



Ministry
of Defence

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Dear [REDACTED],

Thank you for your email of 25 May 2017 requesting the following information:

- *"Is it possible to get an idea of the scale and demographic mix of the NFCI within MoD and across the Services?"*

I am treating your correspondence as a request for information under the Freedom of Information Act 2000 (FOIA).

A search for the information has now been completed within the Ministry of Defence, and I can confirm that information in scope of your request is held.

Defence Statistics Health have provided the number of UK Armed Forces personnel with a Non Freezing Cold Injury (NFCI) recorded between 1 April 2010 and 31 March 2017 for the following demographics: Service; Gender; Age Group; Trained/Untrained status; and Ethnicity.

Please note, it is not possible within the primary care (GP) data warehouse to identify 'episodes' of care – an individual may have multiple codes entered over a long time period and we cannot identify if these relate to one or multiple events. Therefore, numbers of personnel have been provided and each person has only been counted once within the time period.

There was a **minimum** of **3,496** UK Armed Forces personnel with a NFCI recorded between 1 April 2010 and 31 March 2017.

This number is a minimum as there were a further 502 episodes of care records with a NFCI recorded over this time period that did not have a valid service number entered. Further validation would be required to:

- Identify if these are UK Armed Forces personnel or other patients entitled to care from Defence Medical Services.
- Determine if these 502 episodes were for patients receiving care multiple times for the same injury or unique patients injured.
- Determine if the UK Armed Forces personnel had already been counted in the number above.

However this validation would exceed the appropriate limit and result in this FOI request as a cost exemption. Please note that this figure represents episodes of care with a NFCI recorded rather than the number of personnel with a NFCI.

Table 1 presents the number of UK Armed Forces personnel with a NFI recorded between 1 April 2010 and 31 March 2017 for the following characteristics: Service; Gender; Trained/Untrained; Age Band; Ethnicity.

Table 1: UK Armed Forces personnel with a NFI, by characteristic.

1 April 2010 to 31 March 2017

Characteristic	Numbers
All	3,496
Service	
Royal Navy	144
Royal Marines	156
Army	3,052
RAF	144
Gender	
Male	3,140
Female	356
Trained/Untrained¹	
Trained	2,854
Untrained	642
Age Band	
16-19	359
20-24	877
25-29	992
30-34	796
35-39	333
40-44	86
45-49	32
50+	21
Ethnicity²	
White	1,971
BAME ³	1,505
Not Recorded	20

Sources: DMICP, NOTICAS, OPEDAR, Field Hospital, Aeromed, DPTS, JPA, CHASP, IRIS, AINC, AIRS, DINC, DIO, JFC, HOCS, NSINC

Footnote:

1 Trained Strength comprises military personnel who have completed Phase 1 and 2 training. Untrained strength comprises military personnel who have yet to complete Phase 2 training.

2 Black, Asian and Minority Ethnic.

3 Please note that declaration of Ethnic origin is not mandatory for Armed Forces personnel.

There were an additional 26 personnel, that have been excluded from the table above, for who we could not identify whether they were regular or reservist at the time the code for a NFI was recorded.

Under Section 16 of the Act (Advice and assistance) you may find it useful to note the following:

Please note that the figures presented are provisional and should be considered as a **minimum** as Defence Statistics (Health) are still establishing a complete dataset of UK Armed Forces personnel with a NFCI.

Please note that only personnel with a Non Freezing Cold Injury (NFCI) between **1 April 2010** and **31 March 2017** are presented.

Please note that each person is only counted the first time they are identified as having a cold injury between **1 April 2009** and **31 March 2017**. The number of personnel reported as having a cold injury in 2009/2010 is higher than in subsequent years as it includes cold injury reported on the medical system that have occurred prior to this time period and are follow up care for an ongoing episode of cold injury.

The figures presented for UK Armed Forces personnel include Regulars and Reservist personnel.

Trained Strength comprises military personnel who have completed Phase 1 and 2 training. Untrained strength comprises military personnel who have yet to complete Phase 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.

Ethnicity: The ethnic grouping to which a person has indicated that they belong.

