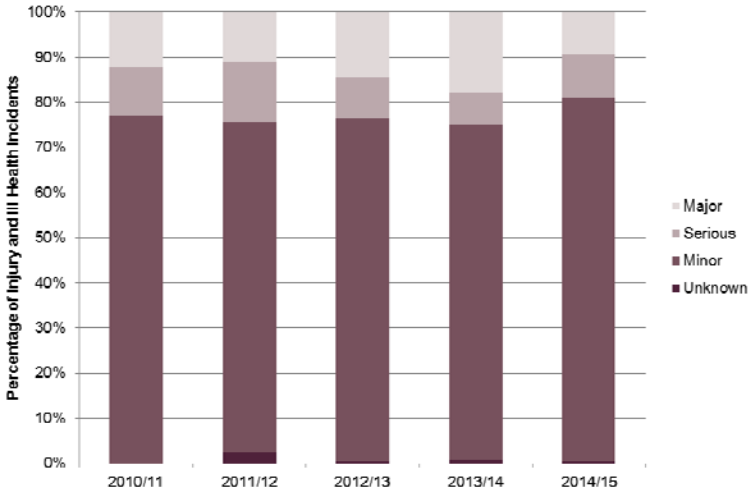
52. Royal Navy: It is currently not known whether there were fewer incidents in 2014/15 than in previous years or whether the levels of reporting have been reducing. There are currently processes in place within the Navy Command to improve training and reporting culture awareness as well as to

make improvements to their reporting system used to capture health and safety incidents. These trends will continue to be monitored to determine whether these processes will result in increased reporting for Royal Navy personnel in the future.

53. Royal Marines: It is not possible to determine whether the sharp upward trend is truly reflecting higher numbers of health and safety incidents in more recent years, or an improvement in reporting over the same period. There has been improved training and increased awareness of the requirement to report health and safety incidents, particularly within the Royal Marine Commando Training Centre (RMCTC). With training on reporting systems continuing during 2015/16 it is anticipated that the numbers of reported incidents may continue to increase.

54. The MOD is planning to develop this ANNEX for the next annual publication to include further analysis for the regular Royal Navy and regular Royal Marines by severity of injury and illness, demographic groupings and mechanism.

Figure A4: Regular Naval Service personnel¹ with reported injury and ill health incidents by severity, 2010/11 – 2014/15², percentage of incidents^{3,p}



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, IRIS, JFC, JPA, NSINC













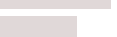


- 1. Includes regular Royal Navy and Royal Marine personnel
- 2. Due to a change in the definition of a 'serious' injury and the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
- p. Figures for 2014/15 are provisional and will be updated in future reports

55. Over the five year period RIDDOR reportable (major and serious) incidents have accounted for just over 20% of all reported injury and ill health incidents each year. The proportion of reported major incidents increased year on year, with the exception of 2014/15 which saw a decrease in the proportion of major incidents. The main cause across all severities was Normal Duties.

Regular Naval Service: Demographic Risk Groups

56. This section presents a breakdown of regular Naval Service personnel with reported injury and ill health incidents during the latest financial year for the following demographic groups: Gender, Rank, Training Status and Age Group (**Table A1**). A five-year trend has been plotted for any demographic groups with a statistically significant higher risk of injury and ill health in 2014/15 to determine trends over time (**Figure A5**).

Table A1: Regular Naval Service personnel¹ with a reported injury and ill health incident by demographics, 2014/15, number and percentage of regular Naval Service personnel at risk²
2014/15

	n	%	percentage of all Naval Service personnel ¹
Number of personnel with an reported injury or ill health incidents	1,095	3.3	
Gender			
Male	770	2.6	
Female	105	3.4	
Rank			
Officer	100	1.5	
Other Rank	770	2.9	
Training Indicator			
Trained	680	2.3	
Untrained	190	6.4	
Age			
<20	65	6.6	
20-24	295	4.4	
25-29	230	2.8	
30-34	130	2.1	
35-39	65	1.6	
40-44	55	1.6	
45-49	25	1.1	
50-54	10	0.7	
55+	-	0.0	

Source: AINC, AIRS, DINC, DIO, HOCS, JFC, JPA, NSINC

1. Includes Royal Navy and Royal Marines

2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See Methodology Section)

3. There were 225 (21%) regular Naval Service personnel records with no Gender, Rank, Training Status or Age excluded from this analysis.

p. Data for 2014/15 are provisional and will be updated in future reports

57. During 2014/15 there were certain demographic groups who, statistically¹¹, are more likely to have a reported injury or ill health incident:

58. **Higher for females:** The percentage of females at risk of reporting injury and ill health incidents has remained higher than the percentage of males at risk during the past five financial years (**Figure A5**). However, whilst the percentage of males at risk of injury has remained stable, the percentage of females at risk has decreased over this time. It is not currently known why females are at higher risk. The MOD are planning to investigate causal factors behind male and female reported injuries.

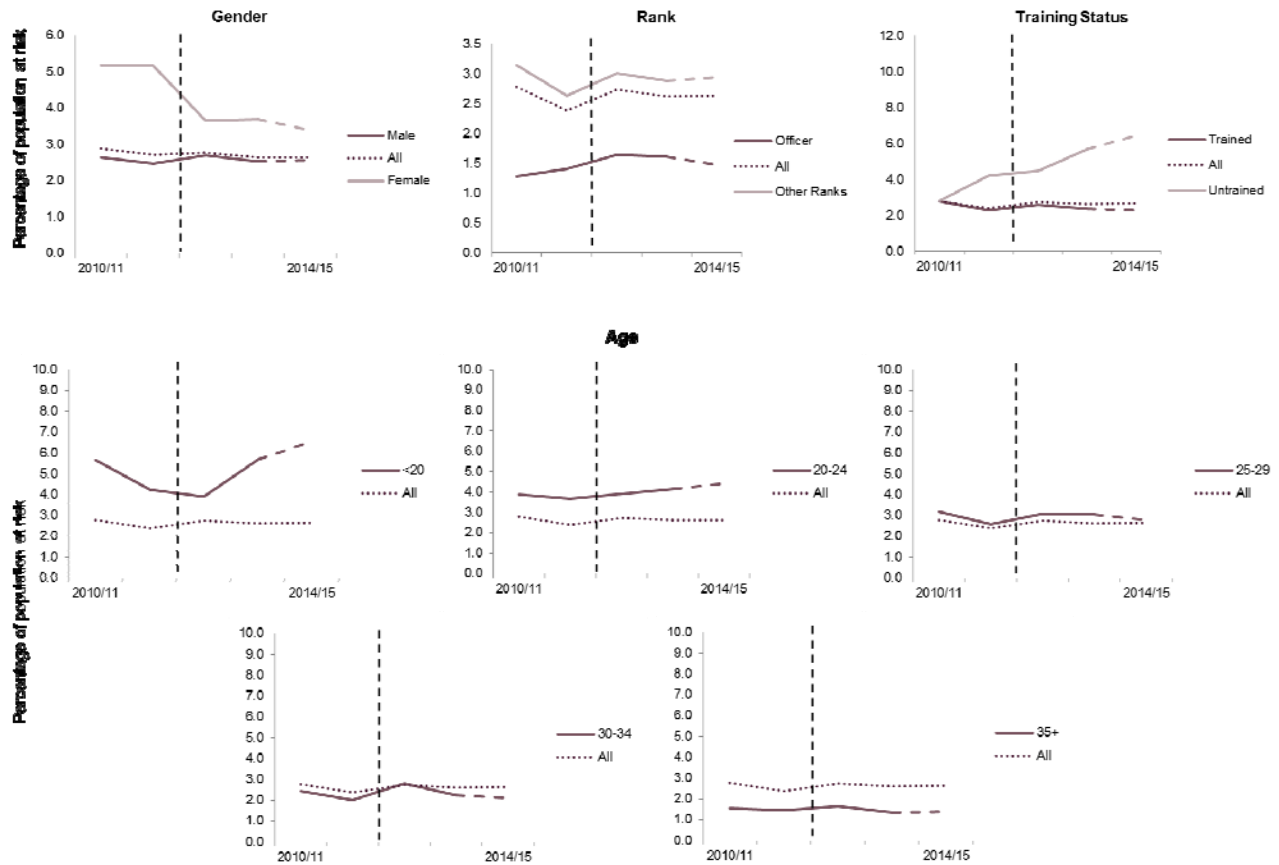
59. **Higher for Other Ranks:** The percentage of Naval Service Other Ranks at risk of injury has been consistently higher than Officers over the last five financial years, with percentages at risk of injury have remaining stable for both groups over the last five years.

60. **Higher for untrained personnel:** Untrained personnel have a consistently higher rate of Training/Exercise, Sport/Recreation and Adventure Training incidents. Although for the latest financial year untrained personnel injured on Adventure Training has decreased by 211% bringing it more in line with the percentage for trained personnel at 0.14%^P. Paragraph 25 in the Armed Forces results section provides further detail on potential reasons why untrained personnel may have a higher rate of reported injury or illness.

61. **Personnel aged under 35:** It is unclear why younger Naval Service personnel are at increased risk. However, it is thought that there may be some correlation between the significantly higher percentage of untrained personnel and those aged under 35 at risk of injury. Paragraph 26 in the Armed Forces results section discusses potential reasons behind the trends in reported injury and ill health incidents among these groups of personnel.

¹¹ Rates and Confidence Intervals have been plotted on a graph. Where the confidence intervals do not overlap, statistical significance has been assumed. See Background Quality Report for further details

Figure A5: Regular Naval Service personnel¹ with reported injury and ill health incidents by gender, rank, training status and age², 2010/11 - 2014/15, percentage of population at risk^{1,P}



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, IRIS, JFC, JPA, NSINC

1. Includes regular Royal Navy and Royal Marine personnel

2. There were 225 (21%) regular Naval Service personnel records with no Gender, Rank, Training Status or Age excluded from this analysis.

3. Due to a change in the definition of a 'serious' injury and the switching off of the health and safety reporting system IRIS, there is a break in the time series at April 2012 (see Methodology Section)

4. Percentages are based on the calculation of the absolute number and are presented to 1dp (see Methodology Section)

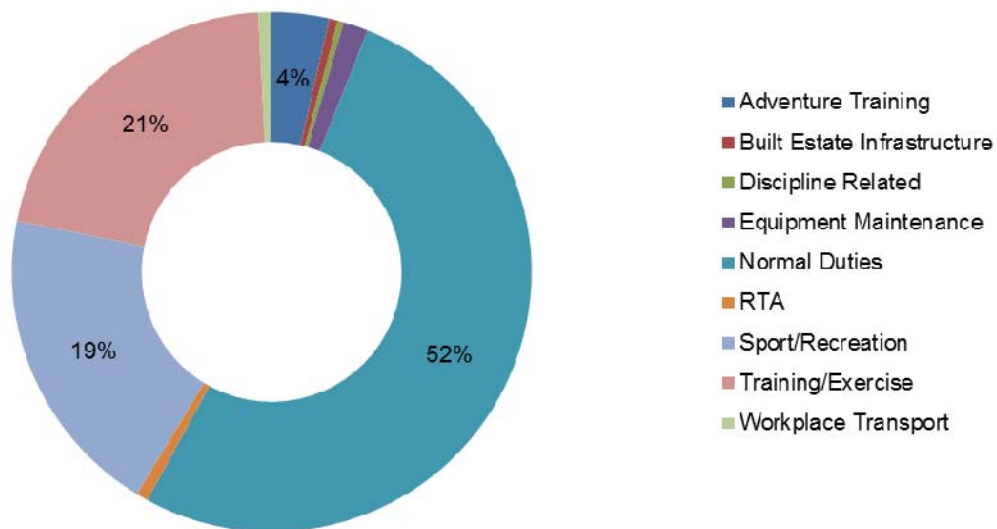
p. Figures for 2014/15 are provisional. Provisional data are denoted with a dashed line in the chart.

Regular Naval Service: Mechanisms of Injury

62. This section presents a breakdown of the mechanisms associated with regular Naval Service personnel with a reported injury or ill health incident during the latest financial year (2014/15) (**Figure A6**).

63. Please note that specific population data for each mechanism is not available (e.g. the number of people who have taken part in adventure training) and therefore the percentage at risk calculations for each mechanism is not included in this report. Percentage at risk using the UK regular Naval Service population is available in the Excel tables.

