



MOD Health and Safety Statistics: Annual Summary & Trends Over Time 2012/13 - 2016/17

Published 15 February 2018

This bulletin presents summary statistics on injury and ill health incidents among UK Armed Forces personnel, Ministry of Defence (MOD) Civilian employees, Other Civilians, and Cadet Forces personnel that were reported through the MOD's Health and Safety systems during the five-year period 2012/13 to 2016/17. The report includes information on the number of work related deaths among UK Armed Forces and MOD Civilian employees over the same period.

Note: Figures for injuries and ill health incidents for 2016/17 in this report are provisional as a result of late reporting in the MOD's Health and Safety systems. Full details are presented within the accompanying Background Quality Report.

Key Points and Trends

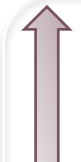


14 Deaths in 2016/17
of which **4** safety related
Source: Table A1

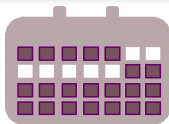
17,088



Total Reported Health & Safety Incidents in 2016/17
Source: Table A2.1



The rate of Injury and Ill Health for UK Regular Armed Forces has **increased** since 2012/13
Source: Table A2.2



28%
of Injury and Ill Health Incidents were RIDDOR Reportable
Source: Table A2.1



Rate of Injury is **higher** for **Untrained** personnel than Trained personnel
Source: Table A3.2



Rate of Injury is **higher** for **females** than males
Source: Table A3.2



53%
Of Injuries Occurred on Training
Source: Table A3.3



Approximately **1 in 4** Normal Duties Injuries are caused by Slips/Trips/Falls
Source: Table A3.3

28% of Health and Safety Incidents were Near Miss or Dangerous Occurrence
Source: Table A2.1



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

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

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

Introduction

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

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

The information provided in this Statistical Bulletin presents all Health and Safety incidents between 2012/13 and 2016/17 to UK Armed Forces personnel and civilians whilst on duty, on MOD property, or injured in or by MOD vehicles. Production of the report provides official statistics to support the Defence Safety Authority’s Annual Assurance report. This report also contributes to the MODs commitment to release information where possible.

Defence Statistics ran a 3 week consultation in January 2018 to change the layout and content of the ‘MOD Health and Safety Statistics: Annual Summary & Trends Over Time’ Official Statistic. The consultation outcome can be found here: <https://www.gov.uk/government/consultations/proposed-revision-of-the-content-and-layout-of-the-official-statistic-on-mod-health-and-safety-statistics-annual-summary-and-trends-over-time-20111>

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

² Management of Health and Safety in Defence (JSP 375): http://www.gov.uk/government/uploads/attachment_data/file/393531/20141020-375_P2_V1_Chapter_16_Accident_Reporting.pdf

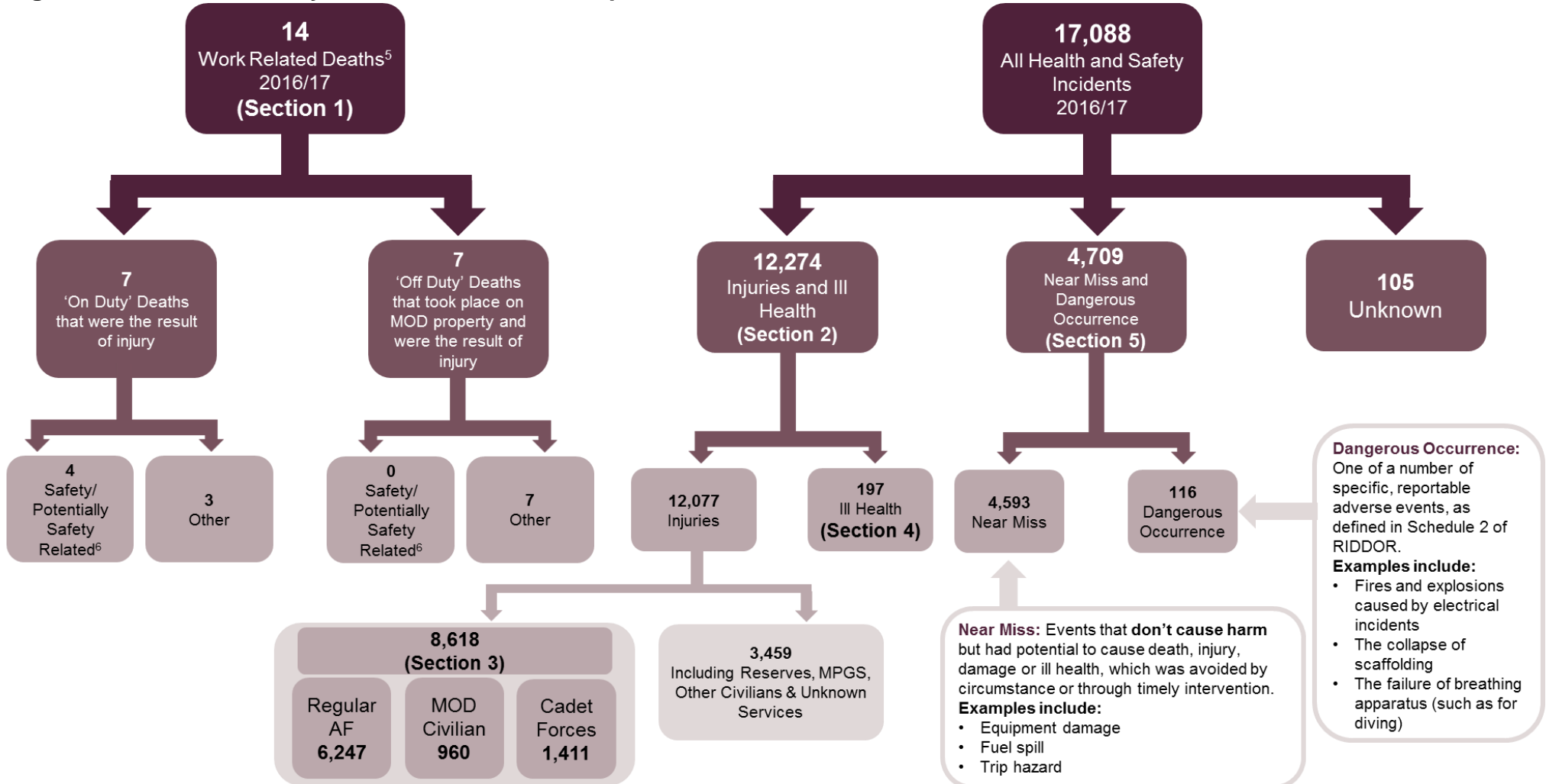
³ Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013: <http://www.hse.gov.uk/riddor/>

