







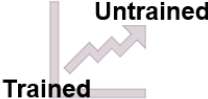



Annual Summary & Trends Over Time 2019/20 – 2023/24

Published 9th January 2025

This bulletin presents summary statistics on injury, ill health and near miss incidents among UK Armed Forces personnel, Ministry of Defence (MOD) Civilian employees, Other Civilians, and Members of the Cadet Forces personnel that were reported through the MOD's Health and Safety systems during the five-year period 2019/20 to 2023/24. The report includes information on the number of safety related and potentially safety related fatalities among UK Armed Forces and MOD Civilian employees over the same period.

Note: All figures for 2023/24 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

 <p>3 Health and Safety related deaths in 23/24 Source: Table A1</p>	 <p>26,833 Total Reported Health & Safety Incidents in 2023/24 Source: Table A2.1</p>	 <p>The rate of Injury reported for UK Armed Forces has increased since 2019/20 Source: Table A7</p>
 <p>13% of Injury and Ill Health Incidents were Specified/Serious Source: Table A2.2</p>	 <p>For Regular Armed Forces, the rate of injury is significantly higher for Untrained personnel than Trained personnel Source: Table A3.3 and A7</p>	 <p>For Regular Armed Forces the rate of injury is significantly higher for females than males Source: Table A3.3 and A7</p>
 <p>61% of Injuries to Regular Armed Forces personnel occurred on Training Source: Table A3.5</p>	 <p>39% of Health and Safety Incidents were a Near Miss or Dangerous Occurrence Source: Table A2.2</p>	

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[Background Quality Report](#)

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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 duty 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, near misses and dangerous occurrences.

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.

RIDDOR defined injuries to civilian employees and incidents leading to the hospitalisation or death of members of the public are reportable to the Health and Safety Executive (HSE). Equivalent injuries and diseases to Armed Forces personnel on duty are not reportable under RIDDOR but MOD has undertaken to notify any Work-Related Death, Major Injury, Disease or Dangerous Occurrence, to HSE as if they were RIDDOR reportable. Defined Dangerous Occurrences are reportable.

In the case of a fatality within the defined geographic limits, HSE expects the Commanding Officer/Head of Establishment or other responsible person within the relevant command to notify HSE within the time periods as laid down in RIDDOR.

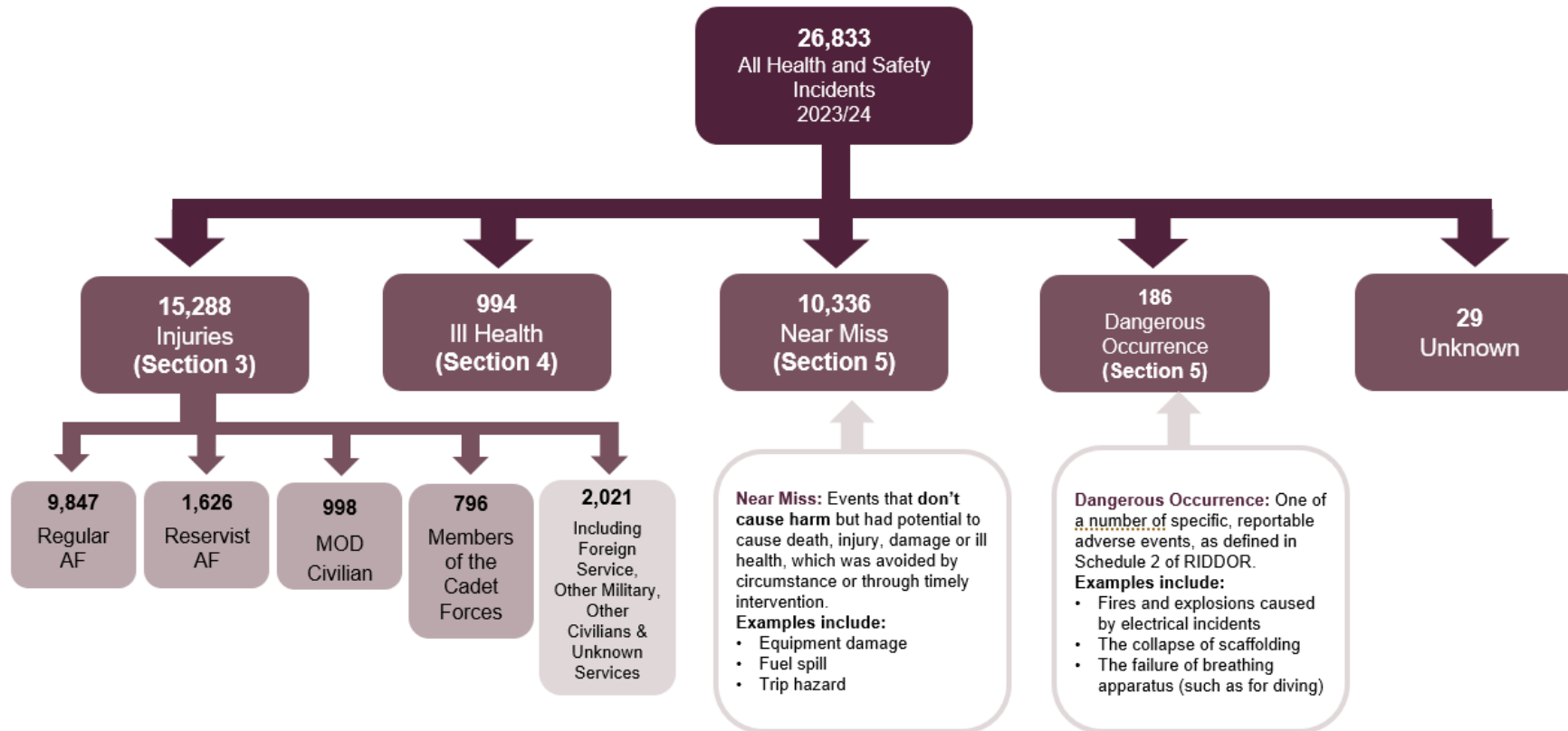
The information provided in this Statistical Bulletin presents all Health and Safety incidents between 2019/20 and 2023/24 to UK Armed Forces personnel and civilians whilst on duty, on MOD property, or injured in or by MOD vehicles. Production of the report provides official statistics to support the 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:** Health and Safety Deaths
- **Section 2:** All reported Health and Safety incidents
- **Section 3:** Health and Safety Injuries
- **Section 4:** Health and Safety Ill Health Incidents
- **Section 5:** Near Miss and Dangerous Occurrences

Figure 1: Health and Safety Incidents, Numbers.

