



This is a revised annual Statistical Bulletin presenting 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 2011/12 to 2015/16. 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.

Since the first release of this Statistical Bulletin on 17 November 2016 the following errors have been identified in **Table 1** of the report.

- One death was not reported for 2015/16 in the 'On Duty and Not Safety Related category'.
- One 'LTA – On Duty' death for 2015/16 reported which had already been counted in the 'On Duty and Pending' category.
- One 'Hostile Action' death reported in 2014/15 which should have been reported in 2015/16.

**Table 1** has been corrected to take into account these errors and revisions have been denoted with an 'r'

Note: Figures for Injuries and ill health incidents for all years in this report are provisional due to data quality concerns and marked with a 'p'. Full details of the data quality concerns are presented within the accompanying Background Quality Report.

## Key Points and Trends

During 2015/16 there were 14<sup>r</sup> work related deaths. Of these, none were considered to be a result of a failure in health and safety, while four deaths are currently awaiting the outcome of an investigation.

The reported injury and ill health incidents as a proportion of Regular Armed Forces personnel and MOD civilians at risk increased in 2014/15 (2.1%<sup>p</sup>) and 2015/16 (2.2%<sup>p</sup>) compared to an average of 1.6%<sup>p</sup> in the previous three years. 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 2015/16 the following Regular 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**

For all demographic groups, except Army personnel, this was consistent across the whole time period. Army personnel have only shown a significantly higher risk since 2014/15.

The majority (84%) of reported injury and ill health incidents among Regular Armed Forces personnel, during 2015/16, took place while on **training and exercise, sport and recreation and, normal duties**. This was consistent across the whole time period.

During 2015/16 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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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

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1. The information provided in this Statistical Bulletin presents all reported injury and ill health incidents between 2011/12 and 2015/16 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 (RIDDOR<sup>1</sup>). 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 exempt<sup>2</sup> from reporting. However, it is MOD policy<sup>3</sup> 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 UK<sup>4</sup>. 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) notifies 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.
5. HSE renamed the severity classification of 'major' injuries and illnesses to 'specified' in October 2013, although MOD Health and Safety systems have been capturing incidents for both these classifications since April 2014. This will not be reported on until April 2016 to allow time for the transition. Therefore both 'major' and 'specified' injuries and illnesses have been grouped together as 'major/specified' in this report.
6. In previous reports figures were presented in line with Defence Statistics rounding policy. This policy has been superseded by the JSP 200: Statistic and figures are presented in line with the disclosure control guidelines. See further information.

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

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

<sup>3</sup>Management 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](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/393531/20141020-375_P2_V1_Chapter_16_Accident_Reporting.pdf)

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

## Results: All Personnel

7. 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

8. Work-related deaths are defined as injury related deaths occurring on-duty or on MOD property, excluding suicides. There were 14 work related deaths in 2015/16. Of these, none were as a result of a failure in health and safety while four deaths are awaiting the outcome of an investigation (**Table 1**).

**Table 1: All personnel<sup>1</sup>, work related deaths, by type of incident<sup>2</sup>, numbers<sup>3,4</sup>**  
2011/12 – 2015/16

Cause of Death	All	2011/12	2012/13	2013/14	2014/15	2015/16
<b>All</b>	<b>174</b>	<b>64<sup>r</sup></b>	<b>55</b>	<b>21</b>	<b>20<sup>r</sup></b>	<b>14</b>
<b>Hostile Action</b>	81	43	31	6	0 <sup>r</sup>	1 <sup>r</sup>
<b>LTA - On Duty</b>	11	6 <sup>r</sup>	1	1	3 <sup>r</sup>	0 <sup>r</sup>
<b>On Duty and Safety Related<sup>5</sup></b>	22	7	4 <sup>r</sup>	3	8 <sup>r</sup>	0
<b>On Duty and Pending</b>	12	0	5 <sup>r</sup>	2	1 <sup>r</sup>	4
<b>On Duty and Not Safety Related</b>	48	8	14	9	8	9 <sup>r</sup>

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 safety related'.

9. Since the first release of this Statistical Bulletin on 17 November 2016 the following errors have been identified in **Table 1** of the report.

- One death was not reported for 2015/16 in the 'On Duty and Not Safety Related category'.
- One 'LTA – On Duty' death for 2015/16 reported which had already been counted in the 'On Duty and Pending' category.
- One 'Hostile Action' death reported in 2014/15 which should have been reported in 2015/16.

These revisions have been denoted with an <sup>r</sup> in the table.

10. Please note: The deaths presented in the Defence Safety Authority (DSA) Annual Assurance Report 2016 (AAR) include only on duty safety related deaths and those pending.

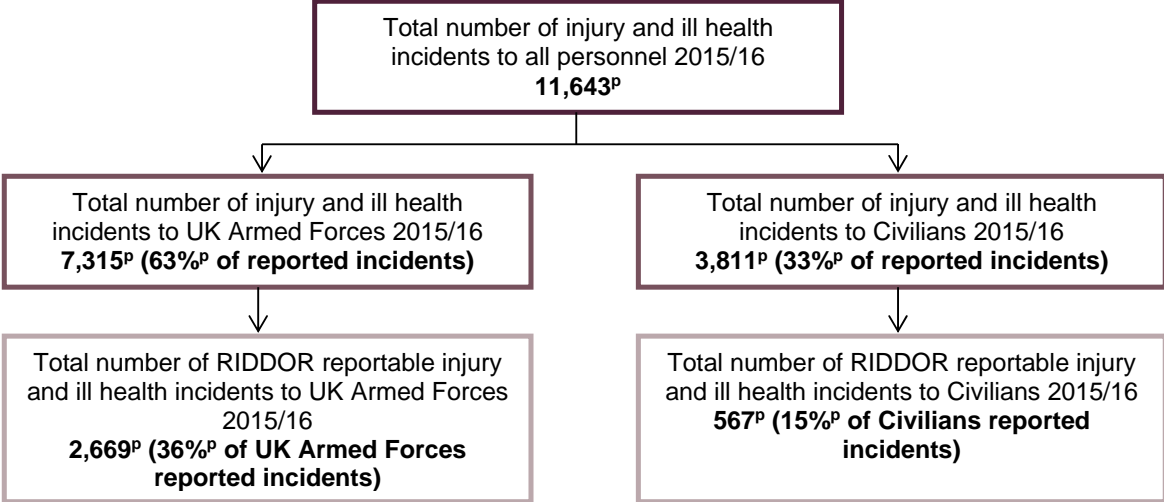
11. Further information on all service personnel deaths can be found in the Deaths National Statistics here: <https://www.gov.uk/government/collections/uk-armed-forces-deaths-in-service-statistics-index>.

Further deaths information is also available in the Excel tables accompanying this report.

**All Personnel: Injury and Ill Health Incidents**

12. This section presents overall numbers of reported injury and ill health incidents by all personnel during the latest financial year 2015/16 and over the previous four financial years. RIDDOR reported injury and ill health incidents have a major, specified or serious severity classification.

**Figure 1: All personnel<sup>1</sup> reported injury and ill health incidents<sup>2,3,4</sup> , numbers<sup>p</sup> and percentages<sup>p</sup> 2015/16**



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

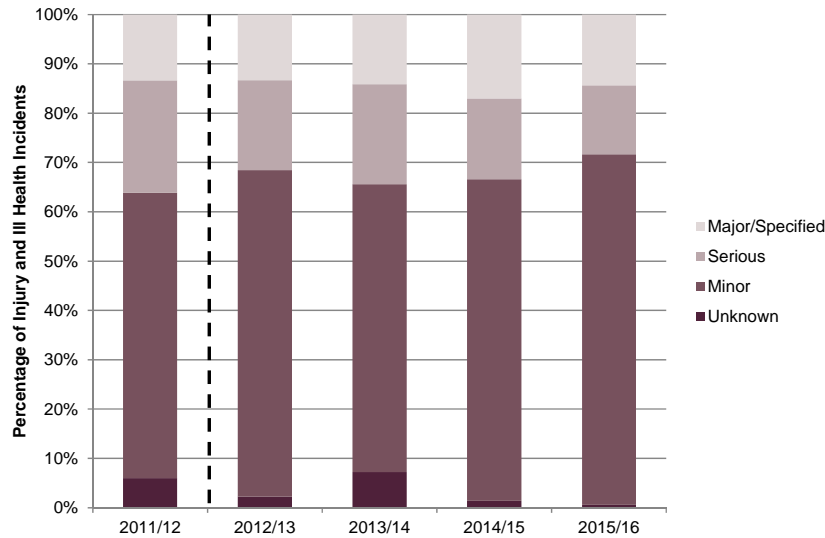
- 1. 'All personnel' includes any person whose injury or illness was recorded on MOD health and safety systems. This includes Regular and reservist personnel and any other person injured as a result of MOD activity or on a MOD site (see glossary).
- 2. Excludes battlefield injuries and off-duty RTAs.
- 3. There were 517 incidents where UK Armed Forces or Civilian markers were not entered onto the Health and Safety system.
- 4. There were 67 Armed Forces reported injury and ill health incidents with no severity listed. Therefore the identified RIDDOR reportable incidents are a minimum.
- p. Figures for 2015/16 are provisional and will be updated in future reports.

13. During 2015/16, 36%<sup>p</sup> of UK Armed Forces incidents were RIDDOR reportable (severity classification of major/specified and serious), compared to only 15%<sup>p</sup> of incidents among Civilians. This is due to the differing activities and roles carried out by Armed Forces Personnel and Civilians.

14. For all personnel, the percentage of reported injury and ill health incidents categorised as RIDDOR remained stable over time. In 2015/16, there was a 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 2: All personnel<sup>1</sup> reported injury and ill health incidents by severity<sup>2</sup>, percentage of injury**

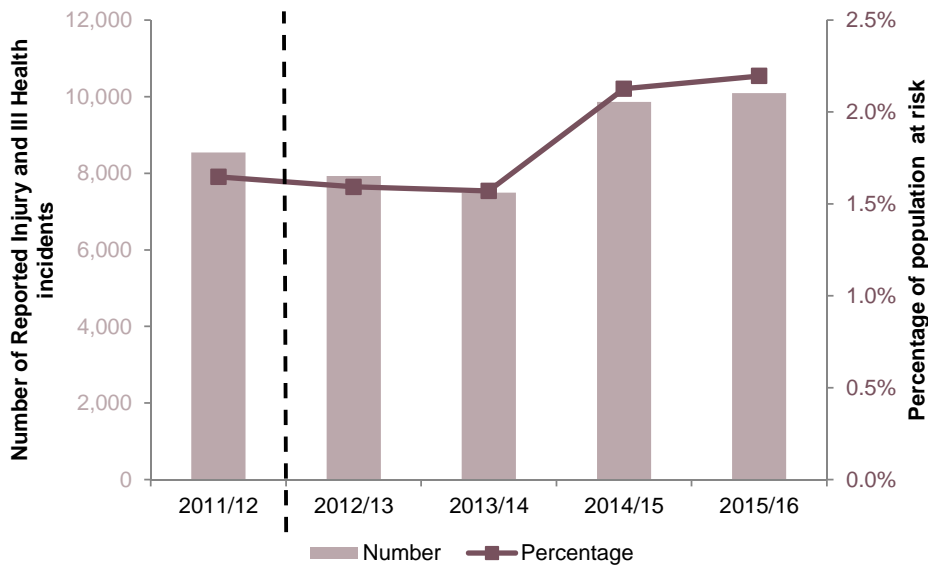
**and ill health incidents<sup>3,4,p,r</sup>**  
**2011/12 – 2015/16**



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, HRMS, IRIS, 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. 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.
3. Excludes battlefield injuries and off-duty RTAs.
4. Percentages are based on the calculation of the absolute number and are presented to 1d.p. (see Methodology section).
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 – 2014/15 have been revised from previous years reports (see Further Information).

**Figure 3: All personnel<sup>1</sup> with reported injury and ill health incidents, numbers<sup>2,p,r</sup> and percentage of population at risk<sup>2,3,p,r</sup>**  
**2011/12 - 2015/16<sup>4</sup>**



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. Excludes battlefield injuries and off-duty RTAs.
3. Percentages are based on the calculation of the absolute number and are presented to 1 d.p. (See Methodology Section).
4. Due to the change in MOD Health and Safety reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 – 2014/15 have been revised from previous years reports (see Further Information).

15. The reported injury and ill health incidents as a proportion of personnel 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).

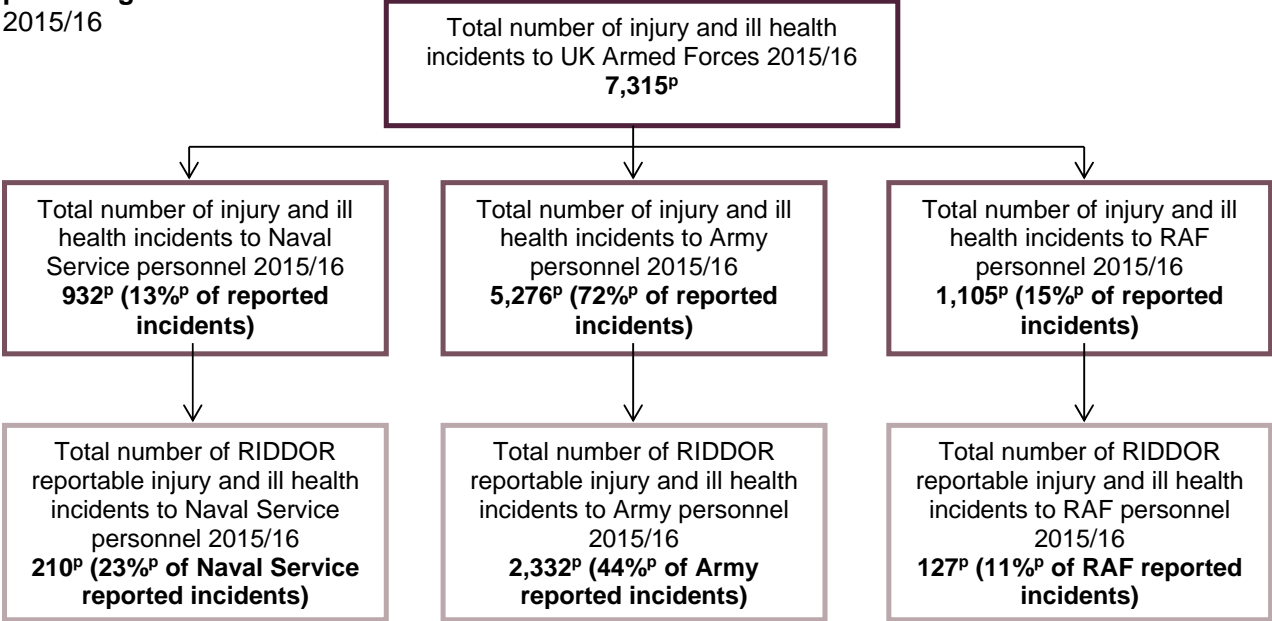
16. The reported injury and ill health incidents as a proportion of Regular Armed Forces personnel and MOD civilians at risk increased in 2014/15 (2.1%<sup>p</sup>) and 2015/16 (2.2%<sup>p</sup>) compared to an average of 1.6%<sup>p</sup> in the previous three years. This increase was being driven by the military element of the population and is explored later in the report.

**Results: Armed Forces Personnel**

**All Armed Forces: Reported injury and ill health incidents**

17. This section presents overall numbers of reported injury and ill health incidents by all Armed Forces personnel during the latest financial year 2015/16 and over the previous four financial years. The reported injury and ill health incidents as a proportion of the population at risk are also presented for each of the five financial years.

**Figure 4: All Armed Forces personnel<sup>1</sup> reported injury and ill health incidents, numbers<sup>2,3,4,p</sup> and percentages<sup>2,3,4,p</sup> 2015/16**



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

- 1. Includes Regulars, Reservists, MPGS and Gurkhas.
- 2. Excludes battlefield injuries and off-duty RTAs.
- 3. There were 2 Armed Forces personnel with an unknown Service.
- 4. There were 67 Armed Forces reported injury and ill health incidents with no severity listed. Therefore the identified RIDDOR reportable incidents are a minimum.
- p. Figures for 2015/16 are provisional and will be updated in future reports

18. The largest proportion of reported injury and ill health incidents during 2015/16 were reported by the Army (72%<sup>p</sup>). Overall the Army make up 62%<sup>p</sup> of the Armed Forces population and therefore we would expect to see a higher proportion of incidents within this population.

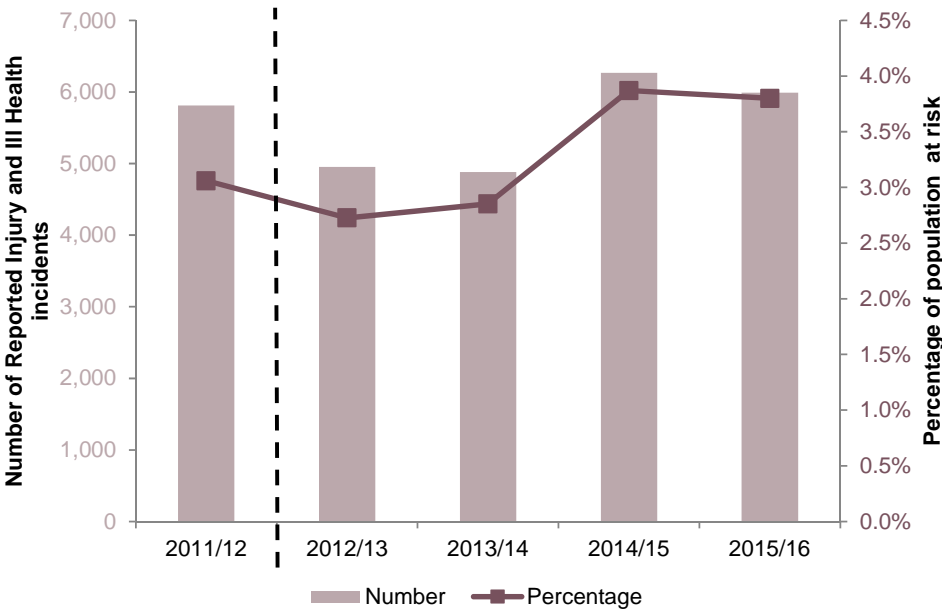
19. Nearly half (44%<sup>p</sup>) of the Army injury and ill health incidents were RIDDOR reportable (major, specified or serious), showing a higher proportion of more serious incidents than the Naval Service and RAF. It is not known why the Army shows a higher proportion of RIDDOR reportable incidents, however possible reasons may be the different working environments, hazard exposure and mechanisms of incident reporting between the Services.

20. Due to incomplete population data (see paragraph 14) it is not currently possible to estimate the reported injury and ill health incidents as a proportion of all Armed Forces personnel at risk. Therefore the remainder of the Armed Forces Results section focuses on Regular Armed Forces personnel only.