Figure A6: Regular Naval Service personnel with a reported injury or ill health incident by mechanism, 2014/15, percentage of all incidents²



Source: AINC, AIRS, DINC, DIO, HOCS, JFC, JPA, NSINC

1. Includes Navy and Royal Marines personnel

2. Percentages are based on the calculation of the absolute number and are presented to 1dp (see Methodology Section)

p. Data for 2014/15 are provisional and will be updated in future reports

64. During 2014/15 there were higher percentages of injury and ill health incidents for certain mechanisms of injury:

65. **Higher for Normal Duties:** During the latest financial year (2014/15) slips, trips and falls and being struck by/striking an object made up almost half of all Normal Duties incidents. Normal Duties has remained consistent as the main mechanism over the last five years.

66. The high proportion of normal duties incidents among regular Naval Service personnel is different to results for the military as a whole, which showed training and exercise incidents make up the majority of injuries. This difference may partly be due to definitional differences in how injuries are categorised between the Services, and also due to the level of detail provided on incident summaries in order to categorise incidents into a particular mechanism (see Methodology section).

67. **Higher for Training/Exercise:** Routine training accounting for the majority of Training/Exercise incidents in 2014/15. This has remained consistent over time and follows a similar trend as for the regular Armed Forces as a whole with training and exercise being one of the overall key drivers.

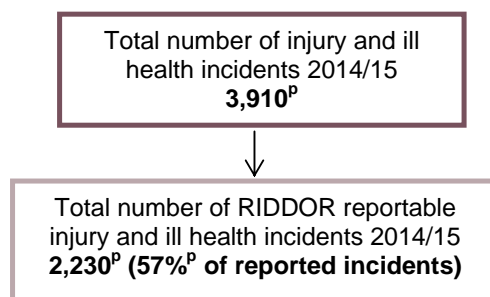
68. **Higher for Sport/Recreation:** During the last financial year (2014/15) almost a third of sport and recreation incidents were as a result of football and rugby. The proportion of Sport and Recreation incidents has remained consistent between 2010/11 and 2013/14, with an increase in the proportion during 2014/15. This increase was driven by increases in the number of football and rugby incidents.

Results: Regular Army Personnel

Regular Army: Reported Injury and Ill Health Incidents

69. This section presents overall numbers of reported injury and ill health incidents by regular Army personnel during the latest financial year 2014/15 and over the previous four financial years. The percentage of the population at risk of injury is also presented for each of the previous five financial years.

Figure B1: All regular Army personnel¹ reported injury and ill health incidents, 2014/15, numbers and percentages²



Source: AINC, AIRS, DINC, DIO, HOCS, IRIS, JFC, JPA, NSINC

1. Includes regular personnel, Gurkhas and MPGS

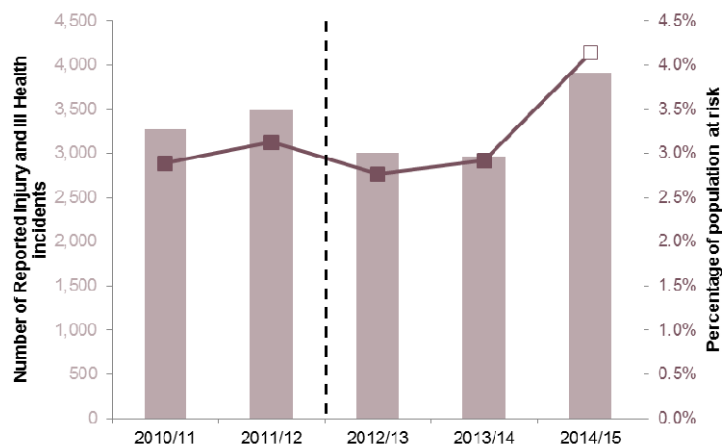
2. There were 15 Regular Army personnel reported injury and ill health incidents with no severity listed. Therefore the identified RIDDOR reportable incidents are a minimum.

p. Data for 2014/15 are provisional and will be updated in future reports

70. During the latest financial year 2014/15 there were 3,910^p reported injury and ill health incidents by Army personnel. This is the highest number of reported injury and ill health incidents in any year since 2010/11 (**Figure B2**). Prior to 2014/15 the number of reported injury and ill health incidents and the percentage of regular Army personnel at risk of injury remained stable. The increase in 2014/15 is predominantly driven by a 30%^p increase in the number of Sport/Recreation injuries among Army personnel.

71. Since the Army has the largest population, it consequently has the highest proportion of reported injury and ill health incidents of the three Services. Therefore the overall military trend of reported injury and ill health incidents over the past five years more closely resembles that of the Army.

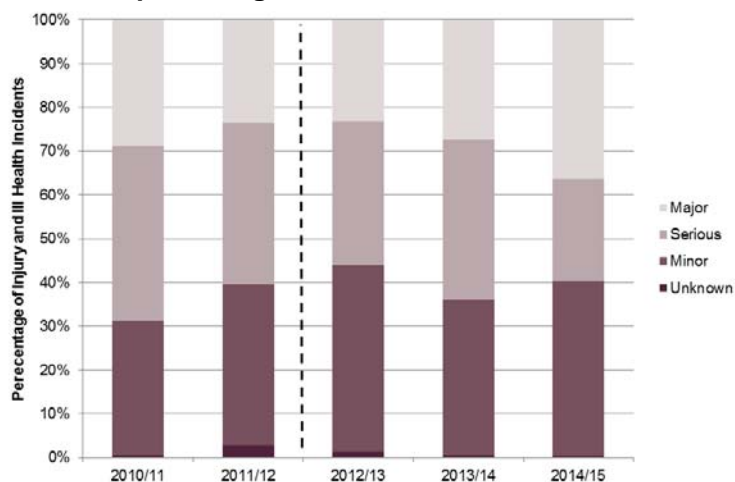
Figure B2: Regular Army personnel¹ with reported injury and ill health incidents, 2010/11 - 2014/15², numbers and percentage of population at risk^{3,p}



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, IRIS, JFC, JPA, NSINC

1. Includes regular personnel, Gurkhas and MPGS
2. Due to a change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13
3. Percentages are based on the calculation of the absolute number and are presented to 1dp (see Methodology Section)
- p. Figures for 2014/15 are provisional. Provisional data is denoted by a hollow point in the chart.

Figure B3: Regular Army personnel¹, reported injury and ill health incidents by severity, 2010/11 - 2014/15², percentage of all incidents^{3,p}



Source: AINC, AIRS, DINC, DIO, HOCS, IRIS, JFC, JPA, NSINC














1. Includes regular personnel, Gurkhas and MPGS
2. Due to a change in the definition of a 'serious' injury and the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13
3. Percentages are based on the calculation of the absolute number and are presented to 1dp (see Methodology Section)
- p. Figures for 2014/15 are provisional and will be updated in future reports

72. Over the five year period RIDDOR reportable (major and serious) incidents have accounted for between 60% and 70% of all reported injury and ill health incidents each year. The main cause across all severities is Training and Exercise.

Regular Army: Demographic Risk Groups

73. This section presents a breakdown of regular Army personnel with reported injury or ill health incident during the latest financial year for the following demographic groups: Gender, Rank, Training Status and Age Group (**Table B1**). A five-year trend has been plotted for any demographic groups with a statistically significantly higher risk of an injury or ill health incidents in 2014/15 to determine trends over time.

Table B1: Regular Army personnel¹ with a reported injury or ill health incident by demographics, 2014/15, number and percentage of regular Army personnel at risk^{2,p}

	n	%	percentage of all Regular Army personnel ¹
Number of reported injury and ill health incidents to Regular Army personnel	3,910	4.1	
Gender			
Male	3,490	4.0	
Female	370	4.7	
Rank			
Officer	365	2.8	
Other Rank	3,475	4.3	
Training Status			
Trained	3,270	3.7	
Untrained	575	8.0	
Age			
<20	440	7.2	
20-24	1,275	5.7	
25-29	1,000	4.4	
30-34	515	3.0	
35-39	365	2.9	
40-44	170	2.2	
45-49	55	1.5	
50-54	25	1.5	
55+	~	0.7	

Source: AINC, AIRS, DINC, DIO, HOCS, IRIS, JFC, JPA, NSINC

1. Includes regular personnel, Gurkhas and MPGS

2. Percentages are based on the calculation of the absolute number and are presented to 1dp (See Methodology Section)

3. There were 310 (5%) regular Armed Forces personnel records with no Gender, 456 (7%) with no Rank, 456 (7%) with no Training Status and 448 (7%) with no Age, excluded from this analysis.

p. Figures for 2014/15 are provisional and will be updated in future reports

74. During 2014/15 there were certain demographic groups who, statistically¹², are more likely to have a reported injury or ill health incident:

75. Higher for females: The percentage of females at risk of reporting injury and ill health incidents has remained higher than the percentage of males at risk during the past five financial years (**Figure B1**). It is not currently known why female Army personnel are at a higher risk of injury than their male counterparts, however the MOD will continue to monitor these trends and explore possible causation.

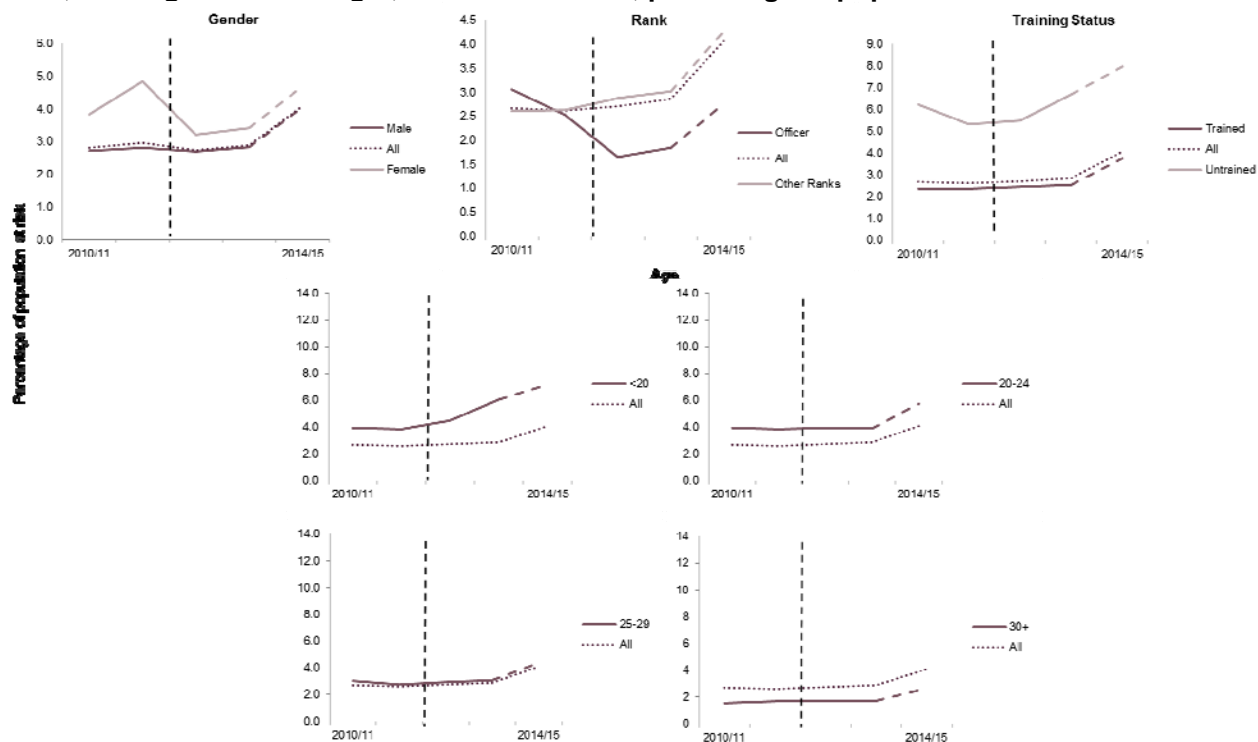
76. Higher for untrained personnel; higher for younger age groups (specifically higher for those aged under 30): It is thought that there may be some correlation between the significantly higher percentage of untrained personnel and personnel aged under 30 at risk of injury (in 2014/15 97%^p of all

¹² Rates and Confidence Intervals have been plotted on a graph. Where the confidence intervals do not overlap, statistical significance has been assumed. See Background Quality Report for further details

injury and ill health incidents reported by untrained Army personnel were aged under 30). The Armed Forces Results section discusses potential reasons behind the trends in reported injury and ill health incidents by personnel within these cohorts.