1 April 2023 to 31 March 2024



Source: DINC, DIO, MySafety (DURALS), FSIMS, HOCS, INS, Strat Com, JPA, MyHR, NLIMS

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

1 April 2019 to 31 March 2024

During the latest year **2023/24**, for UK Armed Forces personnel there were **3** deaths which have been confirmed as safety related or potentially safety related pending the outcome of investigations.

Over the last five-years (1 April 2019 to 31 March 2024) there were **336** UK Armed Forces deaths. Of these **18** (5%) have been deemed to be safety related or potentially safety related pending the outcome of a service inquiry. During this time period, all 18 deaths were a result of single incidents.

Figure 2 presents the cause of the safety related or potentially safety related deaths. The largest causes of death were land transport accidents (6 deaths) and incidents during personal training (4 deaths).

A breakdown of safety or potentially safety related deaths by year and cause can be found in **Table A1** of the supplementary tables accompanying the report.

Figure 2: UK Regular Armed Forces and on duty Reserves Health and Safety related deaths by cause, Numbers.

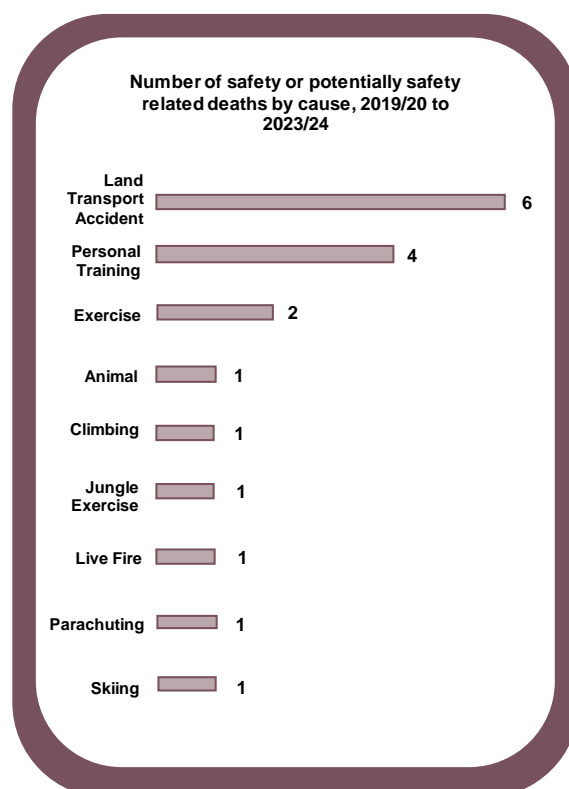
1 April 2019 to 31 March 2024



Source: Defence Safety Authority and Service Inquiries
Table A1

Civilian Fatality

During the latest year **2023/24** there have been no civilian fatalities



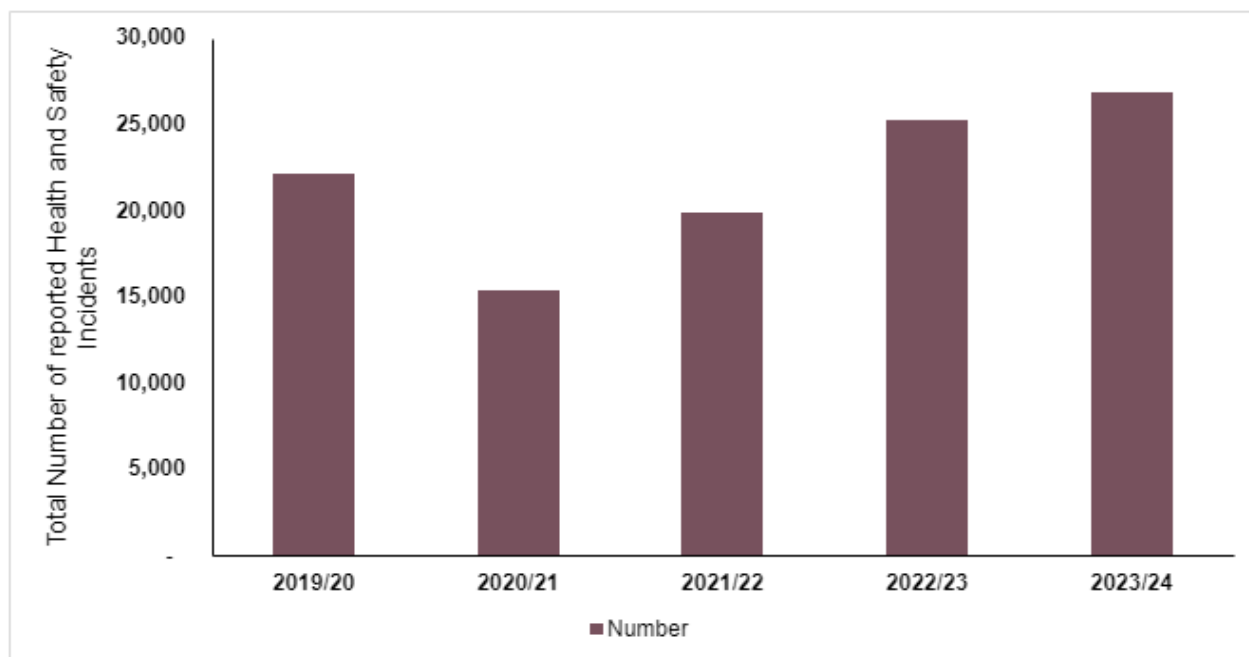
Section 2: All reported Health and Safety Incidents

1 April 2023 to 31 March 2024

26,833 All MOD Injury, Ill Health, Dangerous Occurrence and Near Miss, Health and Safety Incidents in 2023/24.

