

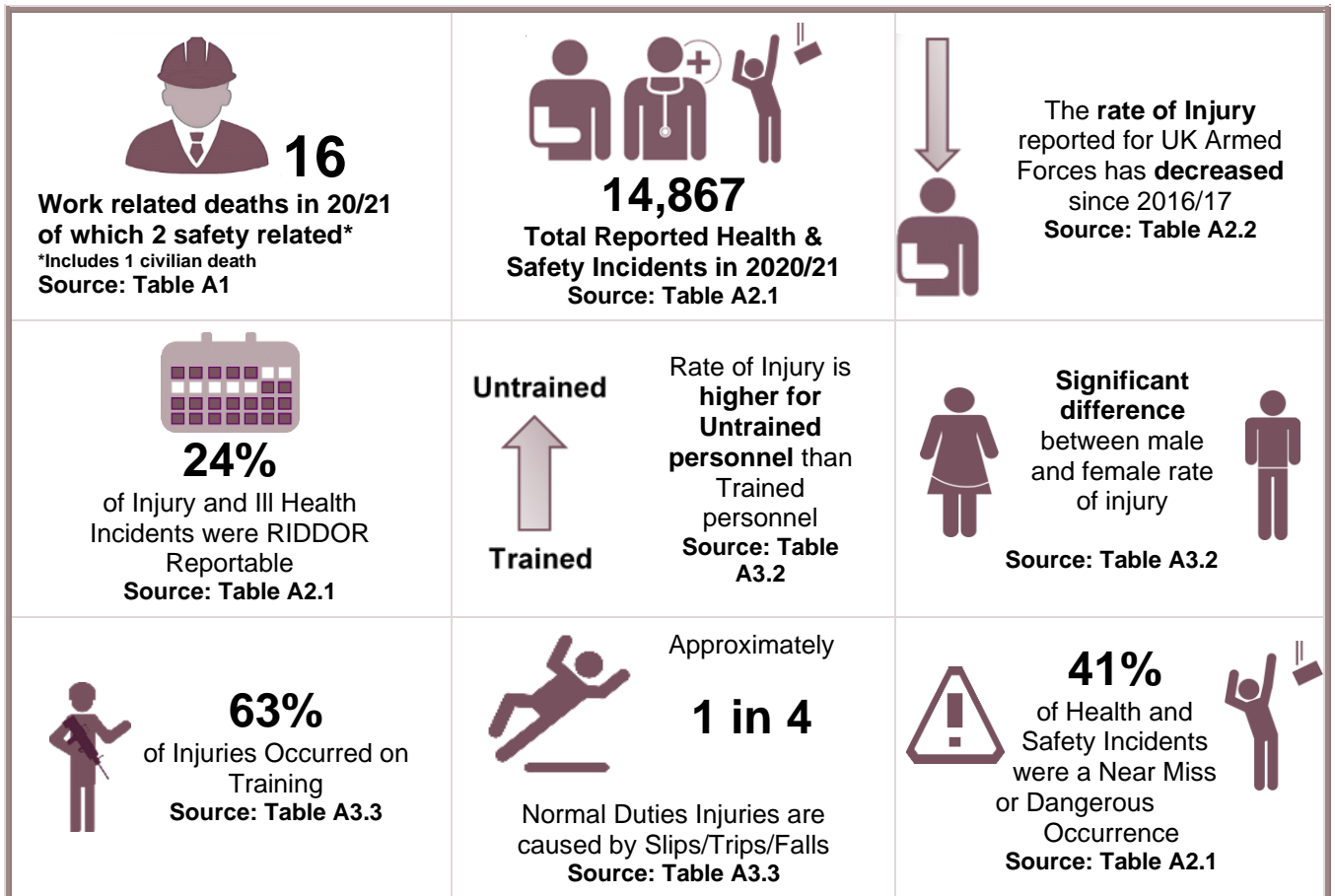


This bulletin presents summary statistics on injury and ill health incidents among UK Armed Forces personnel, Ministry of Defence (MOD) Civilian employees, Other Civilians, and Cadet Forces personnel that were reported through the MOD's Health and Safety systems during the five-year period 2016/17 to 2020/21. The report includes information on the number of work-related deaths among UK Armed Forces and MOD Civilian employees over the same period.

During a data quality review, a processing error was identified resulting in the revision of previously published data for the three-year period 2016/2017 to 2018/2019. Revisions are shown in the "MOD Health and Safety Statistics Annual Report Tables 2019-2020", and in Figure 3 of this bulletin. The error arose due to amendments or additions to the records in the H&S reporting systems being incorrectly included in the data set as new occurrences, rather than being identified as existing occurrences.

Note: All Figures for injuries and ill health incidents for 2020/21 in this report are provisional as a result of late reporting to the MOD's Health and Safety systems. Full details are presented within the accompanying Background Quality Report.

Key Points and Trends



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Supplementary tables containing the below information can be found in the [Excel tables accompanying the report](#).

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'. 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)'.

It is [MOD policy](#) 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.

The [Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 \(RIDDOR\)](#) puts duties on employers, the self-employed and people in control of work premises to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences. For the MOD, work related RIDDOR incidents involving civilian employees (and others, not defined as Armed Forces personnel), and accidents leading to death or hospitalisation of members of the public in Great Britain are reportable to the Health and Safety Executive (HSE).

Cases of disease and accidents to members of the Armed Forces or to members of visiting forces, when on duty, are not formally reportable under (RIDDOR) as [through an exemption](#) . However, incidents that would ordinarily be classified as a RIDDOR outside of the MOD exemption are [notified](#) to the HSE by way of promoting openness and transparency.