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

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

- **Section 1:** UK Armed Forces and Civilian personnel, Health and Safety Related Deaths
- **Section 2:** Injury and Ill Health Incidents to all personnel (summary, including a demographic breakdown)
- **Section 3:** Injuries to UK Regular Armed Forces, MOD Civilian, and Cadet Forces personnel (including a breakdown of type of event and type of activity)
- **Section 4:** Ill Health Incidents to all personnel
- **Section 5:** Near Miss and Dangerous Occurrences (including a breakdown of the top causes)

Figure 1: Health and Safety Incidents, Numbers, 1 April 2016 to 31 March 2017



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

⁵Excludes Deaths that took place off-duty and not on MOD property, Suicides, and Deaths that were disease related.

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

Section 1: UK Armed Forces and Civilian personnel, Health and Safety Deaths

1 April 2012 to 31 March 2017

During the latest year **2016/17** there were seven injury related deaths which occurred whilst 'on duty'. Of these **four** have been confirmed as safety related or potentially safety related pending the outcome of investigations. These included three live fire deaths and one Aircraft accident death.

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

Looking over the last five-years (1 April 2012 to 31 March 2017) there were **408** UK Armed Forces deaths. Of these **31** (8%) have been deemed to be safety related or potentially safety related pending the outcome of a service enquiry. These deaths were the result of 21 separate incidents. There were five incidents that caused multiple deaths (15 deaths in total).

Aircraft accidents accounted for 11 (35%) of all safety or potentially safety related deaths. These deaths were the result of four separate incidents.

Both 2012/13 and 2014/15 saw the largest number of safety or potentially safety related deaths with **nine** occurring in each year. In 2012/13 one Aircraft accident accounted for **three** deaths and in 2014/15 another aircraft accident accounted for **five** deaths. It is essential for the UK Armed Forces to create a training programme that prepares personnel for real time scenarios that could happen in an operational environment. The use of aircraft is vital to recreate such scenarios. The nature of an aircraft accident whether pilot or mechanical error, will often lead to multiple fatalities in any one incident with aircraft being used to manoeuvre personnel to designated positions and areas.

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

Figure 2: UK Armed Forces Health and Safety related deaths by cause, numbers

1 April 2012 to 31 March 2017



Source: Defence Safety Authority and Service Inquiries
Table A1

In addition to the 31 UK Armed Forces safety related or potentially safety related deaths there were two civilian deaths whilst working for the MOD or under the care of the MOD. One death was during an RAF Search and Rescue attempt. The other was as a result of a Land Transport Accident (LTA).

Section 2: All personnel, Health and Safety Injuries and Ill Health Incidents 1 April 2016 to 31 March 2017

12,274

 All MOD Injury and Ill Health Health and Safety Incidents in 2016/17.

During 2016/17 there were 12,274 injury and ill health, Health and Safety incidents. This is a rise of 557 incidents compared to 2015/16. An overall rate for injury and ill health incidents has not been provided because for one sub-group 'Other Civilian' no suitable population at risk data was available (See Background Quality Report for more information).

All MOD Injury and Ill Health Health and Safety Incidents in 2016/17, by Service, Numbers and rates per 1,000¹

Armed Forces	Naval Service	Civilians	MOD Civilian
7,740 No. Injury and ill health incidents 37 Rate per 1,000 personnel	1,142 No. Injury and ill health incidents 30 Rate per 1,000 personnel	3,909 No. Injury and ill health incidents Rate unavailable ²	1,037 No. Injury and ill health incidents 22 Rate per 1,000 personnel
	5,483 No. Injury and ill health incidents 40 Rate per 1,000 personnel		1,456 No. Injury and ill health incidents Rate unavailable ²
	1,115 No. Injury and ill health incidents 29 Rate per 1,000 personnel		1,416 No. Injury and ill health incidents 10 Rate per 1,000 personnel

Source: Table A2.2

¹625 records were excluded due to an unknown Service type.

²Rates are not provided for total Civilians, or Other Civilians due to suitable population information being unavailable.

Armed Forces personnel accounted for 7,740 (63%) of all injury and ill health incidents that were reported, the Army as the largest Service accounted for 5,483 (71%) of these incidents. The rate of incidents in the Army (40 per 1,000) was **significantly higher** than the Naval Service (30 per 1,000) and RAF (29 per 1,000)⁷.

Civilian personnel accounted for 3,909 (32%) of all injury and ill health incidents that were reported. The rate of injury and ill health incidents was highest among MOD civilians at 22 per 1,000 personnel.

**Figure 3: UK Armed Forces¹, MOD Civilian and Cadet Forces personnel, reported injury and ill health incidents, numbers and rates per 1,000
1 April 2012 to 31 March 2017**