77. Higher for Other Ranks than Officers: The percentage of Army Other Ranks at risk of injury has been higher than Army Officers during the past five financial years. It is currently unknown why Army Other Ranks have a higher risk of injury, though there may be a correlation with the significant findings for younger personnel since 73% of Army Other Ranks with reported injury and ill health incidents were also aged under 30 (compared with 44% of Army Officers).

Figure B4: Regular Army personnel¹ with reported injury and ill health incidents by Gender, rank, training status and age², 2010/11- 2014/15³, percentage of population at risk^{4,P}



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, IRIS, JFC, JPA, NSINC

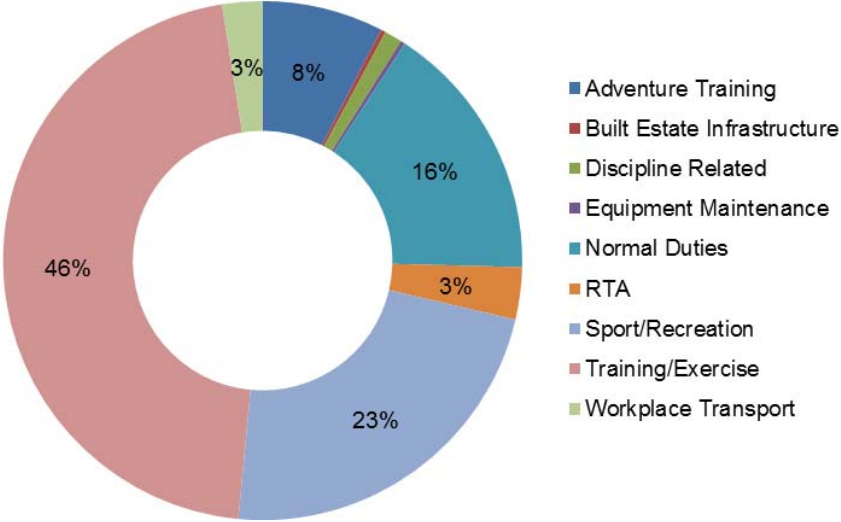
1. Includes regular personnel, Gurkhas and MPGS
2. There were 310 (5%) regular Armed Forces personnel records with no Gender, 456 (7%) with no Rank, 456 (7%) with no Training Status and 448 (7%) with no Age, excluded from this analysis.
3. Due to a change in the definition of a 'serious' injury and the switching off of the health and safety reporting system IRIS, there is a break in the time series at April 2012 (See Methodology Section).
4. Percentages are based on the calculation of the absolute number and are presented to 1dp (See Methodology Section).
5. Figures for 2014/15 are provisional. Provisional data are denoted with a dashed line in the chart.

Regular Army: Mechanisms of Injury

78. This section presents a breakdown of the mechanisms associated with regular Army personnel reported injury or ill health incidents during the latest financial year 2014/15 (**Figure B5**).

79. Please note that specific population data for each mechanism is not available (e.g. the number of people who have taken part in adventure training) and therefore the percentage at risk calculations for each mechanism is not included in this report. Percentage at risk using the UK regular Army population is available in the Excel tables.

Figure B5: Regular Army personnel¹, reported injury and ill health incidents by mechanism, 2014/15, percentage of all incidents^{2,p}



Source: AINC, AIRS, DINC, DIO, HOCS, JFC, JPA, NSINC

2. Includes Regular personnel, Gurkhas and MPGS

3. Percentages are based on the calculation of the absolute number and are presented to 1dp (see Methodology Section)

p. Figures for 2014/15 are provisional and will be updated in future reports

80. During 2014/15 there were higher percentages of injury and ill health incidents for certain mechanisms of injury:

81. Higher for Training and Exercise: In each of the last five years the highest proportion of Training and Exercise incidents has been caused by routine training. Personnel on exercise, and those carrying out physical training also account for a high proportion of these incidents each year.

82. Routine Training has been continuously increasing since 2012/13, which may be attributed to the drawdown of UK Armed Forces troops in Afghanistan. Due to the drawdown, personnel are doing more routine training back in the UK, which follows a different routine to pre-deployment training.

83. Higher for Normal Duties: The percentage of Normal Duties incidents over the past five years has been driven by slips, trips and falls, and being struck by an object. From 2013/14 to 2014/15, there was a 50%^p increase in reported incidents due to slips, trips and falls. This result was also found for the UK Regular Armed Forces as a whole.

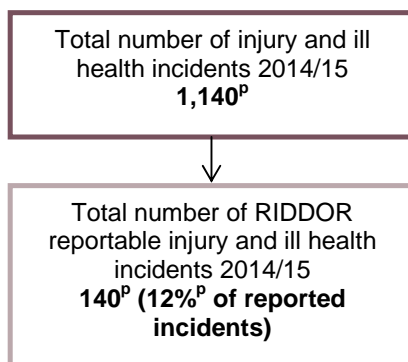
84. Higher for Sport and Recreation: The highest proportion of injury and ill health incidents whilst participating in Sport and Recreation were in football, rugby and recreation. These sports have accounted for the majority of incidents in each of the last five years. From 2013/14 to 2014/15, there was a 53%^p increase in rugby incidents; of which there was an 83%^p increase in incidents in the Army. The number of reported incidents during horse riding increased by nearly three times from 2013/14 to 2014/15.

Results: Regular RAF personnel

Regular RAF: Reported injury and ill health incidents

85. This section presents overall numbers of reported injury and ill health incidents by all regular RAF personnel during the latest financial year 2014/15 and over the previous four financial years. The percentage of the population at risk of injury is also presented for each of the previous five financial years.

Figure C1: All RAF Personnel¹ reported injury and ill health incidents, 2014/15, numbers and percentages²



Source: AINC, AIRS, DINC, DIO, HOCS, JFC, JPA, NSINC

1. Includes regular RAF personnel only

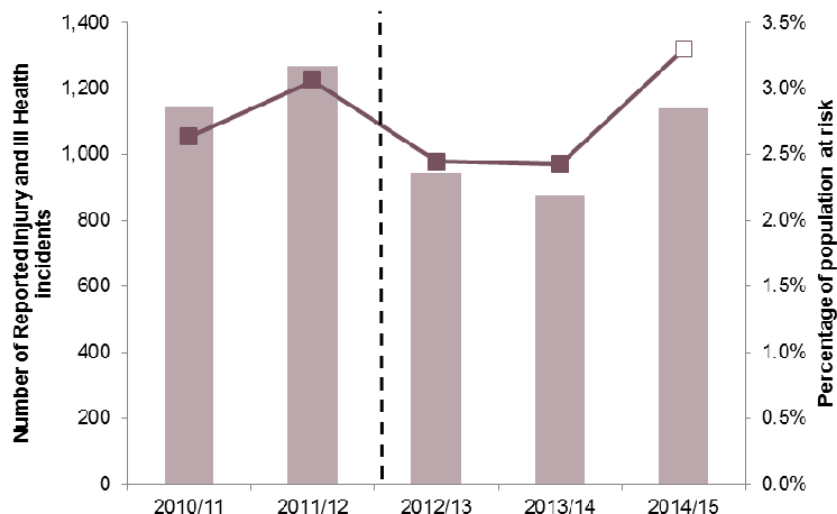
2. There were 30 RAF personnel reported injury and ill health incidents with no severity listed. Therefore the identified RIDDOR reportable incidents are a minimum

p. Data for 2014/15 are provisional and will be updated in future reports

86. During the latest financial year 2014/15 there were 1,140^p reported injury and ill health incidents by RAF personnel. This is the highest number of reported injury and ill health incidents in any year since 2010/11 (**Figure C2**). The key drivers behind this trend are discussed further in this ANNEX.

87. Figure C2 shows that the percentage of population at risk has increased since 2013/14. The trends over time follow a similar pattern to that of all regular Armed Forces personnel (see Armed Forces results section). The increase in 2014/15 is predominantly driven by the number of training and exercise incidents during the year. Further detail is provided on reported injury and ill health incidents whilst on training and exercise further in this ANNEX.

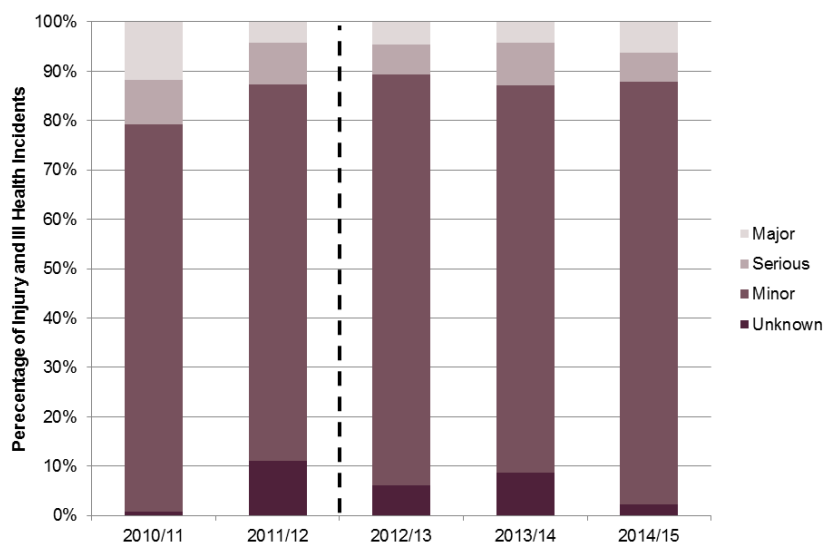
Figure C2: Regular RAF personnel¹ reported injury and ill health incidents, 2010/11 - 2014/15², numbers and percentage of population at risk^{3,p}



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, IRIS, JFC, JPA, NSINC

1. Includes regular RAF personnel
2. Due to the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13
3. Percentages are based on the calculation of the absolute number and are presented to 1dp (see Methodology Section)
- p. Figures for 2014/15 are provisional and is denoted by a hollow point in the chart

Figure C3: Regular RAF personnel¹ reported injury and ill health incidents by severity, 2010/11 - 2014/15², percentage of all incidents^{3,p}



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, IRIS, JFC, JPA, NSINC

1. Includes regular personnel, Gurkhas and MPGS
2. Due to a change in the definition of a 'serious' injury and the switching off of the health and safety reporting system IRIS, there is a break in the time series at April 2012 (see Methodology Section)
3. Percentages are based on the calculation of the absolute number and are presented to 1dp (see Methodology Section)
- p. Figures for 2014/15 are provisional and will be updated in future reports

88. Over the five year period minor injury and ill health incidents have accounted for approximately 85% of all reported incidents each year. The main cause across all severities was Normal Duties. In the latest year the number of minor Training and Exercise incidents more than doubled. This increase could be due to the changing roles of military personnel since Afghanistan.

Regular RAF: Demographic risk groups

89. This section presents a breakdown of RAF personnel with reported injury and illness incidents during the latest financial year for the following demographic groups: Gender, Rank, Training Status and Age Group (**Table C1**). A five-year trend has been plotted for any demographic groups with a statistically significant higher risk of injury/illness in 2014/15 to determine trends over time (**Figure C4**).

Table C1: Regular RAF personnel¹ reported injury and ill health incidents by demographics, 2014/15, number and percentage of RAF personnel at risk²

		2014/15		percentage of all UK Armed Forces personnel ¹
		n	%	
Number of reported injury and ill health incidents to Regular RAF personnel		1,140	3.3	
Gender				
	Male	890	3.0	
	Female	210	4.4	
Rank				
	Officer	140	1.8	
	Other Rank	835	3.1	
Training Status				
	Trained	655	2.0	
	Untrained	320	15.5	
Age				
	<20	95	15.7	
	20-24	300	5.8	
	25-29	260	3.3	
	30-34	150	2.1	
	35-39	80	1.6	
	40-44	50	1.2	
	45-49	30	0.9	
	50-54	20	1.0	
	55+	~	3.3	

Source: AINC, AIRS, DINC, DIO, HOCS, JFC, JPA, NSINC

1. Includes regular personnel, Gurkhas and MPGS

2. Percentages are based on the calculation of the absolute number and are presented to 1dp (see Methodology Section)

3. There were 39 (3%) RAF personnel records with no Gender, 163 (14%) with no Rank, 163 (14%) with no Training Status and 157 (14%) with no Age excluded from this analysis.

p. Figures for 2014/15 are provisional and will be updated in future reports

90. During 2014/15 there were certain demographic groups who, statistically¹³, are more likely to have a reported injury or ill health incident. The following findings are all consistent with the UK Regular Armed Forces as a whole, where the same groups of personnel were identified as being at a higher risk of reported injury and ill health incidents:

91. **Higher for females:** The percentage of females at risk of reporting injury and ill health incidents has remained higher than the percentage of males at risk during the past five financial years (**Figure C4**). The percentages of both males and females increased during the latest financial year (2014/15). The trends follow the same pattern as for the regular Military as a whole. (See Paragraph 23).