Figure 3: All personnel, All Reported Health and Safety incidents, Numbers.

1 April 2019 to 31 March 2024



Source: AIRS, DINC, DIO, MySafety (DURALS), FSIMS, HOCS, INS, Strat Com, JPA, MyHR, NLIMS

Table A2.1

During 2023/24 there were **26,833** injury, ill health, Dangerous Occurrence and near miss, Health and Safety incidents. This number may increase when late reporting for 2023/24 is included. An overall rate has not been provided because for some sub-groups no suitable population at risk data was available (See Background Quality Report for more information).

Armed Forces personnel accounted for **15,650** (58%) of all health and safety incidents that were reported (13,114 (84%) for Regular personnel and 1,906 (12%) for Reserves). There were 630 incidents where Regular/Reserve status was not known. The Army as the largest Service accounted for 12,931 (83%) of these incidents.

Civilian personnel accounted for 3,954 (15%) of all health and safety incidents that were reported.

Members of the Cadet Forces (including Cadets and CFAV) accounted for **992** (4%) of all reported health and safety incidents.

6,189 (23%) of all incidents had no personal information recorded against them. This mainly affects dangerous occurrence and near miss records as often no individual person is directly affected.

Of all health and safety incidents:

- 15,288 (57%) were injuries
- 994 (4%) were ill health
- 10,336 (39%) were near misses
- 186 (<1%) were dangerous occurrences
- 29 (<1%) were unknown

Section 3: Health and Safety Injuries

1 April 2023 to 31 March 2024

Injuries accounted for 57% (N = 15,288) of all reported Health and Safety incidents in 2023/24. This section focuses on understanding more about these reported incidents, including the demographic characteristics of the personnel injured, the types of activity that were being undertaken at the time of injury and the severity of the injuries. This information supports identification of key areas of risk which can be targeted in the future.

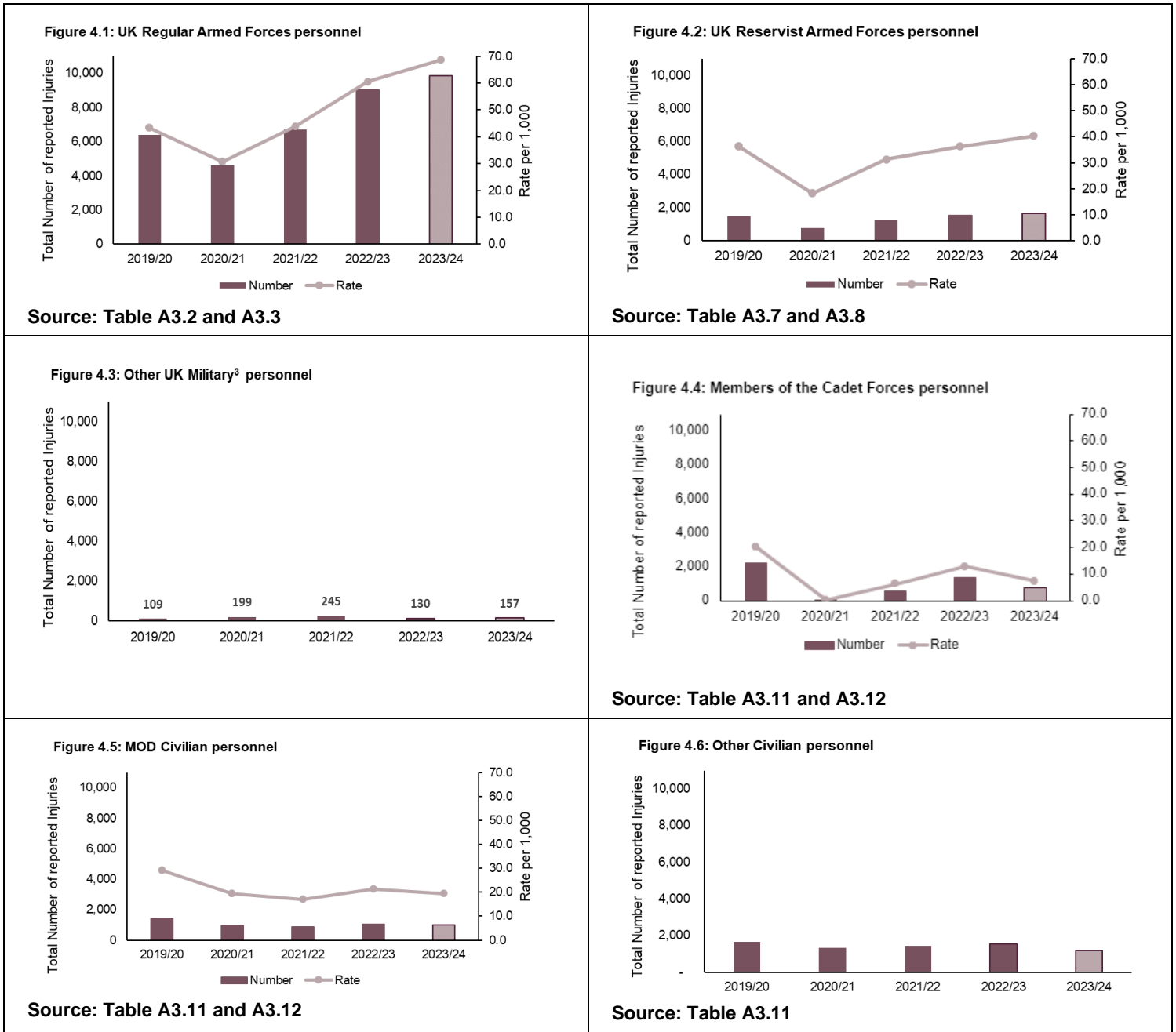
Figure 4 presents the injury rate over the last five years. When comparing 2019/20 and 2023/24, the rates per 1,000 of injury for UK Regular Armed Forces personnel (43 to 69) have statistically **significantly increased**, MOD Civilians (29 to 20) and Members of the Cadet Forces personnel (20 to 7) have statistically **significantly decreased**¹.