**Regular Armed Forces: Reported injury and ill health incidents**

**Figure 5: Regular Armed Forces personnel<sup>1</sup> with reported injury and ill health incidents, numbers<sup>2,p,r</sup> and percentage of population at risk<sup>2,3,p,r</sup> 2011/12 – 2015/16<sup>4</sup>**

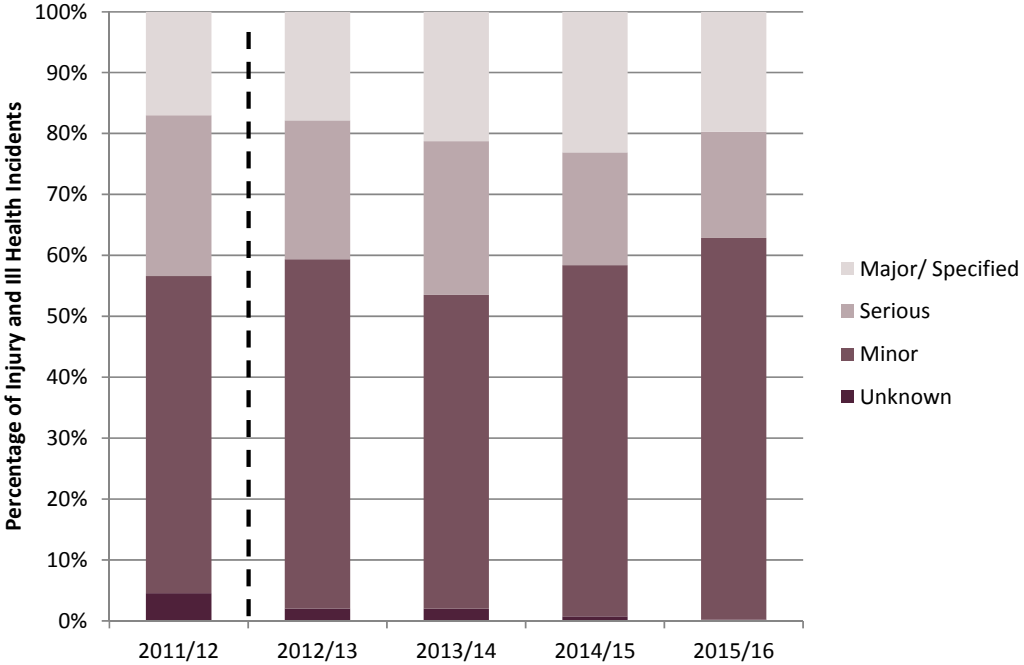


Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, HRMS, IRIS, JFC, JPA, NSINC

- 1. Includes Regular Armed Forces personnel, Gurkhas and MPGS.
- 2. Excludes battlefield injuries and off-duty RTAs.
- 3. Percentages are based on the calculation of the absolute number and are presented to 1 d.p. (See Methodology Section).
- 4. Due to the change in MOD Health and Safety reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

21. The reported injury and ill health incidents as a proportion of Regular Armed Forces personnel at risk increased in 2014/15 and 2015/16 compared to the previous three years, see Figure 5. The increase in 2014/15 and 2015/16 were predominantly driven by an increase in the number of Training/Exercise and Sport/Recreation incidents during that year. The 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 personnel<sup>1</sup> reported injury and ill health incidents by severity<sup>2</sup>, percentage of incidents<sup>3,4,p,r</sup>  
2011/12 – 2015/16**



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, HRMS, 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 there is a break in the time series during 2012/13 (see Methodology Section) - this is represented by a dotted line.
- 3. Excludes battlefield injuries and off-duty RTAs.
- 4. Percentages are based on the calculation of the absolute number and are presented to 1d.p. (see Methodology section).
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

22. RIDDOR reportable (major/ specified and serious) injury and ill health incidents have accounted for approximately 40% 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.

## UK Regular Armed Forces: Demographic Risk Groups

23. This section presents a breakdown of Regular Armed Forces personnel with reported injury and illness incidents during 2015/16 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 that reported a statistically significant higher risk of injury and ill health in 2015/16 or compared to the previous financial year, in order to examine trends over time.

**Table 2: UK Regular Armed Forces personnel<sup>1</sup> reported injury and ill health incidents by demographics<sup>3,4,5,6,7,8</sup>, numbers<sup>2,p</sup> and percentage of population at risk<sup>2,3,p</sup> 2015/16**

	2015/16		percentage of all UK Armed Forces personnel <sup>1</sup>
	n	%	
<b>Number of reported injury and ill health incidents to UK Armed Forces personnel</b>	5,991 <sup>p</sup>	3.8 <sup>p</sup>	
<b>Service</b>			
Naval Service	761 <sup>p</sup>	2.3 <sup>p</sup>	
Army	4,194 <sup>p</sup>	4.6 <sup>p</sup>	
RAF	1,034 <sup>p</sup>	3.1 <sup>p</sup>	
<b>Gender</b>			
Male	5,242 <sup>p</sup>	3.7 <sup>p</sup>	
Female	671 <sup>p</sup>	4.3 <sup>p</sup>	
<b>Rank</b>			
Officer	588 <sup>p</sup>	2.2 <sup>p</sup>	
Other Rank	4,658 <sup>p</sup>	3.6 <sup>p</sup>	
<b>Training Status</b>			
Trained	2,844 <sup>p</sup>	2.0 <sup>p</sup>	
Untrained	814 <sup>p</sup>	6.2 <sup>p</sup>	
<b>Age</b>			
<20	462 <sup>p</sup>	6.0 <sup>p</sup>	
20-24	1,520 <sup>p</sup>	4.8 <sup>p</sup>	
25-29	1,195 <sup>p</sup>	3.1 <sup>p</sup>	
30-34	695 <sup>p</sup>	2.4 <sup>p</sup>	
35-39	438 <sup>p</sup>	2.0 <sup>p</sup>	
40-44	214 <sup>p</sup>	1.5 <sup>p</sup>	
45-49	103 <sup>p</sup>	1.1 <sup>p</sup>	
50-54	~ <sup>p</sup>	1.1 <sup>p</sup>	
55+	~ <sup>p</sup>	0.7 <sup>p</sup>	

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

1. Includes Regular Armed Forces personnel, Gurkhas and MPGS.

2. Excludes battlefield injuries and off-duty RTAs.

3. Percentages are based on the calculation of the absolute number and are presented to 1d.p. (See Methodology Section)

4. There were 2 (<1%) Regular Armed Forces personnel with no recorded Service and were excluded from this analysis.

5. There were 78 (1%) Regular Armed Forces personnel records with no Gender and were excluded from this analysis.

6. There were 118 (2%) Regular Armed Forces personnel records with no Rank and were excluded from this analysis.

7. There were 120 (2%) Regular Armed Forces personnel records with no Training Status and were excluded from this analysis.

8. There were 144 (2%) Regular Armed Forces personnel records with no Age and were excluded from this analysis.

p. Figures for 2015/16 are provisional and will be updated in future reports.

~ In line with JSP 200 directive in statistical disclosure control, figures fewer than three have been suppressed. Please see Further Information.

24. The following demographic groups reported a statistically significant higher risk of injury and ill health in 2015/16 or compared to the previous financial year:

25. **Higher for Army 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 have seen an increase in reported injury and ill health incidents as a proportion of the population at risk compared to the previous financial year (**Figure 7**). Results for each Service are explored in more detail in ANNEXES A, B and C.

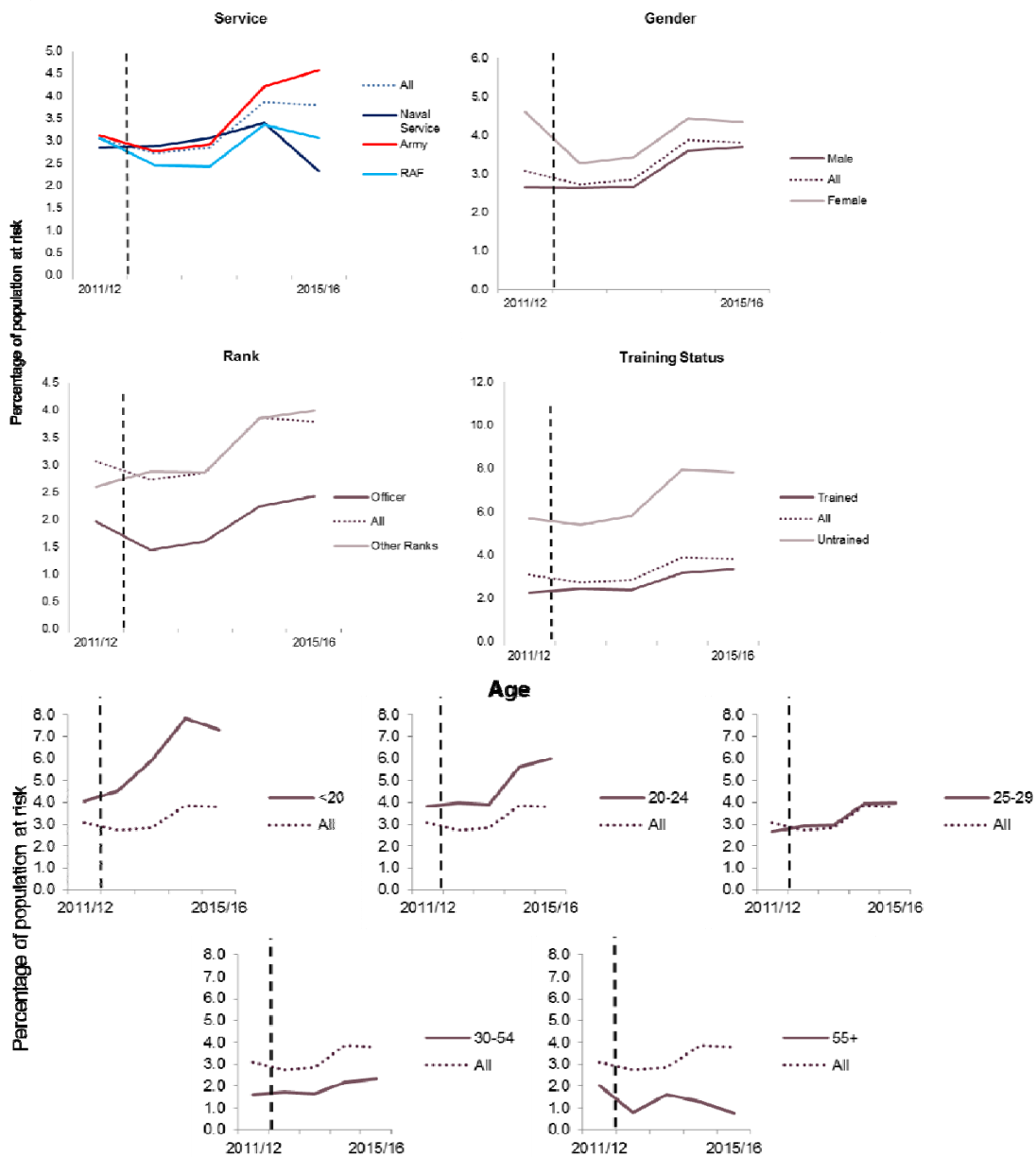
26. **Higher for females:** The reported injury and ill health incidents as a proportion of females at risk has remained higher than the reported injury and ill health incidents as a proportion of males at risk during the past five financial years (**Figure 7**). It is not currently known why female 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.

27. **Higher for Other Ranks:** The reported injury and ill health incidents as a proportion of Other Ranks at risk has remained higher than the reported injury and ill health incidents as a proportion of Officers at risk 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 67%<sup>p</sup> of Other Ranks with reported injury and ill health incidents were also aged under 30 (compared with 48%<sup>p</sup> of Officers).

28. **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 reported injury and ill health incidents as a proportion of untrained personnel at risk has increased between 2011/12 and 2014/2015, but decreased in 2015/16 (**Figure 7**). Further investigation is required to understand the decrease in 2015/16.

29. **Higher for younger age groups (specifically higher for those aged under 30):** The reported injury and ill health incidents as a proportion of personnel aged under 30 at risk 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 2015/16 94%<sup>p</sup> of untrained personnel with reported injury and ill health incidents were aged under 30.

**Figure 7: UK Regular Armed Forces personnel<sup>1</sup> reported injury and ill health incidents by demographics<sup>5</sup>, percentage of population at risk<sup>2,3,p,r</sup> 2011/12- 2015/16<sup>4</sup>**



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

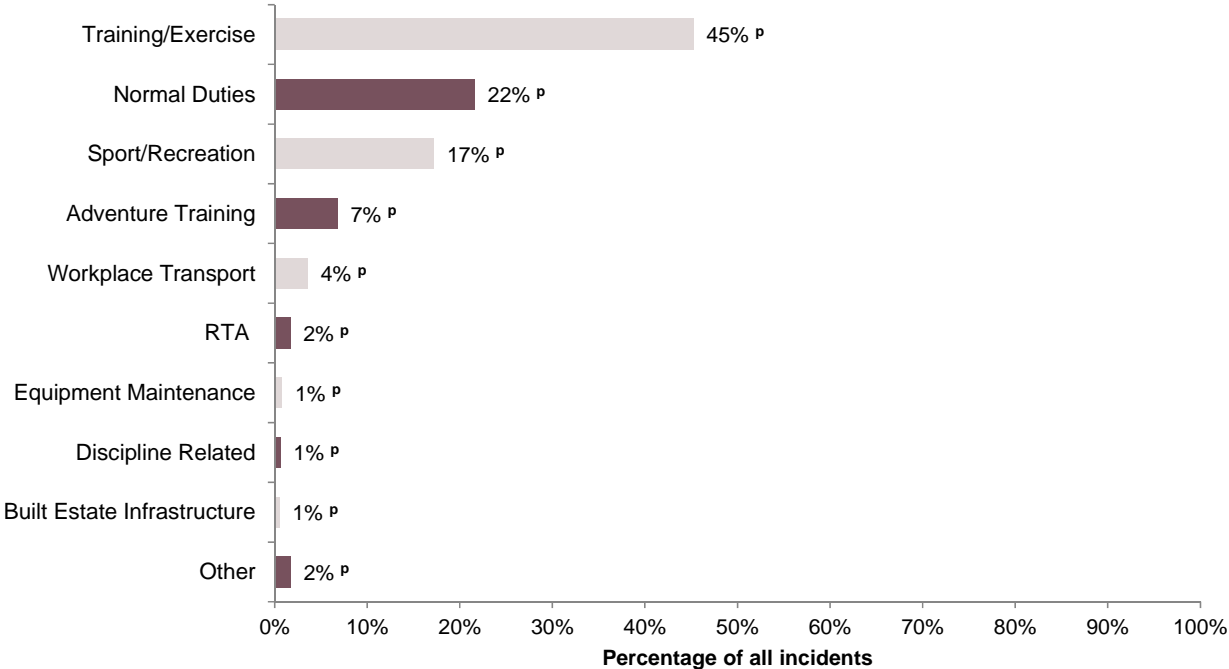
1. Includes Regular Armed Forces personnel, Gurkhas and MPGS.
2. Excludes battlefield injuries and off-duty RTAs.
3. Percentages are based on the calculation of the absolute number and are presented to 1 d.p. (see Methodology Section).
4. Due to the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
5. Please see Table 2 for a breakdown of records excluded from the analysis.
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2014/15, 2013/14, 2012/13, 2011/12 have been revised from previous years reports (see Further Information)

### UK Regular Armed Forces: Mechanisms of Injury

30. This section presents a breakdown of the mechanisms of the reported injury and ill health incidents during 2015/16 for Regular Armed Forces personnel (**Figure 8**).

31. Please note that specific population data for each mechanism is not available (e.g. the number of personnel who have taken part in adventure training) and therefore the percentage at risk calculations for each mechanism is not included in this report. The report presents the percentage of all incidents.

**Figure 8: Regular Armed Forces personnel<sup>1</sup> reported injury and ill health incidents by mechanism, percentage of all incidents<sup>2,p</sup> 2015/16**



Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, JPA, NSINC  
 1. Includes Regular Armed Forces personnel, Gurkhas and MPGS.  
 2. Excludes battlefield injuries and off-duty RTAs.  
 p. Figures for 2015/16 are provisional and will be updated in future reports.

32. During 2015/16 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 financial years.

33. From 2011/12 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 last two financial years.

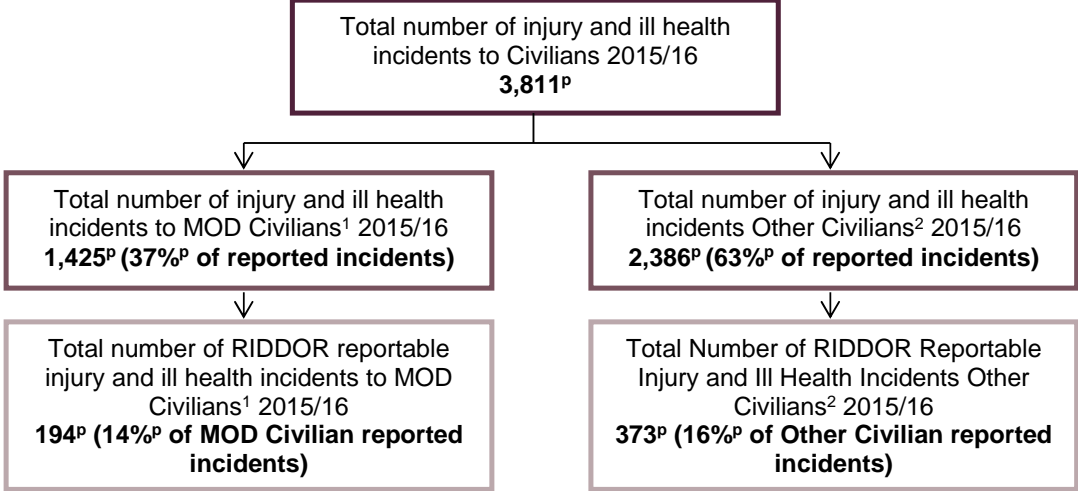
34. The highest proportion of injury and ill health incidents whilst participating in Sport and Recreation were in football and rugby.

**Results: Civilians**

**All Civilian: Reported injury and ill health incidents**

35. This section presents overall numbers of reported injury and ill health incidents by all Civilians during the latest financial year, 2015/16 and over the previous four financial years. The reported injury and ill health incidents as a proportion of the population at risk are also presented for each of the five financial years.

**Figure 9: All Civilian<sup>1,2</sup> reported injury and ill health incidents, numbers<sup>3,p</sup> and percentages<sup>3,p</sup> 2015/16**



Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, JPA, 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 45 Civilian reported injury and ill health incidents with no severity listed. Therefore the identified RIDDOR reportable incidents are a minimum.
- p. Data for 2015/16 are provisional and will be updated in future reports.