- The classifications used were revised for the 2001 Census of Population when a classification of nationality was also collected. These revised definitions were also used to re-survey members of the Armed Forces and the Civil Service in 2001-02.
- Please note that declaration of Ethnic origin is not mandatory for Armed Forces personnel. These statistics only relate to those with a known ethnic origin or nationality.
- Ethnicity is presented by two groups throughout this report; White and BAME. Black, Asian and Minority Ethnic (BAME): Now the widely used terminology, as a collective descriptor for non-white citizens (including those of mixed ethnic origin), across Whitehall, other public sector bodies and the third sector, as well as among Civil Service race staff networks and their cross-Whitehall umbrella body, the Civil Service Race Forum.

Demographics

Demographic information has been extracted from Joint Personnel Administration (JPA). JPA is the most accurate source for demographic information for UK Armed Forces Personnel.

Demographic information is correct at the earliest date a person appears on any of the data sources.

Data has been derived from multiple datasets which have been matched together by Service number to prevent double counting: NOTICAS, Aeromed, Field Hospital, OpEDAR, Defence Patient Tracking System, DMICP, and Health and Safety.

NOTICAS

NOTICAS is the name for the formalised system of reporting casualties within the UK Armed Forces. The NOTICAS reports raised for casualties contain information on how seriously medical staff judge

their condition to be. They are not strictly medical categories but are designed to give an indication of the severity of the injury or illness to inform what the individual's next of kin are told.

Not all casualties will have a NOTICAS raised (those less severe casualties that do not require hospitalisation); therefore these records provided should be treated as the minimum.

In order to identify NFCI, we have completed a text search using the following terms: "NFCI", "Non Freezing Cold Injury", "Chilblains", "Immersion"; "Trench Foot". Please note that with regard to a number of search terms, the individual record was examined further to determine whether this was a NFCI.

As NOTICAS is the initial notification of casualties, the data is handwritten and then typed in at a later date. Service number errors may occur through manual error, service number being unknown.

Aeromed

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

Defence Statistics receive Aeromedical evacuation records fortnightly from the Aeromedical Evacuation Control Centre (AECC) at RAF Brize Norton for operations in Afghanistan. Cases of cold injuries were identified by using any aeromed's with a diagnosis code of 18.6.1 – TRAUMA – CLIMATIC – Cold Injury, and were then followed up to determine if they were a NFCI.

Field Hospital

Defence Statistics received information on the patients who were admitted to the UK Field Hospital at Camp Bastion from the J97 Returns. The J97 return includes patients admitted to the following two locations:

- The HQ of Multinational Brigade (South) in Kandahar maintain a Field Hospital which provides support for ISAF and Coalition personnel. This facility includes additional capabilities to that of the Role 2 including specialist diagnostic resources and specialist surgical and medical capabilities.
- In Kabul, UK Personnel may be admitted to either the French or Greek Field Hospital. There is also a US facility which provides physiotherapy and dentistry.

In order to identify NFCI, we have completed a text search using the following terms: "NFCI", "Non Freezing Cold Injury", "Chilblains", "Immersion"; "Trench Foot". Please note that with regard to a number of search terms, the individual record was examined further to determine whether this was a NFCI.

OpEDAR

The OpEDAR database recorded all patients who attended or have been admitted through the A&E department of the UK operational field hospital. The data includes all patients including UK Service personnel, other NATO forces, civilians (both UK and nationals) and detainees.

OpEDAR captured diagnosis at the initial assessment. It is possible for diagnosis to change over the course of treatment or for a patient to have multiple conditions, however, this information is not captured in this database.

In order to identify NFCI, we have completed a text search using the following terms: "NFCI", "Non Freezing Cold Injury", "Chilblains", "Immersion"; "Trench Foot". Please note that with regard to a number of search terms, the individual record was examined further to determine whether this was a NFCI.

Defence Patient Tracking System

The Defence Patient Tracking System (DPTS) monitors the progress of Armed Forces patients undergoing specialist treatment, to ensure that their care is delivered promptly and coherently, and to coordinate clinical, administrative and welfare aspects of their support.

A patient is entered onto the DPTS if:

- They have been Aeromedically evacuated (since 8 October 2007).
- On receipt of a NOTICAS signal detailing their admission to secondary health care (since 1 May 2008).
- If they have a referral to DMRC Headley Court (since 1 October 2008)
- If they have a referral to an RRU (since 2 February 2009).