92. **Higher for those aged under 35:** The percentage of RAF personnel at risk of reported injury and ill health incidents has remained constant for the majority of age groups over the last five financial

¹³ Rates and Confidence Intervals have been plotted on a graph. Where the confidence intervals do not overlap, statistical significance has been assumed. See Background Quality Report for further details

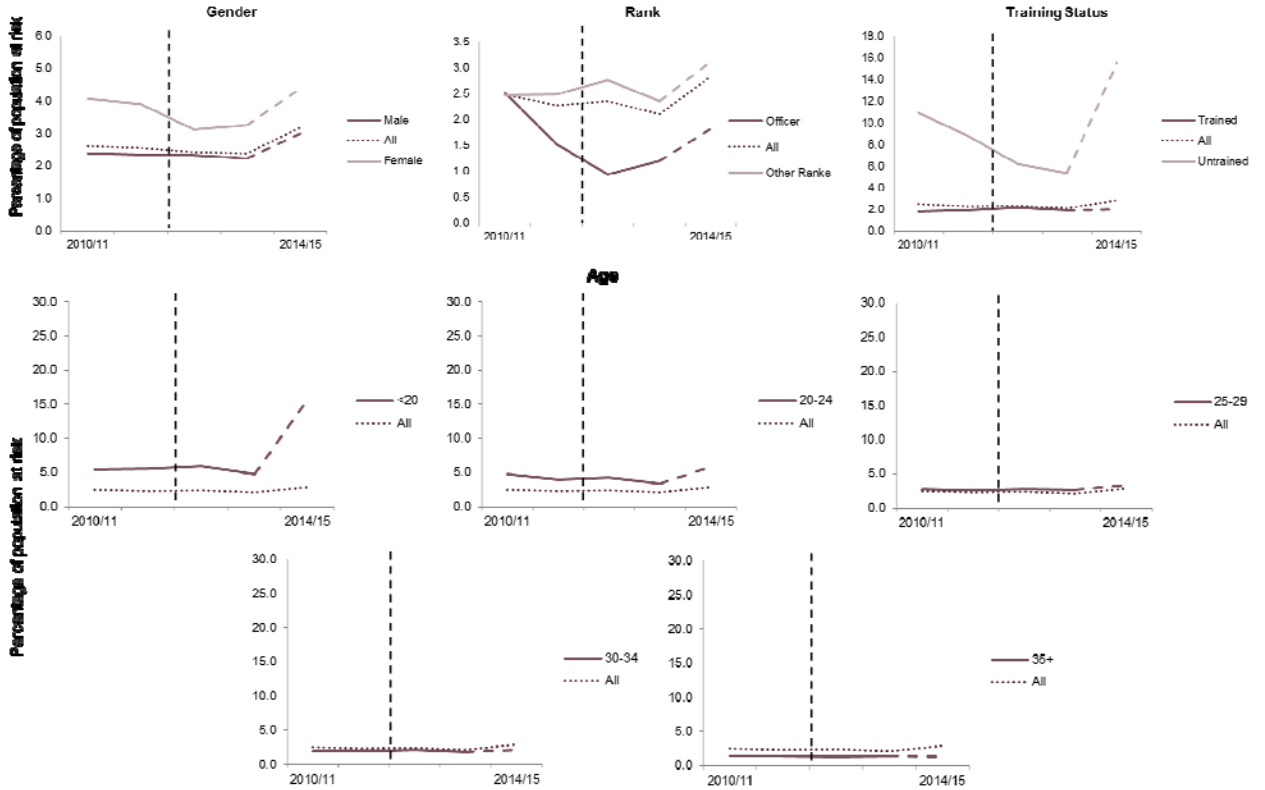
years. However those aged under 20 have shown an increased percentage in the latest financial year (2014/15), reflecting the general trend for this age group for regular military personnel.

93. **Higher for untrained personnel:** The percentage of untrained RAF personnel at risk of reported injury and ill health incidents remained higher than the percentage of trained personnel during the past five financial years. Whereas the percentage for trained personnel has remained stable over this period, the percentage for untrained personnel has dramatically increased between 2013/14 and 2014/15.

94. Although this percentage rise for untrained personnel reflects an overall increase in the regular Armed Forces as a whole, the increase is more apparent for the RAF. It is not known why the RAF show a higher risk in untrained personnel (see Paragraph 25).

95. **Higher for Other Ranks:** The percentage of RAF other ranks at risk of reported injury and ill health incidents remained higher than the percentage of officers at risk during the past five financial years. This could be due to the differing duties that these cohorts undertake. The percentage of officers at risk of injury and ill health incidents has steadily increased between 2012/13 and 2014/15, whereas the percentage for other ranks has fluctuated. However both groups have increased at a similar rate in the latest financial year.

Figure C4: Regular RAF personnel¹ reported health and safety incidents by mechanism, 2010/11- 2014/15², percentage of population at risk^{3,p}



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, IRIS, JFC, JPA, NSINC

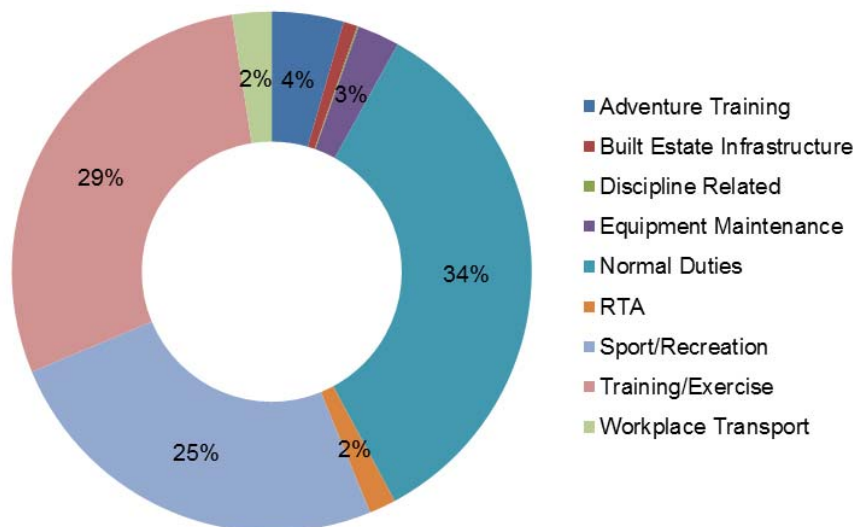
- 1. Includes RAF regular personnel only
- 2. Due to the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13
- 3. Percentages are based on the calculation of the absolute number and are presented to 1dp (see Methodology Section)
- p. Figures for 2014/15 are provisional. Provisional data are denoted with a dashed line in the chart

Regular RAF: Mechanisms of Injury

96. This section presents a breakdown of regular RAF personnel with reported injury and ill health incidents during the latest financial year for mechanisms of injury (**Figure C5**).

97. Please note that specific population data for each mechanism is not available (e.g. the number of people who have taken part in adventure training) and therefore the percentage at risk calculations for each mechanism is not included in this report. Percentage at risk using the UK regular RAF population is available in the Excel tables.

Figure C5: Regular RAF personnel¹ reported injury and ill health incidents by mechanism, 2014/15, percentage of all incidents^p



Source: AINC, AIRS, DINC, DIO, HOCS, JFC, JPA, NSINC

1. Includes regular RAF personnel only

p. Figures for 2014/15 are provisional and will be updated in future reports

98. During 2014/15 there were higher percentages of injury and ill health incidents for certain mechanisms of injury:

99. **Higher for Normal Duties, Training and Exercise and Sport and Recreation:** The high number of normal duties incidents for RAF personnel is driven by incidents involving sharp objects, being struck by or striking an object and slips, trips and falls. Until the latest financial year being struck by or striking an object had consistently been the highest proportion of incidents reported.

100. Training and Exercise injury and ill health incidents are driven by routine training. The increase in the proportion of training/exercise incidents reported in 2014/15 is driven by Physical Training (PT) incidents.

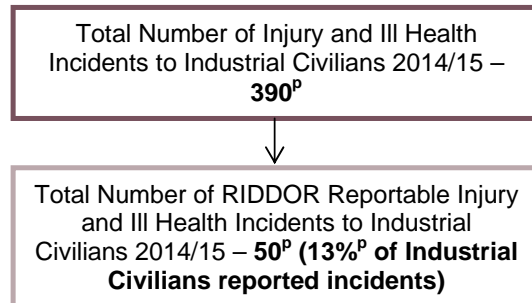
101. Similarly to the overall military the main driver for Sport and Recreation reported incidents was football. The proportion of reported football incidents has increase continuously since 2010/11.

Results: MOD Industrial Civilians

MOD Industrial Civilians: Reported Injury and Ill Health Incidents

102. This section presents overall numbers of reported injury and ill health incidents by MOD Industrial Civilians during the latest financial year 2014/15 and over the previous four financial years. The percentage of the population at risk of injury is also presented for each of the previous five financial years.

Figure D1: MOD Industrial Civilian¹ reported injury and ill health incidents, 2014/15, numbers and percentages²



Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, NSINC

1. Includes MOD Industrial Employees only

2. It was not possible to determine whether 120 MOD Civilians were Industrial or Non Industrial staff. Reported injury and ill health incidents for these personnel are excluded from this annex.

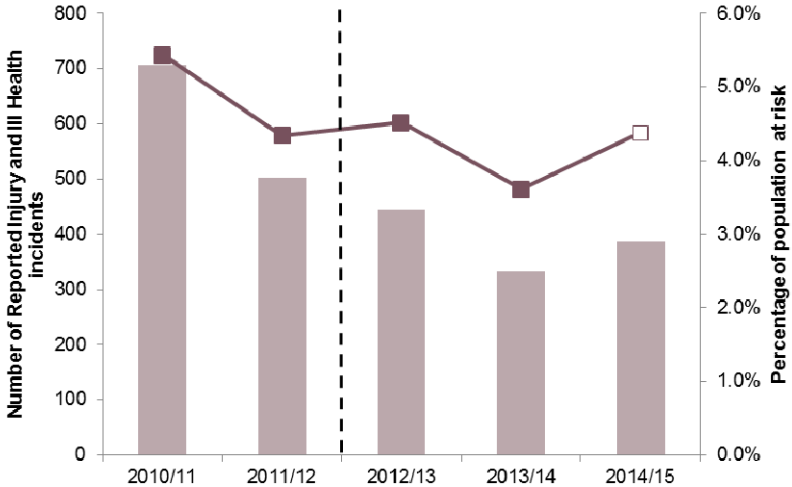
3. There were ~ Civilian reported injury and ill health incidents with no severity listed. Therefore the identified RIDDOR reportable incidents are a minimum.

p. Figures for 2014/15 are provisional and will be updated in future reports

103. There has been a steady decrease in the overall percentage of Industrial Civilians at risk of injury or ill health over the five year time period (**Figure D2**). However, there was an increase in the percentage of population at risk in the latest year. This increase is being driven by Normal Duties incidents.

104. The percentage of population at risk has fluctuated throughout the time period. This was due to a small number of incidents and a decreasing population meaning slight changes in the number of incidents show a more prominent change in the percentage of population at risk.