Figure 3.1: UK Armed Forces personnel

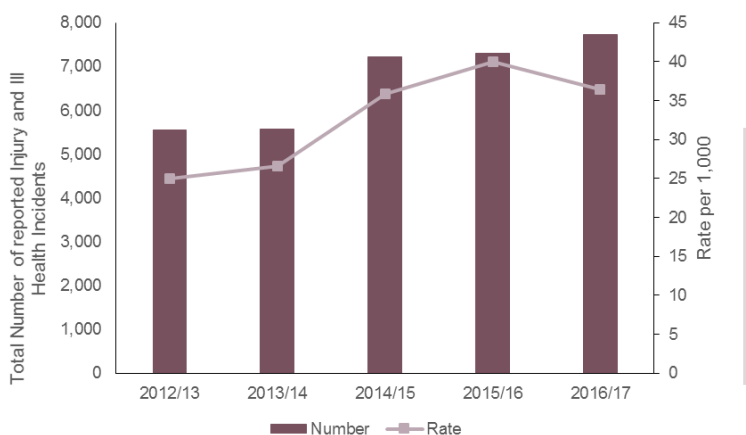


Figure 3.2: MOD Civilian personnel

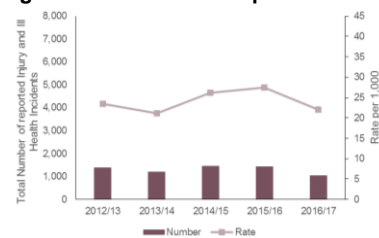


Figure 3.3: Cadet Forces personnel



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

Tables A2.1-A2.5

Figure 3 presents the injury and ill health rate over the last five years and highlights that the rate of injury and ill health for UK Armed Forces personnel and Cadet Forces personnel has statistically **significantly increased**⁸.

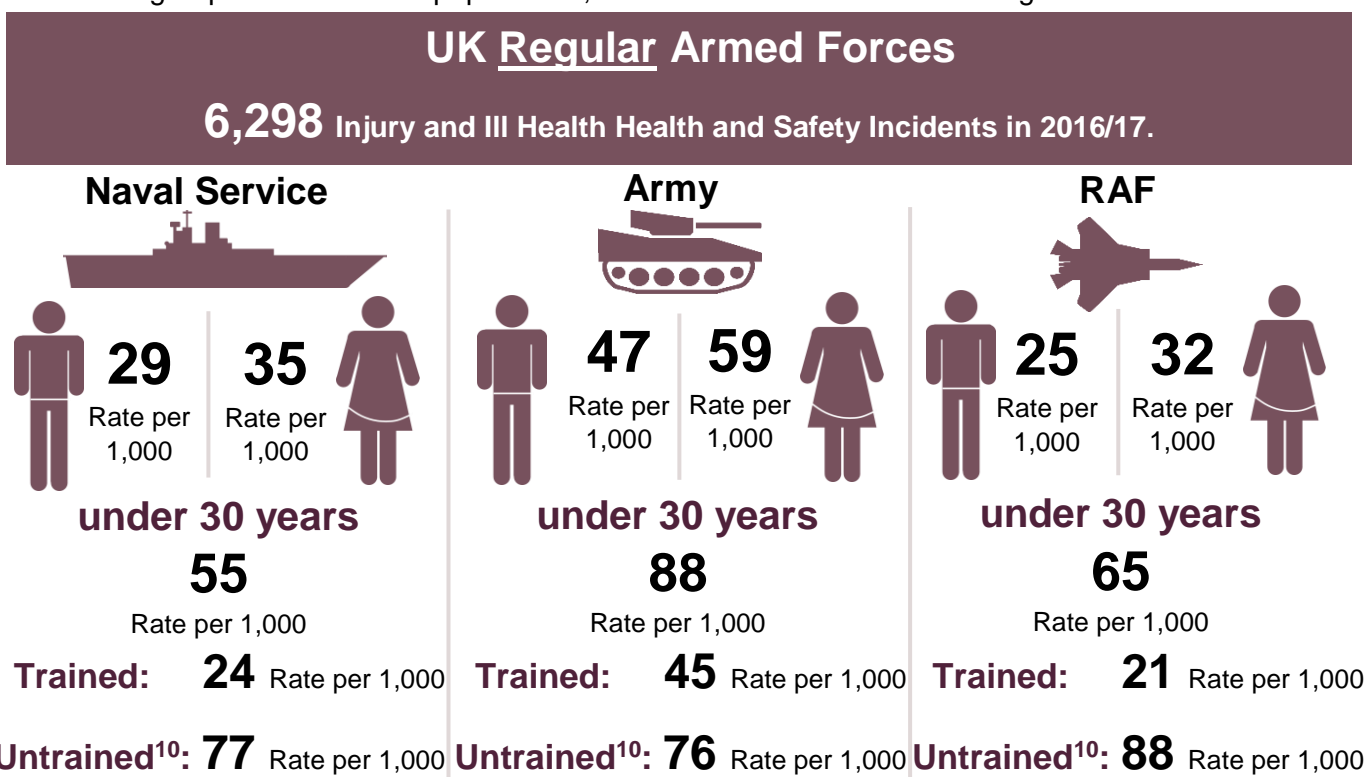
This is likely due to the change in the activities undertaken by the UK Armed Forces in 2014/15; Operation HERRICK closed and the focus has shifted to smaller scale deployments and increased focus on training and exercise.

⁷Statistically significant using Z-test, $p < 0.01$ (Table A6)

⁸Statistically significant using Z-test, $p < 0.05$

The rate of injury and ill health incidents for MOD Civilian personnel has **not** seen a statistically significant change between 2012/13 and 2016/17⁹.

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



The majority of injury and ill health incidents reported for the UK Armed Forces were for regular personnel (6,298 out of 7,740, 81%). This maybe the result of the amount of AF activity undertaken in the year with regular personnel having greater exposure.

During 2016/17 the following UK Regular Armed Forces demographic groups were at a statistically **significant higher risk** of reporting injury and ill health incidents across each Service:

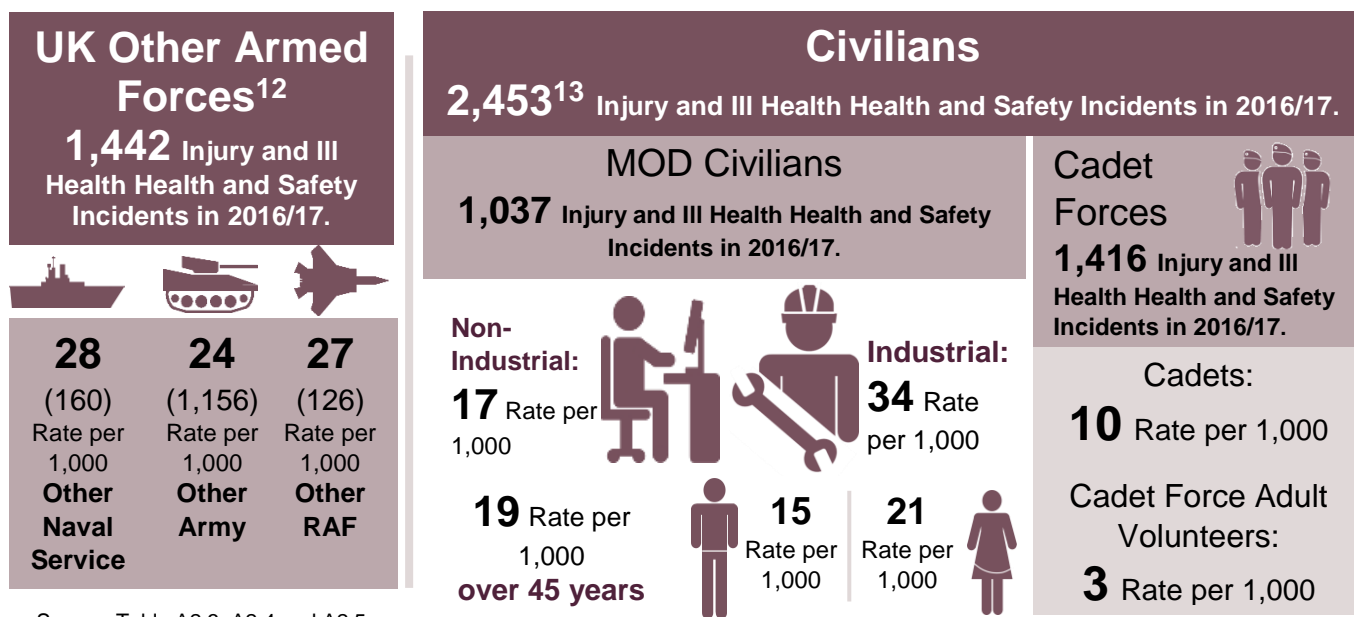
- **Females:** This was true for all three Services, it is currently unknown why the rates for females were higher, however studies indicate that females are more likely to have interactions with healthcare services, which may be why they are more likely to report through the health and safety systems¹¹.
- **Personnel aged under 30 years:** This was true for all three Services, the lowers rates seen in older personnel may be due to the types of duties performed, with untrained personnel and ranks accounting for a larger proportion of the under 30 age group. The rate of injury for Army personnel under 30 is higher than those for the other Services, this maybe be due to type of training undertaken for example in the Army a there are a higher proportion of combat roles which has an impact on the training and duties undertaken.
- **Untrained personnel¹⁰:** This higher rate is thought to reflect the intense physical nature of training and the learning curve of being in the military and meeting the standards for physically demanding roles.

⁹Not statistically significant using Z-test, p>0.05

¹⁰ Untrained personnel comprise of Army personnel who have yet to complete Phase 1 training, and Naval Service and RAF personnel who have yet to complete Phase 2 training. For full definitions please see Glossary.

¹¹Thompson, A. et al. (2016). The influence of gender and other patient characteristics on health care-seeking behaviour: a QUALICOPC study [online], BMC Family Practice; 1(1) available at <https://bmcfampract.biomedcentral.com/articles/10.1186/s12875016-0440-0> accessed on 6 July 2017.

For Other UK Armed Forces (including Reservists and MPGS) (1,442 out of 7,740) the rate of injury and ill health incidents reported was lower than the Regulars. The Naval Service and RAF had higher rates of reporting for these personnel.



Source: Table A2.3, A2.4 and A2.5

During 2016/17 the following MOD Civilian demographic groups (N=1,037) were at a statistically **significant higher risk** of reporting injury and ill-health incidents:

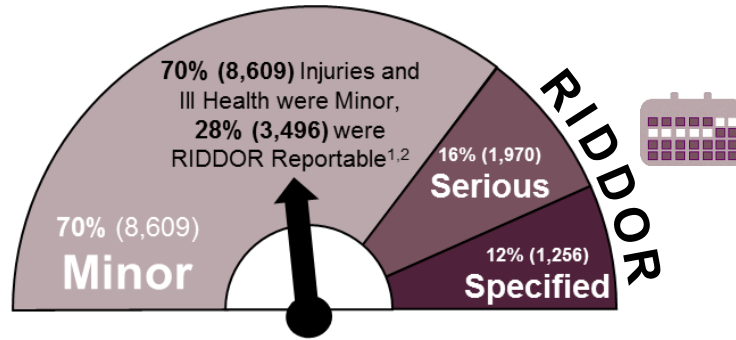
- **Industrial Civilians:** This may be due to the differing nature of work between industrial and non-industrial personnel, for example manual labour compared to office work.
- **Personnel aged 45 years and over:** It is unknown why higher rates were seen in this population, two out of five of these incidents were the result of a slip/trip/fall.

The next section of the report looks at the severity of the injury and ill health incidents that were reported and how many of these were reportable under RIDDOR, the Reporting of Injuries, Diseases and Dangerous, Occurrences Regulations.

¹²This is the UK Armed Forces excluding Regulars. It includes Reserves and MPGS.

¹³Other Civilians have been excluded.

Severity and RIDDOR Reportable Incidents 2016/17



¹169 were excluded due to an unknown severity classification
²Includes all personnel

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

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

RIDDOR: Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013

RIDDOR sets out a legal obligation for certain workplace accidents and occupational diseases to be reported to the (HSE). Reportable incidents are determined by severity and include **all Specified and Serious incidents**. There is no current legal requirement for injuries and ill health incidents to UK Service personnel to be notified to the HSE.

