Ministry of Defence

MOD Health and Safety Statistics:

Annual Summary & Trends Over Time 2021/22 – 2025/26

Published 10th September 2026

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 2021/22 to 2025/26. 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 2025/26 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

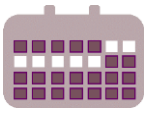
2

Health and Safety related deaths in 2025/26
Source: Table A1

24,346

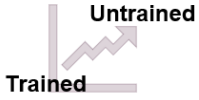
Total Reported Health & Safety Incidents in 2025/26
Source: Table A2.1

The **rate of Injury** reported for UK Armed Forces has **increased** since 2021/22
Source: Table A7



15%

of Injury and Ill Health Incidents were Specified/Serious
Source: Table A2.2

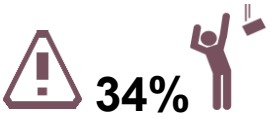


For Regular Armed Forces, the rate of injury is **significantly higher for Untrained personnel** than Trained personnel
Source: Table A3.3 and A7

For Regular Armed Forces the rate of injury is **significantly higher** for **females** than males
Source: Table A3.3 and A7

63%

of Injuries to Regular Armed Forces personnel occurred on Training
Source: Table A3.5



34%

of Health and Safety Incidents were a Near Miss
Source: Table A2.2

2% RIDDOR

of Health and Safety Incidents were flagged as a Dangerous Occurrence
Source: Table A2.2

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Background Quality Report

Contents

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.

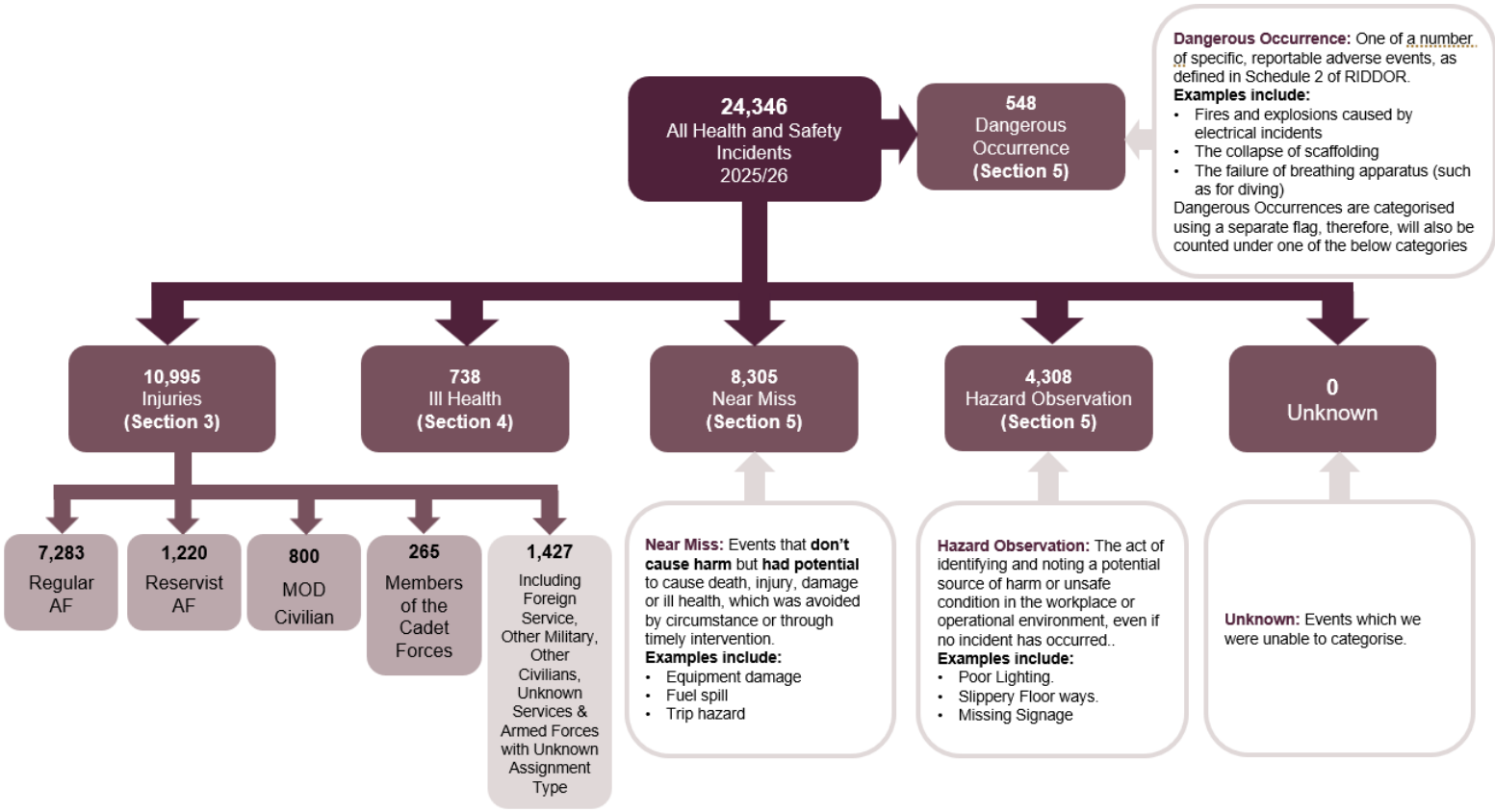
In the case of a fatality within the defined geographic limits, HSE expects the Commanding Officer/Head of Establishment or other responsible person within the relevant command to notify HSE within the time periods as laid down in RIDDOR.