The DPTS records the patient care pathway. This is the sequence of clinical interventions that take place from the point where the patient is first seen by a medic, doctor, nurse, etc., to the point where the patient requires no further specialist treatment.

Tracking ceases when the patient no longer requires any specialist medical follow up. It follows those patients with long term conditions requiring specialist treatment who will be tracked for considerable periods of time, possibly extending for the remainder of their career.

Cases of cold injuries were identified by an injury type entered of "Climatic Injury – Cold", and were then followed up to determine if they were a NFCI.

DMICP

The Defence Medical Information Capability Programme (DMICP) was rolled out in 2007 and is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers. Prior to the roll out of DMICP in 2007, patient medical records were held on stand-alone computer systems and in paper records.

The electronic patient record has information that is read coded. Read codes are a set of clinical codes designed for Primary Care to record the everyday care of a Patient. They are part of a hierarchical structure and form the recognised standard for General Practice.

The following read codes were used to identify cases of NFCI from DMICP:

Read Code	Description
DMS4248	Non freezing cold injury to feet
TRIQQNF1	NFCI to feet alone
TRIQQNF4	NFCI to feet and hands or other body part
TRIQQNO19	Non freezing cold injury
TRIQQNF2	NFCI to hands alone
SN14	Immersion (trench) foot
DMS4250	Non freezing cold injury to other
DMS4249	Non freezing cold injury to hands
SN15	Chilblains
TRIQQNF3	NFCI to any body part except hands or feet
SN15	Perniosis
TRIQQCH3	Chilblains

Any data entered as free text only in the patients' medical record will not be included in the

figures presented as this information is not available in the data warehouse.

DMICP is a live data source and is subject to change. Date of extract 12 April 2017

Health and Safety

Defence Statistics (Health) compiles Health and Safety statistics on behalf of Defence Safety and Environment Authority Corporate Policy and Assurance (DSEA-CPA). An Official Statistic publication 'MOD Health and Safety Statistics Annual Report' is released each year providing the validated numbers on major and serious injuries and is available at <https://www.gov.uk/government/collections/defence-health-and-safety-statistics-index>.

The TLB Incident Notification Cells maintain local databases of reported incidents. Since 2005 Service personnel and civilians report incidents to notification cells (the AINC, DINC, CINC and NSINC) with the exception of the RAF who have continued to report via their SHEF advisors on each of their sites. IRIS was introduced in December 2007 to enable the MOD to monitor and analyse accident trends in all areas of the Department and ensure compliance with current health and safety legislation.

The data presented here is compiled from a number of extracts:

- Incident Recording Information System (IRIS) data is as at 29 June 2012 (system switched off)
- Army Incident Notification Cell (AINC)
- Accident and Incident Recording System (AIRS)
- Defence Equipment & Support Incident Notification Cell (DINC)
 - Defence Infrastructure Organisation (DIO)
 - Joint Forces Command (JFC)
 - Head Office and Corporate Services (HOCS)
- Naval Service Incident Notification Cell (NSINC)

Due to the challenges of managing multiple manual returns for TLBs, Defence Statistics (Health) do not believe that the dataset is complete; therefore the Health and Safety data should be treated as a minimum.

Please note, some Health and Safety incidents are not recorded until a long time after the incident occurred. This can be due to people who wish to claim compensation for injuries adding a Health and Safety record in hindsight.

In order to identify NFCI Injuries, we have completed a text search using the following terms: "NFCI", "Non Freezing Cold Injury", "Chilblains", "Immersion"; "Trench Foot". Please note that with regard to a number of search terms, the individual record was examined further to determine whether this was a cold injury.

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If you are not satisfied with this response or you wish to complain about any aspect of the handling of your request, then you should contact me in the first instance. If informal resolution is not possible and you are still dissatisfied then you may apply for an independent internal review by contacting the Information Rights Compliance team, Ground Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.uk). Please note that any request for an internal review must be made within 40 working days of the date on which the attempt to reach informal resolution has come to an end.

If you remain dissatisfied following an internal review, you may take your complaint to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not investigate your case until the MOD internal review process has been completed. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website, <http://ico.org.uk>.

I hope this is helpful.

Yours sincerely

Defence Statistics (Health) Head (B1)