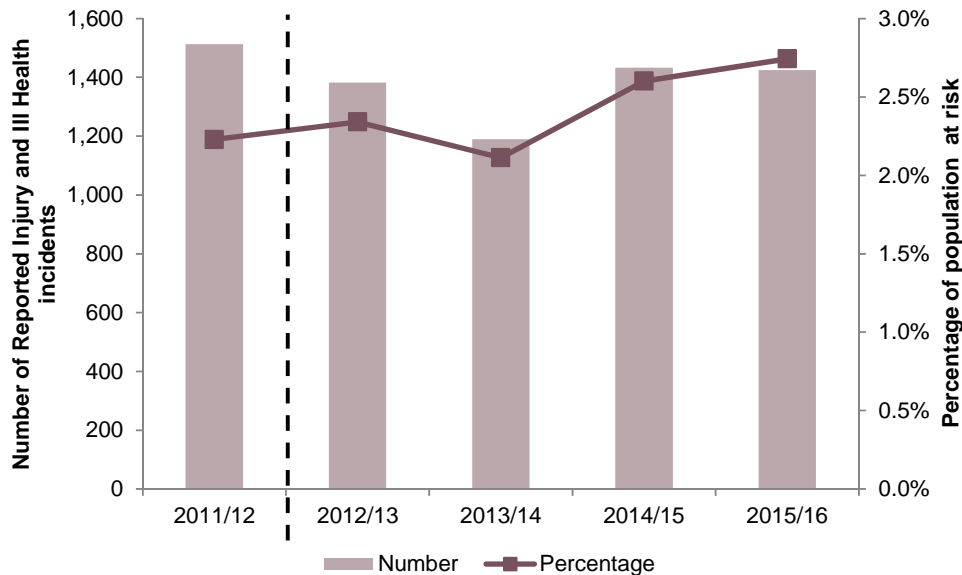
36. Almost two-thirds of reported injury and ill health incidents during 2015/16 were reported by Other Civilians. Around half of Other Civilians that reported injury and ill health incidents during 2015/16 were Cadets and Cadet Force Adult Volunteers (CFAV) (**Table 3.1**). Further information on Cadet and CFAV reported injury and ill health incidents can be found in ANNEX F.

37. Due to incomplete population data (**see paragraph 14**) it is not currently possible to estimate the percentage of all Civilians at risk of injury. Therefore the remainder of the Civilian Results section focuses on MOD-employed Civilians only.

## MOD Civilian: Reported injury and ill health incidents

38. Between 2011/12 and 2015/16, the reported injury and ill health incidents as a proportion for MOD Civilians at risk has remained stable. The overall percentage of population at risk is driven by MOD Industrial Civilians. More detailed analysis for industrial and non-industrial civilians is presented in ANNEX D and ANNEX E respectively.

**Figure 10: MOD Civilian<sup>1</sup> reported health and safety incidents, numbers<sup>p,r</sup> and percentage of population at risk<sup>2,p,r</sup>**  
2011/12 – 2015/16<sup>4</sup>



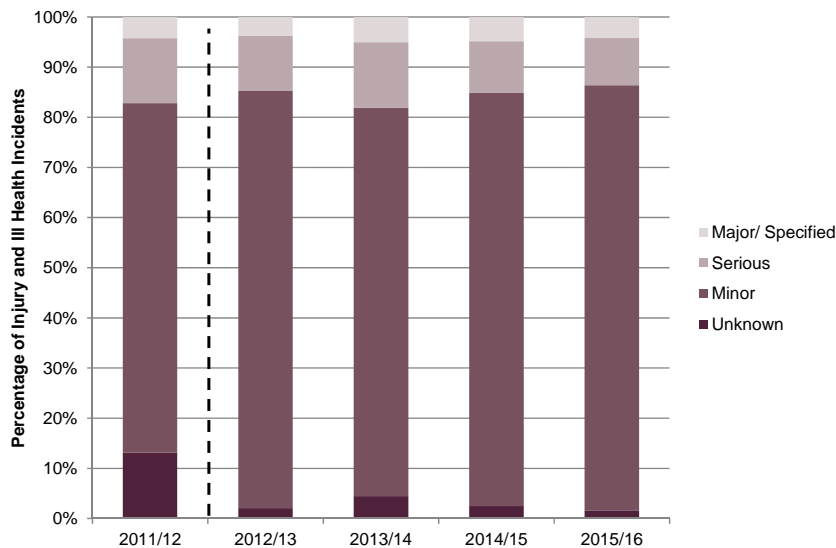
Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, HRMS, IRIS, JFC, JPA, NSINC

1. Includes MOD-employed Industrial and Non-Industrial Civilians.
2. Percentages are based on the calculation of the absolute number and are presented to 1 d.p. (See Methodology Section).
3. Due to the change in MOD Health and Safety reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).



**Figure 11: MOD Civilian<sup>1</sup> reported health and safety incidents, by severity<sup>2</sup>, percentages of reported incidents<sup>3,p,r</sup>**

2011/12 – 2015/16



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, HRMS, IRIS, JFC, JPA, 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 there is a break in the time series during 2012/13 (see Methodology Section) - this is represented by a dotted line.
3. Percentages are based on the calculation of the absolute number and are presented to 1d.p. (see Methodology section).
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

39. Over the time period RIDDOR reportable (major/specified and serious) incidents have accounted for approximately 15% of all reported injury and ill health incidents each year. Across all three severity classifications; Normal Duties was the highest cause of reported injury and ill health incidents

### MOD Civilian: Demographic Risk Groups

40. 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 and ill health in 2015/16 or compared to the previous financial year, in order to examine trends over time (**Figure 12**).

**Table 3: MOD Civilian<sup>1</sup> personnel reported injury or ill health incidents by demographics<sup>4,5,6</sup>, numbers<sup>2,p</sup> and percentage of MOD Civilian personnel at risk<sup>2,3,p</sup>**  
2015/16

	2015/16		
	No.	Percentage of MOD Civilians <sup>2</sup>	
<b>Number of MOD Civilians<sup>1</sup> with reported injury or ill health incident</b>	1,425 <sup>p</sup>	2.7 <sup>p</sup>	
<b>Industrial/Non-Industrial Marker<sup>4</sup></b>			
Industrial	330 <sup>p</sup>	4.9 <sup>p</sup>	
Non-Industrial	994 <sup>p</sup>	2.2 <sup>p</sup>	
<b>Gender<sup>5</sup></b>			
Male	772 <sup>p</sup>	2.4 <sup>p</sup>	
Female	440 <sup>p</sup>	2.2 <sup>p</sup>	
<b>Age Group<sup>6</sup></b>			
<20	~ <sup>p</sup>	1.0 <sup>p</sup>	
20-24	~ <sup>p</sup>	1.7 <sup>p</sup>	
25-29	68 <sup>p</sup>	2.1 <sup>p</sup>	
30-34	79 <sup>p</sup>	1.9 <sup>p</sup>	
35-39	72 <sup>p</sup>	1.6 <sup>p</sup>	
40-44	109 <sup>p</sup>	2.0 <sup>p</sup>	
45-49	251 <sup>p</sup>	2.9 <sup>p</sup>	
50-54	221 <sup>p</sup>	2.1 <sup>p</sup>	
55+	375 <sup>p</sup>	2.7 <sup>p</sup>	

Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, JPA, 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 101 (7%) MOD Civilians as industrial or non-industrial staff. These records have been excluded from this analysis.
4. There were 213 (15%) MOD Civilian records with no Gender recorded and were excluded from this analysis.
5. There were 223 (16%) MOD Civilian records with no Age recorded and were excluded from this analysis.
- p. Figures for 2015/16 are provisional and will be updated in future reports.
- ~ In line with JSP 200 directive in statistical disclosure control, figures fewer than three have been suppressed. Please see Further Information.

41. The following demographic groups reported a statistically significant higher risk of injury and ill health in 2015/16 or compared to the previous financial year:

**42. Higher for Industrial Civilians:** The reported injury and ill health incidents as a proportion of MOD Industrial Civilians at risk has remained higher than the reported injury and ill health incidents as a proportion of Non-Industrial Civilians at risk during the past five financial years. (**Figure 12**). A higher proportion 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).

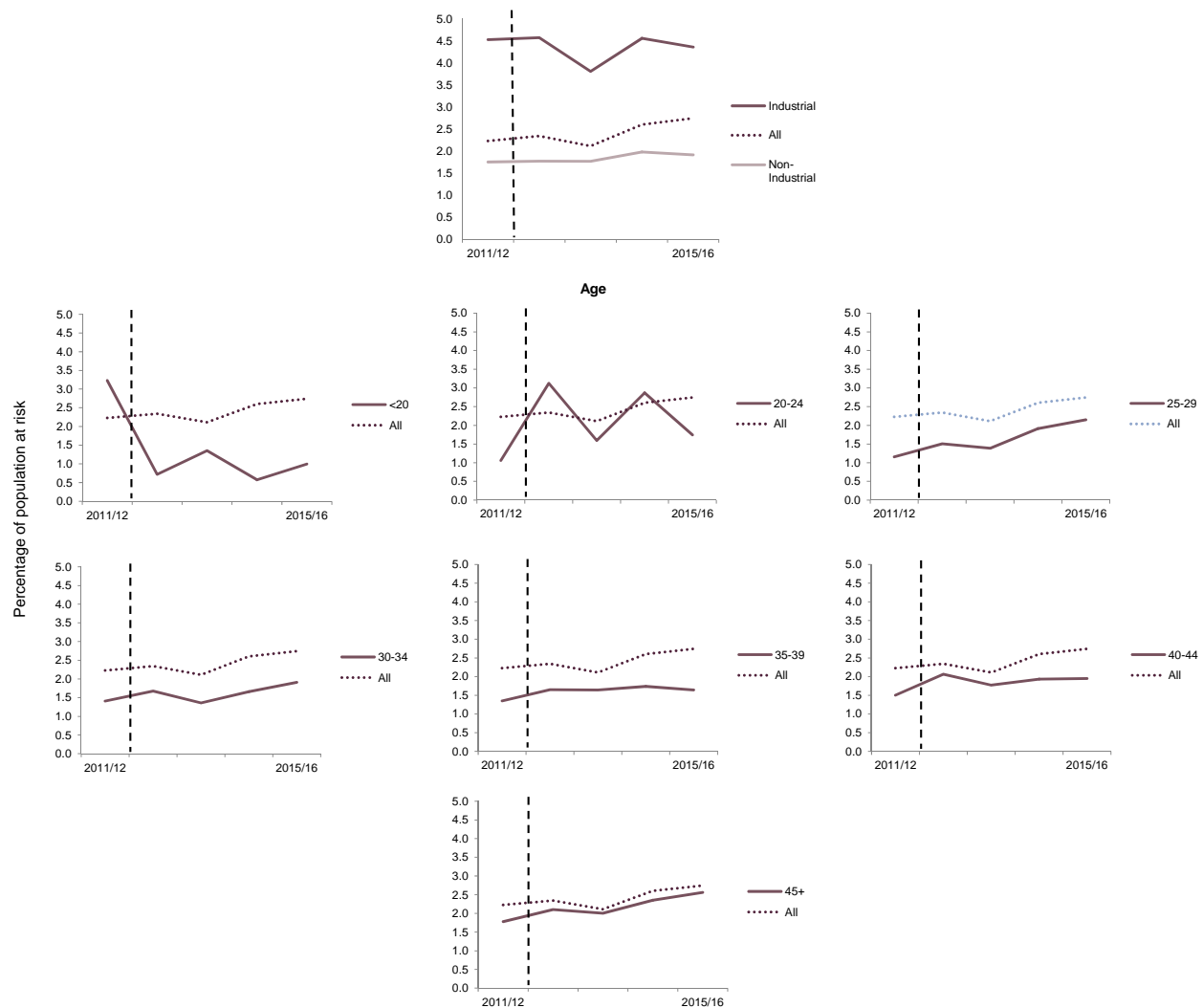
**43. Higher for MOD Civilians aged 45 and over:** The reported injury and ill health incidents as a proportion of MOD civilians aged 45 and over at risk has remained higher than the proportion of MOD Civilians aged under 45 at risk during the past five financial years. From the data the reasons are unclear, with all age groups having similar rates for males and females and for the type of activities being

carried out. The HSE<sup>5</sup> 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.

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<sup>5</sup> <http://www.hse.gov.uk/vulnerable-workers/older-workers.htm>

**Figure 12: MOD Civilians<sup>1</sup> with reported injury and ill health incidents by demographics<sup>4</sup>, percentage of population at risk<sup>2,p,r</sup> 2011/12- 2015/16<sup>3</sup>**



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

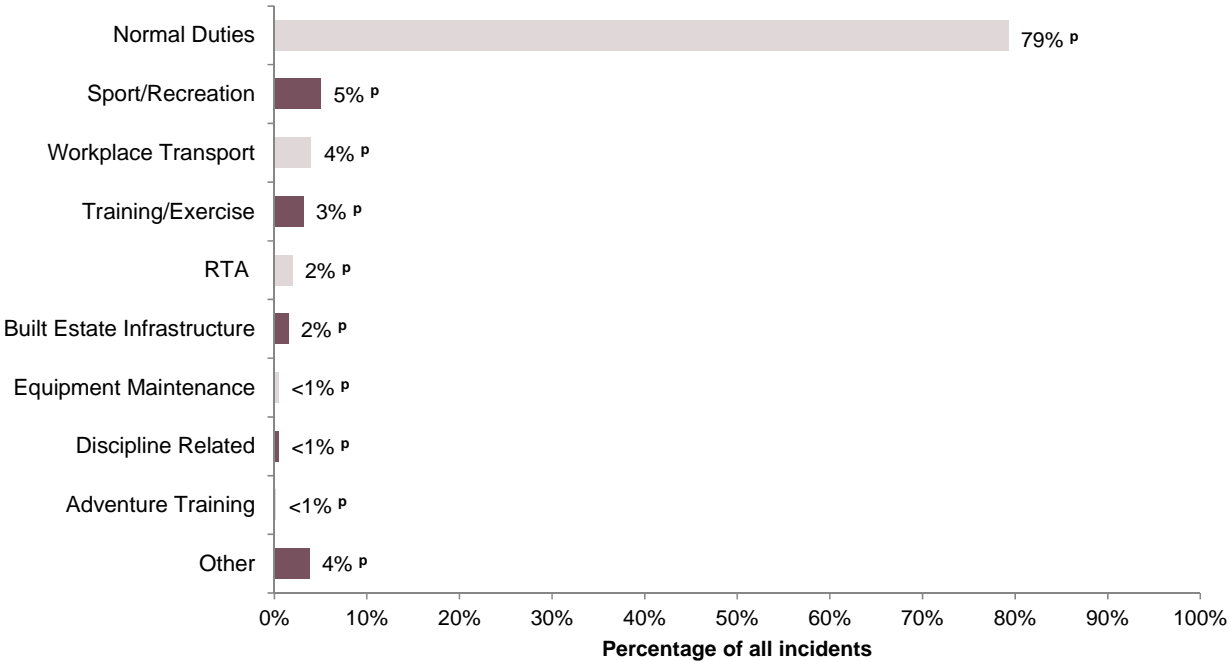
1. Includes MOD-employed Industrial and Non-Industrial Civilians.
2. Percentages are based on the calculation of the absolute number and are presented to 1 d.p. (see Methodology Section).
3. Due to the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
4. Please see Table 3 for a breakdown of records excluded from the analysis.
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

**MOD Civilian: Mechanisms of Injury**

44. This section presents a breakdown of the mechanism of the reported injury and ill health incidents during 2015/16 for MOD Civilian personnel (**Figure 13**).

45. 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. The report presents the percentage of all incidents.

**Figure 13: MOD Civilians<sup>1</sup>, reported injury and ill health incidents by mechanism, percentage of all incidents<sup>p</sup>**  
2015/16



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

1. Includes MOD-employed Industrial and Non-Industrial Civilians

p. Figures for 2015/16 are provisional and will be updated in future reports.

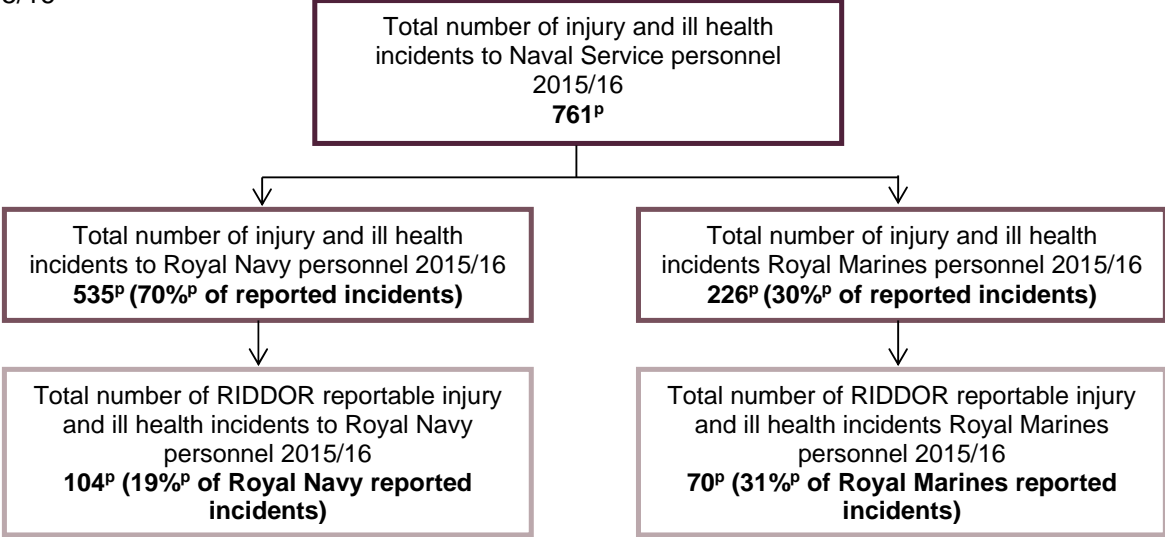
46. During 2015/16 the highest percentage of incidents among MOD Civilians was whilst undertaking **Normal Duties**. Over half of normal duties incidents were due to slips, trips and falls, striking or being struck by an object and lifting or handling goods and equipment.

**Results: Regular Naval Service personnel**

**Regular Naval Service: Reported Injury and Ill Health Incidents**

47. This section presents overall numbers of reported injury and ill health incidents among Regular Naval Service personnel during the latest financial year 2015/16, and the previous four financial years. The reported injury and ill health incidents as a proportion of the population at risk are also presented for each of the five financial years.