The information provided in this Statistical Bulletin presents all Health and Safety incidents between 2021/22 and 2025/26 to UK Armed Forces personnel and civilians whilst on duty, on MOD property, or injured in or by MOD vehicles. This report also contributes to the MODs commitment to release information where possible.

The findings of this report have been presented in six 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
- **Section 6**: Dangerous Occurrences

Figure 1: Health and Safety Incidents, Numbers.
1 April 2025 to 31 March 2026



Source: INS, AIRS, DINC, DIO-INS, DIO-CON, DNO, FSIMS, DOS, MySafety, NLIMS, CSOC, JPA, MyHR

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

1 April 2021 to 31 March 2026

During the latest year **2025/26**, for UK Armed Forces personnel there were **2** deaths which have been confirmed as safety related or potentially safety related pending the outcome of investigations.

Over the last five-years (1 April 2021 to 31 March 2026) there were **355** UK Armed Forces deaths. Of these, **20** (6%) have been deemed to be safety related or potentially safety related pending the outcome of a service inquiry. During this time period, all 20 deaths were a result of single incidents.

Figure 2 presents the activity of the safety related or potentially safety related deaths. The largest category was land transport accidents (7 deaths), closely followed by athletics and sports accidents (6 deaths).

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

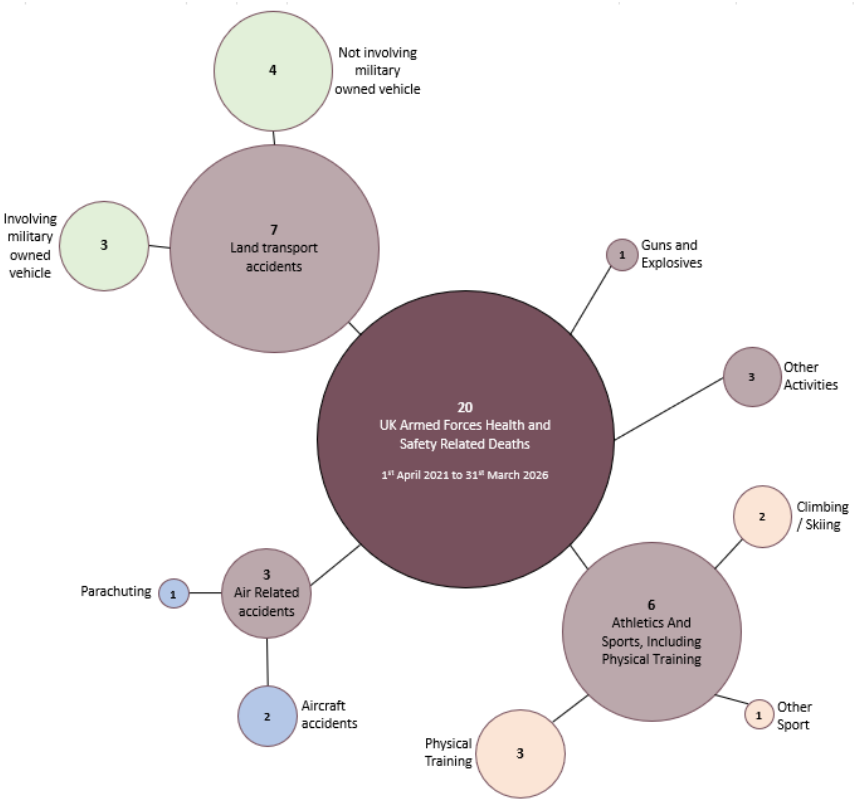
Figure 2: UK Regular Armed Forces and on duty Reserves Health and Safety related deaths by activity, Numbers.