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

Figure 4: All personnel¹, reported injury and ill health incidents, by severity, percentages

1 April 2016 to 31 March 2017

Figure 4.1: Injury incidents

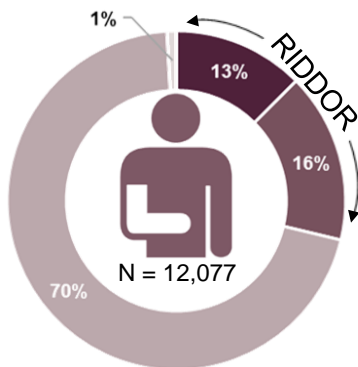
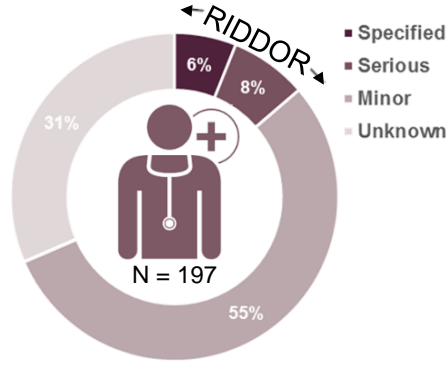


Figure 4.2: Ill health incidents



13 (N=2,849) per 1,000 UK Armed Forces personnel sustained a RIDDOR Reportable Injury or Ill Health Incident in 2016/17

3 (N=152) per 1,000 MOD Civilian personnel sustained a RIDDOR Reportable Injury or Ill Health Incident in 2016/17

2 (N=251) per 1,000 Cadet Forces personnel sustained a RIDDOR Reportable Injury or Ill Health Incident in 2016/17

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

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

Between 1 April 2016 and 31 March 2017, **28%** (3,496) of injury and ill health incidents to all personnel were RIDDOR reportable. This is similar to the percentage of RIDDOR Reportable injuries sustained by the UK population (29%), as reported by the HSE using data from the Labour Force Survey¹⁴.

The rate of RIDDOR reportable injury and ill health incidents was statistically **significantly higher** for UK Armed Forces personnel compared to MOD Civilians and Cadet Forces. This is likely to be due to the differing activities and roles carried out by the Armed Forces compared to MOD Civilian and Cadet Forces personnel.

¹⁴<http://www.hse.gov.uk/statistics/overall/hssh1617.pdf>

Section 3: UK Regular Armed Forces, MOD Civilian and Cadet Forces, Health and Safety Injuries

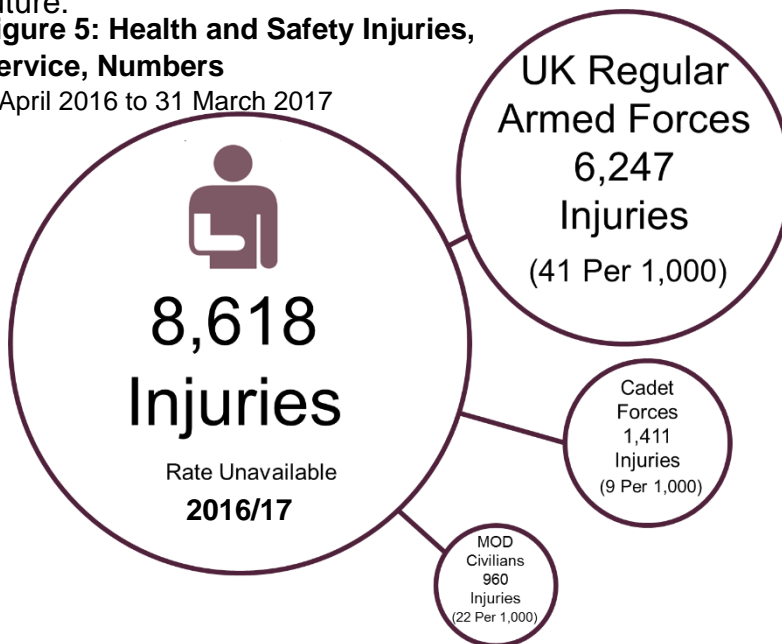
1 April 2016 to 31 March 2017

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

Health and Safety incidents that led to an injury accounted for 72% (N=12,274) of all reported Health and Safety incidents in 2016/17. This section focuses on understanding more about these reported incidents, including the demographic characteristics of the personnel injured and the types of activity that were being undertaken at the time of injury. This information supports identification of key areas of risk which can be targeted in the future.

Figure 5: Health and Safety Injuries, Service, Numbers

1 April 2016 to 31 March 2017

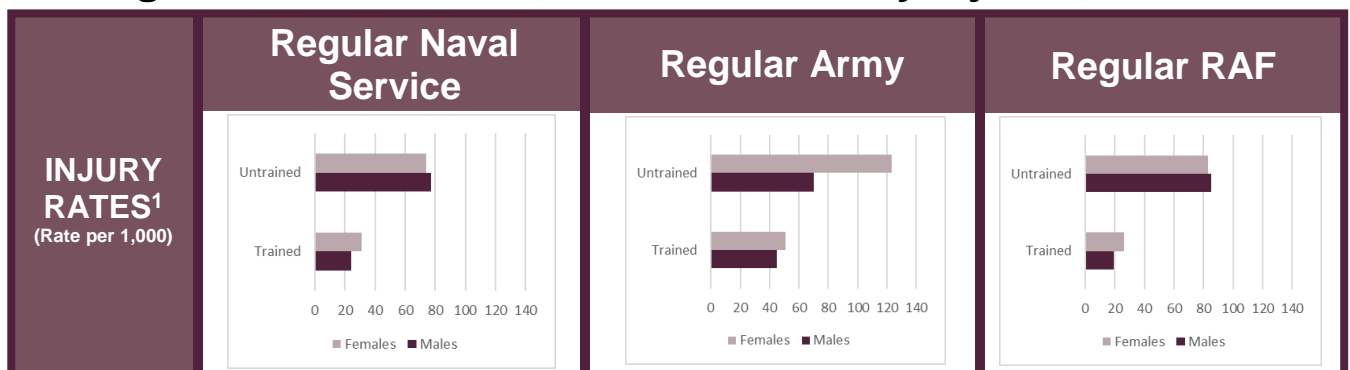


The UK Regular Armed Forces rate of 41 injuries per 1,000 personnel is much larger than its MOD Civilian (22 per 1,000) and Cadet Forces (9 per 1,000) personnel counterparts.

The UK Regular Armed Forces sustained more injuries, as the activities they undertake have a higher risk factor than MOD Civilians and Cadet Forces.