**Figure A1: Regular Naval Service personnel<sup>1</sup> reported injury and ill health incidents, numbers<sup>2,3,p</sup> and percentages<sup>2,3,p</sup> 2015/16**



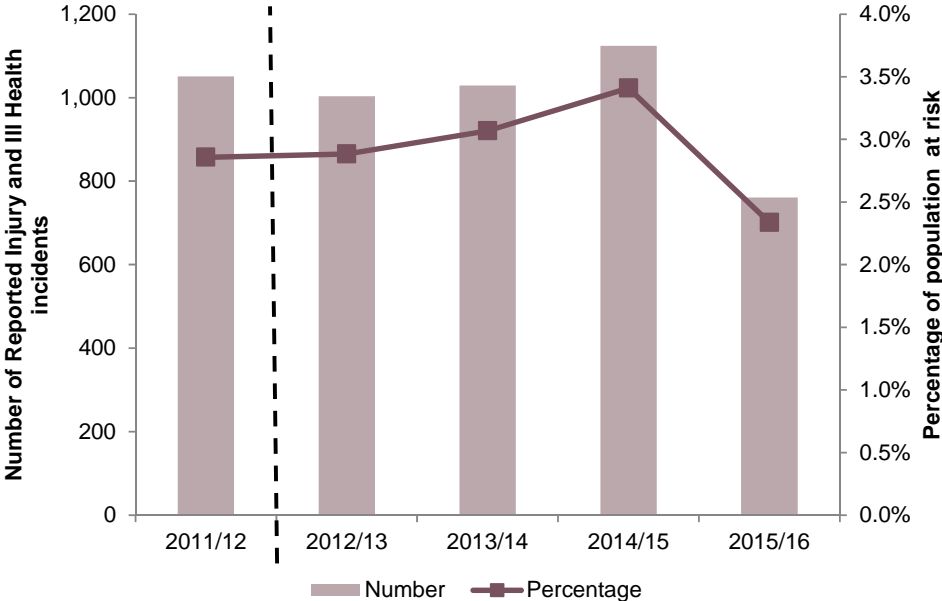
Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, JPA, NSINC  
 1. Includes Regular Royal Navy and Royal Marine personnel.  
 2. Excludes battlefield injuries and off-duty RTAs.  
 3. There were five Regular Naval Service personnel reported injury and ill health incidents with no severity listed. Therefore the identified RIDDOR reportable incidents are a minimum.  
 p. Figures for 2015/16 are provisional and will be updated in future reports.

48. Nearly three-quarters of all Regular Naval Service reported injury and ill health incidents during 2015/16 were reported by the Royal Navy.

49. 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/ specified and serious). The higher number of RIDDOR reportable incidents is likely to be due to the differing activities and roles.

50. The reported injury and ill health incidents as a proportion of Regular Royal Navy Service personnel increased each year between 2011/12 and 2014/15, but decreased in 2015/16 (Figure A2).

**Figure A2: Regular Naval Service personnel<sup>1</sup> with reported injury and ill health incidents, numbers<sup>2,p,r</sup> and percentage of population at risk<sup>2,3,p,r</sup> 2011/12 - 2015/16<sup>4</sup>**

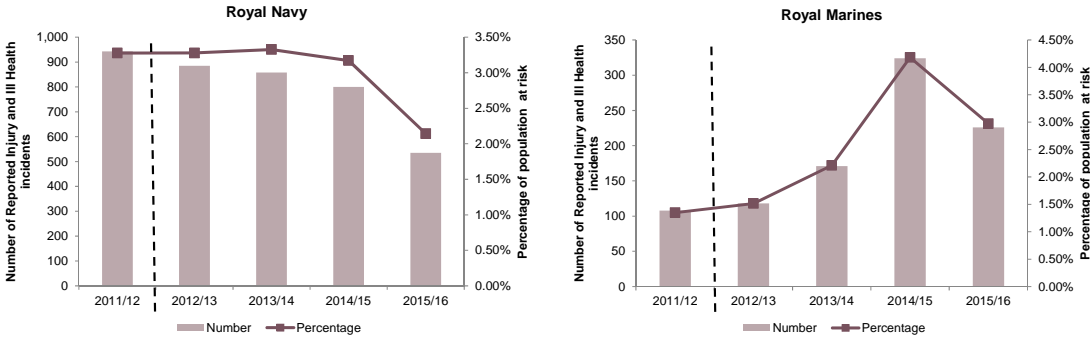


Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, HRMS, IRIS, JFC, JPA, NSINC

- 1. Includes Regular Royal Navy and Royal Marine personnel.
- 2. Excludes battlefield injuries and off-duty RTAs.
- 3. Percentages are based on the calculation of the absolute number and are presented to 1 d.p. (See Methodology Section).
- 4. Due to the change in MOD Health and Safety reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

51. 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 reported incidents as a proportion 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, numbers<sup>1,p,r</sup> and percentage of population at risk<sup>1,2,p,r</sup> 2011/12 - 2015/16<sup>3</sup>**



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

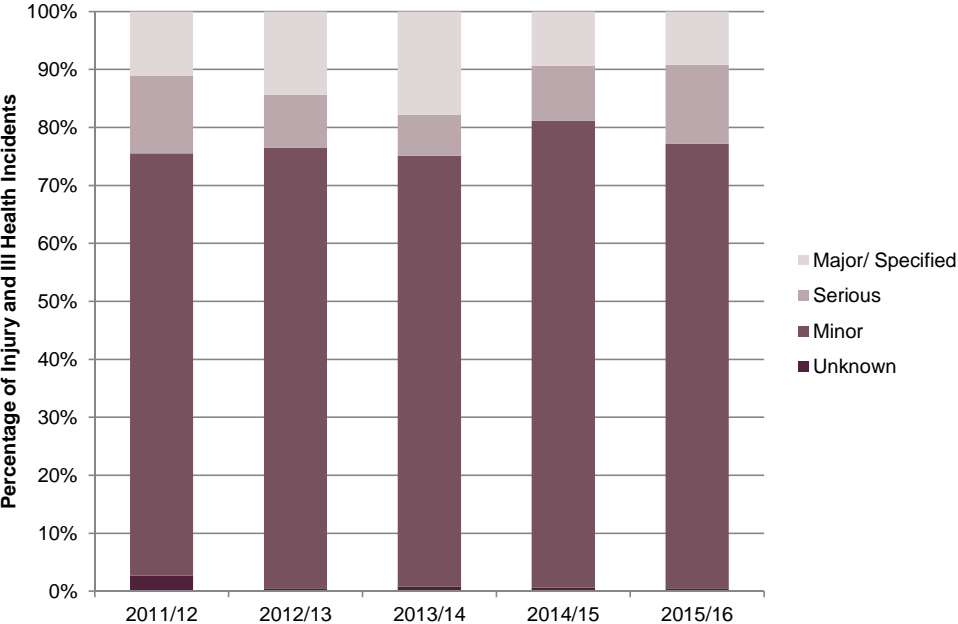
- 1. Excludes battlefield injuries and off-duty RTAs.
- 2. Percentages are based on the calculation of the absolute number and are presented to 1 d.p. (See Methodology Section).
- 3. Due to the change in MOD Health and Safety reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

52. The five-year analysis for reported incidents shows different trends between Regular Royal Navy and Regular Royal Marines. The number of reported incidents and reported incidents as a proportion of Royal Navy personnel at risk decreased over this time period. However the number of reported incidents and reported incidents as a proportion of Royal Marines personnel at risk increased between 2011/12 and 2014/15, but decreased in 2015/16 (Figure A3).

53. Royal Navy: It is currently not known whether there were fewer incidents in 2015/16 than in previous years or whether the levels of reporting have reduced. 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.

54. Royal Marines: It is not possible to determine whether the sharp upward trend between 2011/12 and 2014/15 is truly reflecting higher numbers of health and safety incidents in more recent years, or an improvement in reporting over this 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). Further investigation is required to understand the sharp decrease in incidents in 2015/16.

**Figure A4: Regular Naval Service personnel<sup>1</sup> with reported injury and ill health incidents by severity<sup>2</sup>, percentage of reported incidents<sup>3,4,p,r</sup> 2011/12 – 2015/16<sup>2</sup>**



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, HRMS, 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 there is a break in the time series during 2012/13 (see Methodology Section) - this is represented by a dotted line.
- 3. Excludes battlefield injuries and off-duty RTAs.
- 4. Percentages are based on the calculation of the absolute number and are presented to 1d.p. (see Methodology section).
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

55. Over the five year period RIDDOR reportable (major/specified and serious) incidents have accounted for just over 20% of all reported injury and ill health incidents each year. The proportion of reported major/specified incidents increased year on year from 2011/12 to 2013/14, however a decrease in the proportion of major incidents was seen in 2014/15 and 2015/16. The main cause across all severity classifications 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 2015/16 or compared to the previous financial year, in order to examine trends over time (**Figure A5**).

**Table A1: Regular Naval Service personnel<sup>1</sup> with a reported injury and ill health incident by demographics<sup>4,5,6,7</sup>, numbers<sup>2,p</sup> and percentage of Regular Naval Service personnel at risk<sup>2,3,p</sup> 2015/16**

		2015/16		percentage of all Naval Service personnel <sup>1</sup>
		n	%	
<b>Number of personnel with an reported injury or ill health incidents</b>		761 <sup>p</sup>	2.3 <sup>p</sup>	
<b>Gender</b>				
	Male	665 <sup>p</sup>	2.3 <sup>p</sup>	
	Female	87 <sup>p</sup>	2.9 <sup>p</sup>	
<b>Rank</b>				
	Officer	109 <sup>p</sup>	1.6 <sup>p</sup>	
	Other Rank	640 <sup>p</sup>	2.5 <sup>p</sup>	
<b>Training Indicator</b>				
	Trained	617 <sup>p</sup>	2.1 <sup>p</sup>	
	Untrained	132 <sup>p</sup>	4.4 <sup>p</sup>	
<b>Age</b>				
	<20	38 <sup>p</sup>	3.4 <sup>p</sup>	
	20-24	215 <sup>p</sup>	3.4 <sup>p</sup>	
	25-29	221 <sup>p</sup>	2.7 <sup>p</sup>	
	30-34	131 <sup>p</sup>	2.2 <sup>p</sup>	
	35-39	57 <sup>p</sup>	1.4 <sup>p</sup>	
	40-44	58 <sup>p</sup>	1.8 <sup>p</sup>	
	45-49	24 <sup>p</sup>	1.0 <sup>p</sup>	
	50-54	5 <sup>p</sup>	0.4 <sup>p</sup>	
	55+	-	0.0 <sup>p</sup>	

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

1. Includes Royal Navy and Royal Marines.
2. Excludes battlefield injuries and off-duty RTAs.
3. Percentages are based on the calculation of the absolute number and are presented to 1d.p. (see Methodology Section).
4. There were 9 (1%) Regular Navy Service personnel records with no Gender recorded and excluded from the analysis.
5. There were 12 (2%) Regular Navy Service personnel records with no Rank recorded and excluded from the analysis.
6. There were 12 (2%) Regular Navy Service personnel records with no Training Status recorded and excluded from the analysis.
7. There were 12 (2%) Regular Navy Service personnel records with no Age recorded and excluded from the analysis.
- p. Figures for 2015/16 are provisional and will be updated in future reports

The following demographic groups reported a statistically significant higher risk of injury and ill health in 2015/16 or compared to the previous financial year:

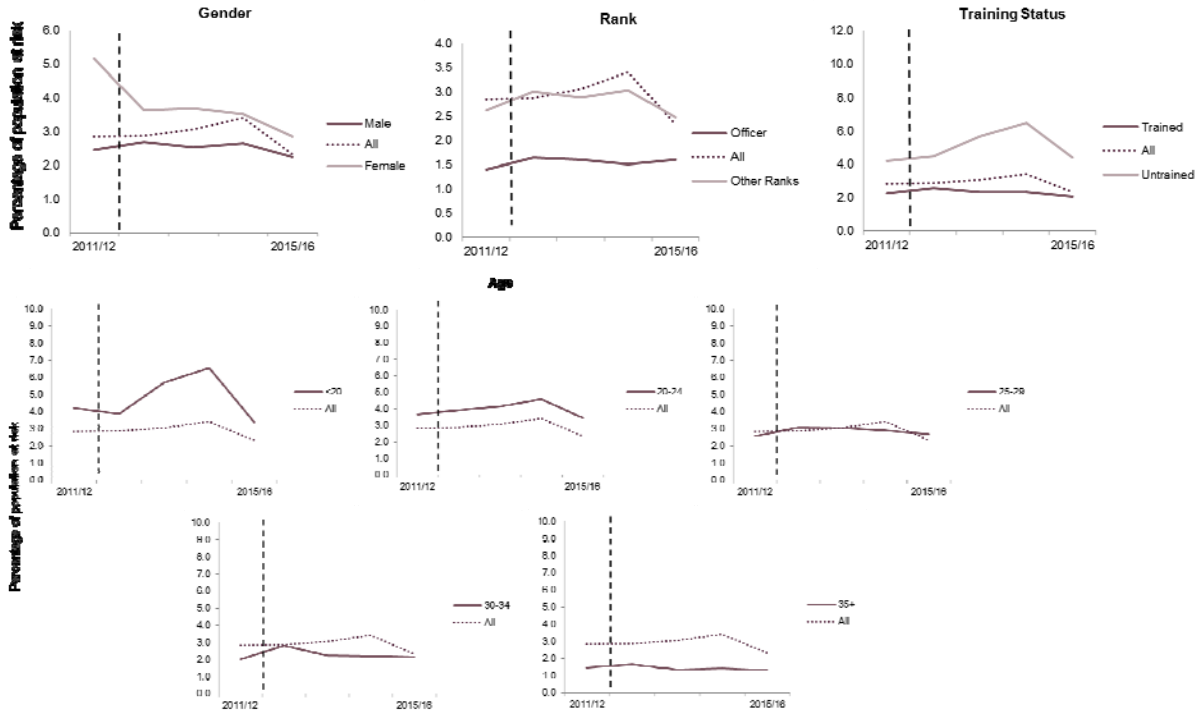
57. **Higher for females:** The reported injury and ill health incidents as a proportion of females at risk has remained higher than the reported injury and ill health incidents as a proportion of males at risk during the past five financial years (**Figure A5**). However, the proportion of females at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

58. **Higher for Other Ranks:** The reported injury and ill health incidents as a proportion of Other Ranks at risk has been consistently higher than the reported injury and ill health incidents as a proportion of Officers at risk over the last five financial years. The proportion at risk for both groups has remained stable over time, with the exception of Other Ranks at risk which decreased in 2015/16.

59. **Higher for untrained personnel:** Untrained personnel have a consistently higher rate of incidents compared to trained personnel. Paragraph 27 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.

60. **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.

**Figure A5: Regular Naval Service personnel<sup>1</sup> with reported injury and ill health incidents by demographics<sup>5</sup>, percentage of population at risk<sup>2,3,p,r</sup> 2011/12 – 2015/16<sup>4</sup>**



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

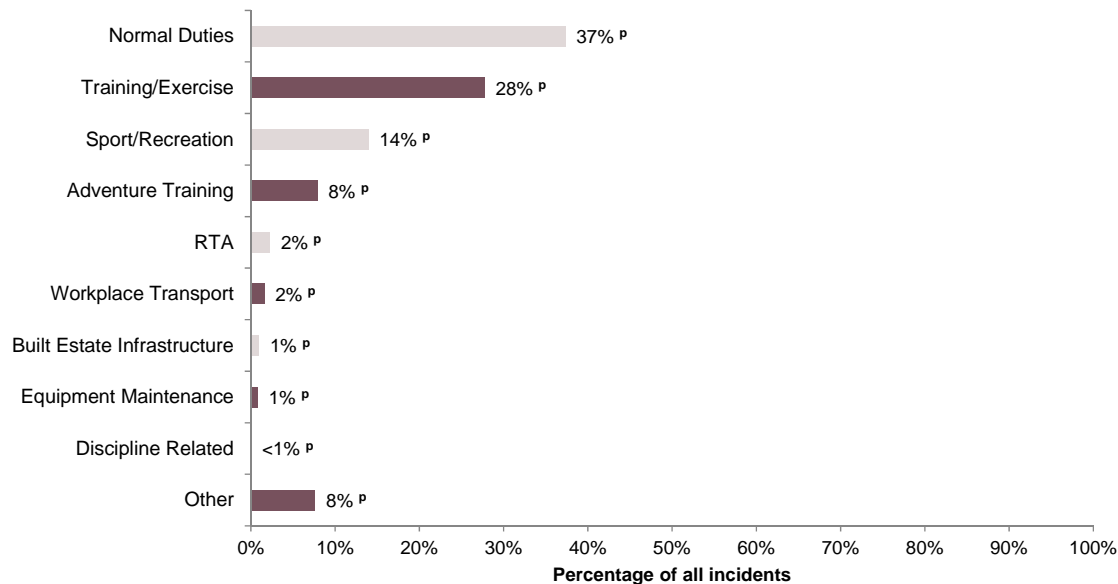
1. Includes Regular Royal Navy and Royal Marine personnel.
2. Excludes battlefield injuries and off-duty RTAs.
3. Percentages are based on the calculation of the absolute number and are presented to 1 d.p. (see Methodology Section).
4. Due to the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
5. Please see Table A1 for a breakdown of records excluded from the analysis.
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

## Regular Naval Service: Mechanisms of Injury

61. This section presents a breakdown of the mechanism of the reported injury and ill health incidents during 2015/16 for Regular Naval Service personnel (**Figure A6**).

62. Please note that specific population data for each mechanism is not available (e.g. the number of personnel who have taken part in adventure training) and therefore the percentage at risk calculations for each mechanism is not included in this report. The report presents the percentage of all incidents.

**Figure A6: Regular Naval Service personnel<sup>1</sup> reported injury and ill health incidents by mechanism, percentage of all incidents<sup>2,p</sup> 2015/16**



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

1. Includes Navy and Royal Marines personnel.

2. Excludes battlefield injuries and off-duty RTAs.

p. Figures for 2015/16 are provisional and will be updated in future reports.

63. During 2015/16 there were higher percentages of injury and ill health incidents for certain mechanisms of injury:

64. **Higher for Normal Duties:** During the latest financial year (2015/16), slips, trips and falls and being struck by/striking an object made up over a third of all Normal Duties incidents. Normal Duties has remained consistent as the main mechanism over the last five years.

65. 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).

66. **Higher for Training/Exercise:** Routine training accounting for the majority of Training/Exercise incidents in 2015/16. 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.

67. **Higher for Sport/Recreation:** During the last financial year (2015/16) over half of sport and recreation incidents were as a result of cycling, football and skiing. In 2014/15 rugby made up the majority of sport and recreation incidents along with football, however, there was a 70% decrease in rugby incidents in 2015/16.

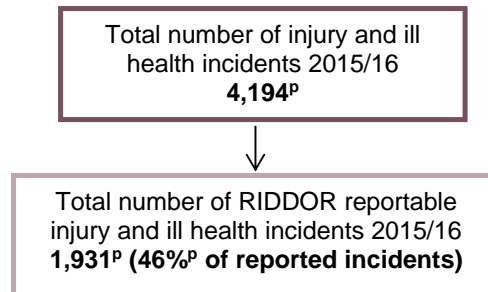
## Results: Regular Army Personnel

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### Regular Army: Reported Injury and Ill Health Incidents

68. This section presents overall numbers of reported injury and ill health incidents by Regular Army personnel during the latest financial year 2015/16 and over the previous four financial years. The reported injury and ill health incidents as a proportion of the population at risk are also presented for each of the five financial years.