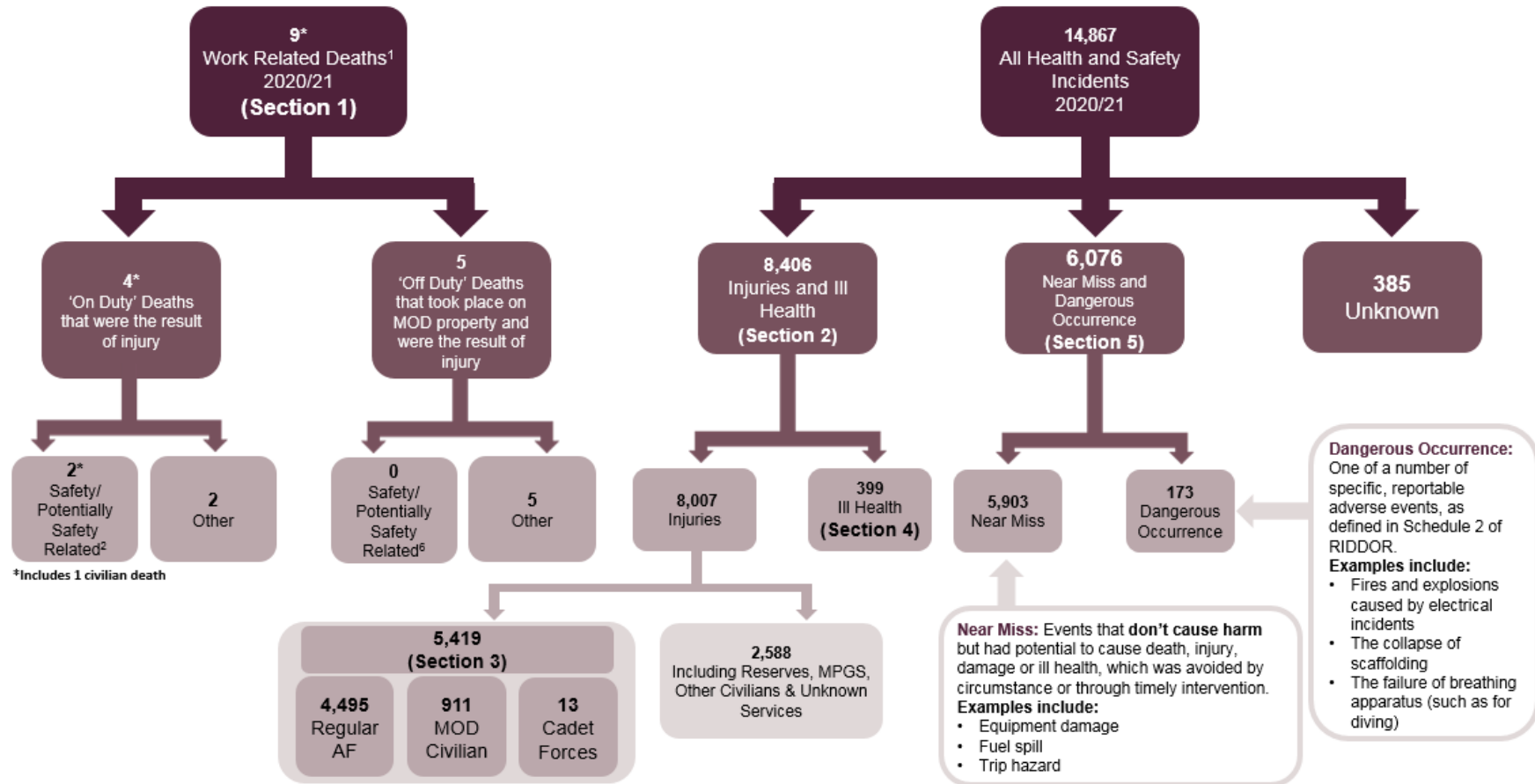
The information provided in this Statistical Bulletin presents all Health and Safety incidents between 2016/17 and 2020/21 to UK Armed Forces personnel and civilians whilst on duty, on MOD property, or injured in or by MOD vehicles. Production of the report provides official statistics to support the Defence Safety Authority's Annual Assurance report. This report also contributes to the MODs commitment to release information where possible.

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

- **Section 1:** UK Armed Forces and Civilian personnel, Health and Safety Deaths
- **Section 2:** All personnel Health and Safety Injuries and Ill Health Incidents
- **Section 3:** UK Armed Forces, MOD Civilians, and Cadet Forces Health and Safety Injuries
- **Section 4:** All personnel Health and Safety Ill Health Incidents
- **Section 5:** Near Miss and Dangerous Occurrence Health and Safety Incidents

Figure 1: Health and Safety Incidents, Numbers

1 April 2020 to 31 March 2021



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

¹Excludes Deaths that took place off-duty and not on MOD property and unknown causes of death. The 9 excludes 3 causes not yet known and 4 suicide and open verdicts.

²As determined by a Board of inquiry and/or a coroner/ procurator fiscal (Scotland) confirmed as safety related.

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

Section 1: UK Regular Armed Forces, on duty Reserves and Civilian personnel, Health and Safety Deaths

1 April 2016 to 31 March 2021

During the latest year **2020/21**, for UK Armed Forces personnel there were **three** work related deaths which occurred whilst 'on duty'. Of these **one** has been confirmed as safety related or potentially safety related pending the outcome of investigations.

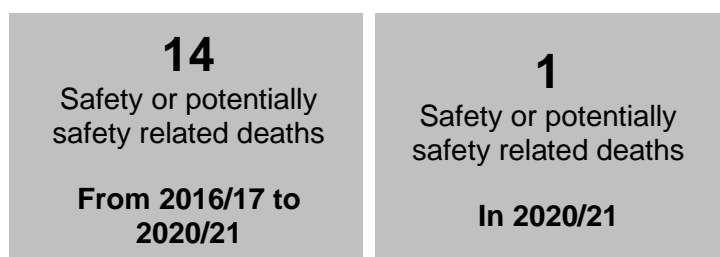
In addition, there were **five** work related deaths which occurred 'off duty' to personnel who were on MOD property at the time of their death. None of these deaths have been considered as the result of a failure in health and safety.

Over the last five-years (1 April 2016 to 31 March 2021) there were **325** UK Armed Forces deaths. Of these **14** (4%) have been deemed to be safety related or potentially safety related pending the outcome of a service inquiry. These deaths were the result of 13 separate incidents. There was one incident that caused multiple deaths (two deaths in total).