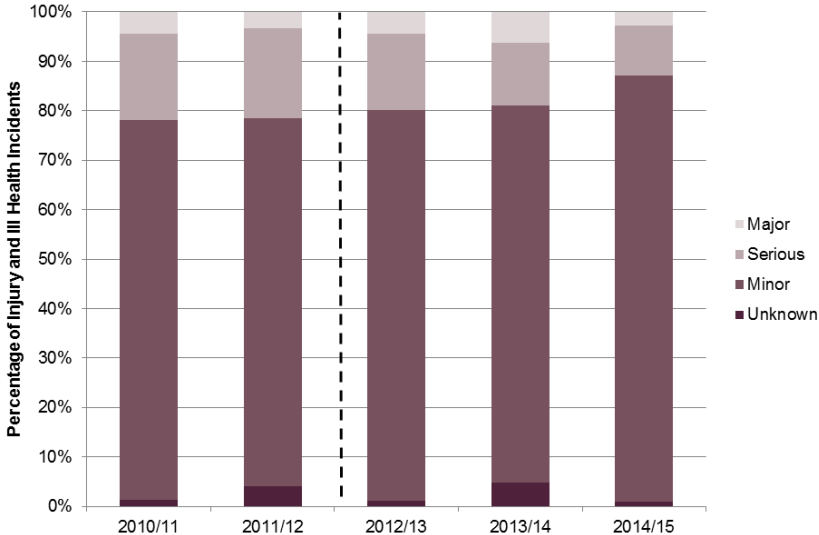
Figure D2: Industrial Civilian¹ reported injury and ill health incidents, 2010/11 - 2014/15², numbers and percentage of population at risk^{3,P}



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, HRMS, IRIS, JFC, NSINC

- 1. Includes MOD Industrial Employees
- 2. Due to a change in the definition of a 'serious' injury and the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13
- 3. Percentages are based on the calculation of the absolute number and are presented to 1dp (see Methodology Section)
- p. Figures for 2014/15 are provisional and is denoted by a hollow point in the chart

Figure D3: Industrial Civilians¹ with reported injury and ill health incidents by severity, 2010/11 - 2014/15², percentage of reported incidents^{2,P}



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, HRMS, IRIS, JFC, NSINC







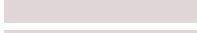

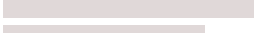


- 1. Includes MOD Industrial Employees only
- 2. Due to the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13
- p. Figures for 2014-15 are provisional and will be updated in future reports.

105. Over the time period RIDDOR reportable (major and serious) incidents have been decreasing, accounting for 22% of all reported injury and ill health incidents in 2010/11 compared to 13% in 2014/15. For all three severities Normal Duties was the highest cause of reported injury and ill health incidents.

MOD Industrial Civilians: Demographic Risk Groups

106. This section presents a breakdown of Industrial Civilians with a reported injury or ill health incident during the latest financial year for the following demographic groups: Gender, and Age Group (Table D1).

Table D1: Industrial Civilian¹ reported injury and ill health incidents by demographics, 2014/15, number and percentage of Industrial Civilians at risk²

	2014/15		Percentage of Industrial Civilians ¹
	n	%	
Number of Industrial Civilians with reported injury or ill health incident	390 ^p	4.4 ^p	
Gender			
Male	310 ^p	4.1 ^p	
Female	60 ^p	4.9 ^p	
Age Group			
<20	- ^p	0.0 ^p	
20-24	20 ^p	7.9 ^p	
25-29	15 ^p	4.7 ^p	
30-34	20 ^p	4.7 ^p	
35-39	15 ^p	3.4 ^p	
40-44	35 ^p	3.7 ^p	
45-49	60 ^p	4.3 ^p	
50-54	60 ^p	3.4 ^p	
55+	140 ^p	4.3 ^p	

Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, NSINC

1. Includes MOD Industrial Employees only
 2. Percentages are based on the calculation of the absolute number and are presented to 1dp (see Methodology Section)
 3. There were 20 (5%) Industrial Civilian records with no Gender excluded from this analysis.
 4. There were 25 (6%) Industrial Civilian records with no Age excluded from this analysis.
- p. Data for 2014/15 are provisional and will be updated in future reports

107. There were no statistically significant differences¹⁴ in the percentage of Industrial Civilians at risk of injury or ill health within specific demographic groups.

108. Although the percentage of the population at risk is higher for those aged 20-24, this result was not statistically significant due to small numbers of personnel in this group.

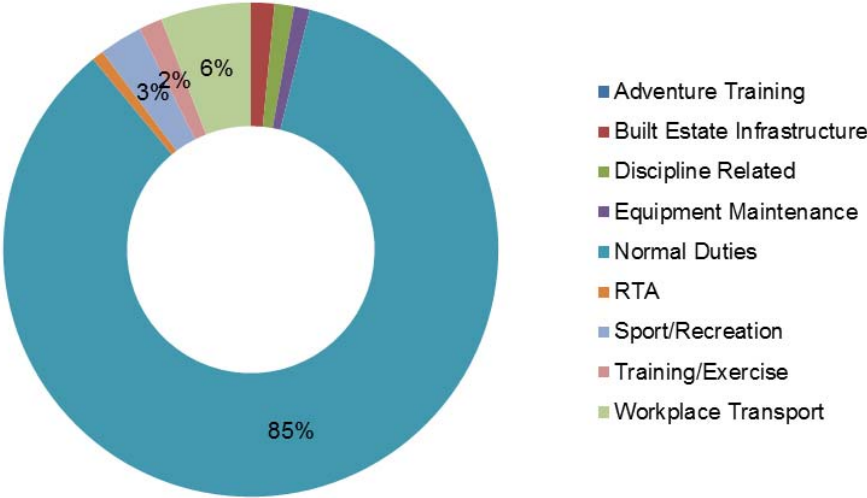
¹⁴ Rates and Confidence Intervals have been plotted on a graph. Where the confidence intervals do not overlap, statistical significance has been assumed. See Background Quality Report for further details.

MOD Industrial Civilians: Mechanisms of Incident

109. This section presents a breakdown of the mechanisms associated with MOD Industrial Civilian reported injury and ill health incidents during the latest financial year (**Figure D4**).

110. Please note that specific population data for each mechanism is not available (e.g. the number of people who have taken part in adventure training) and therefore the percentage at risk calculations for each mechanism is not included in this report. Percentage at risk using the MOD Industrial Civilian population is available in the Excel tables.

Figure D4: Industrial Civilian¹ reported injury and ill health incidents by mechanism, 2014/15, percentage of all incidents²



Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, NSINC
 1. Includes MOD-employed Industrial Civilians
 p. Data for 2014/15 are provisional and will be updated in future reports

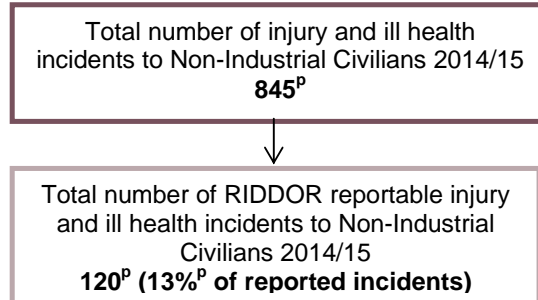
111. The majority of incidents among Industrial Civilians during 2014/15 were during Normal Duties. The high numbers of Normal Duties incidents were due to slips, trips and falls, striking or being struck by an object and lifting or handling goods and equipment, which accounted for nearly two-thirds^p of incidents during 2014/15 (**Figure D4**).

Results: MOD Non-Industrial Civilians

MOD Non Industrial Civilians: Reported Injury and Ill Health Incidents

112. This section presents overall numbers of reported injury and ill health incidents by MOD Industrial Civilians during the latest financial year 2014/15 and over the previous four financial years. The percentage of the population at risk of injury is also presented for each of the previous five financial years.

Figure E1: MOD Non-Industrial Civilian¹ reported injury and ill health incidents, 2014/15, numbers and percentages²



Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, NSINC

1. Includes MOD Non-Industrial employees only

2. It was not possible to determine whether 120 MOD Civilians were Industrial or Non Industrial staff. Reported injury and ill health incidents for these personnel are excluded from the analysis

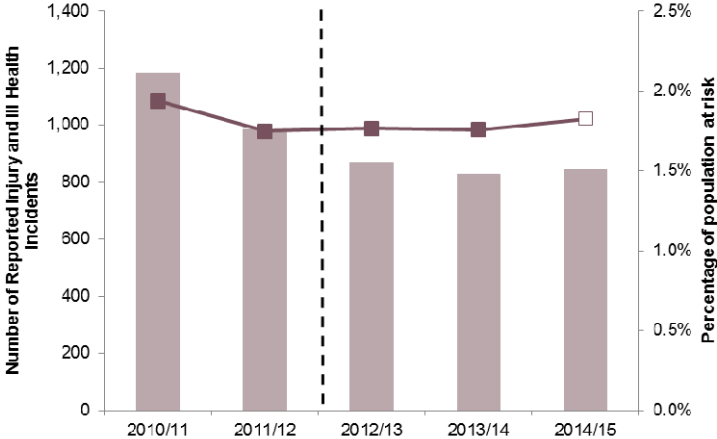
3. There were ~ Civilian reported injury and ill health incidents with no severity listed. Therefore the identified RIDDOR reportable incidents are a minimum.

p. Figures for 2014/15 are provisional and will be updated future reports

113. The number of reported Non Industrial Civilian injury and ill health incidents has remained stable since 2011/12 (**Figure E2**). Following the Strategic Defence and Security Review (SDSR) in 2010, there was a 22% decrease in the number of Non-Industrial Civilians¹⁵. The decreasing number of reported incidents appears to have fallen in line with the reduction of this population, resulting in the percentage of the population at risk remaining stable.

¹⁵ <https://www.gov.uk/government/collections/mod-civilian-personnel-quarterly-statistics-index>

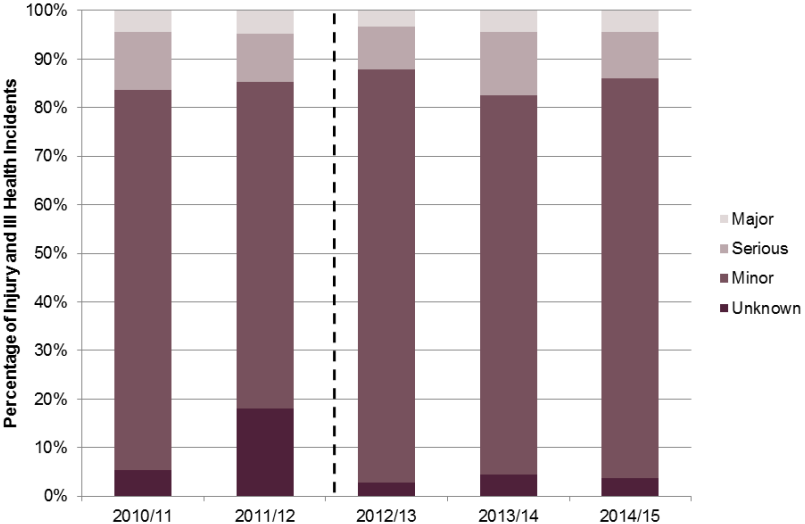
Figure E2: Non-Industrial Civilians¹ with reported injury and ill health incidents, 2010/11 - 2014/15², numbers and percentage of population at risk^{3,P}



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, IRIS, JFC, NSINC

- 1. Includes MOD Non Industrial Employees only
- 2. Due to a change in the definition of a 'serious' injury and the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13
- 3. Percentages are based on the calculation of the absolute number and are presented to 1dp (see Methodology Section)
- p. Figures for 2014/15 are provisional and will be updated in future reports

Figure E3: Non-Industrial Civilians¹ with reported injury and ill health incidents by severity, 2010/11 - 2014/15, numbers and percentage of incidents^{2,P}



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, IRIS, JFC, NSINC








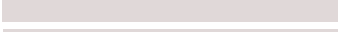
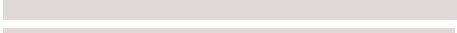


- 1. Includes MOD Non-Industrial Employees only
- p. Figures for 2014-15 are provisional and will be updated in future reports.

114. Over the time period RIDDOR reportable (major and serious) incidents have accounted for approximately 18% of all reported injury and ill health incidents each year. For all three severities Normal Duties was the main cause of reported injury and ill health incidents.

MOD Non Industrial Civilians: Demographic Risk Groups

115. This section presents a breakdown of Non-Industrial Civilians with reported injury or ill health incident during the latest financial year for the following demographic groups: Gender, and Age Group (Table E1). A five-year trend has been plotted for any demographic groups with a statistically significantly higher risk of an injury or ill health incident in 2014/15 to determine trends over time.