**Figure B1: Regular Army personnel<sup>1</sup> reported injury and ill health incidents, numbers<sup>2,3,p</sup> and percentages<sup>2,3,p</sup> 2015/16**



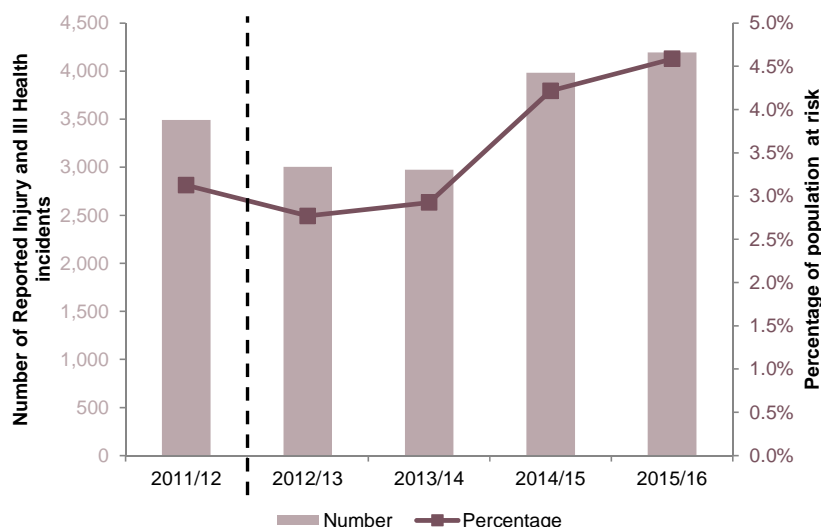
Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, JPA, NSINC

1. Includes Regular personnel, Gurkhas and MPGS.
2. Excludes battlefield injuries and off-duty RTAs
3. There were 8 Regular Army personnel reported injury and ill health incidents with no severity listed. Therefore the identified RIDDOR reportable incidents are a minimum.
- p. Figures for 2015/16 are provisional and will be updated in future reports.

69. During the latest financial year 2015/16 there were 4,194<sup>P</sup> reported injury and ill health incidents for 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 incidents and the reported incidents as a proportion of Regular Army personnel at risk remained stable.

70. 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.

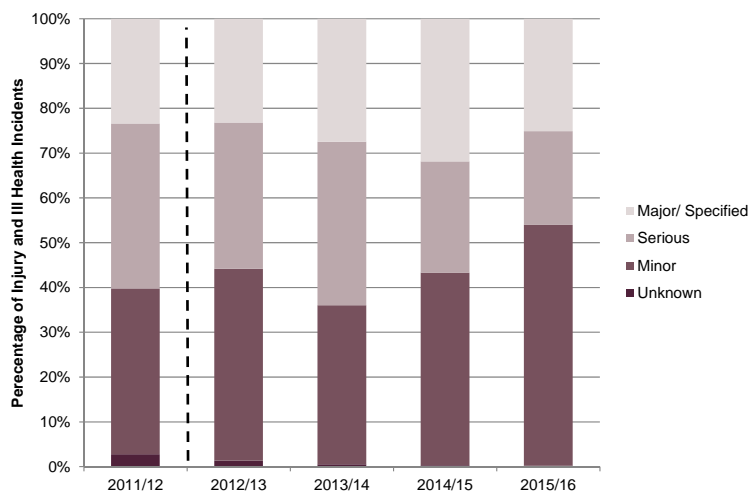
**Figure B2: Regular Army personnel<sup>1</sup> with reported injury and ill health incidents, numbers<sup>2,3,p,r</sup> and percentage of population at risk<sup>2,3,p,r</sup> 2011/12 - 2015/16<sup>4</sup>**



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

1. Includes Regular personnel, Gurkhas and MPGS
2. Excludes battlefield injuries and off-duty RTAs.
3. Percentages are based on the calculation of the absolute number and are presented to 1 d.p. (See Methodology Section).
4. Due to the change in MOD Health and Safety reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

**Figure B3: Regular Army personnel<sup>1</sup>, reported injury and ill health incidents by severity<sup>2</sup>, percentage of all incidents<sup>3,4,p,r</sup> 2011/12 – 2015/16**



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, HRMS, 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 there is a break in the time series during 2012/13 (see Methodology Section) - this is represented by a dotted line.
3. Excludes battlefield injuries and off-duty RTAs.
4. Percentages are based on the calculation of the absolute number and are presented to 1d.p. (see Methodology section).
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

71. Over the five year period RIDDOR reportable (major/specified and serious) incidents have accounted for between 50% and 60% of all reported injury and ill health incidents each year. The

proportion of major/specified injury and ill health incidents increased over time, while the proportion of serious injury and ill health incidents decreased over time. The main cause across all severity classifications is Training and Exercise.

**Regular Army: Demographic Risk Groups**

72. 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 2015/16 or compared to the previous financial year, in order to examine trends over time.

**Table B1: Regular Army personnel<sup>1</sup> with a reported injury or ill health incident by demographics<sup>4,5,6,7</sup>, numbers<sup>2,p</sup> and percentage of Regular Army personnel at risk<sup>2,3,p</sup> 2015/16**

	2015/16		percentage of all Regular Army personnel <sup>1</sup>
	n	%	
<b>Number of reported injury and ill health incidents to Regular Army personnel</b>	4,194 <sup>p</sup>	4.6 <sup>p</sup>	
<b>Gender</b>			
Male	3,703 <sup>p</sup>	4.4 <sup>p</sup>	
Female	434 <sup>p</sup>	5.6 <sup>p</sup>	
<b>Rank</b>			
Officer	378 <sup>p</sup>	2.9 <sup>p</sup>	
Other Rank	3,746 <sup>p</sup>	4.8 <sup>p</sup>	
<b>Training Status</b>			
Trained	3,530 <sup>p</sup>	4.2 <sup>p</sup>	
Untrained	593 <sup>p</sup>	7.5 <sup>p</sup>	
<b>Age</b>			
<20	431 <sup>p</sup>	7.4 <sup>p</sup>	
20-24	1,427 <sup>p</sup>	6.8 <sup>p</sup>	
25-29	1,058 <sup>p</sup>	4.7 <sup>p</sup>	
30-34	586 <sup>p</sup>	3.5 <sup>p</sup>	
35-39	395 <sup>p</sup>	3.1 <sup>p</sup>	
40-44	140 <sup>p</sup>	1.9 <sup>p</sup>	
45-49	60 <sup>p</sup>	1.6 <sup>p</sup>	
50-54	~ <sup>p</sup>	1.1	
55+	~ <sup>p</sup>	1.4 <sup>p</sup>	

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

- 1. Includes Regular personnel, Gurkhas and MPGS
- 2. Excludes battlefield injuries and off-duty RTAs.
- 3. Percentages are based on the calculation of the absolute number and are presented to 1d.p. (see Methodology Section).
- 4. There were 57 (1%) Regular Army personnel records with no Gender recorded and excluded from the analysis.
- 5. There were 70 (2%) Regular Army personnel records with no Rank recorded and excluded from the analysis.
- 6. There were 71 (2%) Regular Army personnel records with no Training Status recorded and excluded from the analysis.
- 7. There were 74 (2%) Regular Army personnel records with no Age recorded and excluded from the analysis.
- p. Figures for 2015/16 are provisional and will be updated in future reports.
- ~ In line with JSP 200 directive in statistical disclosure control, figures fewer than three have been suppressed. Please see Further Information.

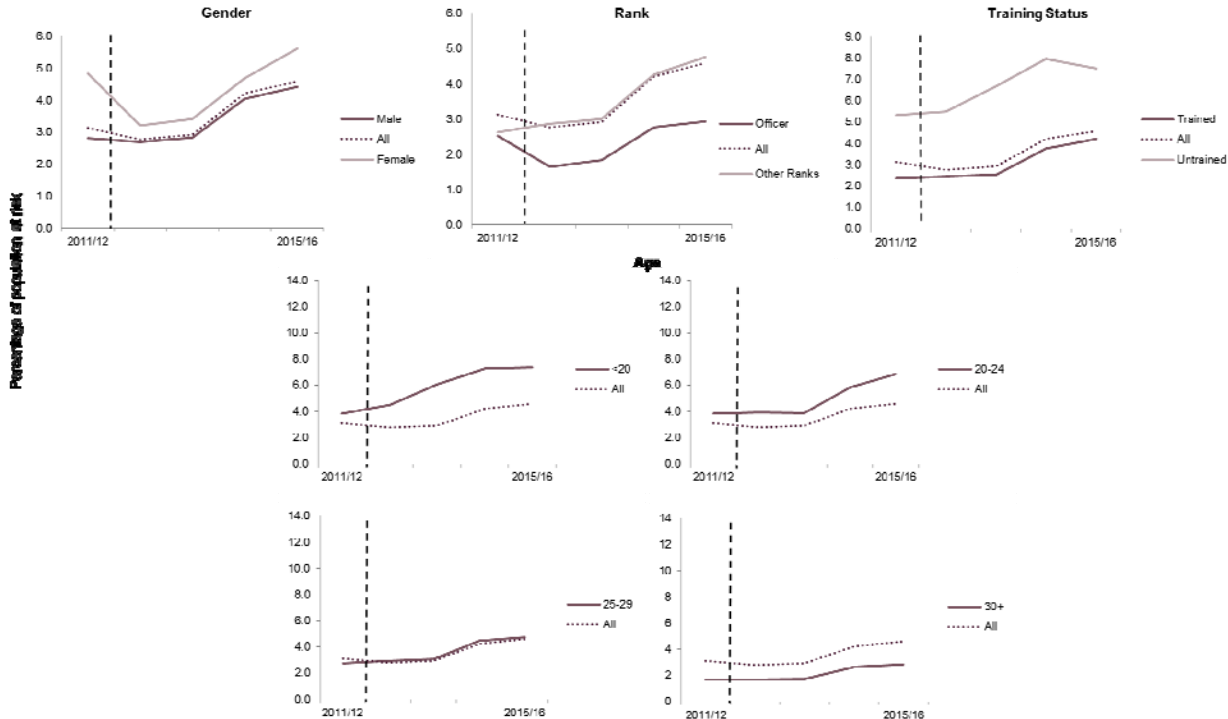
73. The following demographic groups reported a statistically significant higher risk of injury and ill health in 2015/16 or compared to the previous financial year:

74. **Higher for females:** The reported injury and ill health incidents as a proportion of females at risk has remained higher than the reported injury and ill health incidents as a proportion of males at risk during the past five financial years (**Table 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.

75. **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 2015/16, 97%<sup>p</sup> of all 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.

76. **Higher for Other Ranks than Officers:** The reported injury and ill health incidents as a proportion of Army Other Ranks at risk has been higher than Army Officers at risk during the past five financial years. It is currently unknown why Army Other Ranks have a higher risk of injury and ill health, though there may be a correlation with the significant findings for younger personnel since 72%<sup>p</sup> of Army Other Ranks with reported injury and ill health incidents were also aged under 30 (compared with 45%<sup>p</sup> of Army Officers).

**Figure B4: Regular Army personnel<sup>1</sup> with reported injury and ill health incidents by demographics<sup>5</sup>, percentage of population at risk<sup>2,3,p,r</sup> 2011/12- 2015/16<sup>4</sup>**



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

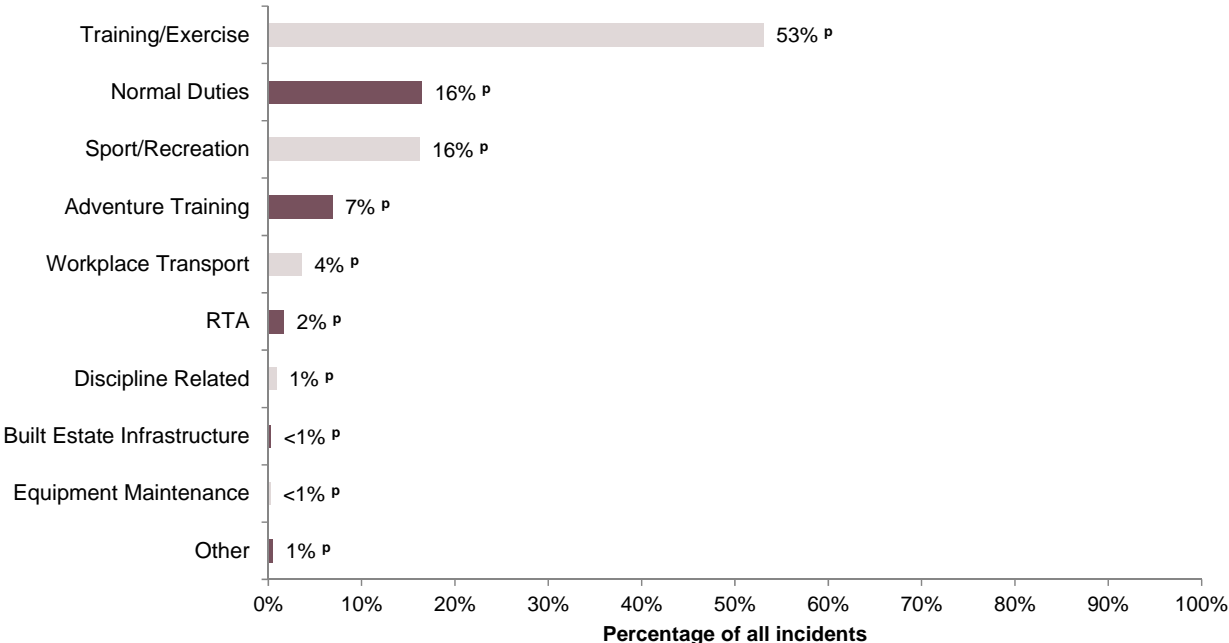
1. Includes Regular personnel, Gurkhas and MPGS
2. Excludes battlefield injuries and off-duty RTAs.
3. Percentages are based on the calculation of the absolute number and are presented to 1 d.p. (see Methodology Section).
4. Due to the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
5. Please see Table B1 for a breakdown of records excluded from the analysis.
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

**Regular Army: Mechanisms of Injury**

77. This section presents a breakdown of the mechanisms of the reported injury and ill health incidents during 2015/16 for Regular Army personnel (**Figure B5**).

78. 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. The report presents the percentage of all incidents.

**Figure B5: Regular Army personnel<sup>1</sup>, reported injury and ill health incidents by mechanism, percentage of all incidents<sup>2,p</sup>**  
2015/16



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

- 1. Includes Regular personnel, Gurkhas and MPGS.
- 2. Excludes battlefield injuries and off-duty RTAs.
- p. Figures for 2015/16 are provisional and will be updated in future reports

79. During 2015/16 there were higher percentages of injury and ill health incidents for certain mechanisms of injury:

**80. 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.

81. Routine Training has been continually increased 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.

**82. 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. Additionally, there has been a 142% increase in Normal Duties incidents in the Army because of animals from 2011/12 to 2015/16.

**83. 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.

**ANNEX C**

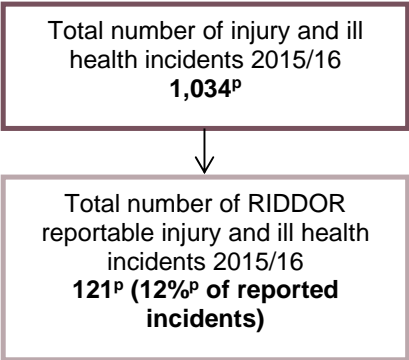
**Results: Regular RAF personnel**

**Regular RAF: Reported injury and ill health incidents**



84. This section presents overall numbers of reported injury and ill health incidents by all Regular RAF personnel during the latest financial year 2015/16 and over the previous four financial years. The reported injury and ill health incidents as a proportion of the population at risk are also presented for each of the five financial years.

**Figure C1: All Regular RAF Personnel<sup>1</sup> reported injury and ill health incidents, numbers<sup>2,3,p</sup> and percentages<sup>2,3,p</sup> 2015/16**



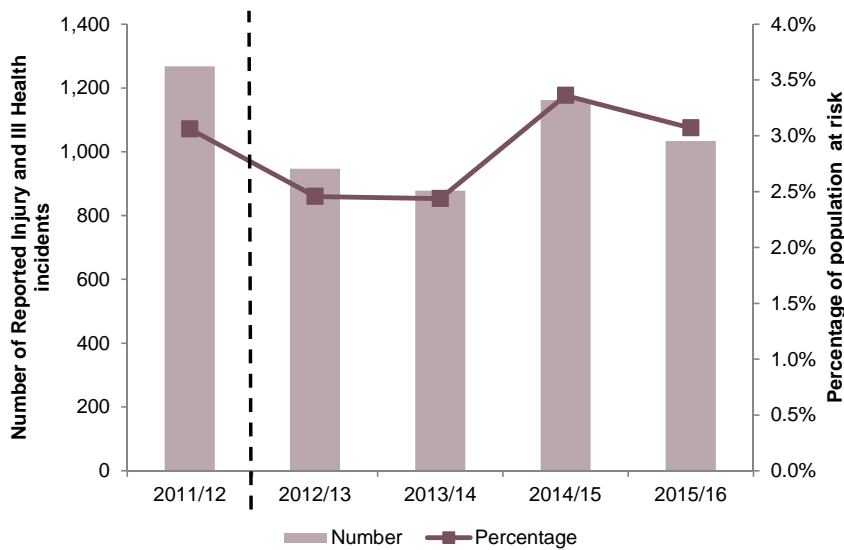
Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, JPA, NSINC

- 1. Includes Regular RAF personnel only.
- 2. Excludes battlefield injuries and off-duty RTAs.
- 3. 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. Figures for 2015/16 are provisional and will be updated in future reports

85. During the latest financial year 2015/16 there were 1,034<sup>p</sup> reported injury and ill health incidents by RAF personnel.

86. Between 2013/14 and 2014/15, the reported injury and ill health incidents as a proportion of RAF personnel at risk increased, but decreased in 2015/16. The trends over time follow a similar pattern to that of all Regular Armed Forces personnel (see Armed Forces results section). Further detail is provided on reported injury and ill health incidents whilst on training and exercise further in this ANNEX.