Please note that the decrease in incidents reported during 2020/2021 was likely to be affected by a decrease in non-essential activity during the COVID pandemic. Increases since 2020/2021 reflect the return to usual levels of activity. In addition, in January 2022 the Army and UK Strategic Command launched a new safety reporting system (the Defence Unified Lessons and Reporting System DURALS—now known as MySafety) which was designed to be more user-friendly and encouraged the reporting of safety related incidents. Increases in the number of Armed Forces incidents over the latest year may be due to improvements in reporting rather than an increased number of events.

Denominator populations are not available for Other UK Military, Other Civilian, Foreign Service and unknown service personnel; therefore, rates cannot be calculated for those groups.

¹Statistically significant using Z-test, $p < 0.05$

Figure 4: UK Armed Forces, MOD Civilian and Members of the Cadet Forces personnel², reported injury incidents, Numbers and Rates per 1,000.
1 April 2019 to 31 March 2024



Source: Table A3.2 and A3.3

Source: Table A3.7 and A3.8

Source: Table A3.11 and A3.12

Source: Table A3.11 and A3.12

Source: Table A3.11

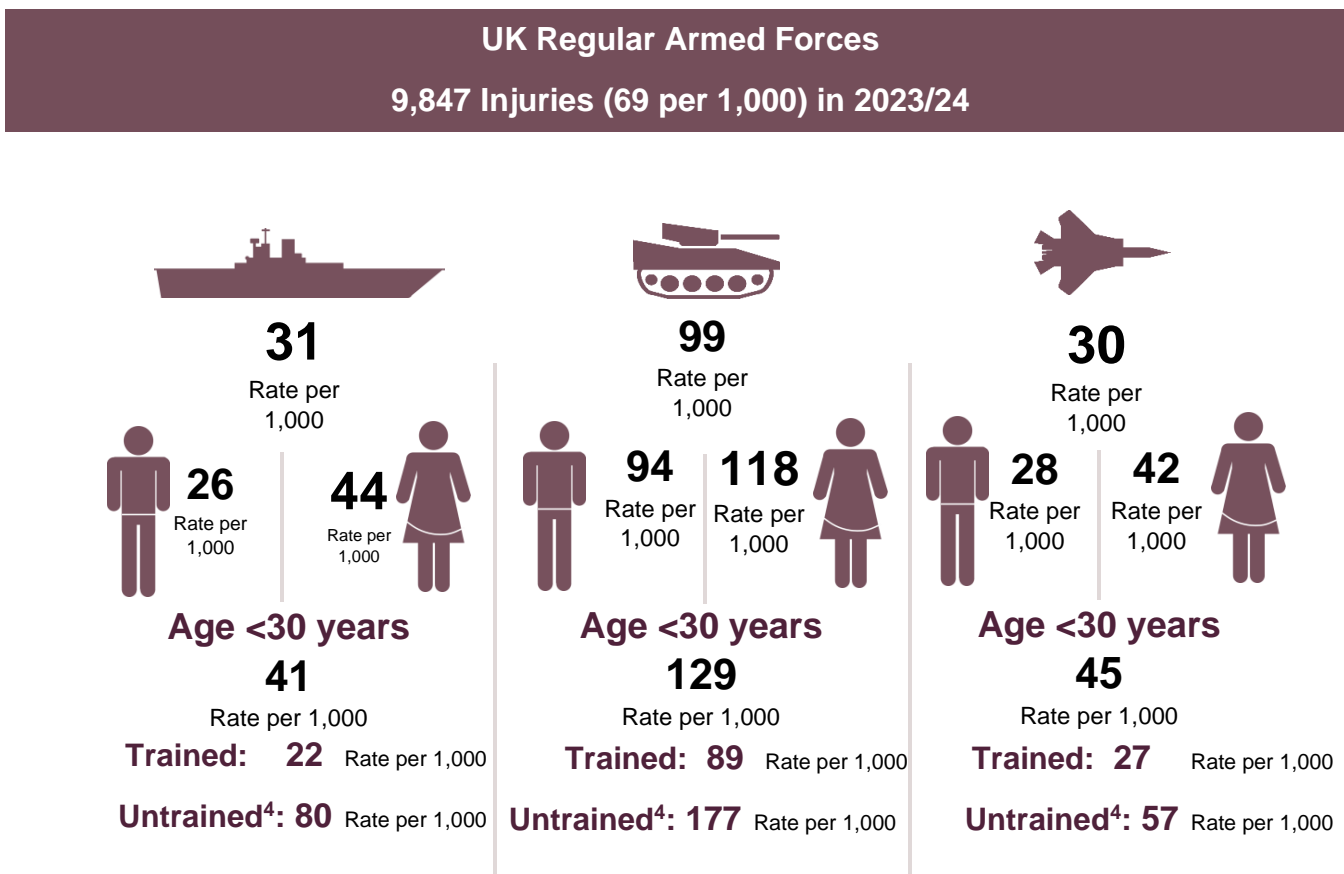
Source: AIRS, DINC, DIO, MySafety (DURALS), FSIMS, HOCS, INS, JPA, MyHR, NLIMS, Strat Com

² In 2023/24 There were an additional 36 reports for Foreign Military Service and 644 reports where the service information was unknown due to not being provided.

³ Includes UK Military personnel e.g. MPGS or where the assignment type was not provided.

3.1: Injuries by service type, gender, age and training status.

The following section presents information for UK Regular Armed Forces (including Gurkhas), UK Reservist Armed Forces, Members of the Cadet Forces and MOD Civilians. There were differences observed in rate of incidents within sub-groups in these four populations, which is the focus of the following section.



Source: MySafety (DURALS), FSIMS, HOCS, Strat Com, JPA, NLIMS Table A3.3 and A7

The majority of injury incidents reported were for UK Regular Armed Forces personnel (9,847 out of 15,288, 64%). This is likely to be due to the differing activities and roles carried out by the UK Regular Armed Forces compared to UK Reservists, MOD Civilian and Cadet Forces personnel.

The UK Regular Armed Forces had a higher rate of injuries compared with other groups. The rate of incidents in the Army (99 per 1,000) was statistically significantly higher than the Royal Navy (31 per 1,000) and RAF (30 per 1,000)⁵.