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 Regular Armed Forces and on duty reserves Health and Safety related deaths by cause, numbers

1 April 2016 to 31 March 2021



Source: Defence Safety Authority and Service Inquiries Table A1

Civilian Fatality

In addition to the 14 UK Armed Forces safety related or potentially safety related deaths there was one civilian contractor fatality which occurred during construction works.



Section 2: All personnel Injuries and Ill Health, Health and Safety Incidents

1 April 2020 to 31 March 2021 – as at May 2021

8,406 All MOD Injury and Ill Health, Health and Safety Incidents in 2020/21.

During 2020/21 there were **8,406** injury and ill health, Health and Safety incidents. This number may increase when late reporting for 2020/21 is considered. 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).

The World Health Organization classified COVID-19 as a pandemic on 11 March 2020. A pandemic is where a disease is prevalent over a whole country or the world. Defence, in line with the rest of the country, entered lockdown on 23 March 2020, and continues to follow the rest of the country with regards to restrictions.

At the start of the pandemic the Ministry of Defence (MOD) followed the COVID Defence Management Plan, moving to the COVID Defence recovery and response plan in September 2020. This plan is to enable Defence to adapt to living with COVID-19 for an extended period and prepare and respond to changes in government guidance.

In line with national guidance, some non-essential Defence activities were reduced or paused during lockdown and civilian and military personnel worked from home where appropriate. This may have contributed to fewer health and safety occurrences in the workplace or because of work-related activity.

All MOD Injury and Ill Health, Health and Safety Incidents in 2020/21, by Service, Numbers and rates per 1,000³

Armed Forces 5,457 No. Injury and ill health incidents 27 Rate per 1,000 personnel	Royal Navy 956 25 No. Injury and ill Rate per 1,000 personnel health incidents	Civilians 2,194 No. Injury and ill health incidents Rate unavailable ⁴	MOD Civilian 1,031 22 No. Injury and ill Rate per 1,000 personnel health incidents
	Army 3,857 32 No. Injury and ill Rate per 1,000 personnel health incidents		Other Civilian 1,149 Rate unavailable ⁴ No. Injury and ill health incidents
	RAF 644 17 No. Injury and ill Rate per 1,000 personnel health incidents		Cadet Forces 14 0.1 No. Injury and ill Rate per 1,000 personnel health incidents

³755 records were excluded due to an unknown Service type – where information is either missing or insufficient to identify Service. Defence Statistics will monitor this issue and work to identify the cause with stakeholders.

⁴Rates are not provided for total Civilians, or Other Civilians due to suitable population information being unavailable

Source: AINC, AIRS, DINC, DIO, FSIMS, HOCS, HRMS, JFC, JPA, NSINC. Table A2.2

Armed Forces personnel accounted for 5,457 (66%) of all injury and ill health incidents that were reported, the Army as the largest Service accounted for 3,857 (71%) of these incidents. The rate of incidents in the Army (31.6 per 1,000) was statistically significantly higher than the Royal Navy (24.5 per 1,000) and RAF (16.7 per 1,000)⁵.

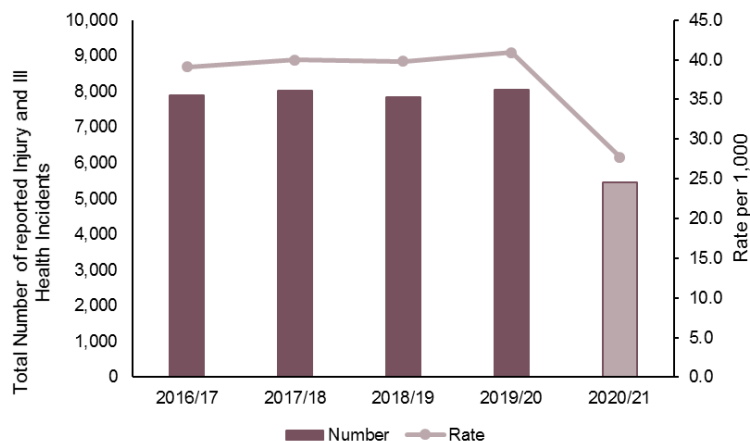
Civilian personnel accounted for 2,194 (26%) of all injury and ill health incidents that were reported.

⁵Statistically significant using Z-test, p<0.01 (Table A6)

Figure 3: UK Armed Forces, MOD Civilian and Cadet Forces personnel, reported injury and ill health incidents, numbers and rates per 1,000

1 April 2016 to 31 March 2021

Figure 3.1: UK Armed Forces personnel



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

Tables A2.2-A2.5

r. Denotes figures have been revised

p. Figures for 2020/21 are provisional

Figure 3.2: MOD Civilian personnel

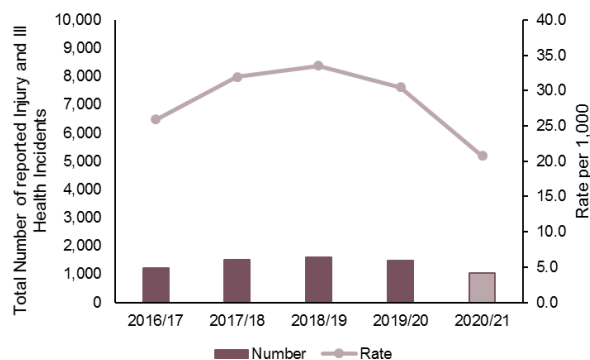


Figure 3.3: Cadet Forces personnel

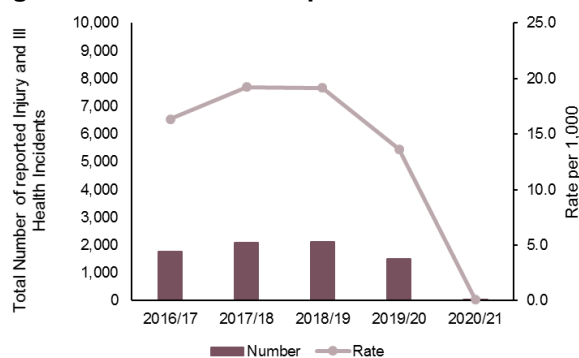


Figure 3 presents the injury and ill health rate over the last five years. When comparing 2016/17 and 2020/21, the rates per 1,000 of injury and ill health for UK Armed Forces personnel (39.1 – 27.3), MOD Civilians (25.9 – 20.7) and Cadet Forces personnel (16.3 – 0.1) have statistically **significantly decreased**⁶. This decrease is likely attributable to reduced activity during the COVID-19 pandemic.