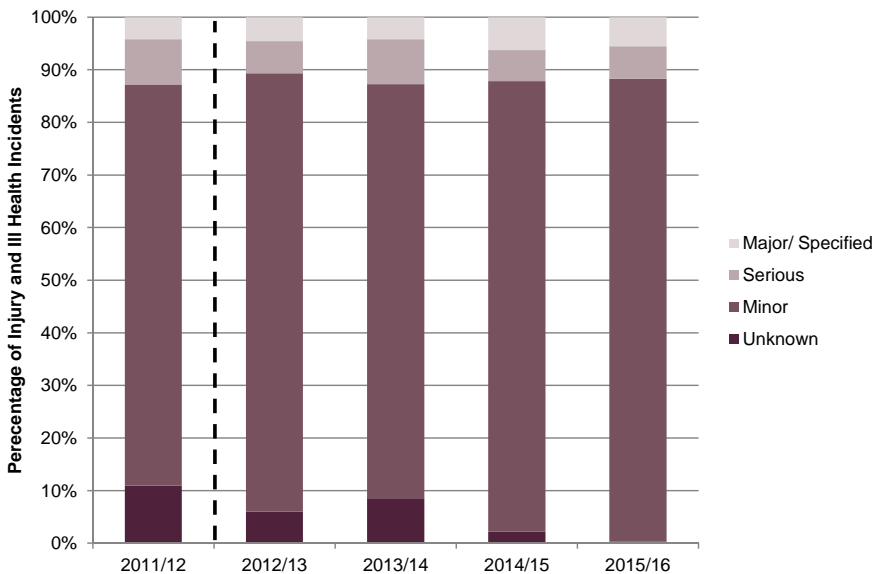
**Figure C2: Regular RAF personnel<sup>1</sup> reported injury and ill health incidents, numbers<sup>2,p,r</sup> and percentage of population at risk<sup>2,3,p,r</sup> 2011/12 - 2015/16<sup>4</sup>**



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

1. Includes Regular RAF personnel.
  2. Excludes battlefield injuries and off-duty RTAs.
  3. Percentages are based on the calculation of the absolute number and are presented to 1 d.p. (See Methodology Section).
  4. Due to the change in MOD Health and Safety reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.  
 r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

**Figure C3: Regular RAF personnel<sup>1</sup> reported injury and ill health incidents by severity<sup>2</sup>, percentage of all incidents<sup>3,4,p,r</sup>**  
 2011/12 - 2015/16<sup>2</sup>



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





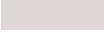
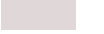










1. Includes Regular personnel, Gurkhas and MPGS
  2. Due to a change in the definition of a 'serious' injury and the change in MOD H&S reporting systems there is a break in the time series during 2012/13 (see Methodology Section) - this is represented by a dotted line.
  3. Excludes battlefield injuries and off-duty RTAs.
  4. Percentages are based on the calculation of the absolute number and are presented to 1d.p. (see Methodology section).
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.  
 r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

87. 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 severity classifications was Normal Duties.

## Regular RAF: Demographic risk groups

88. 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 2015/16, or compared to the previous financial year, in order to determine trends over time (**Figure C4**).

**Table C1: Regular RAF personnel<sup>1</sup> reported injury and ill health incidents by demographics<sup>4,5,6,7</sup>, numbers<sup>2,p</sup> and percentage of RAF personnel at risk<sup>2,3,p</sup> 2015/16**

		2015/16		
		n	%	percentage of all UK RAF personnel <sup>1</sup>
<b>Number of reported injury and ill health incidents to Regular RAF personnel</b>		1,034 <sup>p</sup>	3.1 <sup>p</sup>	
<b>Gender</b>				
	Male	874 <sup>p</sup>	3.0 <sup>p</sup>	
	Female	150 <sup>p</sup>	3.2 <sup>p</sup>	
<b>Rank</b>				
	Officer	174 <sup>p</sup>	2.3 <sup>p</sup>	
	Other Rank	826 <sup>p</sup>	3.2 <sup>p</sup>	
<b>Training Status</b>				
	Trained	689 <sup>p</sup>	2.2 <sup>p</sup>	
	Untrained	310 <sup>p</sup>	13.4 <sup>p</sup>	
<b>Age</b>				
	<20	94 <sup>p</sup>	13.3 <sup>p</sup>	
	20-24	283 <sup>p</sup>	6.0 <sup>p</sup>	
	25-29	245 <sup>p</sup>	3.3 <sup>p</sup>	
	30-34	154 <sup>p</sup>	2.3 <sup>p</sup>	
	35-39	106 <sup>p</sup>	2.0 <sup>p</sup>	
	40-44	55 <sup>p</sup>	1.5 <sup>p</sup>	
	45-49	37 <sup>p</sup>	1.3 <sup>p</sup>	
	50-54	~ <sup>p</sup>	1.4 <sup>p</sup>	
	55+	~	<0.1 <sup>p</sup>	

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

1. Includes Regular personnel, Gurkhas and MPGS

2. Excludes battlefield injuries and off-duty RTAs.

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

4. There were 10 (1%) RAF personnel records with no Gender recorded and excluded from the analysis.

5. There were 34 (3%) RAF personnel records with no Rank recorded and excluded from the analysis.

6. There were 35 (3%) RAF personnel records with no Training Status recorded and excluded from the analysis.

7. There were 34 (3%) RAF personnel records with no Age recorded and excluded from the analysis.

p. Figures for 2015/16 are provisional and will be updated in future reports.

~ In line with JSP 200 directive in statistical disclosure control, figures fewer than three have been suppressed. Please see Further Information.

89. During 2015/16 there were certain demographic groups who, statistically, 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:

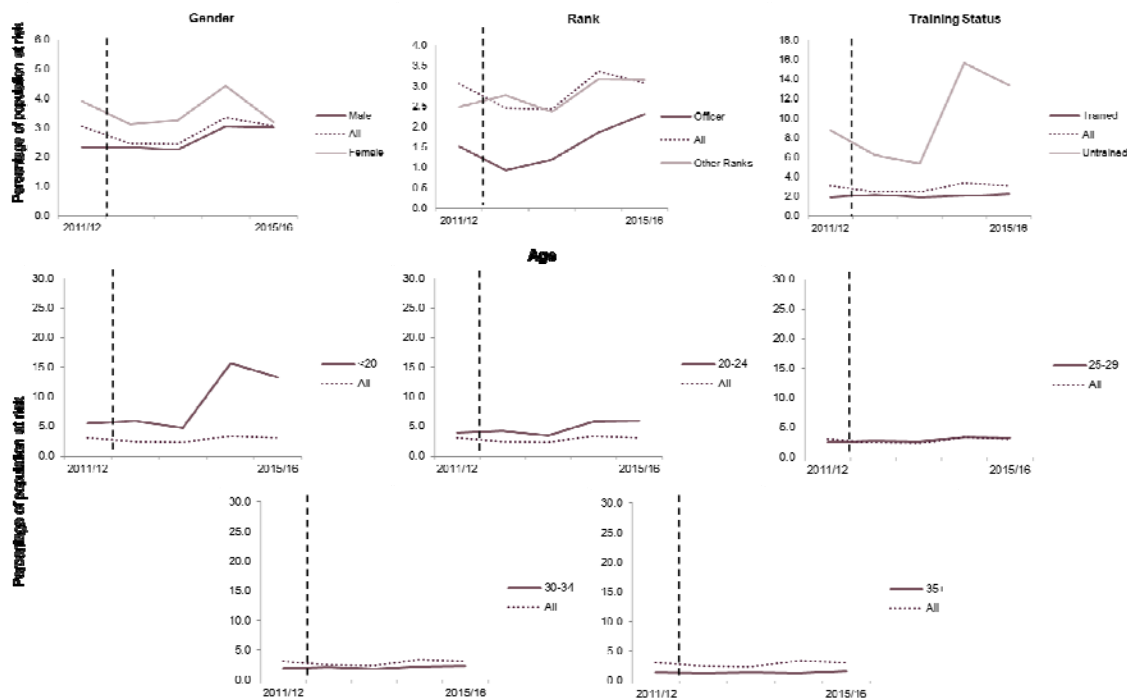
90. **Higher for females:** The reported injury and ill health incidents as a proportion of females at risk has remained higher than the proportion of males at risk during the past five financial years, with the exception of 2015/16 where the proportions were similar. (**Figure C4**).

91. **Higher for those aged under 35:** The reported injury and ill health incidents as proportion of RAF personnel aged under 35 years at risk has remained constant for all age groups over the last five financial years, with the exception of those aged under 20 years.

92. **Higher for untrained personnel:** The reported injury and ill health incidents as proportion of untrained RAF personnel at risk remained higher than the proportion of trained personnel at risk during the past five financial years. The reported injury and ill health incidents as proportion of trained RAF personnel remained stable over this time period, while for untrained personnel the proportion dramatically increased between 2013/14 and 2014/15, and then decreased in 2015/16.

93. **Higher for Other Ranks:** The reported injury and ill health incidents as proportion of Other Ranks RAF personnel at risk remained higher than the proportion for Officers at risk during the past five financial years. This could be due to the differing duties that these cohorts undertake.

**Figure C4: Regular RAF personnel<sup>1</sup> reported health and safety incidents by mechanism, percentage of population at risk<sup>2,3,5,p,r</sup> 2011/12- 2015/16<sup>4</sup>**



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

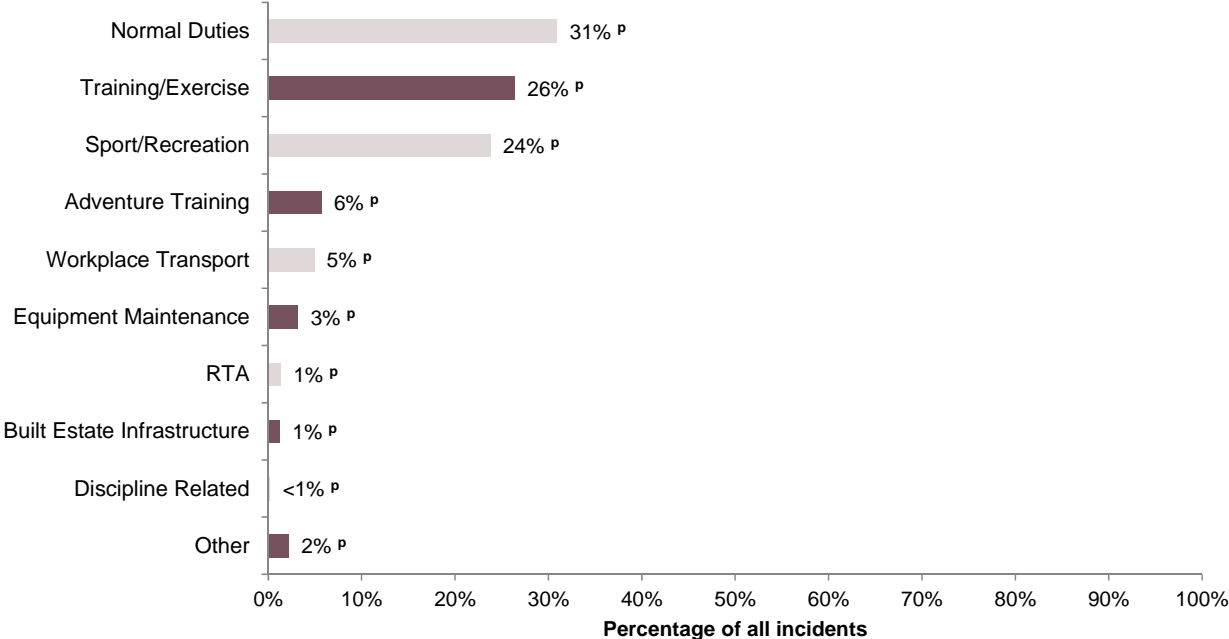
1. Includes Regular RAF personnel only.
2. Excludes battlefield injuries and off-duty RTAs.
3. Percentages are based on the calculation of the absolute number and are presented to 1 d.p. (see Methodology Section).
4. Due to the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
5. Please see Table C1 for a breakdown of records excluded from the analysis.
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2014/15, 2013/14, 2012/13 have been revised from previous years reports (see Further Information).

### Regular RAF: Mechanisms of Injury

94. 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**).

95. 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. The report presents the percentage of all incidents.

**Figure C5: Regular RAF personnel<sup>1</sup> reported injury and ill health incidents by mechanism, percentage of all incidents<sup>2,p</sup> 2015/16**



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

- 1. Includes Regular RAF personnel only.
- 2. Excludes battlefield injuries and off-duty RTAs.
- p. Figures for 2015/16 are provisional and will be updated in future reports

96. During 2015/16 there were higher percentages of injury and ill health incidents for certain mechanisms of injury:

97. **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. From 2011/12 to 2013/14 being struck by or striking an object had consistently been the highest proportion of incidents reported.

98. Training and Exercise injury and ill health incidents are driven by routine training.

99. Similarly to the overall military the main driver for Sport and Recreation reported incidents was football. Incidents due to circuit training have more than doubled in the RAF in the latest financial year.

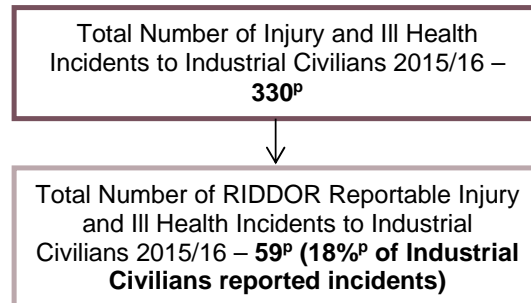
## Results: MOD Industrial Civilians

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### **MOD Industrial Civilians: Reported Injury and Ill Health Incidents**

100. This section presents overall numbers of reported injury and ill health incidents by MOD Industrial Civilians during the latest financial year 2015/16 and over the previous four financial years. The reported injury and ill health incidents as a proportion of the population at risk are also presented for each of the five financial years.

**Figure D1: MOD Industrial Civilian<sup>1</sup> reported injury and ill health incidents, numbers<sup>2,3,4,p</sup> and percentages<sup>2,3,4,p</sup> 2015/16**



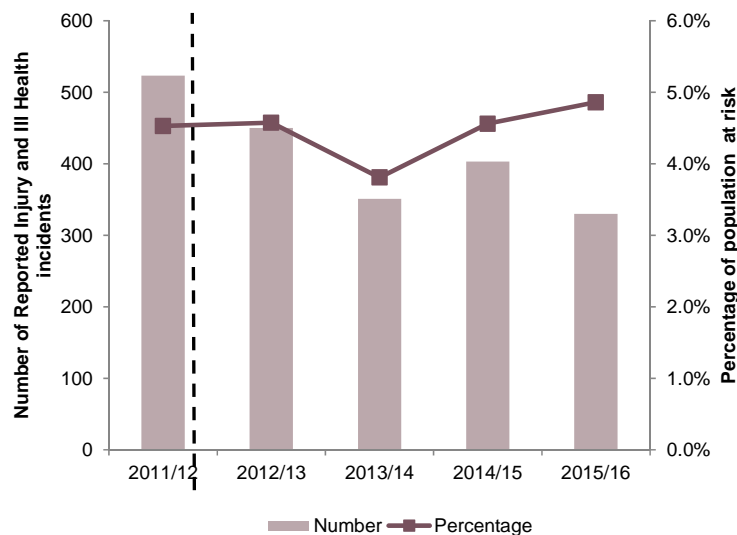
Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, HRMS, IRIS, JFC, JPA, NSINC

1. Includes MOD Industrial Employees only.
2. Excludes battlefield injuries and off-duty RTAs.
3. It was not possible to determine whether 101 MOD Civilians were Industrial or Non Industrial staff. Reported injury and ill health incidents for these personnel are excluded from this annex.
4. 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 2015/16 are provisional and will be updated in future reports.

101. Between 2013/14 and 2015/16, the reported injury and ill health incidents as a proportion of MOD Industrial Civilians personnel at risk has increased year on year over this time period (**Figure D2**).

102. Over the time period RIDDOR reportable (major/specified and serious) incidents have been decreasing, accounting for 22% of all reported injury and ill health incidents in 2011/12 compared to 18% in 2015/16. For all three severities Normal Duties was the highest cause of reported injury and ill health incidents.

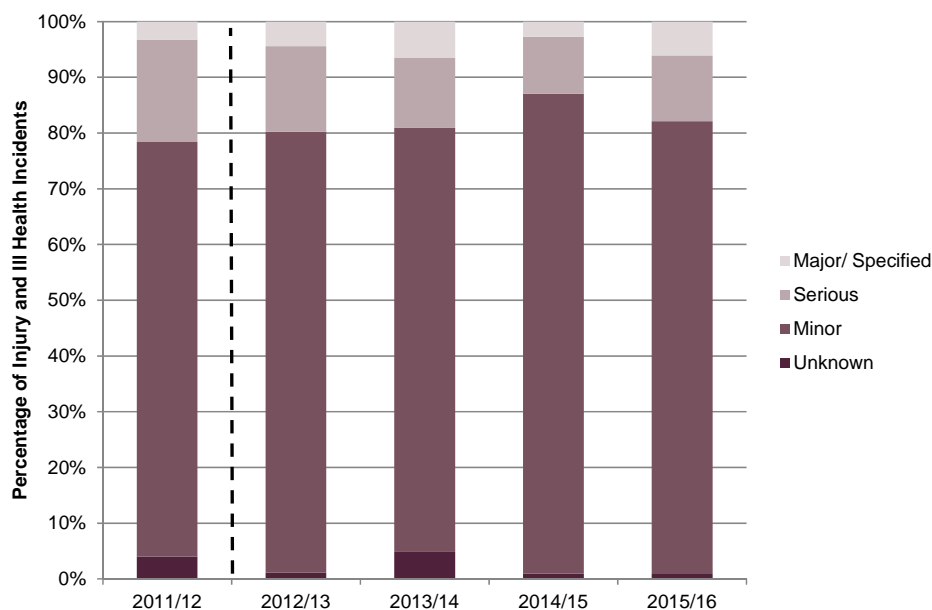
**Figure D2: Industrial Civilian<sup>1</sup> reported injury and ill health incidents, numbers<sup>p,r</sup> and percentage of population at risk<sup>2,p,r</sup>**  
2011/12 - 2015/16<sup>3</sup>



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

1. Includes MOD Industrial Employees
2. Percentages are based on the calculation of the absolute number and are presented to 1 d.p. (See Methodology Section).
3. Due to the change in MOD Health and Safety reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

**Figure D3: Industrial Civilians<sup>1</sup> with reported injury and ill health incidents by severity<sup>2</sup>, percentage of reported incidents<sup>3,p,r</sup>**  
2011/12 - 2015/16



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

1. Includes MOD Industrial Employees only
2. 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.
3. Percentages are based on the calculation of the absolute number and are presented to 1d.p. (see Methodology section).
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

**MOD Industrial Civilians: Demographic Risk Groups**

103. 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 Civilian<sup>1</sup> reported injury and ill health incidents by demographics<sup>3,4</sup>, numbers<sup>p</sup> and percentage of Industrial Civilians at risk<sup>2,3,p</sup>**  
2015/16

	2015/16		Percentage of Industrial Civilians <sup>1</sup>
	n	%	
<b>Number of Industrial Civilians with reported injury or ill health incident</b>	330 <sup>p</sup>	4.9 <sup>p</sup>	
<b>Gender</b>			
Male	257 <sup>p</sup>	4.4 <sup>p</sup>	
Female	55 <sup>p</sup>	5.5 <sup>p</sup>	
<b>Age Group</b>			
<20	~ <sup>p</sup>	2.3	
20-24	~ <sup>p</sup>	6.4 <sup>p</sup>	
25-29	17 <sup>p</sup>	7.5 <sup>p</sup>	
30-34	13 <sup>p</sup>	4.5 <sup>p</sup>	
35-39	16 <sup>p</sup>	4.6 <sup>p</sup>	
40-44	37 <sup>p</sup>	6.2 <sup>p</sup>	
45-49	49 <sup>p</sup>	4.6 <sup>p</sup>	
50-54	57 <sup>p</sup>	4.1 <sup>p</sup>	
55+	110 <sup>p</sup>	4.3 <sup>p</sup>	

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

- 1. Includes MOD Industrial Employees only.
- 2. Percentages are based on the calculation of the absolute number and are presented to 1d.p. (see Methodology Section)
- 3. There were 18 (5%) Industrial Civilian records with no Gender recorded and excluded from this analysis.
- 4. There were 18 (5%) Industrial Civilian records with no Age recorded and excluded from this analysis.
- p. Figures for 2015/16 are provisional and will be updated in future reports
- ~ In line with JSP 200 directive in statistical disclosure control, figures fewer than three have been suppressed. Please see Further Information.