Source: AINC, AIRS, DINC, DIO, HOCS, JFC, JPA, NSINC.
Table A3.1

UK Regular Armed Forces, Health and Safety Injuries, 2016/17

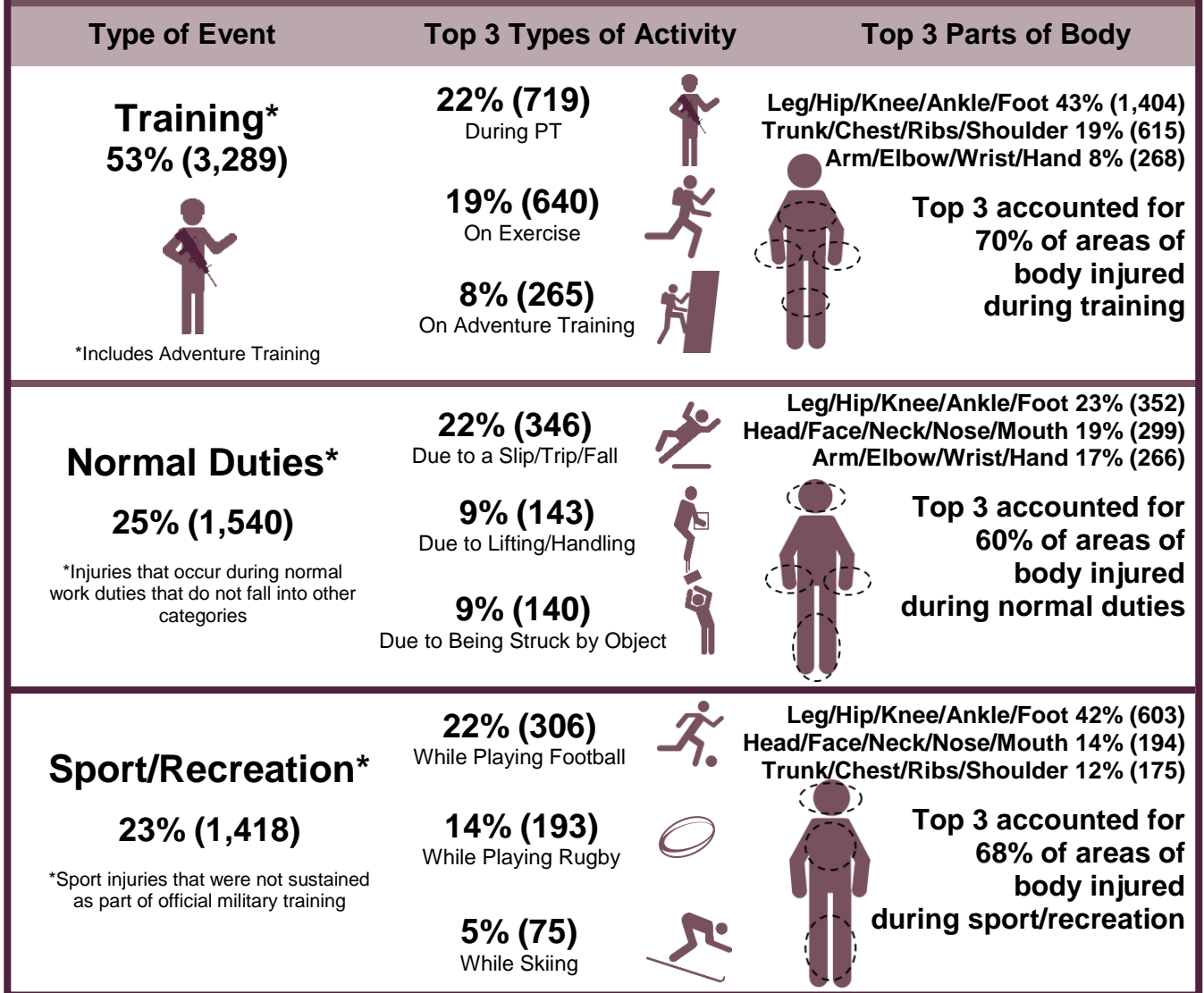


Source: AINC, AIRS, DINC, DIO, HOCS, JFC, JPA, NSINC.
Table A3.2a

Overall, untrained UK Armed Forces personnel were between 2 and 4 times more likely to have reported an injury than trained personnel, matching findings from the report on Annual Medical Discharges in Regular UK Armed Forces¹⁵. Of note is the rate in **female untrained** within the Army (Phase 1 training), where **more than 1 in 10 UK Armed Forces Personnel reported an injury**. Females under the age of 25 also had statistically **significant higher rates** of injury compared to males (Table A3.2a).

¹⁵<https://www.gov.uk/government/collections/medical-discharges-among-uk-service-personnel-statistics-index>

UK Regular Armed Forces Injury Incidents, 2016/17



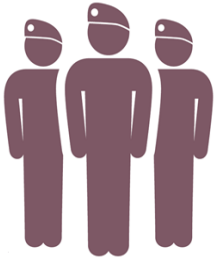
Source: Table A2.3, A3.3, A3.4, A3.5 and A3.6

Training (including adventure training) was the event with the greatest percentage of injury incidents amongst UK regular Armed forces personnel (53%), followed by Normal duties (25%) and then sport/recreation (23%). For all three of these events the lower body (leg/hip/knee/ankle/foot) was the body area most frequently injured (43% on training, 23% on normal duties and 42% on sport/recreation).

Training and Sport/Recreation had a greater proportion of injury incidents that were specified or serious (41% and 50% respectively) compared to Normal Duties (24%). There were particular activities within these broad groupings with a higher proportion of injuries reported as specified or serious, this included: Boxing with 88% of injury incidents specified or serious (30 out of 34); Rugby with 70% (136 out of 193); Adventure training with 55% of injury incidents specified or serious (146 out of 265); Exercise with 55% of injury incidents specified or serious (349 out of 640); squash with 53% injury incidents specified or serious (10 out of 19); Orienteering with 100% of injury incidents specified or serious (3 out of 3) (Table A3.5).