Table E1: Non-Industrial Civilians¹ with a reported injury or ill health incident by demographics, 2014/15, number and percentage of Non-Industrial Civilians at risk²

	2014/15		Percentage of Non-Industrial Civilians ¹
	n	%	
Number of Non-Industrial Civilians with reported injury or ill health incident	845 ^p	1.8 ^p	
Gender			
Male	425 ^p	1.6 ^p	
Female	340 ^p	1.8 ^p	
Age Group			
<20	- ^p	0.0 ^p	
20-24	15 ^p	1.2 ^p	
25-29	40 ^p	1.3 ^p	
30-34	45 ^p	1.1 ^p	
35-39	55 ^p	1.4 ^p	
40-44	80 ^p	1.4 ^p	
45-49	160 ^p	2.0 ^p	
50-54	170 ^p	1.9 ^p	
55+	195 ^p	1.7 ^p	

Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, NSINC

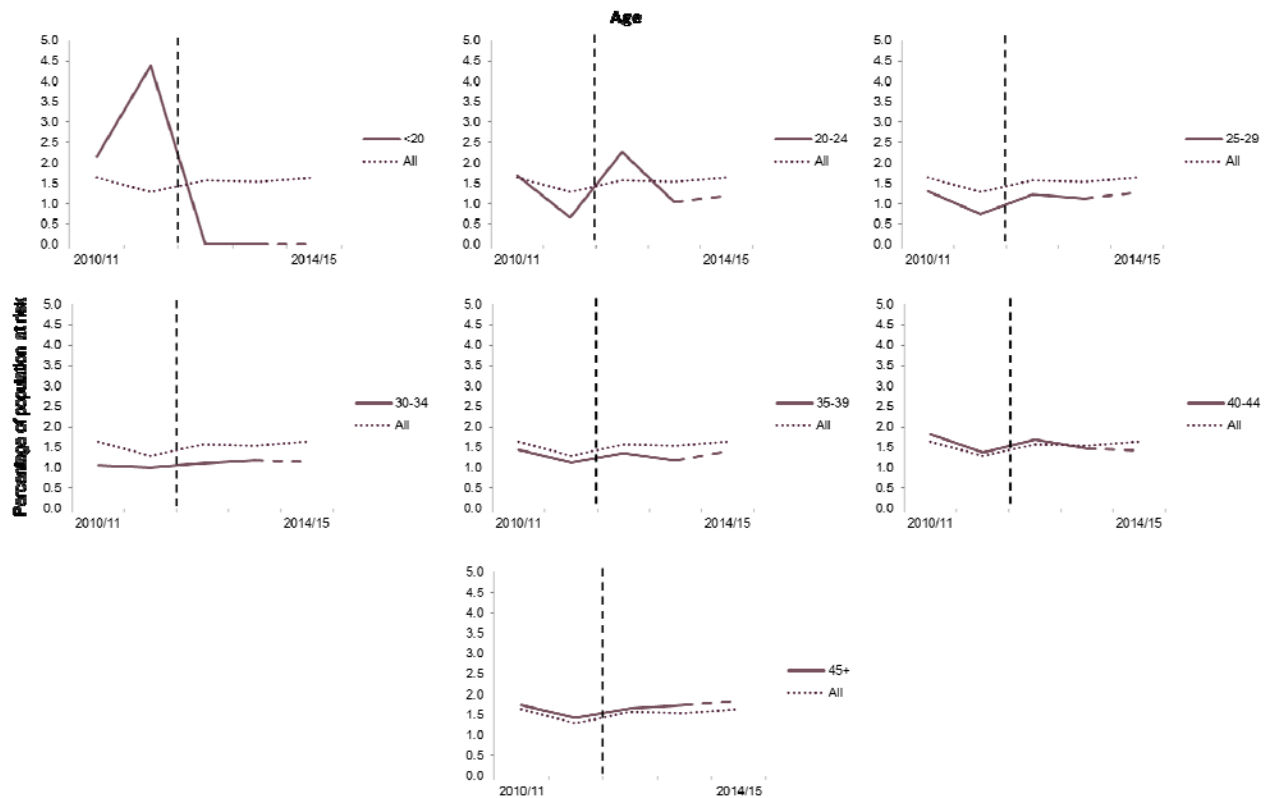
1. Includes MOD Industrial Employees only
 2. Percentages are based on the calculation of the absolute number and are presented to 1dp (see Methodology Section)
 3. There were 80 (9%) Industrial Civilian records with no Gender excluded from this analysis.
 4. There were 90 (11%) Industrial Civilian records with no Age excluded from this analysis.
- p. Data for 2014/15 are provisional and will be updated in future reports

116. During 2014/15 there were certain demographic groups who, statistically¹⁶, are more likely to have a reported injury or ill health incident:

117. Higher for Non Industrial Civilians aged 45 and over: The percentage of Non Industrial Civilians aged 45 and over at risk of injury or ill health has remained higher than the percentage of Non Industrial Civilians at risk during the past five financial years. Trends in reported injury and ill health incidents for each group over the time period are presented in **Figure E4**. It is not currently understood why those in older age groups are at higher risk. Further commentary on this finding is presented in the overall MOD Civilian Results section.

¹⁶ Rates and Confidence Intervals have been plotted on a graph. Where the confidence intervals do not overlap, statistical significance has been assumed. See Background Quality Report for further details

Figure E4: MOD Non Industrial Civilian reported injury and ill health incidents by Age Group, 2010/11- 2014/15¹, percentage of population at risk^{2,3,P}



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, JFC, NSINC, HRMS

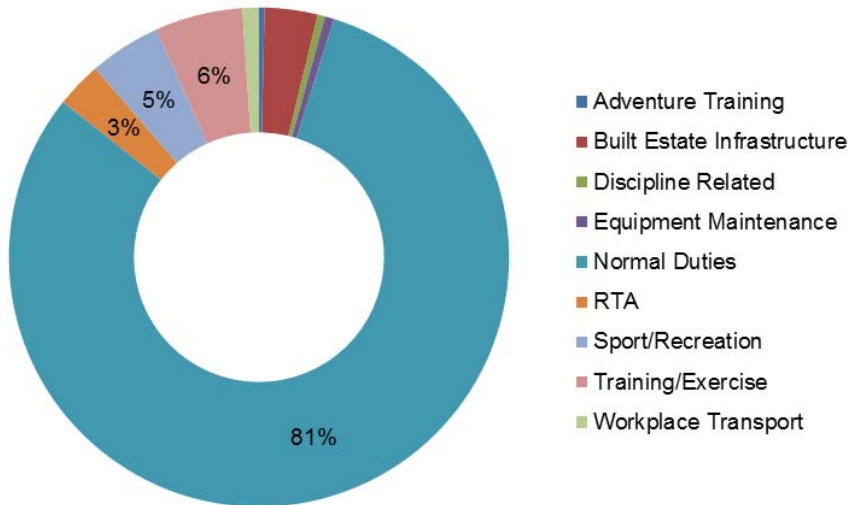
1. Includes MOD-employed Non-Industrial Civilians only
 2. Due to a change in the definition of a 'serious' injury and the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
 3. Percentages are based on the calculation of the absolute number and are presented to 1dp (see Methodology Section)
 4. It was not possible to identify 120 (9%) MOD Civilians as industrial or non-industrial staff. These records have been excluded from this analysis.
 5. There were 90 (11%) records for MOD Non Industrial employees with no Age recorded that were excluded from this analysis
- p. Figures for 2014/15 are provisional. Provisional data are denoted with a dashed line in the chart.

MOD Non-Industrial Civilians: Mechanisms of Injury

118. This section presents a breakdown of the mechanisms associated with Non Industrial Civilian reported injury and ill health incidents during the latest financial year (**Figure E5**).

119. Please note that specific population data for each mechanism is not available (e.g. the number of people who have taken part in adventure training) and therefore the percentage at risk calculations for each mechanism is not included in this report. Percentage at risk using the MOD Non-Industrial Civilian population is available in the Excel tables.

Figure E5: Non-Industrial Civilians¹ with a reported injury or ill health incident by mechanism, 2014/15, percentage of all incidents



Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, NSINC

1. Includes MOD Non-Industrial employees only

p. Data for 2014/15 are provisional and will be updated in future reports

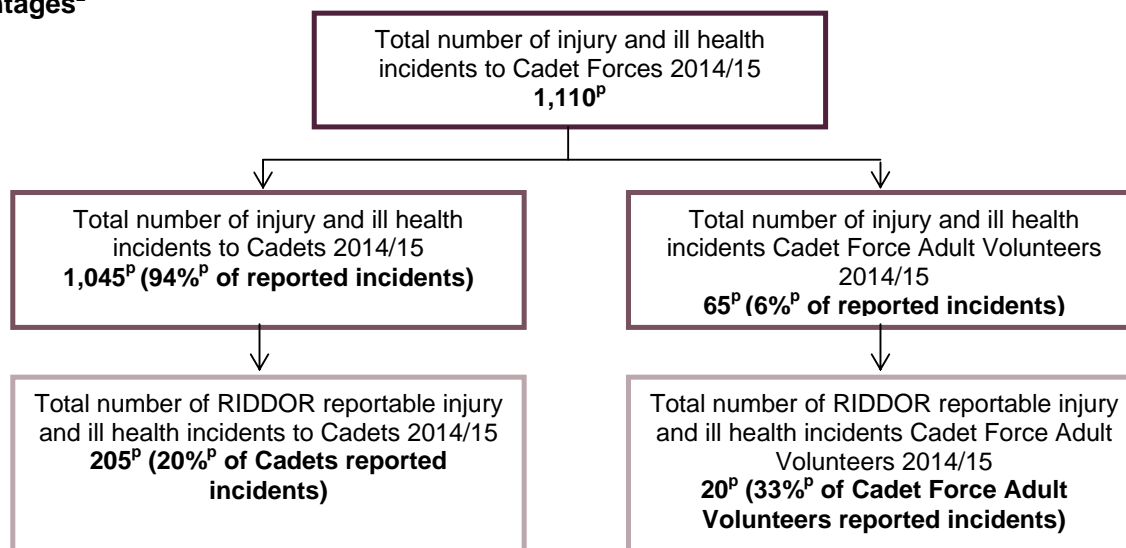
120. The highest proportion of injury and ill health incidents among Non-Industrial Civilians was for Normal Duties. The high numbers of normal duties incidents are due to slips, trips and falls, striking or being struck by an object and ill health, which accounted for over half^p of all Non Industrial Civilian reported injury and ill health incidents during 2014/15.

Results: Cadet Forces

Cadet Forces: Reported Injury and Ill Health Incidents

121. This section presents overall numbers of reported injury and ill health incidents by all Cadet Forces during the latest financial year 2014/15 and over the previous four financial years. The percentage of the population at risk of injury is also presented for each of the previous five financial years.

Figure F1: Cadet Forces¹ reported injury and ill health incidents, 2014/15, numbers and percentages²



Source: AINC, AIRS, DINC, DIO, HOCS, JFC, NSINC

1. Includes Cadets and Cadet Force Adult Volunteers

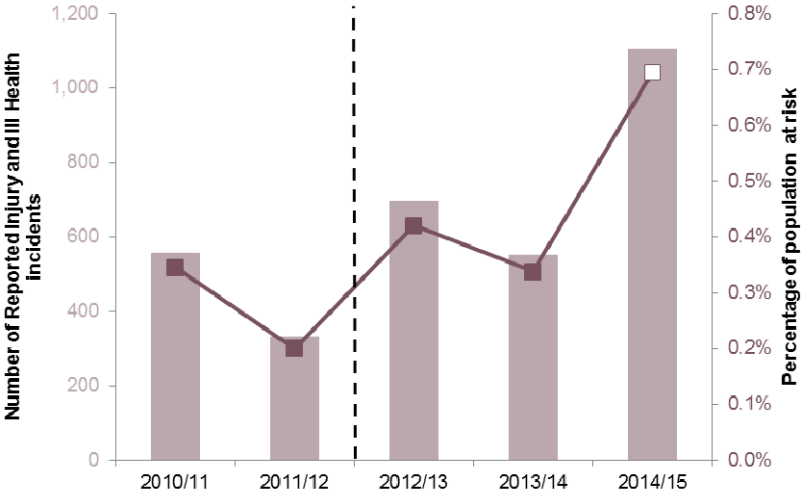
2. There were ~ Cadet Forces reported injury and ill health incidents with no severity listed. Therefore the identified RIDDOR reportable incidents are a minimum

p. Data for 2014/15 are provisional and will be updated in future reports

122. The majority of Cadet Forces reported injury and ill health incidents were to Cadets. This is because the cadets are participating in the activities whereas the Cadet Force Adult Volunteers (CFAV) are supervising.