Females had significantly higher rates of injury in all Services; this may be due to physiological differences between men and women⁶.

Untrained personnel had significantly higher rates than trained personnel in all three Services. This may reflect the intense physical nature of training to meet the standards for physically demanding roles.

⁴ 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.

⁵ Statistically significant using Z-test, p<0.01 (Table A7).

⁶ Orr, R. and Pope, R., 2016. Gender differences in load carriage injuries of Australian army soldiers. [online] BMC Musculoskeletal Disorders. Available at: <https://bmcmusculoskeletaldisord.biomedcentral.com/articles/10.1186/s12891-016-1340-0>

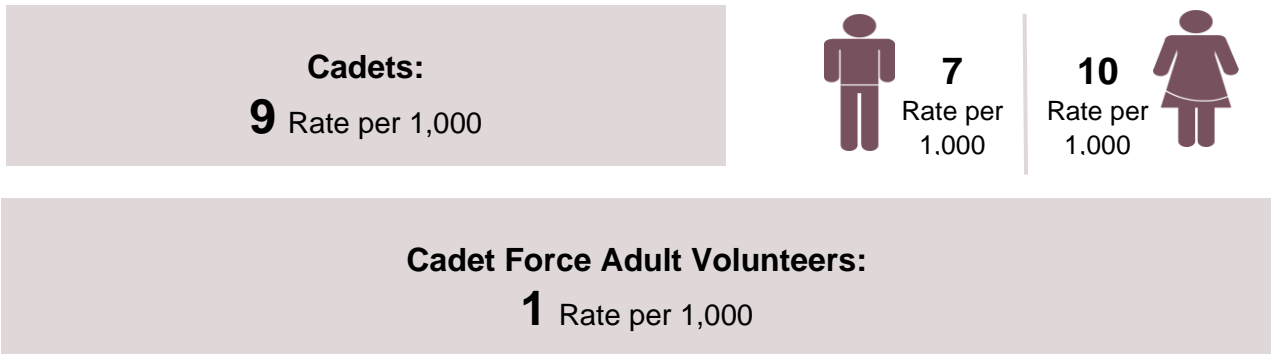
UK Reservist⁷ Armed Forces
1,626 Injuries (40 per 1,000) in 2023/24



Source: MySafety (DURALS), FSIMS, INS, Strat Com, JPA, NLIMS
 Table A3.8

The rate of incidents in the Army reserves (48 per 1,000) was higher than the Royal Navy reserves (10 per 1,000) and RAF reserves (15 per 1,000)⁸. Females had significantly higher rates in Royal Navy and Army Reserves. There is a statistically significant difference between the trained and untrained Reservists.

Members of the Cadet Forces
796 Injuries (7 per 1,000) in 2023/24



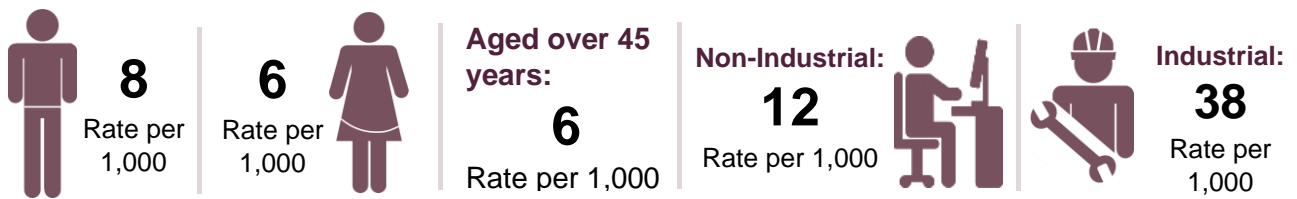
Source: MySafety (DURALS), FSIMS, INS, JPA, NLIMS
 Table A3.12

The rate of incidents in the cadets (9 per 1,000) was statistically significantly higher than the cadet force adult volunteers (1 per 1,000). Females had statistically significantly higher rates of injury in cadets.

⁷ Gender, <30 age group and training status Reservist rates presented for all services combined.
⁸ Statistically significant using Z-test, p<0.01 (Table A7).

MOD Civilians

998 Injuries (20 per 1,000) in 2023/24



Source: DINC, MySafety (DURALS), FSIMS, HOCS, INS, Strat Com, MyHR, NLIMS
Table A3.12

Of the available demographic/employee status information reported for MOD civilians, males had a higher rate of incidents compared to females overall. Industrial personnel had higher rates than non-industrial personnel. Please note there were 302 reports for MOD civilians and 8 reports from RFA personnel where no additional information was supplied in order to categorise personnel as non-industrial/industrial or by gender.

3.2: Injuries by severity

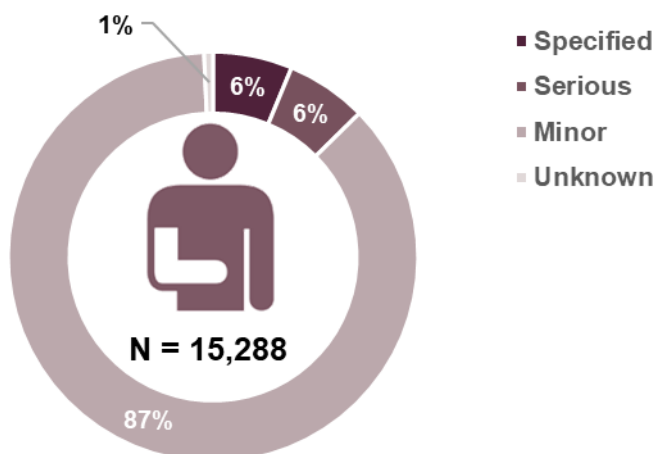
MOD defines the severity of injuries and illness as follows:

- a. **Specified injuries and illnesses** – aligned with the HSE definition as work-related incidents which include:
 - 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** – aligned with the HSE category of ‘over seven-day incapacitation of a worker’ and are those that are not defined as ‘specified’ according to the above criteria but which could result in a person being unable to perform their normal duties for more than seven days.
- c. **Minor injuries and illnesses** - are those that are not classified as ‘serious’ or ‘specified’.