Cadets had all Annual Camps cancelled in 2020 which resulted in very little activity in this group.

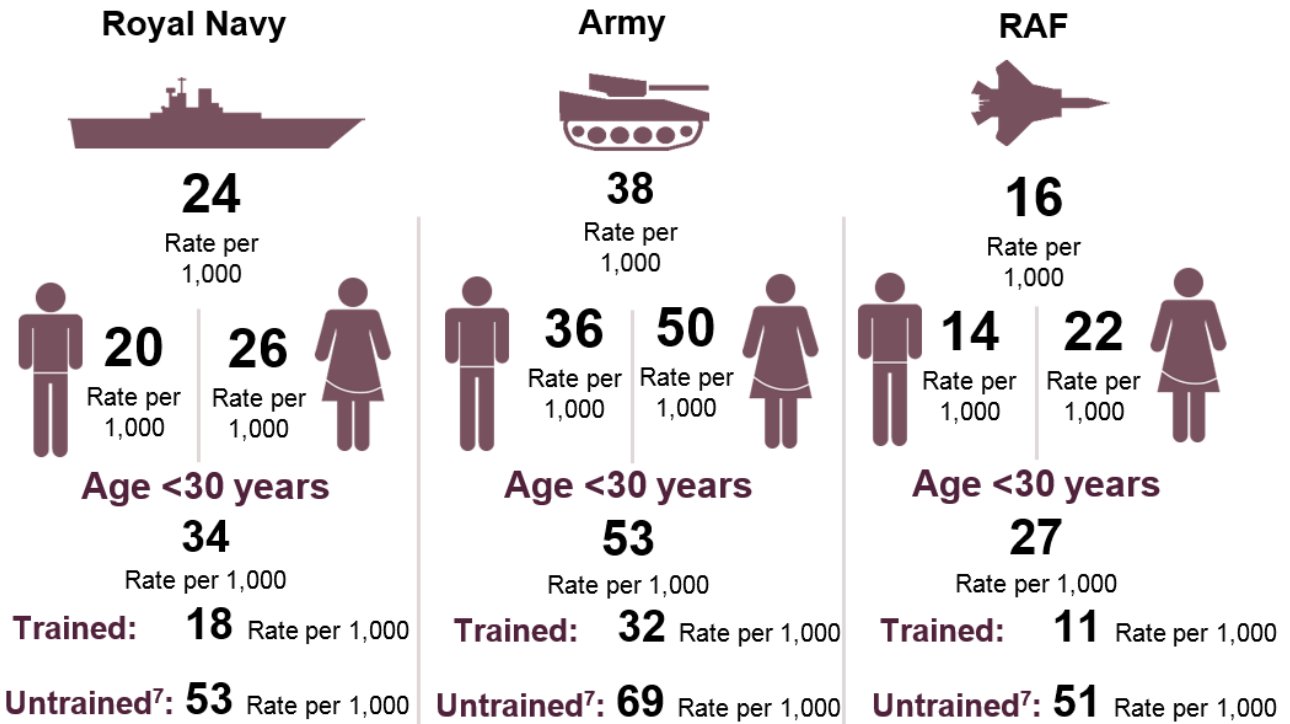
The following section presents three populations, the UK Regular Armed Forces (including Gurkha's), all other UK Armed Forces (includes Reservists and MPGS) and Civilians (within this section only MOD civilians and cadets have been included). There were differences observed in rate of injury and ill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

⁶Statistically significant using Z-test, p<0.05

UK Regular Armed Forces

4,495 Injury and Ill Health, Health and Safety Incidents in 2020/21.

30 per 1,000



Source: AINC, AIRS, DINC, DIO, FSIMS, HOCS, JFC, JPA, NSINC.
Table A2.3 and A6

⁷ Untrained personnel comprise of Army personnel who have yet to complete Phase 1 training, and Royal Navy and RAF personnel who have yet to complete Phase 2 training. For full definitions please see Glossary.

The majority of injury and ill health incidents reported for the UK Armed Forces were for Regular personnel (4,495 out of 5,457, 82%).

During 2020/21 the following UK Regular Armed Forces demographic groups were at a statistically **significant higher risk**⁷ of reporting injury and ill health incidents.

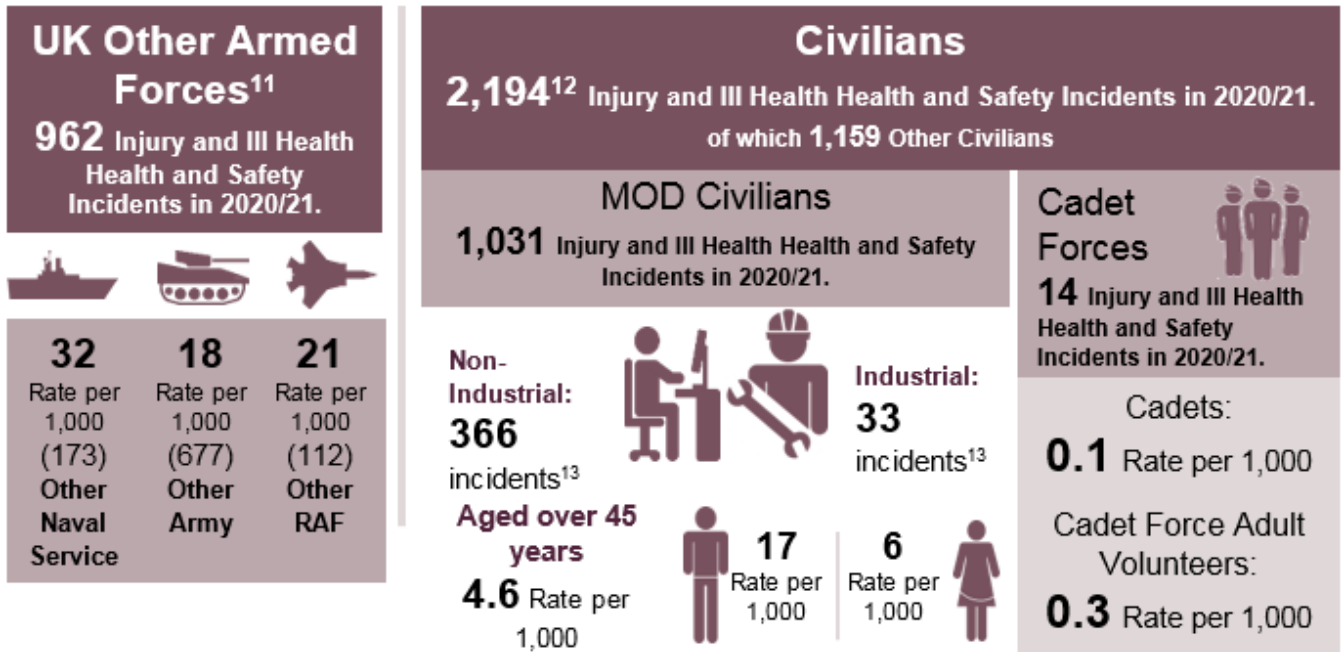
- **Females:** This may be due to physiological differences between men and women,⁸ or that females are more likely to have interactions with healthcare services and potentially more likely to report through the health and safety systems.⁹
- **Personnel aged under 30 years and untrained personnel:** Higher rates in younger 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. This may reflect the intense physical nature of training and the learning curve of being in the military and meeting the standards for physically demanding roles.