There were some body regions where particular activities accounted for a large proportion of the injuries. This included; ear/hearing where 77% of the incidents took place in training (37 out of 48). Of these around 1 in 3 were identified to be on Live Fire Tactical Training (LFTT). Stomach/Abdomen/Groin/Bottom was also of note, where 71% took place on training (61 out of 86), of which around 2 in 5 took place during PT (Table A3.6).

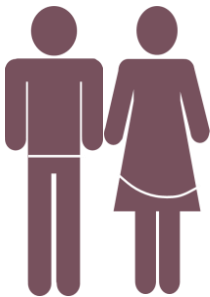
Within 'Normal Duties' the top three activities causing the largest number of injury incidents were 'Slip/Trip/Fall', 'Lifting/Handling' and 'Being struck by an object'. This is consistent with the statistics published by the Health and safety executive (HSE) on workplace non-fatal injuries to employees in Great Britain in 2016/17 (<http://www.hse.gov.uk/statistics/overall/hssh1617.pdf>).



Cadet Forces

Of the 1,411 Health and Safety Injury Incidents in 2016/17:

- Over **90%** of injuries to Cadet Forces took place on Training.
- Of these, nearly **1 in 5** of injuries to cadets were due to Slip/Trip/Falls.
- **4 out of 5** injuries sustained by Cadets were Minor Injuries.



MOD Civilians

Of the 960 Health and Safety Injury Incidents in 2016/17:

- **More than half** of injuries to MOD Civilians were as a result of Slip/Trips/Falls and Lifting/Handling.
- **85%** of injuries sustained by MOD Civilians were Minor Injuries.

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

1 April 2016 to 31 March 2017

Ill health reported within the MOD Health and Safety systems should be any reported incident of ill health with a cause which can be attributed to MOD activities or an individual's employment with the MOD. Health and safety incidents for ill health accounted for 1% (N=197) of all Health and safety incidents in 2016/17.

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

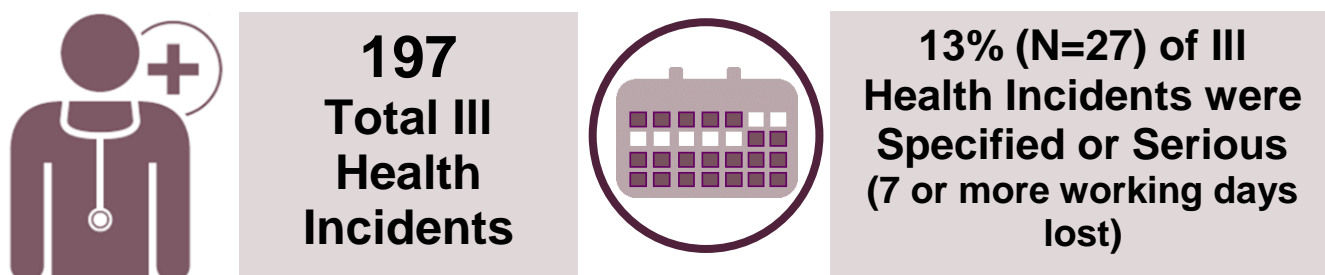
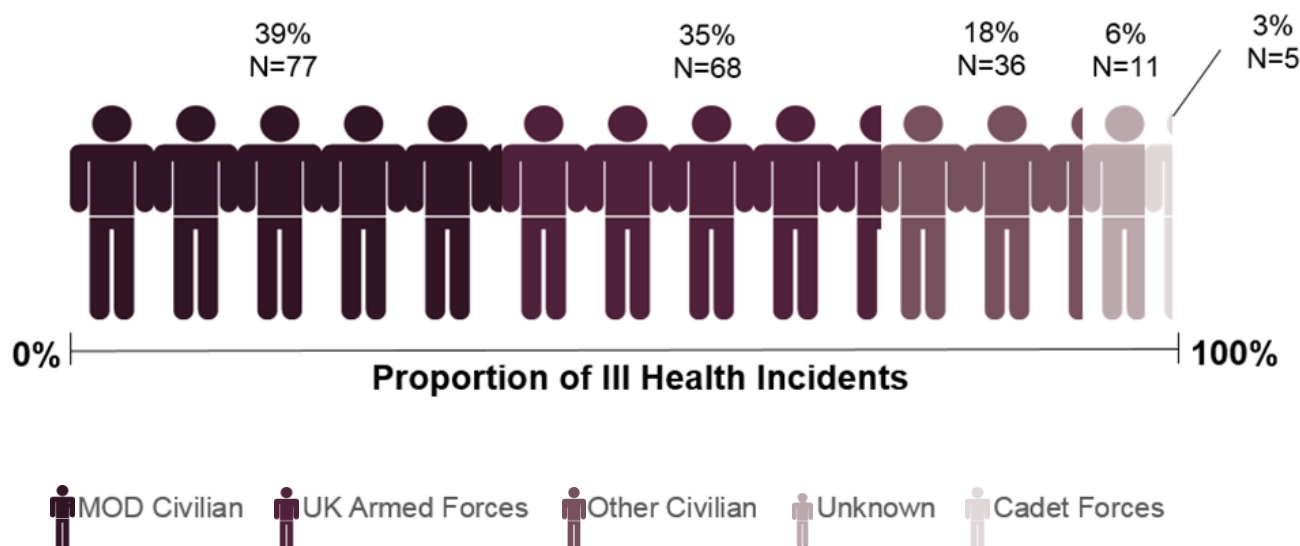


Figure 6: UK Armed Forces, MOD Civilian, Other Civilian, and Cadet Forces personnel, Ill Health Incidents reported in Health and Safety, by Service, numbers and proportions, 1 April 2016 to 31 March 2017¹



¹Due to rounding percentages do not add up to 100%

Illnesses reported within Health and Safety include things such as hearing loss and environmental illnesses. Ill health is also reported through other areas within Defence including the AFCAS¹⁶ report for military personnel and the Sickness absence report¹⁷ for Civilian personnel.

Illnesses recorded within the MOD Health and Safety data in comparison to the RIDDOR Occupational Diseases list include such things as Vibration Injuries and Exposure to Harmful Substances.