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

105. Although the percentage of the population at risk is higher for those aged 25-29, this result was not statistically significant due to small numbers of personnel in this group.

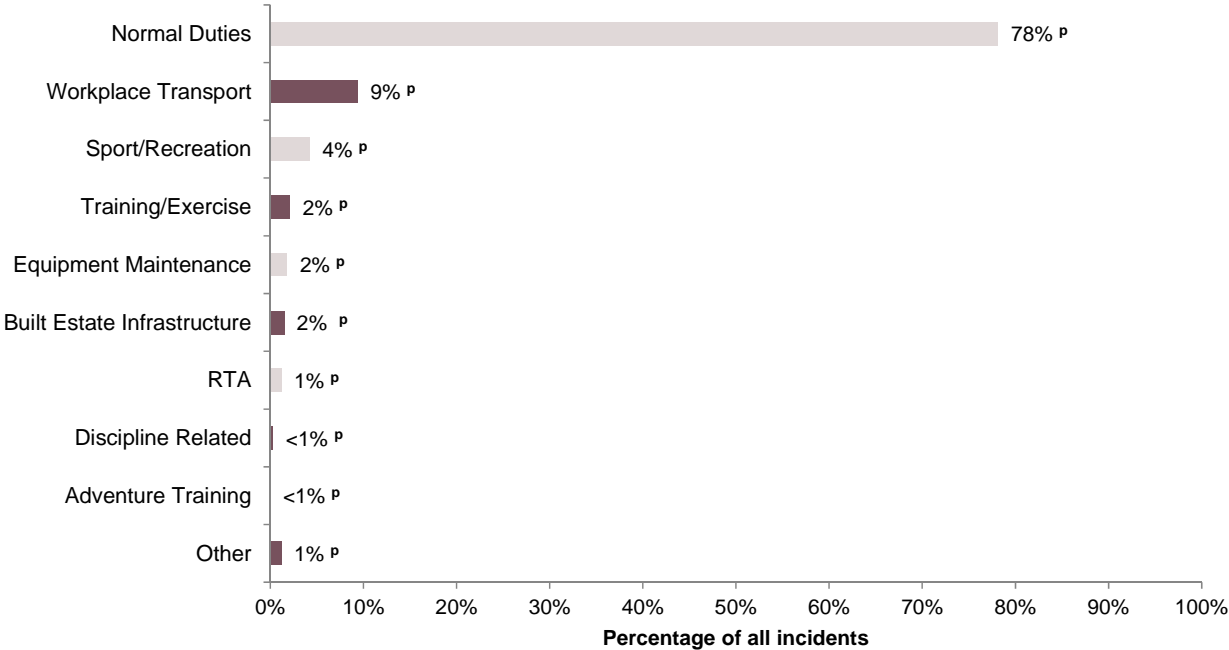


**MOD Industrial Civilians: Mechanisms of Incident**

106. This section presents a breakdown of the mechanism of the reported injury and ill health incidents during 2015/16 for MOD Industrial Civilian personnel (**Figure D4**).

107. 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. The report presents the percentage of all incidents.

**Figure D4: Industrial Civilian<sup>1</sup> reported injury and ill health incidents by mechanism, percentage of all incidents<sup>p</sup>**  
2015/16



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

1. Includes MOD-employed Industrial Civilians.

p. Figures for 2015/16 are provisional and will be updated in future reports.

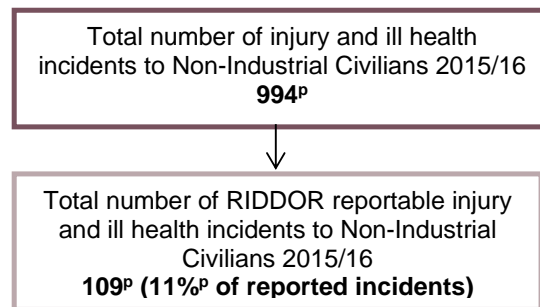
108. The majority of incidents among Industrial Civilians during 2015/16 were during Normal Duties. The high numbers of Normal Duties incidents were due to slips, trips and falls, striking or being struck by an object and lifting or handling goods and equipment, which accounted for over half of incidents during 2015/16 (**Figure D4**).

## Results: MOD Non-Industrial Civilians

### MOD Non Industrial Civilians: Reported Injury and Ill Health Incidents

109. This section presents overall numbers of reported injury and ill health incidents by MOD Industrial Civilians during the latest financial year 2015/16 and over the previous four financial years. The reported injury and ill health incidents as a proportion of the population at risk are also presented for each of the five financial years.

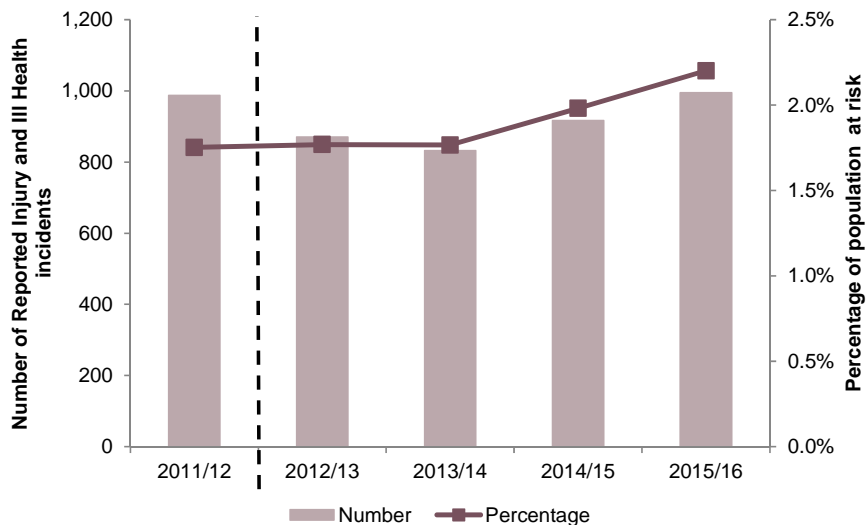
**Figure E1: MOD Non-Industrial Civilians<sup>1</sup> reported injury and ill health incidents, numbers<sup>2,3,p</sup> and percentages<sup>2,3,p</sup> 2015/16**



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

1. Includes MOD Non-Industrial employees only
2. It was not possible to determine whether 101 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 2015/16 are provisional and will be updated in future reports.

**Figure E2: MOD Non-Industrial Civilians<sup>1</sup> with reported injury and ill health incidents, numbers<sup>p,r</sup> and percentage of population at risk<sup>2, p, r</sup> 2011/12 - 2015/16<sup>3</sup>**

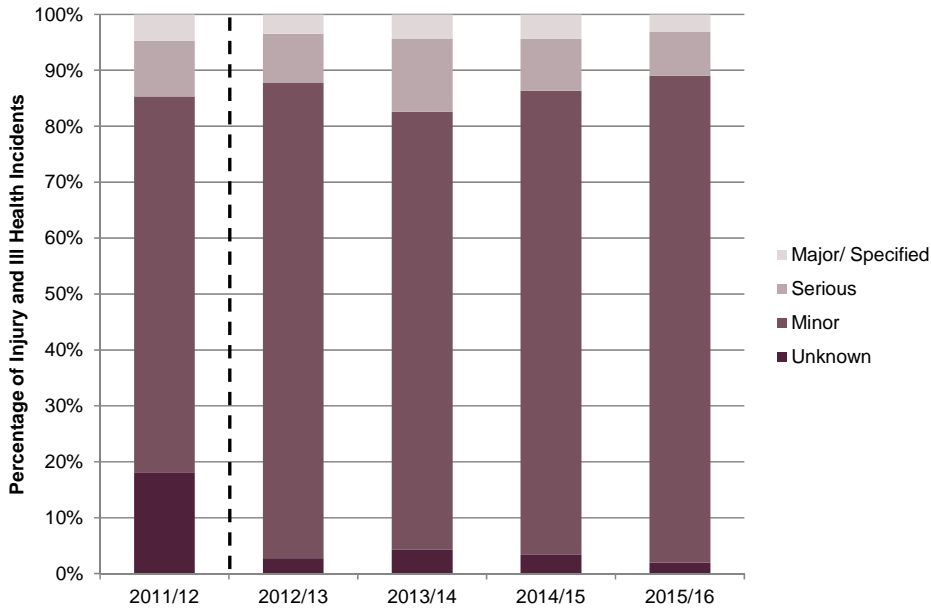


Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, HRMS, IRIS, JFC, JPA, NSINC

1. Includes MOD Non-Industrial employees only
2. Percentages are based on the calculation of the absolute number and are presented to 1 d.p. (See Methodology Section).
3. Due to the change in MOD Health and Safety reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

110. Between 2011/12 and 2015/16, the reported injury and ill health incidents as a proportion of MOD Non-Industrial Civilians personnel at risk has increased over this time period.

**Figure E3: MOD Non-Industrial Civilians<sup>1</sup> with reported injury and ill health incidents by severity<sup>2</sup>, numbers<sup>p,r</sup> and percentage of incidents<sup>3,p,r</sup>**  
2011/12 - 2015/16



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




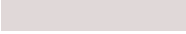






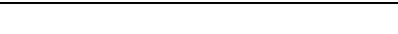
1. Includes MOD Non-Industrial Employees only
2. Due to a change in the definition of a 'serious' injury and the change in MOD H&S reporting systems there is a break in the time series during 2012/13 (see Methodology Section) - this is represented by a dotted line.
3. Percentages are based on the calculation of the absolute number and are presented to 1d.p. (see Methodology section).
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

111. Over the time period RIDDOR reportable (major/specified and serious) incidents have accounted for approximately 15% 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

112. 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 or compared to the previous financial year, in order to determine trends over time.

**Table E1: MOD Non-Industrial Civilians<sup>1</sup> with a reported injury or ill health incident by demographics<sup>3,4</sup>, numbers<sup>p</sup> and percentage of Non-Industrial Civilians at risk<sup>2,p</sup>**  
2015/16

		2015/16		Percentage of Non-Industrial Civilians <sup>1</sup>
		n	%	
<b>Number of Non-Industrial Civilians with reported injury or ill health incident</b>		994 <sup>p</sup>	2.2 <sup>p</sup>	
<b>Gender</b>				
Male		514 <sup>p</sup>	1.9 <sup>p</sup>	
Female		383 <sup>p</sup>	2.1 <sup>p</sup>	
<b>Age Group</b>				
<20		- <sup>p</sup>	0.0 <sup>p</sup>	
20-24		14 <sup>p</sup>	1.1 <sup>p</sup>	
25-29		51 <sup>p</sup>	1.8 <sup>p</sup>	
30-34		66 <sup>p</sup>	1.8 <sup>p</sup>	
35-39		56 <sup>p</sup>	1.5 <sup>p</sup>	
40-44		72 <sup>p</sup>	1.5 <sup>p</sup>	
45-49		202 <sup>p</sup>	2.7 <sup>p</sup>	
50-54		164 <sup>p</sup>	1.9 <sup>p</sup>	
55+		264 <sup>p</sup>	2.4 <sup>p</sup>	

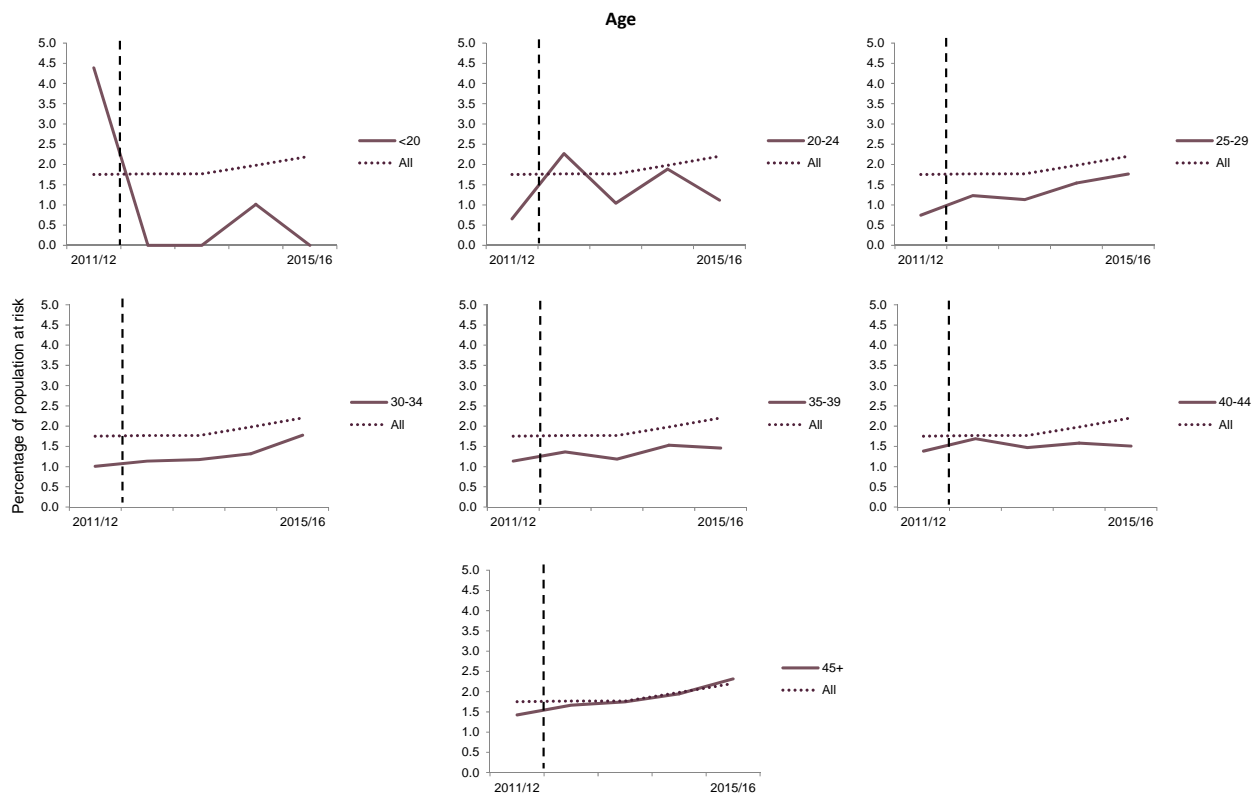
Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, JPA, NSINC

1. Includes MOD Non-Industrial employees only.
2. Percentages are based on the calculation of the absolute number and are presented to 1d.p. (see Methodology Section)
3. There were 97 (8%) Non-Industrial Civilian records with no Gender recorded and excluded from this analysis.
4. There were 105 (11%) Non-Industrial Civilian records with no Age recorded and excluded from this analysis.
- p. Figures for 2015/16 are provisional and will be updated in future reports.

113. During 2015/16 there were certain demographic groups who, statistically, are more likely to have a reported injury or ill health incident:

114. **Higher for Non Industrial Civilians aged 45 and over:** The reported injury and ill health incidents as a proportion of Non-Industrial Civilians personnel aged 45 years and over at risk has remained higher than the proportion for of Non Industrial Civilians personnel aged under 45 years 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.

**Figure E4: MOD Non-Industrial Civilians<sup>1</sup> reported injury and ill health incidents by Age Group<sup>4</sup>, percentage of population at risk<sup>3,p,r</sup> 2010/11- 2015/16<sup>3</sup>**



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

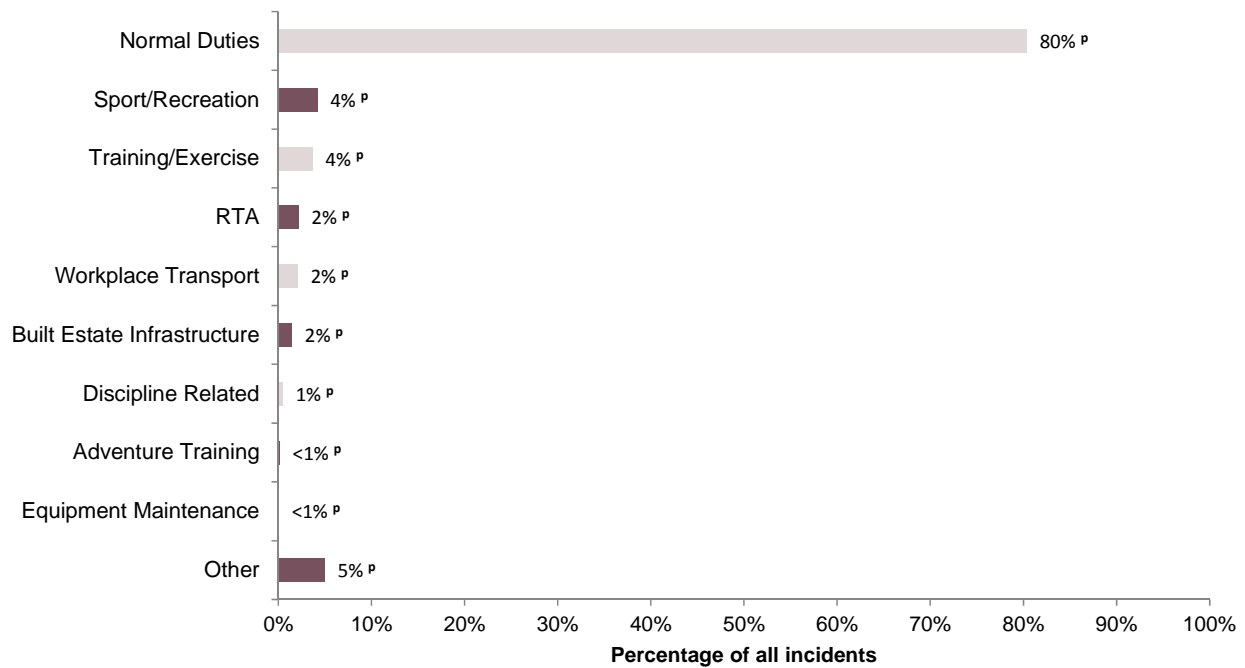
1. Includes MOD Non-Industrial employees only.
2. Percentages are based on the calculation of the absolute number and are presented to 1 d.p. (see Methodology Section).
3. Due to the change in MOD H&S reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
4. Please see Table E1 for a breakdown of records excluded from the analysis.
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

## MOD Non-Industrial Civilians: Mechanisms of Injury

115. This section presents a breakdown of the mechanisms of the reported injury and ill health incidents during 2015/16 for Non Industrial Civilian personnel (**Figure E5**).