⁷ Statistically significant using Z-test, p<0.05 – table A.6

⁸ Orr, R. and Pope, R., 2016. Gender differences in load carriage injuries of Australian army soldiers. [online] BMC Musculoskeletal Disorders. Available at: <https://bmcmusculoskeletdisord.biomedcentral.com/articles/10.1186/s12891-016-1340-0> [Accessed 21 July 2021].

⁹ Thompson, 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/s12875-016-0440-0> [Accessed on 21 July 2021].

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 and duties undertaken.



Source: AINC, AIRS, DINC, DIO, FSIMS, HOCS, HRMS, JFC, JPA, NSINC
 Tables A2.2 A2.4 and A2.5

During 2020/21 MOD Civilians aged over 45 years were at a statistically significant lower risk of reporting injury and ill-health incidents compared to those aged under 45.

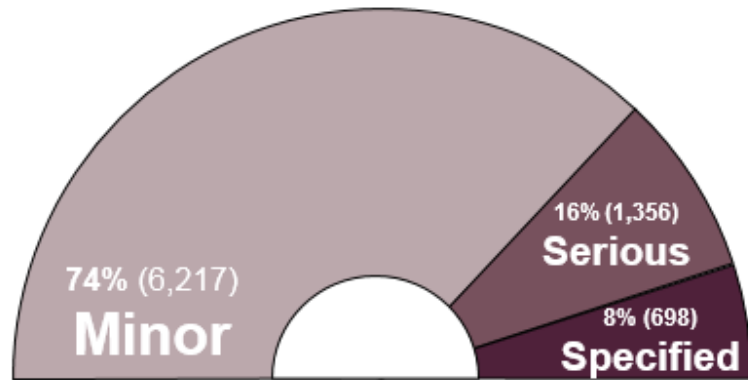
¹¹ This is the UK Armed Forces excluding Regulars. It includes Reserves and MPGS.

¹² Other Civilians have been excluded.

¹³ From 2018/19 Defence Statistics are unable to provide rates on Industrial and Non-Industrial Civilians. See Background Quality Report for further information.

Severity and RIDDOR Reportable Incidents 2020/21

74% (6,217) Injuries and Ill Health were Minor, **24% (2,054)** were RIDDOR Reportable^{14,15}



¹⁴135 (2%) were excluded due to an unknown severity classification

¹⁵ Includes all personnel

The MOD defines the severity of injuries in the following way;

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**. Please note that whilst they are labelled as 'serious' this is about the work impact, rather than the nature of the injury. A relatively minor injury could result in more than 7 days off work.



RIDDOR:

Work related RIDDOR incidents involving civilian employees (and others, not defined as Armed Forces personnel), and accidents leading to death or hospitalisation of members of the public in Great Britain are reportable to HSE. **This includes over 7-day absences from work (defined by MOD as 'serious'), dangerous occurrences and specified injuries and illnesses/disease.**

Cases of disease and accidents to members of the Armed Forces or to members of visiting forces, when on duty, are not formally reportable under (RIDDOR) through an exemption. However, incidents that would ordinarily be classified as a RIDDOR outside of the MOD exemption are notified to the HSE by way of promoting openness and transparency.

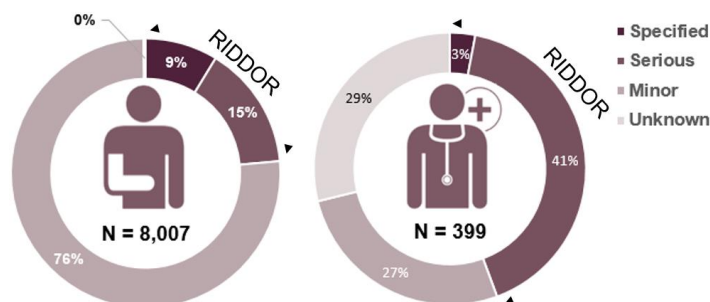
Minor: Injuries not defined as specified or serious. All less than 7 working days lost.

Figure 4: All personnel¹⁶, reported injury and ill health incidents, by severity, percentages

1 April 2020 to 31 March 2021

Figure 4.1: Injury incidents

Figure 4.2: Ill health incidents



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

Tables A2.1, A2.2, A3.1, A6

Percentages may not equal 100% due to rounding of figures.

¹⁶ '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.