¹⁶https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/636473/AFCAS_2017_Main_Report.pdf

¹⁷https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/614422/Civilian_Personnel_Sickness_Absence_April_2017_.pdf

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

1 April 2016 to 31 March 2017

Source: Table A2.1, A5.1 and A5.2

Total Near Misses & Dangerous Occurrences in 2016/17 (4,709)



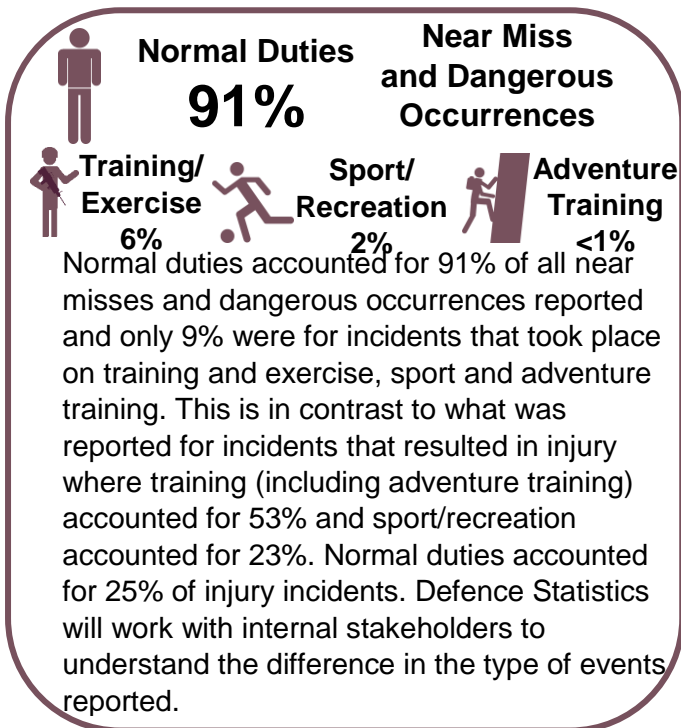
4,593 Total Near Misses in 2016/17

116 Total Dangerous Occurrences in 2016/17



28%

of reported MOD Health and Safety incidents in 2016/17 were Near Misses or Dangerous Occurrences.



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

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

Top Causes in 2016/17



15% (718) due to Equipment



7% (317) were Environmental¹⁸



6% (285) due to Slip/Trip/Fall



5% (244) due to Lifting/Handling



4% (209) due to Office Work



3% (153) due to LTA¹⁹



3% (129) due to Firearms



3% (124) due to Fire

The most frequent cause of near miss or dangerous occurrence was equipment accounting for 15% of incidents. This was consistent with previous years as noted within the 2015/16 report²⁰

¹⁸Environmental Incidents:

Near misses and dangerous occurrences where the risk was induced to or from factors regarding the nature of the environment. Examples include: floods, oil spills, incorrect waste disposal.

¹⁹Land Transport Accident:

Any accident involving a device that has been designed for, or is being used at the time for, the conveyance of either goods or people from one place to another on land and will include military specific vehicles, off road events etc.

²⁰https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/569018/20161114_MOD_Health_and_Safety_Annual_Report_15-16_O.pdf

Glossary

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

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

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

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

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

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

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

MOD Civilian Industrial Personnel - (also known as skill zone staff) are employed primarily in a trade, craft or other manual labour occupation. This covers a wide range of work such as industrial technicians, air freight handlers, storekeepers, vergers and drivers.

MOD Civilian Non-Industrial Personnel - are not primarily employed in a trade, craft or other manual labour occupation. This covers a wide range of personnel undertaking work such as administrative, analysis, policy, procurement, finance, medical, dental, teaching, policing, science and engineering.

MOD Property - includes all MOD sites in the UK and overseas, on military training facilities and ships. Injuries in Service provided accommodation and in Service educational facilities are also included.

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

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

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

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

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

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

- a. **Specified injuries and illnesses** - are defined by the HSE as work-related cases which includes:
 - a fracture, other than to fingers, thumbs and toes;
 - amputation of an arm, hand, finger, thumb, leg, foot or toe;
 - permanent loss of sight or reduction of sight;
 - crush injuries leading to internal organ damage;
 - serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs);
 - 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. **Serious injuries and illnesses** - From April 2012 serious injuries equate to the HSE over-seven day category, and are those that are not defined as 'major' according to the above criteria but which could result in a person being unable to perform their normal duties for more than seven days. Prior to April 2012 serious injuries were those not defined as 'major' but which resulted in a person being unable to perform their normal duties for more than three days.
- c. **Minor injuries and illnesses** - are those that are not classified as 'major' nor 'serious'. This category will include the severities of 'slight' and 'trivial'.

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

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

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

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

- **Adventure Training** - injuries resulting from adventure training activities (i.e. when part of an exercise or training course) such as skiing, rock climbing, parachuting and mountain biking (Defence Statistics cannot distinguish between regulated and unregulated adventure training from the data provided).

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

UK Regulars - are full time Service personnel, including Gurkhas, excluding FTRS, Reservists, MPGS (from 2016/17) and NRPS.

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

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

Methodology

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

Health and Safety data sources

1. 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.
2. Defence Statistics (Health) receives Regular returns of the various TLB datasets, either via email or direct access to an IT system. Defence Statistics receive health and safety data from TLBs from the following sources:
 - *AINC (Army Incident Notification Cell)* – covers full reporting period
 - *AIRS (Royal Air Force Cell)* – covers full reporting period
 - *DINC (Defence Equipment and Support Cell)* – covers full reporting period
 - *DIO (Defence Infrastructure Organisation)* – established April 2011
 - *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
3. 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

4. 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

5. 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.
6. 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

7. 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.

8. 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

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

Strengths and weaknesses of the data presented in this report

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

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

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

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

Further Information

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 H&S 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 H&S systems can be identified by a revision marker ('r') and are only discussed if such revisions are considered to have impact on the findings.

Since the last release of this Statistical Bulletin on 17 November 2016 the following errors have been identified in **Table A1** 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 A1 has been corrected to take into account these errors and revisions have been denoted with an 'r'

Contact Us

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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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