1 April 2023 to 31 March 2024, 13% (1,933) of injury incidents to all personnel were serious or specified.

Figure 5: All personnel⁹, injuries, by severity, percentages¹⁰.

1 April 2023 to 31 March 2024



Source: DINC, DIO, MySafety (DURALS), FSIMS, HOCS, INS, Strat Com, JPA, MyHR, NLIMS
Table A3.1

⁹ ‘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.

¹⁰ Percentages may not equal 100% due to rounding of figures.

3.3: Injuries by person type, severity and event type

Table 1: Injuries by severity, person type and event type, numbers.

1 April 2023 to 31 March 2024

	All	Training/Exercise ¹¹	Sport/Recreation	Normal Duties/Routine Activity
All	15,288	8,063	2,179	5,046
Serious/Specified	1,933	1,012	427	494
UK Regular Armed Forces	1,472	860	370	242
UK Reservist Armed Forces	109	71	16	22
Other UK Armed Forces	23	12	5	6
Members of the Cadet Forces	60	42	3	15
MOD Civilians	85	10	3	72
Other Civilians	96	9	22	65
Unknown/Other	88	8	8	72
Minor	13,248	7,024	1,737	4,487
UK Regular Armed Forces	8,330	5,105	1,369	1,856
UK Reservist Armed Forces	1,512	1,117	187	208
Other UK Armed Forces	165	97	14	54
Members of the Cadet Forces	735	505	31	199
MOD Civilians	892	78	6	808
Other Civilians	1,083	75	100	908
Unknown/Other	531	47	30	454
Unknown	107	27	15	65

Source: DINC, DIO, MySafety (DURALS), FSIMS, HOCS, INS, Strat Com, JPA, MyHR, NLIMS

Tables A3.5, A3.9

Regular personnel have a higher percentage of specified and serious injuries (15%) compared to reserve and 'other' military (7% and 12% respectively).

For UK Regular Armed Forces, the main cause of serious and specified injury is training and exercises (58%), followed by sport/recreation (25%) and normal duties/routine activity (16%).

For UK Reserve Armed Forces, the main cause of serious and specified injury is training and exercises (65%), followed normal duties/routine activity (20%) and sport/recreation (15%).

For Members of the Cadet Forces, training and exercises were also the main cause of serious and specified injury (70%), followed by normal duties/routine activity (25%) and sport/recreation (5%).

For all civilians, the majority of specified and serious injuries were caused by undertaking normal duties/routine activity (76%) with the remainder cause by training and exercises and sport/recreation.

¹¹ 'Training/Exercise' includes Adventure training.

Section 4: All personnel, Ill Health Incidents

1 April 2023 to 31 March 2024

Any incident of ill health with a cause which can be attributed to MOD activities or an individual's employment with the MOD should be recorded in the Health and Safety systems. [RIDDOR reportable](#) occupational diseases include conditions such as hand arm vibration syndrome and occupational dermatitis.

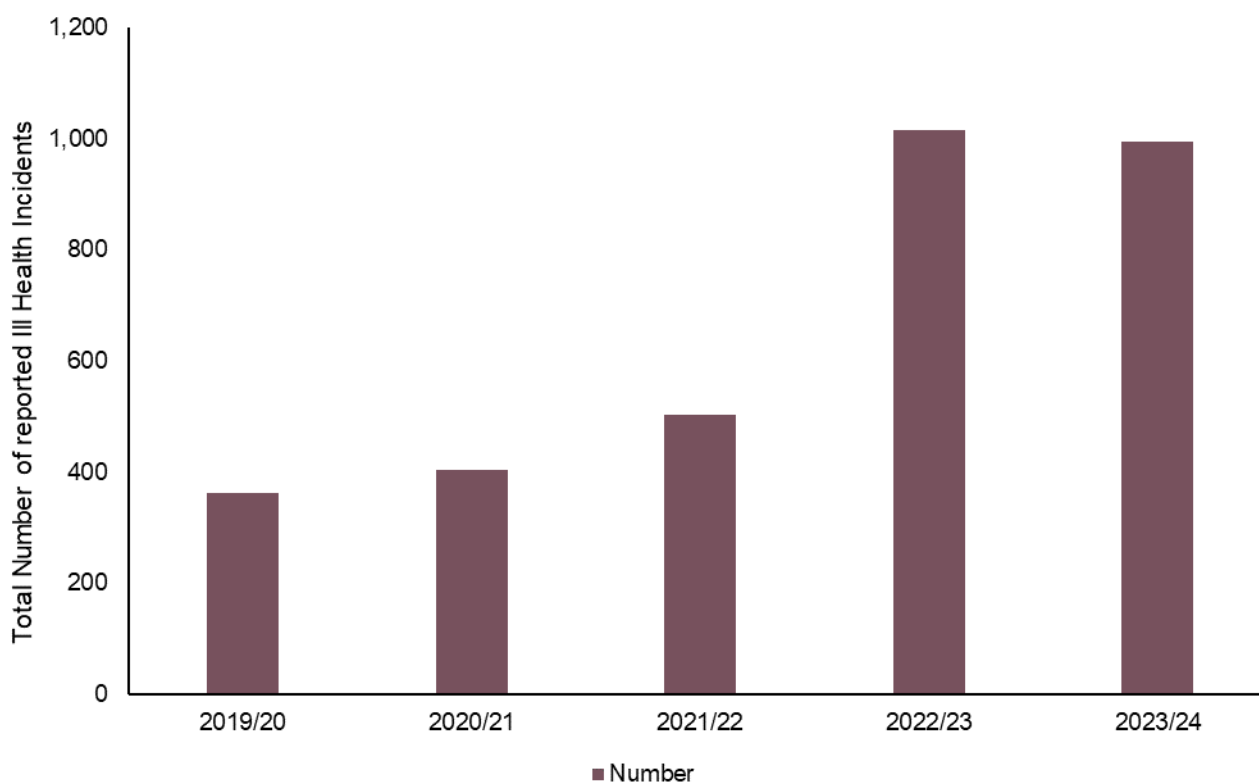
Defence Statistics are aware that some ill health incidents such as chronic illness and infectious diseases are more likely to be recorded through medical systems (either military or civilian) rather than reported through safety systems. Therefore, numbers presented should be treated as a minimum.