8 per 1,000 (N=1,659) UK Armed Forces personnel

sustained a RIDDOR Reportable Injury or Ill Health Incident in 2020/21

3 per 1,000 (N=131) MOD Civilian personnel sustained a RIDDOR Reportable Injury or Ill Health Incident in 2020/21

0.1 per 1,000 (N=7) Cadet Forces personnel sustained a RIDDOR Reportable Injury or Ill Health Incident in 2020/21

Other Civilians and Unknown personnel accounted for the remaining 257 RIDDOR reportable injury and ill health incidents.

Source: Table A2.2, A4, A6

Between 1 April 2020 and 31 March 2021, **24%** (2,054) of injury and ill health incidents to all personnel were RIDDOR reportable.

The rate of RIDDOR reportable injury and ill health incidents was statistically **significantly lower** (Table A6) for Cadet Forces compared to the UK Armed Forces personnel. The UK Armed Forces rate was statistically **significantly higher** compared to MOD Civilians.

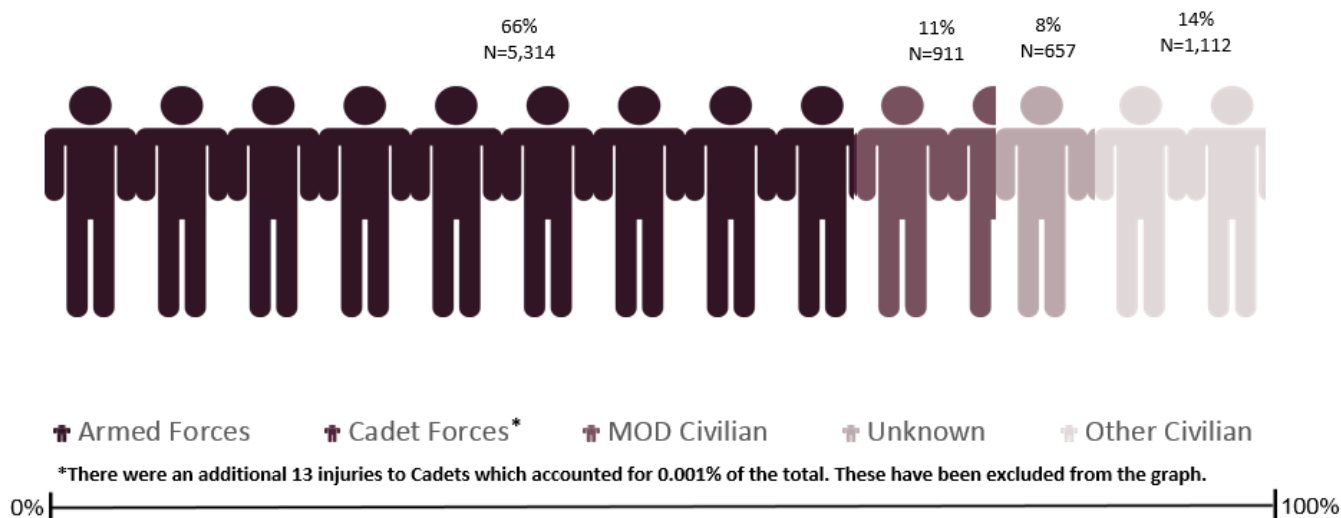
Section 3: All Personnel, Health and Safety Injuries

1 April 2020 to 31 March 2021

Injuries accounted for 54% (N = 8,007) of all reported Health and Safety incidents in 2020/21. 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: UK Armed Forces, MOD Civilian, Other Civilian, and Cadet Forces personnel, Injuries reported in Health and Safety, by Service, numbers, and proportions

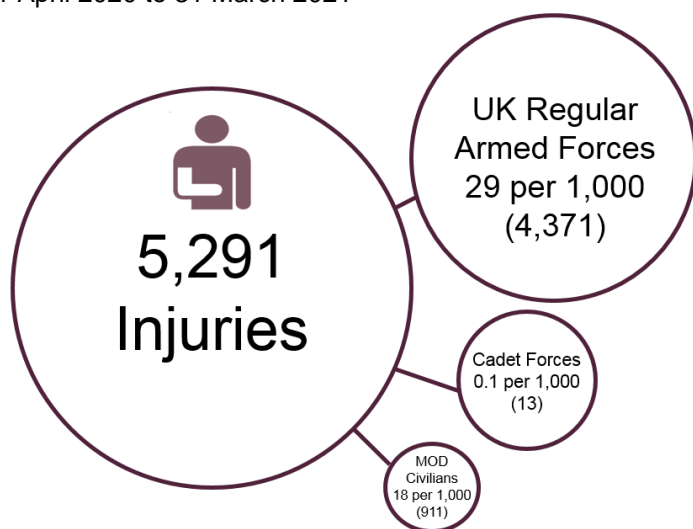
1 April 2020 to 31 March 2021



For Section 3 rates 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 Other Armed Forces and Other Civilian personnel.

Figure 6: Health and Safety Injuries, Service, Numbers

1 April 2020 to 31 March 2021



The UK Regular Armed Forces had a higher rate of injuries compared with other groups.

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.

Source: AINC, AIRS, DINC, DIO, FSIMS, HOCS, HRMS, JFC, JPA, NSINC. Tables A3.1, A3.2, A3.8, A3.9














Figure 7: UK Regular Armed Forces personnel, Injuries reported in Health and Safety, by Service, rates 1 April 2020 to 31 March 2021



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

Overall, untrained UK Armed Forces personnel were more likely to have reported an injury than trained personnel, consistent with findings from the report on [Annual Medical Discharges in Regular UK Armed Forces](#). Of note, **1 in 10 untrained female UK Armed Forces Personnel reported an injury** (Table A3.2a). Females under the age of 25 also had statistically **significant higher rates** of injury compared to Males under the age of 25 (Table A6).