123. Despite showing an increase in the percentage of injury and ill health incidents per year the percentage of Cadet Forces at risk of was less than 1% for the past five years. The majority of incidents to Cadet Forces are whilst on their Normal Duties. Further detail on reported injury and ill health incidents whilst on Normal Duties can be found later in this section.

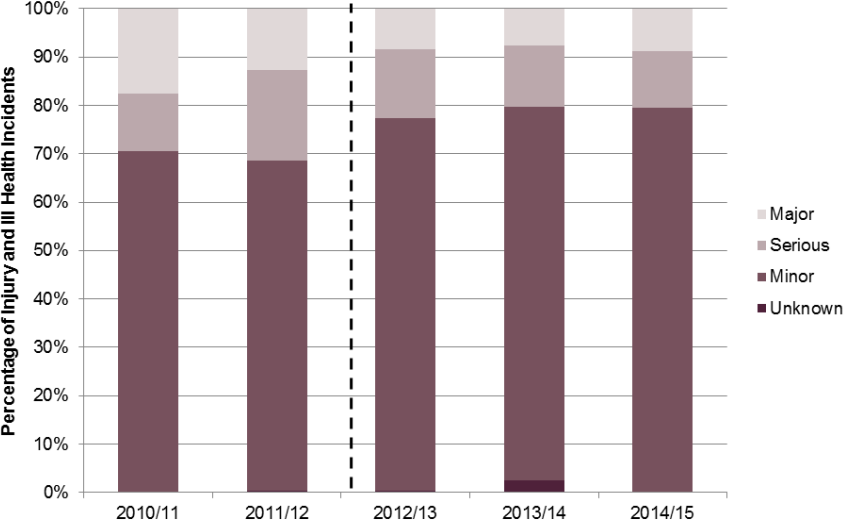
Figure F2: Cadet Forces¹ reported health and safety incidents, 2010/11 - 2014/15², numbers and percentage of population at risk^{3,P}



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, IRIS, JFC, NSINC

- 1. Includes Cadets and Cadet Force Adult Volunteers
- 2. Due to the change in MOD H&S reporting systems (See Methodology Section) there is a break in the time series during 2012/13
- 3. Percentages are based on the calculation of the absolute number and are presented to 1d (See Methodology Section)
- p. Figures for 2014/15 are provisional and is denoted by a hollow point in the chart

Figure F3: Cadet Forces¹ reported health and safety incidents by severity, 2010/11 - 2014/15², percentages of reported incidents^p



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, IRIS, JFC, NSINC

- 1. Includes Cadets and Cadet Force Adult Volunteers
- 2. Due to a change in the definition of a 'serious' injury and the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13
- p. Figures for 2014/15 are provisional and will be updated in future reports

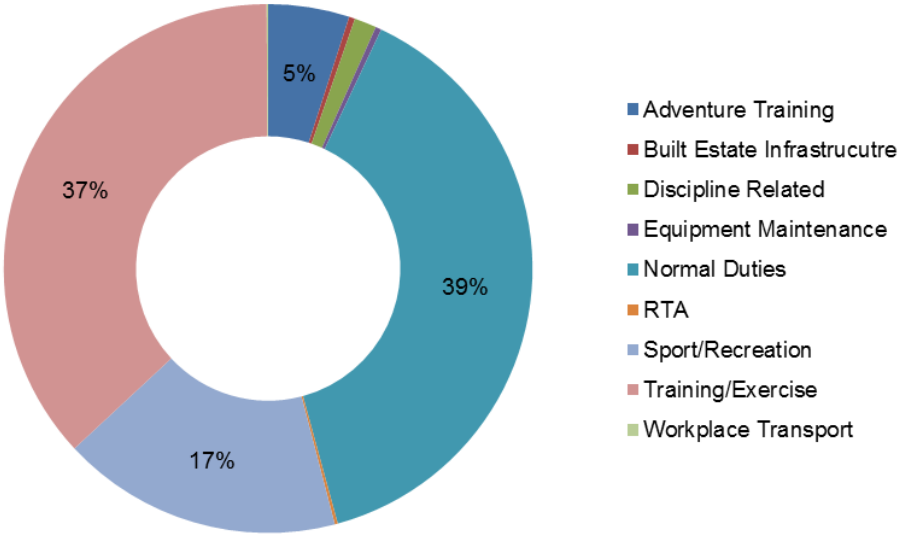
124. Over the time period RIDDOR reportable (major and serious) incidents have accounted for between approximately 20% and 30% of all reported injury and ill health incidents each year. For all three severities Normal Duties was the highest cause of reported injury and ill health incidents.

125. Due to a lack of demographic population data no demographic analysis has been carried out for Cadet Forces.

Cadet Forces: Mechanisms of Injury

126. This section presents a breakdown of the mechanisms associated with Cadet Forces reported injury and ill health incidents during latest financial year (**Figure F4**).

Figure F4: Cadet Forces¹, reported injury and ill health incidents by mechanism, 2014/15, percentage of all incidents²



Source: AINC, AIRS, DINC, DIO, HOCS, JFC, NSINC
1. Includes Cadet Forces and Cadet Force Adult Volunteers
p. Data for 2014/15 are provisional and will be updated in future reports

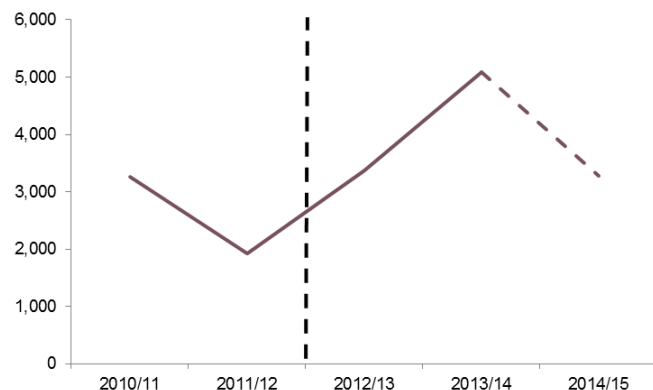
127. The highest percentages of injury and ill health incidents among Cadet Forces were for Normal Duties and Training and Exercise. The high numbers of incidents in these mechanisms are likely to be due to illness whilst on activities such as routine training and annual camp. All cadets are monitored whilst on camp and will be referred to a medical centre for any injury/illness and therefore the level of reporting is likely to be higher.

128. It is to be expected that Training and Exercise is one of the main causes of injury and ill health as when a cadet is under the responsibility of MOD, they are most likely carrying out some form of training.

Results: Near Misses and Dangerous Occurrences

129. This section presents an overview of all near misses and dangerous occurrences reported on MOD health and safety systems.

Figure G1: All Personnel¹ reported near misses and dangerous occurrences, 2010/11 – 2014/15, numbers



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, JFC, NSINC

1. All personnel includes any person whose incident was recorded on a MOD health and safety system. This includes regular Armed Forces personnel and any other person on a MOD site.

p. Data for 2014/15 are provisional and denoted by a dashed line.

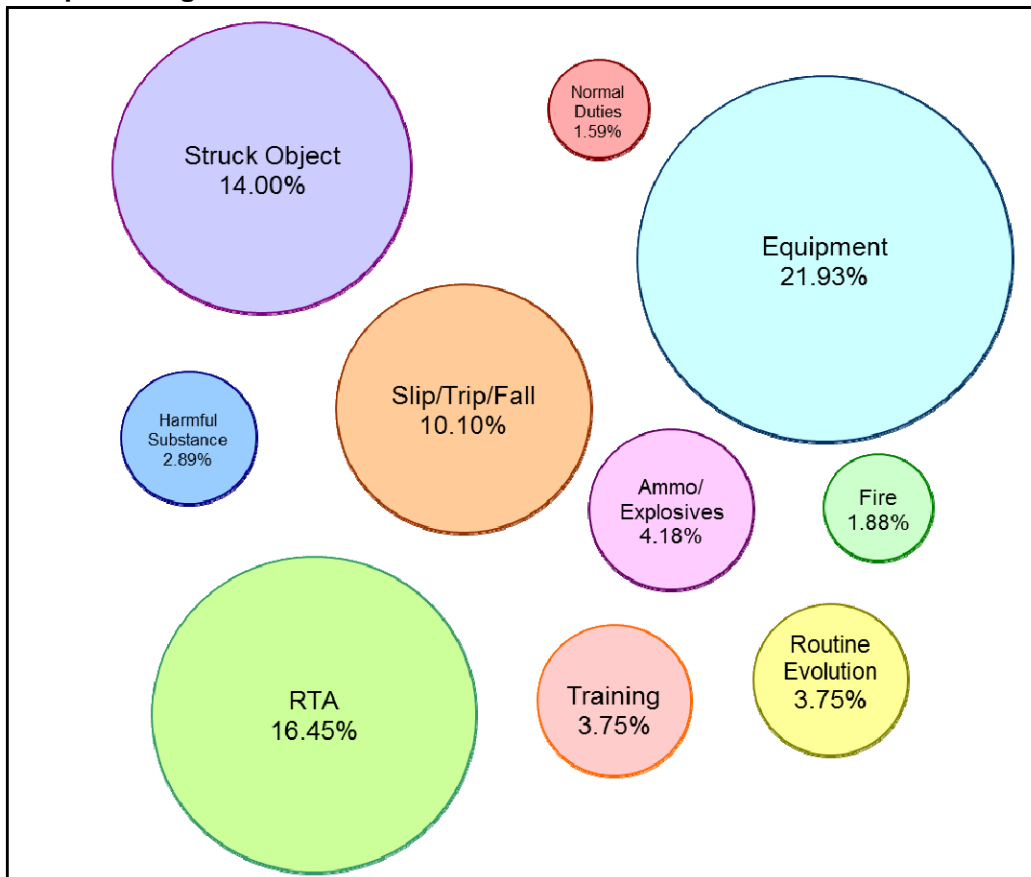
130. In previous years there has been an increase in near miss and dangerous occurrences reporting, potentially due to near miss reporting being part of the Defence Board strategic objectives. However, despite seeing an increase in the number of injury and ill health incidents in 2014/15, there has been a decrease in the near misses and dangerous occurrences reported.

131. Over 50% of near misses and dangerous occurrences involved equipment, Road Traffic Accident (RTA), being struck by an object and slip, trip or falling (**Figure G2**). RTA incidents are the second highest proportion with 16%^p this will include any accidents that involved damage to a vehicle but there was no injury reported to any personnel.

132. Accident ratios or accident triangles show that there should be a greater number of less serious events compared to more serious events. Across the last five years near misses and dangerous occurrences have accounted for a maximum of 34% of all reported incidents, implying that there is under-reporting of near misses. Near misses are events which could have resulted in more serious consequences and, as a result of them not being reported, we are missing potential learning opportunities¹⁷.

¹⁷ <http://www.healthandsafetyatwork.com/hsw/content/uncertain-ratio>

Figure G2: All Personnel¹ reported near misses and dangerous occurrences, 2014/15, numbers and percentages^{2,3}



Source: AINC, AIRS, DINC, DIO, HOCS, JFC, NSINC

1. All personnel includes any person whose incident was recorded on a MOD health and safety system. This includes regular Armed Forces personnel and any other person on a MOD site.
2. There were 2,590 reported near misses and dangerous occurrences with no cause listed. Therefore they have been excluded from this analysis.
3. Percentages are based on the total number of near miss incidents excluding the incidents with no cause listed.
- p. Data for 2014/15 are provisional and will be updated in future reports

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.

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

Defence Statistics On 1 April 2013 the Directorate formerly known as DASA split into two one-star analytical business areas within the Head Office Strategy Directorate - Defence Economics and Defence Statistics. These two business areas continue to provide National Statistics on Defence and other corporate information, forecasting, planning, consultancy, analytical research and advice to the MOD.

