



Ministry
of Defence

Defence Statistics Health
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Dear [REDACTED],

Thank you for your email of 30 August 2018 requesting the following information:

"In the last twelve months, how many cases of sepsis have recorded among serving personnel while on operation?

How many of these operational cases have resulted in a fatality?"

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

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

Section 40(2) has been applied to some of the information to protect personal information as governed by the Data Protection Act 1998. This is also in line with the Joint Service Publication 200 (JSP 200), in which numbers fewer than five are suppressed to reduce the possible inadvertent disclosure of individual identities. Section 40 is an absolute exemption and there is therefore no requirement to consider the public interest in making a decision to withhold the information.

Between 1 June 2017 and 30 June 2018 **fewer than five** UK Armed Forces personnel had at least one Read code for sepsis entered onto their electronic primary health care record (DMICP) while deployed on an operation. Of these personnel, **none** died with sepsis listed on their record as a cause of death.

Under section 16 of the Act (Advice and Assistance), you may find it useful to note the following:

The figures presented are for all UK Armed Forces personnel who have served at some point between 1 June 2017 and 30 June 2018. This would include some personnel who only served for a short time and who have now left service.

UK Service personnel comprise the total strength of the military personnel employed by the Ministry of Defence. This includes:

- All UK Regular personnel and all Gurkha personnel.
- Volunteer Reserve personnel.
- Other Personnel including the Serving Regular Reserve, Sponsored Reserve, Military Provost Guard Service, Locally Engaged Personnel and elements of the Full Time Reserve Service (FTRS).

The following datasets were used to identify personnel with a record of sepsis on operations: Defence Medical Information Capability Programme (DMICP), Notification of Casualty (NOTICAS), aeromedical evacuation data, Joint Personnel Administration (JPA), deaths database (details below).

DMICP has a centralised data warehouse of coded information. It is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers. DMICP was rolled out in 2007 and legacy medical data for currently serving personnel was migrated across during rollout.

Please note that if information was entered as free text in the patient record then it is not available in the DMICP data warehouse and will not be retrieved using the search for Read codes.

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

Code	Description
A38	Septicaemia
A38z-1	Sepsis
1JN0	Suspected sepsis
A381	Staphylococcal septicaemia
K1906	Urosepsis
A362	Meningococcal septicaemia
A382	Pneumococcal septicaemia
A380	Streptococcal septicaemia
ESCTNE3	Neutropenic sepsis

When personnel had a Read code for sepsis within their electronic patient record this was cross-referenced with deployment data (from the Joint Personnel Administration, JPA) to identify if the Read code was entered while on operations.

DMICP is a live data source and is subject to change. Date of extract 31 August 2018.

NOTICAS is the name for the formalised system of reporting casualties within the UK Armed Forces. The NOTICAS reports raised for casualties contain information on how seriously medical staff judge their condition to be. They are not strictly medical categories but are designed to give an indication of the severity of the injury or illness to inform what the individual's next of kin are told.

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

Defence Statistics routinely receive aeromedical evacuation records from the Aeromedical Evacuation Control Centre (AECC) at RAF Brize Norton. Aeromedical Evacuation (AE) is the medically supervised movement of patients to and between medical facilities by air transportation. The RAF Aeromedical Evacuation Service provides the worldwide patient air movement capability for Defence 24 hours a day, 365 days a year. Patients are risk assessed prior to flight, and when necessary, trained medical teams are provided to deliver care in the air.

Defence Statistics Health compiles the Department's authoritative deaths database for all UK Armed Forces personnel who died whilst in Service going back to 1984. Information is compiled from several internal and external sources from which we release a number of internal analyses and external National Statistics Notices.

Joint Personnel Administration (JPA) is the most accurate source for demographic information for UK Armed Forces personnel and is used to gather information on a person's Service, trade and group.

If you are not satisfied with this response or you wish to complain about any aspect of the handling of your request, then you should contact me in the first instance. If informal resolution is not possible and you are still dissatisfied then you may apply for an independent internal review by contacting the Information Rights Compliance team, 1st Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.uk). Please note that any request for an internal review must be made within 40 working days of the date on which the attempt to reach informal resolution has come to an end.

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

Yours sincerely

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