UK Regular Armed Forces Injury Incidents, 2020/21

Type of Event	Top 3 Types of Activity ¹⁷	Top 3 Parts of Body
<p>Training* 63% (2,761)</p>  <p>*Includes Adventure Training</p>	<p>26% (708) During PT</p>  <p>14% (393) On Exercise</p>  <p>3% (74) On LFTT (Live Fire Tactical Training)</p> 	<p>Leg/Hip/Knee/Ankle/Foot 35% (978) Trunk/Chest/Ribs/Shoulder 15% (415) Head/Face/Neck/Nose/Mouth 7% (186)</p> <p>Top 3 accounted for 57% of areas of body injured during Training</p> 
<p>Normal Duties** 28% (1,220)</p> <p>**Injuries that occur during normal work duties that do not fall into other categories</p>	<p>23% (287) Due to a Slip/Trip/Fall</p>  <p>9% (115) Due to & Lifting/Handling</p>  <p>9% (110) Due to Striking By Object</p> 	<p>Fingers/Thumbs/Toes 10% (116) Leg/Hip/Knee/Ankle/Foot 9% (105) Head/Face/Nose/Mouth 8% (102)</p> <p>Top 3¹⁸ accounted for 27% of areas of body injured during Normal Duties</p> 
<p>Sport/Recreation*** 9% (390)</p> <p>***Sport injuries that were not sustained as part of official military training</p>	<p>21% (82) While Playing Football</p>  <p>11% (41) While Horse Riding</p>  <p>7% (29) While Running</p> 	<p>Leg/Hip/Knee/Ankle/Foot 25% (98) Head/Face/Nose/Mouth 9% (35) Trunk/Chest/Ribs/Shoulder 8% (33)</p> <p>Top 3 accounted for 42% of areas of body injured during Sport/Recreation</p> 

Source: AINC, AIRS, DINC, DIO, FSIMS, HOCS, JFC, JPA, NSINC. Tables A3.3 and A3.6

¹⁷ Top three activities excluding general categories such as 'Training' for Training

¹⁸ For normal duties, unknown body part was the highest category, but excluded from top 3.

Training was the event with the greatest proportion of injury incidents amongst UK Regular Armed Forces personnel (63%), followed by Normal Duties (28%) and then Sport/Recreation (9%). For two of three events, the lower body (leg/hip/knee/ankle/foot) was the body area most frequently injured (35% on training and 25% on sport/recreation).



Cadet Forces. Of the 13 Health and Safety Injuries in 2020/21:

- **85% (11)** of injuries to Cadet Forces took place on Training.
- **15% (2)** were due to Fall from Height.
- **53% (7)** of injuries sustained by Cadet Forces were Minor Injuries.



MOD Civilians. Of the 911 Health and Safety Injuries in 2020/21:.

- **46% (419)** of injuries to MOD Civilians were because of Slip/Trips/Falls and Lifting/Handling.
- **88% (802)** of injuries sustained by MOD Civilians were Minor Injuries.

Source: AINC, AIRS, DINC, DIO, FSIMS, HOCS, HRMS, JFC, JPA, NSINC. Tables A3.1, A3.8, A3.9

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

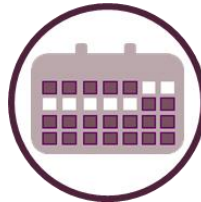
1 April 2020 to 31 March 2021

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 3% (N=399) of all Health and safety incidents in 2020/21.

Defence Statistics are aware that some Health and Safety ill health incidents for military personnel are recorded on medical systems and not through the Health and Safety reporting systems. Chronic illness and infectious diseases are more likely to be recorded through medical systems (either military or civilian). Therefore, numbers presented within this report for ill health should be treated as a minimum.



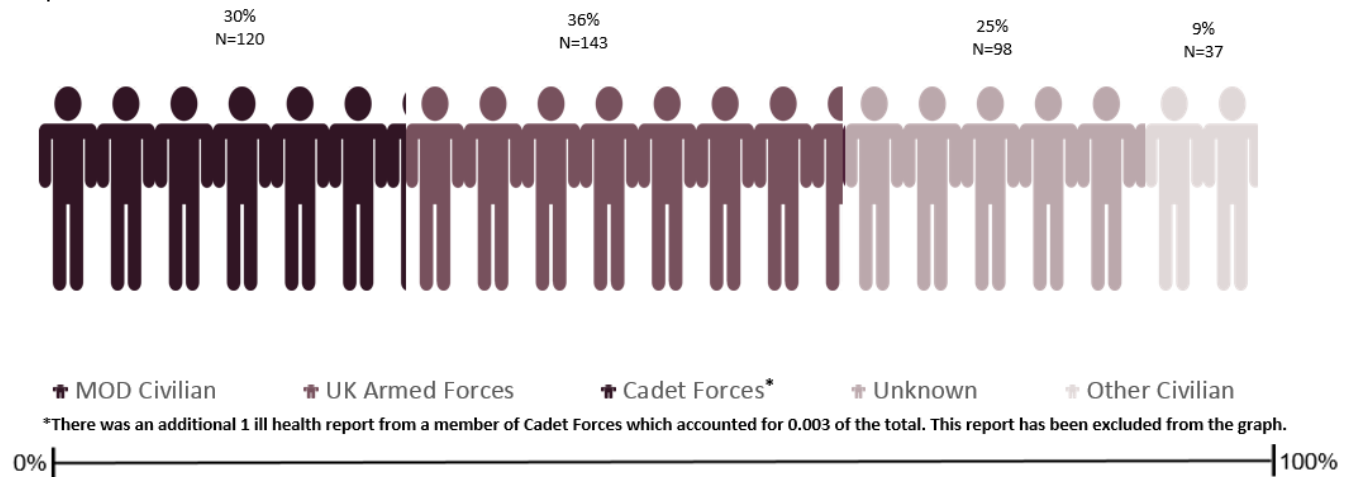
399
Total Ill
Health Incidents



44% (N=177) of Ill Health
Incidents were Specified
or Serious
(7 or more working days
lost)

Figure 8: 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 2020 to 31 March 2021



Illnesses reported within Health and Safety include things such as hearing loss and environmental illnesses. [RIDDOR reportable](#) occupational diseases include things such as Hand Arm Vibration Syndrome and Occupational Dermatitis.