116. 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. The report presents the percentage of all incidents.

**Figure E5: MOD Non-Industrial Civilians<sup>1</sup> with a reported injury or ill health incident by mechanism, percentage of all incidents<sup>p</sup>**  
2015/16



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

1. Includes MOD Non-Industrial employees only,

p. Figures for 2015/16 are provisional and will be updated in future reports

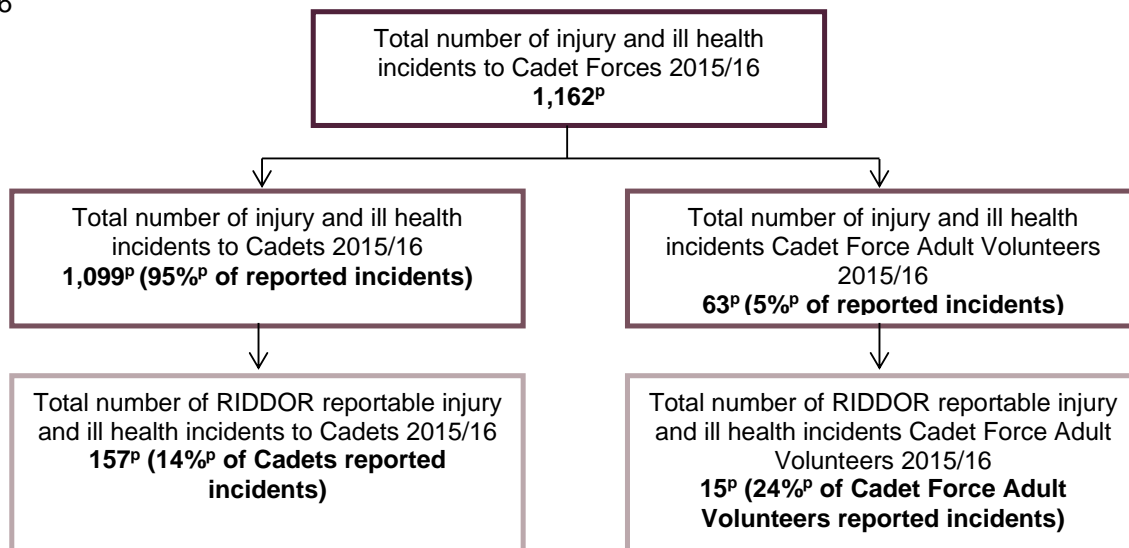
117. The highest proportion of injury and ill health incidents among Non-Industrial Civilians was for Normal Duties. The high numbers of normal duties incidents are due to slips, trips and falls, striking or being struck by an object and ill health, which accounted for over half of all Non Industrial Civilian reported injury and ill health incidents during 2015/16.

## Results: Cadet Forces

### Cadet Forces: Reported Injury and Ill Health Incidents

118. This section presents overall numbers of reported injury and ill health incidents by all Cadet Forces during the latest financial year 2015/16 and over the previous four financial years. The reported injury and ill health incidents as a proportion of the population at risk are also presented for each of the five financial years.

**Figure F1: Cadet Forces<sup>1</sup> reported injury and ill health incidents, numbers<sup>2,p</sup> and percentages<sup>2,p</sup> 2015/16**



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

1. Includes Cadets and Cadet Force Adult Volunteers.

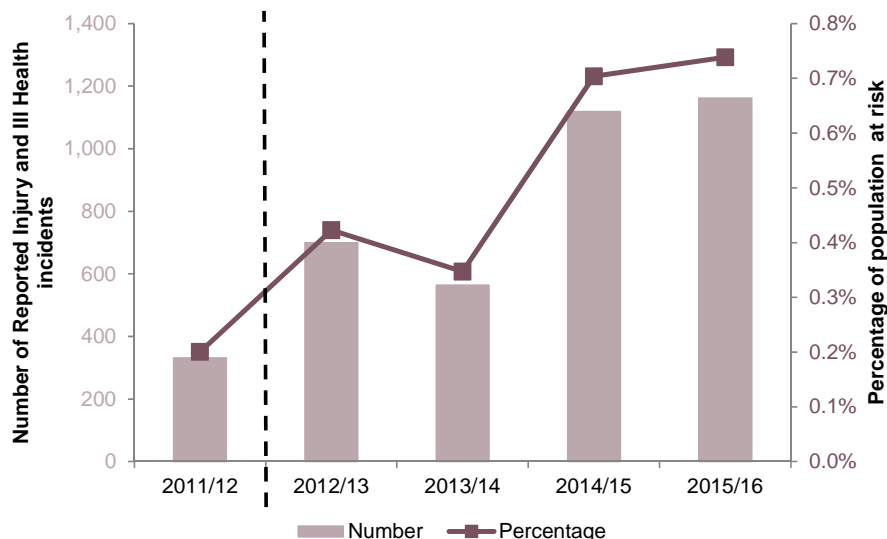
2. There were ~ Cadet Forces reported injury and ill health incidents with no severity listed. Therefore the identified RIDDOR reportable incidents are a minimum.

p. Figures for 2015/16 are provisional and will be updated in future reports.

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

120. Despite showing an increase in the reported injury and ill health incidents as a proportion of Cadet Forces at risk between 2011/12 and 2015/16 (**Figure F2**), the proportion of Cadet Forces at risk 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.

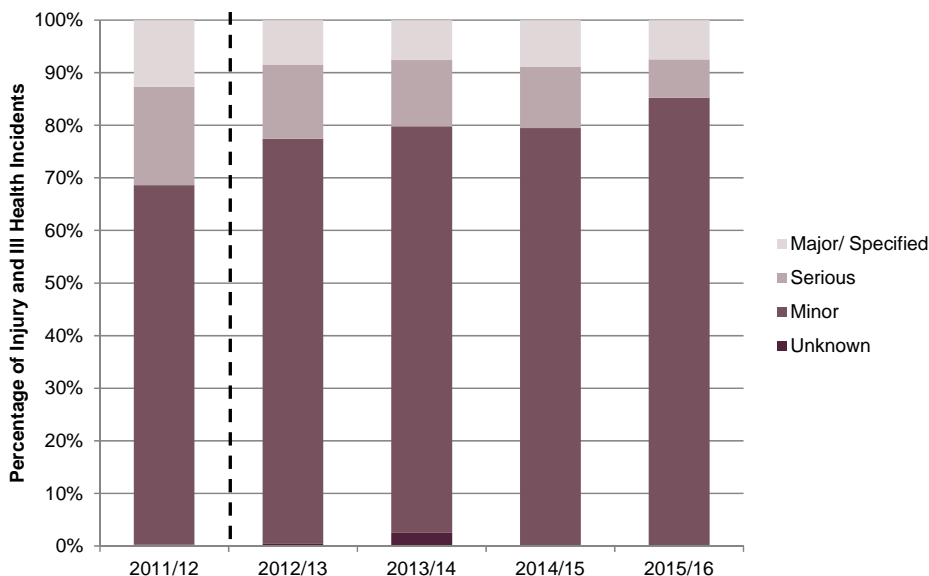
**Figure F2: Cadet Forces<sup>1</sup> reported health and safety incidents, numbers<sup>p,r</sup> and percentage of population at risk<sup>2,p,r</sup>**  
2011/12 - 2015/16<sup>4</sup>



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

1. Includes Cadets and Cadet Force Adult Volunteers.
2. Percentages are based on the calculation of the absolute number and are presented to 1 d.p. (See Methodology Section).
3. Due to the change in MOD Health and Safety reporting systems (see Methodology Section) there is a break in the time series during 2012/13.
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

**Figure F3: Cadet Forces<sup>1</sup> reported health and safety incidents by severity<sup>2</sup>, percentages of reported incidents<sup>3,p,r</sup>**  
2011/12 - 2015/16



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, HRMS, IRIS, JFC, JPA, 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 there is a break in the time series during 2012/13 (see Methodology Section) - this is represented by a dotted line.
3. Percentages are based on the calculation of the absolute number and are presented to 1d.p. (see Methodology section).
- p. Figures for all years are provisional due to data quality concerns and will be updated in future reports.
- r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

121. Over the time period RIDDOR reportable (major/specified and serious) incidents have steadily decreased from 31%<sup>P</sup> of all reported injury and ill health incidents in 2011/12 to 15%<sup>P</sup> in 2015/16. For all three severities Normal Duties was the highest cause of reported injury and ill health incidents.

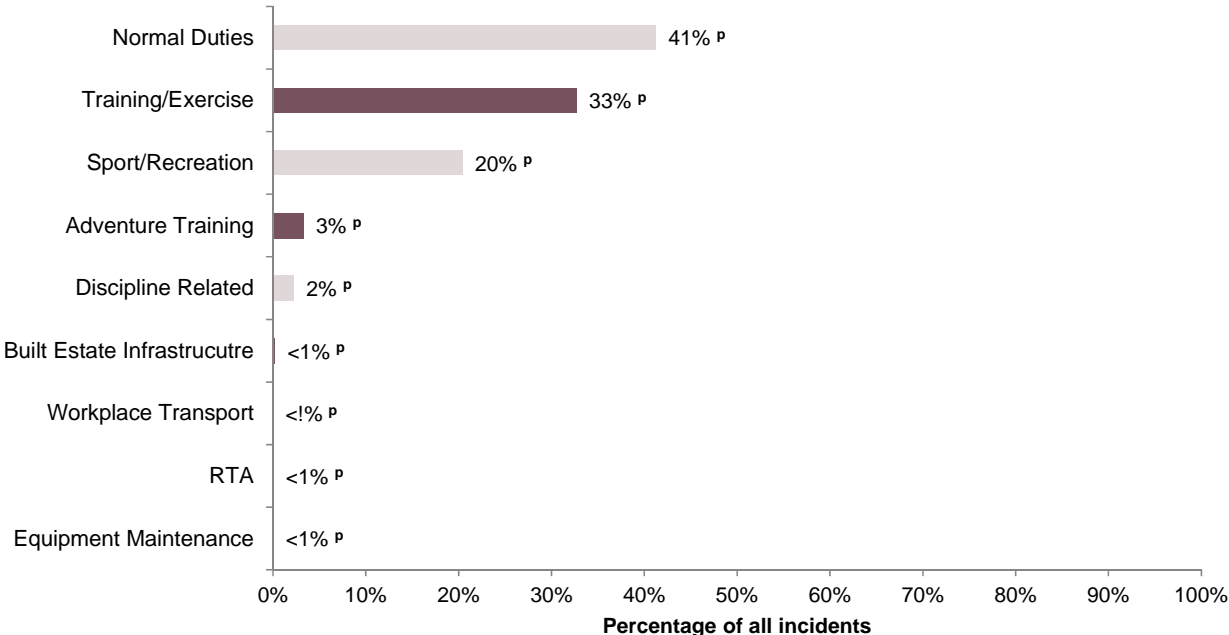


122. Due to a lack of demographic population data no demographic analysis has been carried out for Cadet Forces.

**Cadet Forces: Mechanisms of Injury**

123. 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 Forces<sup>1</sup>, reported injury and ill health incidents by mechanism, percentage of all incidents<sup>p</sup>**  
2015/16



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

1. Includes Cadet Forces and Cadet Force Adult Volunteers.  
p. Figures for 2015/16 are provisional and will be updated in future reports

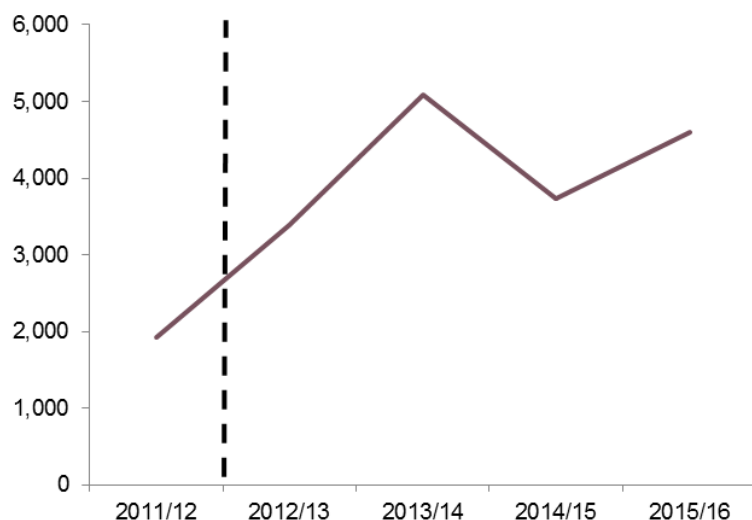
124. The highest percentages of injury and ill health incidents among Cadet Forces were for Normal Duties and Training and Exercise. The high numbers of incidents in these mechanisms are likely to be due to injuries and illness whilst on activities such as routine training and annual camp. All cadets 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.

125. 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

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

**Figure G1: All Personnel<sup>1</sup> reported near misses and dangerous occurrences, numbers<sup>p,r</sup>**  
2011/12 – 2015/16



Source: AINC, AIRS, Central, CJO, DINC, DIO, HOCS, HRMS, IRIS, JFC, JPA, 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. Figures for all years are provisional due to data quality concerns and will be updated in future reports.

r. Figures for 2011/12 - 2014/15 have been revised from previous years reports (see Further Information).

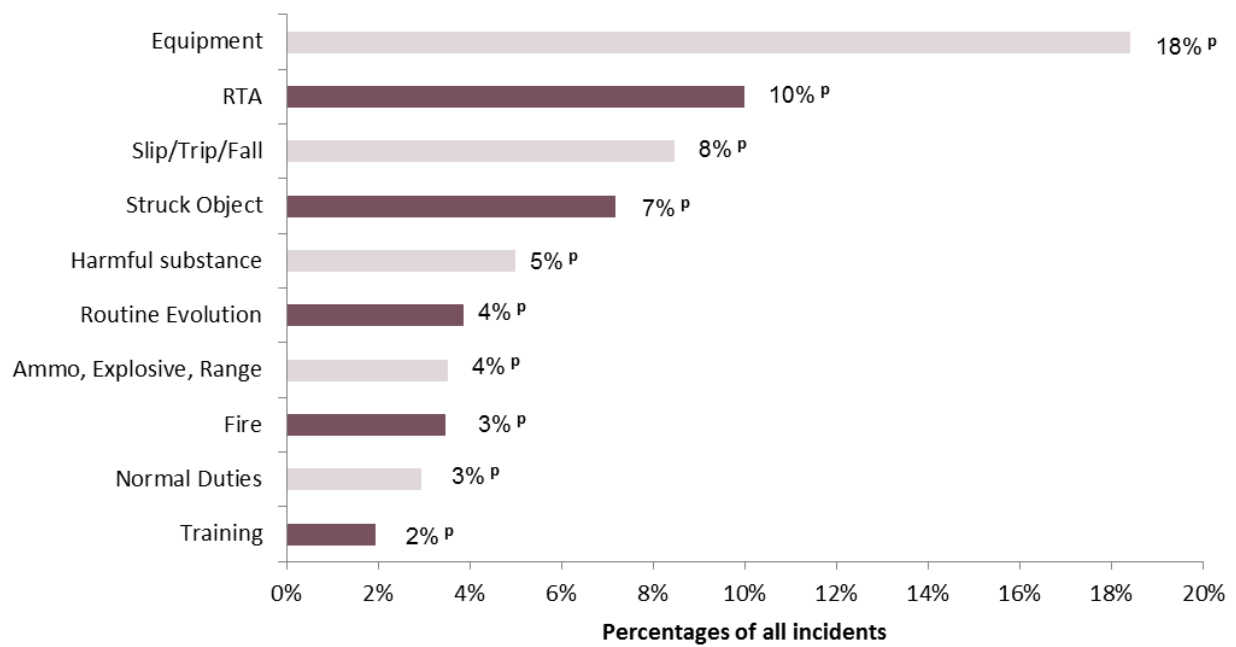
127. In previous years there has been an increase in near miss and dangerous occurrences reporting, potentially due to near miss reporting being part of the Defence Board strategic objectives. However, despite seeing an increase in the number of injury and ill health incidents in 2014/15, there was a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

128. The most frequent cause of near misses and dangerous occurrences was equipment, accounting for 18% of incidents (excluding the incidents with no cause listed) (**Figure G2**). This was consistent across all years.

129. 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 37% 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 opportunities<sup>6</sup>.

**Figure G2: All Personnel<sup>1</sup> reported near misses and dangerous occurrences, percentages<sup>2,3,p</sup>**

<sup>6</sup> <http://www.healthandsafetyatwork.com/hsw/content/uncertain-ratio>



Source: AINC, AIRS, DINC, DIO, HOCS, HRMS, JFC, JPA, 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 2,756 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. Figures for 2015/16 are provisional and will be updated in future reports.

## Glossary

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**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)<sup>7</sup>.
- **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.

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<sup>7</sup>RIDDOR 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
- Production managers and directors in construction
- Health Services and public health managers and directors
- Health care practice manager
- Property, housing and estate managers
- Waste disposal and environmental services managers
- Environment professionals

Office work (warehouse) include the following occupations

- Managers and directors in transport and distribution
- Managers and directors in storage and warehousing
- Stock control clerk and assistants
- Transport and distribution clerks and assistants

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

**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

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**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*

130. 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.

131. 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 (HOCS)* – 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

132. 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*

133. 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*

134. 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.

135. 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*

136. 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.

137. HSE renamed the severity classification of 'major' injuries and illnesses to 'specified' in October 2013, although MOD Health and Safety systems have been capturing incidents for both these classifications since April 2014. This will not be reported on until April 2016 to allow time for the transition. Therefore both 'major' and 'specified' injuries and illnesses have been grouped together as 'major/specified' in this report.

## *Rates*

138. 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*

139. 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.**

## *Strengths and weaknesses of the data presented in this report*

140. 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.

141. 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.

142. 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.

143. 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

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### Symbols

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

### Disclosure Control

In line with JSP 200 (April 2016), the suppression methodology has been applied to ensure individuals are not inadvertently identified dependent on the risk of disclosure. Numbers fewer than three have been suppressed and presented as '~'. Where there was only one cell in a row or column that was fewer than three, the next smallest number has also been suppressed so that numbers cannot simply be derived from totals. If a disclosure control method has been applied to a table, the method is stated in the footnotes. For further information on statistical disclosure control see Background Quality Report.

### Revisions

The Health and Safety statistics are subject to routine revisions as the TLB data systems are live and incidents may be added many months after the event. Any revisions to historic data as a result of amended information on the TLB systems can be identified by a revision marker ('r') and are only discussed if such revisions are considered to have impact on the findings.

### Contact Us

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

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If you require information which is not available within this or other available publications, you may wish to submit a Request for Information under the Freedom of Information Act 2000 to the Ministry of Defence. For more information, see:  
<https://www.gov.uk/make-a-freedom-of-information-request/the-freedom-of-information-act>

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