Gurkhas are recruited and employed in the British and Indian Armies under the terms of the 1947 Tri-Partite Agreement (TPA) on a broadly comparable basis. They remain Nepalese citizens but in all other respects are full members of HM Forces. Since 2008, Gurkhas are entitled to join the UK Regular Forces after 5 years of service and apply for British citizenship.

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

Human Resources Management System (HRMS) is a personnel system used by Defence Business Services to capture information on all MOD civilians, to include personal and job information.

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.

Joint Casualty and Compassionate Cell (JCCC) - provides a focal point for casualty administration and notification and requests for compassionate travel (for those personnel serving overseas) in respect of members of the British armed forces.

Joint Personnel Administration (JPA) is the system used by the Armed Forces to deal with matters of pay, leave and other personnel administrative tasks.

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.

Live Fire Tactical Training (LFTT): Injuries resulting from training for combat situations.

Locally engaged civilians are employees who have been recruited locally as a "servant of the Crown". In other words, they have not been recruited through fair and open competition in the UK under the Civil Service Order in Council and they are not therefore members of the Home Civil Service or the Diplomatic Service. LECs are also employed on terms and conditions analogous with local employment law and market forces, and not those of the UK. The majority of civilian personnel employed overseas by MOD are LECs and not civil servants.

Locally Engaged Personnel (LEP) are recruited overseas exclusively for employment in support of the UK Armed Forces deployed in a particular overseas location and on terms and conditions of service applicable only to that overseas location or Administration. In this publication, LEP equates to those members of the Royal Gibraltar Permanent Cadre only and therefore exclude UK Regular Army Officers and Royal Gibraltar Volunteer Reserve.

Mechanism of injury gives details of the type of activity that an individual was doing when they were injured / became ill. Injury and ill health incidents are categorised into the following mechanisms:

- **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).
- **Battlefield Injury** - Injuries sustained on operations as a direct result of hostile action e.g IEDs or small arms fire.
- **Built Estate Infrastructure** - injuries resulting from issues with the working environment or accommodation on MOD sites. For example, injuries resulting from slips, trips or falls on poorly treated icy surfaces or trip hazards such as broken flooring. Injuries resulting from poor lighting would also come under this mechanism.
- **Dangerous Occurrence** - incidents with a high potential to cause death or serious injury. Dangerous occurrences are listed in Schedule 2 of RIDDOR (2013)¹⁸.
- **Discipline Related** - injuries result from incidents where an individual could be disciplined by the Service or civilian authorities for their actions. The individual committing the offence does not necessarily have to be the injured person or a member of the Services. Many injuries that fall in to this category are as a result of assaults. However, please note this category is also used for injuries resulting from suspected self-harm, which is not considered a military offence.
- **Equipment Maintenance** - injuries resulting from trying to fix or routinely maintain an item of machinery. For example injuries resulting from carrying out weapon repairs, injuries in workshops not directly involving vehicles, injuries as a result of using specialist equipment such as grinders or bolt guns.
- **Near Miss/Safety Failure/Equipment Failure** - events that, while not causing harm, have the potential to cause death, injury, damage or ill health, but which was avoided by circumstance or through timely intervention. Also known as a hazardous incident at sea.
- **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.
- **RTA (on duty)** - Road traffic accidents which occur on public highways whilst the Service personnel or MOD civilian employees are on duty.
- **RTA (off duty)** - Road traffic accidents which occur on public highways whilst the Service personnel or MOD civilian employees are off duty. These are excluded from the figures presented in this report.
- **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 mechanism may also include non-battlefield injuries sustained on operations.

¹⁸RIDDOR Dangerous Occurrences: <http://www.hse.gov.uk/riddor/dangerous-occurrences.htm>

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

Military Provost Guard Service (MPGS) provides professional soldiers to meet armed security requirements at Royal Navy, Army, RAF and other MOD bases in Great Britain. MPGS personnel must have served a minimum of three years with any of the Regular or Reserve Forces. They have no liability for mobilisation and any movement is limited to within a 30 mile radius of their stationed unit.

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 only. Excludes Royal Fleet Auxiliary (RFA) and MOD locally engaged staff overseas (LEC's).

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.

Non-Battlefield Injury (NBI): These are injuries that occur whilst on operations however they are not as the result of a battlefield incident and do not fit into any other mechanism.

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

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

- Production manager and directors in manufacturing (1121)
- Production managers and directors in construction (1122)
- Health Services and public health managers and directors (1181)
- Health care practice manager (1241)
- Property, housing and estate managers (1251)
- Waste disposal and environmental services managers (1255)]
- Environment professionals (2142)

Office work (warehouse) include the following occupations

- Managers and directors in transport and distribution (1161)
- Managers and directors in storage and warehousing (1162)
- Stock control clerk and assistants (4133)

- Transport and distribution clerks and assistants (4134)

Officer An officer is a member of the Armed Forces holding the Queen's Commission to lead and command elements of the forces. Officers form the middle and senior management of the Armed Forces. This includes ranks from Sub-Lt/2nd Lt/Pilot Officer up to Admiral of the Fleet/Field Marshal/Marshal of the Royal Air Force, but excludes Non-Commissioned Officers.

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.

Other Ranks Other ranks are members of the Royal Marines, Army and Royal Air Force who are not Officers but Other Ranks include Non-Commissioned Officers. The equivalent group in the Royal Navy are known as "Ratings". For consistency Royal navy Ratings are referred to as Other Ranks.

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

The **Population at Risk** in this report refers to the population that is exposed to risk of work-related injury or ill health.

Public Order Training (POT): Injuries resulting from training for helping the emergency services in an emergency situation such as riot 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 major (see **Major 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.

Royal Fleet Auxiliary (RFA) is a civilian manned fleet owned by the MOD, which supports Royal Navy ships around the world, supplying warships with fuel, ammunition and supplies. Although all RFA personnel are MOD civilians, in addition to their civilian status, since 2007, a large proportion of RFA personnel have also become Royal Naval Reserve sponsored reserves. In a combat situation, this sponsored reserve status is activated to ensure that personnel are protected by the Geneva Convention. RFA personnel on sponsored reserve contracts are reported in this publication as a subset of the RNR sponsored reserve. These RFA sponsored reserve personnel are also reported in the Quarterly Civilian Personnel Report, which publishes statistics on the whole of the RFA population.

Royal Marines (RM) Royal Marines are sea-going soldiers who are part of the Naval Service. RM officer ranks were aligned with those of the Army on 1 July 1999.

Royal Navy (RN) The sea-going defence forces of the UK but excludes the Royal Marines and the Royal Fleet Auxiliary Service (RFA). From 1 April 2000 the Royal Navy incorporated Queen Alexandra's Royal Naval Nursing Service (QARNNS).

Severity – injury and ill health incidents are categorised by the following levels of severity:
a. **Major injuries and illnesses** are defined by the HSE as work-related cases which:

- Could result in death or in hospitalisation (or being confined to a bed, if at sea) for more than 24 hours.
 - Result in a person who was not at work being taken to hospital for treatment
 - A specific type of injury e.g. fracture (except for fingers, thumbs and toes)
 - HSE renamed the category of 'major' injuries to 'specified' injuries in October 2013, although MOD Health and Safety systems have been capturing incidents under this definition since April 2014, it will not be reported on until April 2016 to allow time for the transition. Therefore the 'major' injuries in this report are both those classified as 'major' and 'specified'.
- 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'.
- d. **Slight injuries and illnesses** are defined as those causing a loss of normal work activity for more than one hour, but less than seven days loss of the person's normal duty.
- e. **Trivial injuries and illnesses** are any incident that results in a loss of normal work activity for less than one hour.

Strength is defined as the number of serving UK Armed Forces personnel.

Top Level Budget (TLB) - Most Defence activity is managed through Top Level Budget (TLB) holders. The Permanent Secretary grants each TLB holder extensive delegated powers over personnel, infrastructure and budget.

Trained Personnel comprises military personnel who have completed 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.

UK Regulars are full time Service personnel, including Nursing Services, but excluding FTRS personnel, Gurkhas, Naval activated Reservists, mobilised Reservists, Military Provost Guarding Service (MPGS) and Non Regular Permanent Service (NRPS). Unless otherwise stated, includes trained and untrained personnel.

Untrained strength comprises military personnel who have yet to complete Phase 2 training.

Work place incidents are incidents, for which the MOD is responsible, that it is deemed to be on **MOD property**. On duty road traffic accidents (RTAs) are also included.

Warehouse Labourer occupations includes elementary storage occupations.

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

133. Reported Health and Safety incidents prior to June 2012 were captured via the Incident Reporting Information Cell (IRIS). Reporting via this process ceased in June 2012, after which each Top-Level Budget (TLB) began capturing data within their own IT systems (see below). There is a break in the series from 2012/13 since this change in data capture may have had an impact on TLB reporting. The impact of this change has not been quantified and therefore comparisons over time are not recommended.

134. 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
- *Central TLB* – disestablished April 2012
- *Chief of Joint Operations (CJO)* – disestablished April 2012
- *DINC (Defence Equipment and Support Cell)* – covers full reporting period
- *DIO (Defence Infrastructure Organisation)* – established April 2011
- *Head Office and Corporate Services* – established April 2012
- *Incident Reporting Information Cell (IRIS)* – switched off June 2012
- *Joint Force Command (JFC)* – established April 2012
- *NSINC (Naval Service Incident Notification Cell)* – covers full reporting period

135. Health and safety data returns with missing demographic information have been linked with the Joint Personnel Administration (JPA) System and the Human Resources Management System (HRMS) to obtain this information for Armed Forces and Civilian personnel.

Deaths data sources

136. 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. The deaths data exclude the Home Service of the Royal Irish Regiment, full time reservists, Territorial Army and Naval Activated Reservists. These personnel are not reported as Defence Statistics do not receive routine notifications of all deaths among reservists and non-regulars.

Data Coverage

137. 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.

138. 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

139. 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 serious military injuries and illnesses tending to result in a person being unable to perform their normal duties for more than seven days.

Rates

140. 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 (ie. 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.**

Percentage

141. Previous publications of this report have provided rates alongside numbers to provide context and comparison between groups. This information is still available in the Excel file accompanying the release of this report, however, due to user feedback, this publication now provides a focus on the percentage of the population at risk. This is calculated in the same way as the rate per 1,000 but multiplying by 100 instead of 1000, i.e. **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 100 to calculate the percentage of personnel affected.**

142. The information presented in this publication has been structured to release information into the public domain in a way that contributes to the MOD accountability to the British public but which doesn't risk breaching individual's rights to medical confidentiality. In line with Defence Statistics' rounding policy for health statistics (May 2009), and in keeping with the Office for National Statistics Guidelines, all figures of five or more have been rounded to the nearest five and figures fewer than five have been suppressed and marked '~'. Totals and sub-totals have been rounded separately and thus totals may not equal the sums of their rounded parts.

Strengths and weaknesses of the data presented in this report

143. 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.

144. 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.

145. 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.

146. 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>

Further Information

Symbols

~ Numbers fewer than 5 have been suppressed in accordance with the Defence Statistics rounding policy (2008)

Revisions

147. Since the release of the 2013/14 report a series of processing errors have been identified which resulted in 7% of reported health and safety incidents between 2010/11 and 2012/13 being excluded from previous Official Statistic publications. All revisions have been marked with an 'r'. Further details on these revisions can be found in the BQR.

148. Reported health and safety incidents during 2013/14 have increased by 19% since previously reported. However, it is estimated that only 5% of these incidents had been excluded as a result of processing error. The remaining increase is due to late reporting.

149. Occasionally updated figures will be provided during the course of the year. Since this Bulletin is published electronically, it is possible to revise figures during the course of the year. However to ensure continuity and consistency, figures will only be adjusted during the year where it is likely to substantially affect interpretation and use of the figures.

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:

Defence Statistics (Health) Telephone: 030 679 84423
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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>

Other contact points within Defence Statistics are:

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Naval Service Manpower	023 9254 7426	DefStrat-Stat-Navy-Hd@mod.uk
Army Manpower	01264 886175	DefStrat-Stat-Army-Hd@mod.uk
RAF Manpower	01494 496822	DefStrat-Stat-Air-Hd@mod.uk
Tri-Service Manpower	020 7807 8896	DefStrat-Stat-Tri-Hd@mod.uk
Civilian Manpower	020 7218 1359	DefStrat-Stat-Civ-Hd@mod.uk

Please note that these email addresses may change later in the year.

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