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

1 April 2020 to 31 March 2021

Source: AINC, AIRS, DINC, DIO, FSIMS, HOCS, HRMS, JFC, JPA, NSINC. Table A2.1, A5.1 and A5.2

Total Near Misses & Dangerous Occurrences in 2020/21 (6,076)

5,903 Total Near Misses in 2020/21

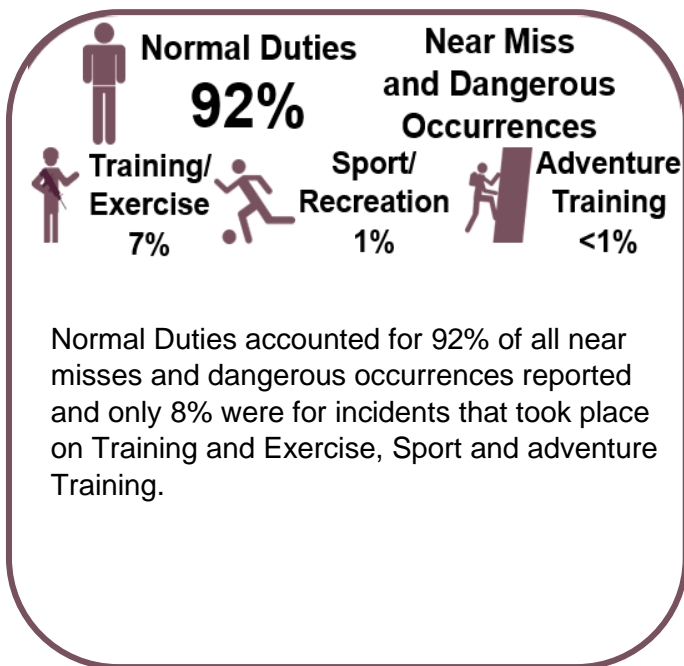
173 Total Dangerous Occurrences in 2020/21

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.

41%

of reported MOD Health and Safety incidents in 2020/21 were Near Misses or Dangerous Occurrences



Top 3 Causes in 2020/21



22% (1,331) due to Equipment



7% (453) due to Slip/Trip/Fall



10% (580) due to LTA¹⁹

The most frequent cause of near miss or dangerous occurrence was equipment accounting for **22%** of incidents.

¹⁹ **Land Transport Accident:**

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

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.

Cadet Forces – The Ministry of Defence sponsors and supports 4 Cadet Forces (voluntary youth organisations). They offer challenging and enjoyable activities for young people and prepare them to play an active part in the community while developing valuable life skills.

The Cadet Forces comprise of the:

- Sea Cadets
- Army Cadet Force
- Air Training Corps
- Combined Cadet Force

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.

Defence COVID Management plan objectives:

- a. Deliver an accurate and timely picture of the impact of COVID-19 on Defence personnel and Defence outputs;
- b. Enable delivery of any COVID-19-related Military Assistance to Civil Authorities (MACA) support;
- c. Protect Defence personnel, as far as possible, from the impact of COVID-19;
- d. Enable Defence to recover to normal levels of activity rapidly after the impact.

Defence COVID Recovery and Response plan objectives:

- a. ensuring effective governance and collective oversight of Defence's COVID plans and activity;
- b. ensure Defence is recovering in a coherent fashion, using national advice as the basis for broad direction from head office, which will be implemented through local plans;
- c. ensure Defence is ready for a resurgence of the virus at home or overseas and can respond to outbreaks as they occur;
- d. support the adaptation and transformation of working practices, systems and processes within Defence as a result of COVID.

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 involving live fire not on a range.

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.

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.

Royal Navy - 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.

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 Nursing Services, Gurkhas and Military Provost Guarding Service (MPGS) but excluding FTRS personnel, Naval activated Reservists, mobilised Reservists, and Non Regular Permanent Service (NRPS). Unless otherwise stated, includes trained and untrained personnel. This definition may differ from other reports produced by the Ministry of Defence.

UK Reservists – includes volunteer reserves who are mobilised, High Readiness Reserves and those volunteer reserves serving on Full Time Reserve Service (FTRS) and Additional Duties Commitment (ADC). Sponsored Reserves who provide a more cost effective solution than volunteer reserve are also included in the Army Reserve FR20. Volunteer Reserves voluntarily accept an annual training commitment and are liable to be mobilised to deploy on operations. They can be utilised on a part-time or full-time basis to provide support to the Regular.

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. 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:

- **Army Incident Notification Cell** (*INS system*)
- **Air Safety Centre** (*AIRS and FSIMS systems*)
- **Defence Equipment and Support Safety Cell**
- **Defence Infrastructure Organisation**
- **Head Office**
- **UK Strategic Command**
- **Naval Service Incident Notification Cell** (*NLIMS system*)

Systems to record safety related occurrences are live and personnel can enter information months and years after the event initially occurred.

2. Health and safety data returns with missing demographic information have been linked to the Joint Personnel Administration (JPA) System and the Human Resources Management System (HRMS) using staff or service number to obtain this information.

Deaths data sources

3. 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.

Data Coverage

4. 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.

5. 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

6. 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 more extensive military injuries and illnesses tending to result in a person being unable to perform their normal duties for more than seven days, therefore being categorised as 'serious'.

7. 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 2016. This was reported on from April 2016 to allow time for the transition.

Rates

8. 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

9. 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 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.

10. 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.

11. 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.

12. More detailed information on the data, definitions and methods used to create this report can be found in the [Background Quality Report \(BQR\)](#).

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. Where numbers fewer than three have been presented, each occurrence has been scrutinised and the risk of disclosure has been assessed as low.

Revisions

Routine revisions:

Incident numbers from 2019/2020 have been updated to account for late reporting. Figures updated are represented with an 'r'.

Revisions due to processing errors:

This report and supplementary tables present a number of revisions to previously published data. During a data quality review, a processing error was identified resulting in the revision of previously published data for the three-year period 2016/2017 to 2018/2019. Revisions are shown in the "MOD Health and Safety Statistics Annual Report Tables 2019-2020", and in Figure 3 of this bulletin. As the occurrences are investigated, or the report is reviewed by the safety centres, additional information may be gathered that was not known at the point of the initial report. This may result in the record being updated with the most up to date and accurate information available. The error arose due to amendments or additions to the records in the H&S reporting systems being incorrectly included in the data set as new occurrences, rather than being identified as existing occurrences.

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.

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