- Between 1 April 2023 to 31 March 2024, there were 994 ill health incidents, accounting for 4% of all Health and Safety incidents. The most frequent examples of conditions reported through H&S systems include Covid-related ill-health, fainting and infections.

Figure 6 presents the ill health numbers over the last five years. When comparing 2018/19 and 2023/24, the numbers of reported ill health incidents for all personnel have increased.

Figure 6: All personnel, ill health incidents, numbers.

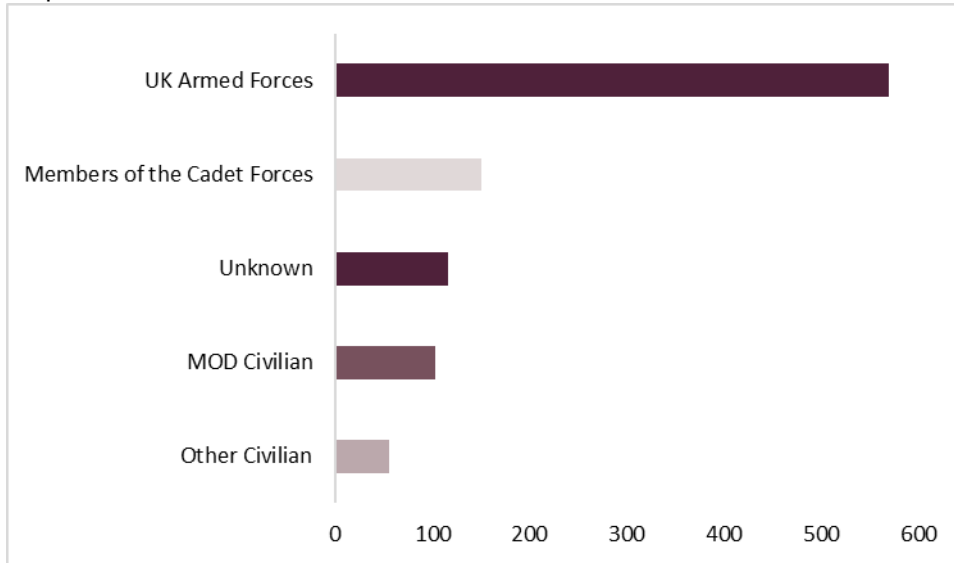
1 April 2019 to 31 March 2024



Source: DINC, DIO, MySafety (DURALS), FSIMS, HOCS, INS, Strat Com, JPA, MyHR, NLIMS
Table A2.1

Figure 7: All personnel, ill health incidents, by person type, numbers.

1 April 2023 to 31 March 2024

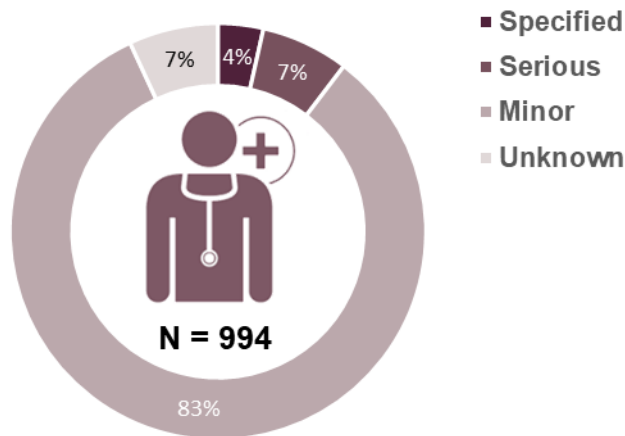


Source: DINC, DIO, MySafety (DURALS), FSIMS, HOCS, INS, Strat Com, JPA, MyHR, NLIMS
Table A4

57% (570) of ill health incidents occurred in the UK Armed Forces with a further 15% (150) within the Members of the Cadet Forces. 10% (103) were reported for MOD Civilians with a further 6% (55) for Other Civilians. In 116 (12%) reports personal information was not provided.

Figure 8: All personnel¹², ill health incidents, by severity, percentages¹³.

1 April 2023 to 31 March 2024



Source: DINC, DIO, MySafety (DURALS), FSIMS, HOCS, INS, Strat Com, JPA, MyHR, NLIMS
Table A4

For UK Armed Forces personnel, 570 ill health incidents were reported; 70 (12%) were serious/specified, 494 (87%) were minor and 6 (1%) were unknown severity.

For all civilians, 158 ill health incidents were reported; 22 (14%) were serious/specified, 110 (70%) were minor and 26 (16%) were unknown severity.

¹² '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.

¹³ Percentages may not equal 100% due to rounding of figures.

Section 5: Near Miss and Dangerous Occurrences

1 April 2023 to 31 March 2024

Total Near Misses & Dangerous Occurrences in 2023/24 (10,522)

39% of reported MOD Health and Safety incidents in 2023/24 were Near Misses or Dangerous Occurrences

**10,336 Total Near Misses
in 2023/24**

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.

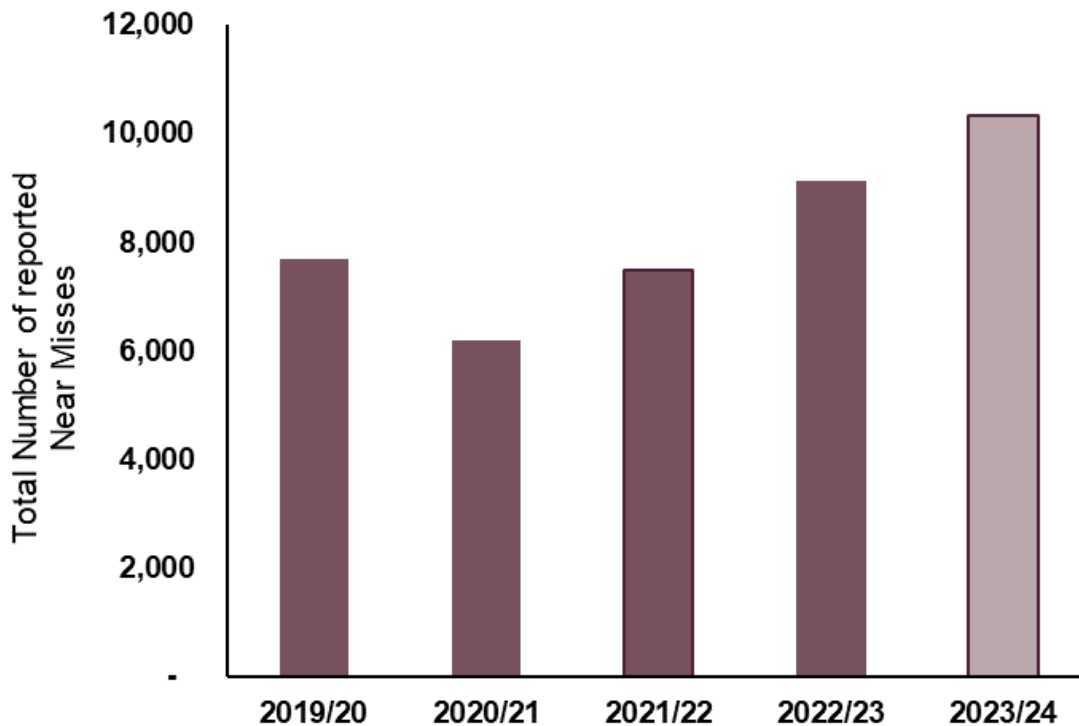
**186 Total Dangerous Occurrences in
2023/24**

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

Source: INS, DINC, DIO, MySafety (DURALS), FSIMS, HOCS, Strat Com, MyHR, JPA, NLIMS.
Table A2.1, A5 and A6

Figure 9 presents the near miss trends over the last five years.

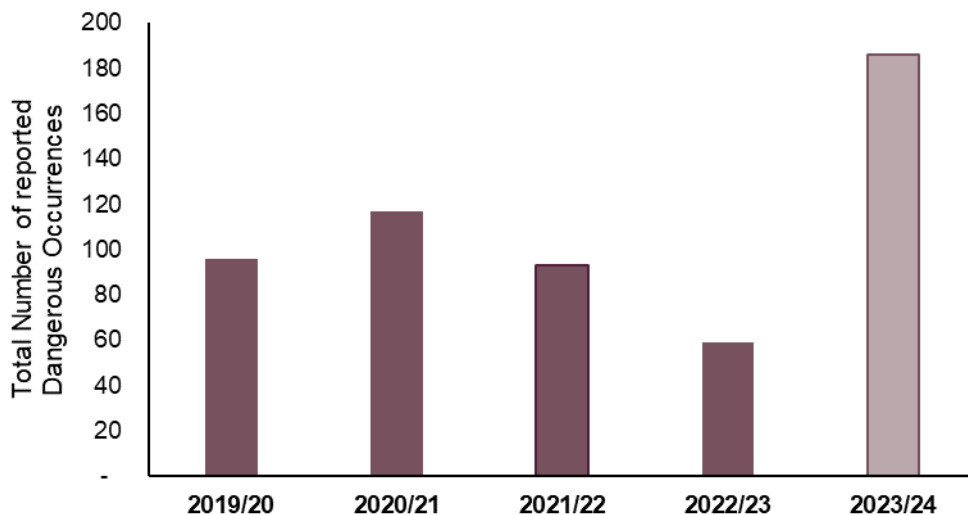
Figure 9: All personnel, near miss incidents, numbers.



Source: AIRS, DINC, DIO, MySafety (DURALS), FSIMS, HOCS, INS, Strat Com, JPA, MyHR, NLIMS
Table A2.1

Figure 10: All personnel, reported dangerous occurrence incidents, numbers.

1 April 2019 to 31 March 2024



Source: AIRS, DINC, DIO, MySafety (DURALS), FSIMS, HOCS, INS, Strat Com, JPA, MyHR, NLIMS
Table A2.1

In 2023/24, there were 186 dangerous occurrences, of which normal duties/routine activity accounted for 64% (119).

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 Force Adult Volunteers (CFAV) – The term CFAV refers to the uniformed and non-uniformed volunteers in cadet facing, supervisory roles, involved in regulated activity. Therefore, not all individuals who volunteer with the Cadet Forces are classified as CFAVs.

Cadet Forces – The Ministry of Defence sponsors and supports 5 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 Cadet Corps
- Volunteer Cadet Corps
- Army Cadet Force
- Combined Cadet Force
- Air Training Corps

Cadets – Young people (usually aged between 12 and 18 years) belonging to one of the Cadet Forces.

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.

Members of the Cadet Forces – For the purposes of this bulletin, 'Members of the Cadet Forces' refers to Cadets and Cadet Force Adult Volunteers (CFAV) together.

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) (referred to in this report as 'Navy') and the **Royal Marines** (referred to in this report as '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 'serious' or 'specified'.

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 2018, 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 and is categorised as follows:

- **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/Routine Activity** - 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). 'Recreation' also includes injuries resulting from off duty activities on MOD property where that activity cannot be elsewhere categorised.
- **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 and Gurkhas. For the purpose of this report MPGS and NRPS personnel have been presented as 'Other UK Armed Forces personnel'. Unless otherwise stated, includes trained and untrained personnel.

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.

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

Systems to record safety related occurrences are live and personnel can report incidents months 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 (MYHR) using staff or service number where recorded 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 2018. This was reported on from April 2018 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. More detailed information on the data, definitions and methods used to create this report can be found in the [Background Quality Report \(BQR\)](#).

Further Information

Symbols

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 2022/2023 have been updated to account for late reporting. Figures updated are represented with an 'r'.

Contact Us

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

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If you require information which is not available within this or other available publications, you may wish to submit a Request for Information under the Freedom of Information Act 2000 to the Ministry of Defence. For more information, see:

www.gov.uk/make-a-freedom-of-information-request/the-freedom-of-information-act

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