1 April 2021 to 31 March 2026

20
Safety or potentially safety related deaths

From 2021/22 to 2025/26

2
Safety or potentially safety related deaths **In 2025/26**



Source: Defence Safety Authority and Service Inquiries Table A1

Civilian Fatality

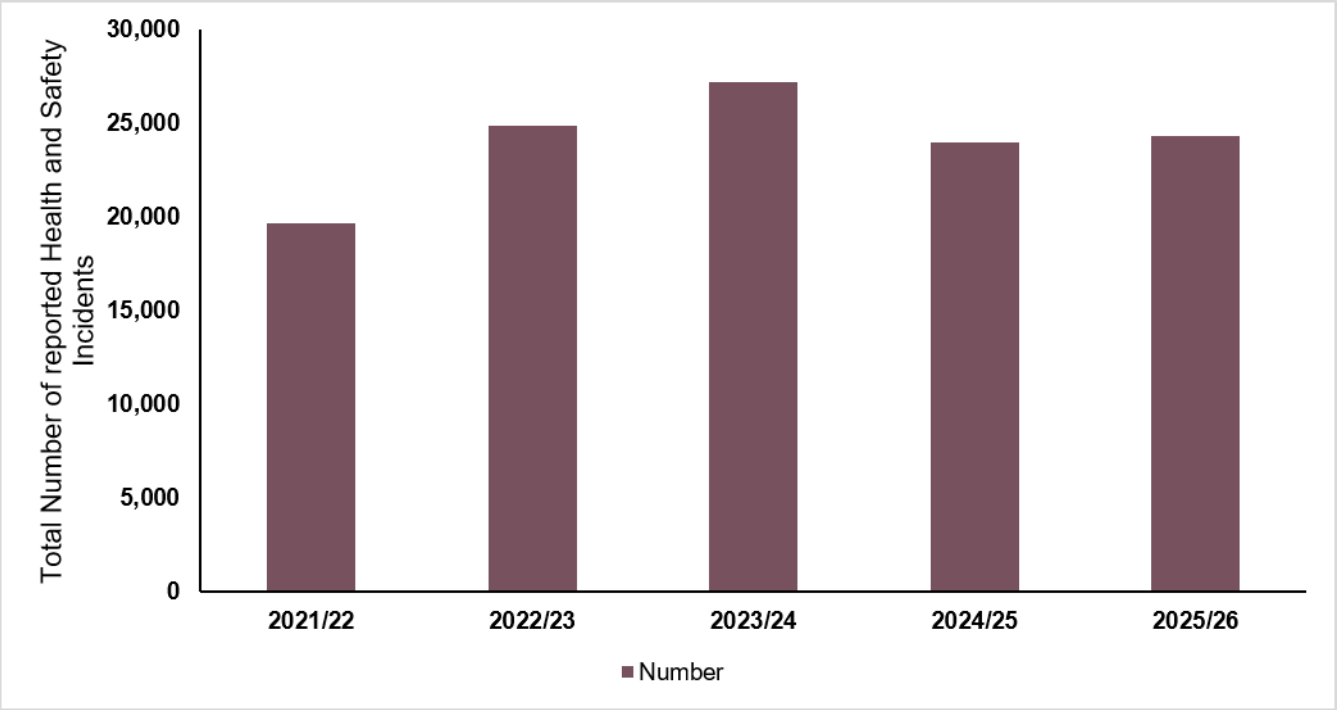
During **2025/26** there were no MOD civilian fatalities. However, during this period there was one member of the public involved in a fatal incident with a military vehicle.

Section 2: All reported Health and Safety Incidents

1 April 2025 to 31 March 2026

24,346 All MOD Injury, Ill Health, Dangerous Occurrence, Near Miss and Hazard Observation, Health and Safety Incidents in 2025/26.

Figure 3: All personnel, All Reported Health and Safety incidents, Numbers[1].
1 April 2021 to 31 March 2026



Source: INS, AIRS, DINC, DIO-INS, DIO-CON, DNO, FSIMS, DOS, MySafety, NLIMS, CSOC
Table A2.1

During 2025/26 there were **24,346** injury, ill health, Dangerous Occurrence and near miss and hazard observation, Health and Safety incidents. This number may increase when late reporting for 2025/26 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 **14,574** (60%) of all health and safety incidents that were reported (**12,553** (86%) for Regular personnel and **1,677** (12%) for Reserves). There were **344** (2%) incidents where Regular/Reserve status was not known. The Army, as the largest Service accounted for **9,946** (68%) of these incidents.

MOD Civilians and Other Civilians accounted for **7,197** (30%) of all health and safety incidents that were reported.

Members of the Cadet Forces (including Cadets and CFAV) accounted for **364** (1%) of all reported health and safety incidents.

2,211 (9%) of all incidents had no personal information recorded against them. This mainly effects Near Miss records, **1,295** (59%), as often no individual person is directly affected.

[1] This graph has been revised for the most recent two financial years. This differs from the previous year's statistic where all financial years were revised. The approach has been aligned to the approach used in statistics prior to last years.

Of all health and safety incidents:

- 10,995 (45%) were injuries
- 738 (3%) were ill health
- 8,305 (34%) were near misses
- 4,308 (18%) were hazard observations
- 0 (0%) were unknown
- 548 (2%) of all records were flagged as dangerous occurrences, as well as being categorised as one of the above.

Section 3: Health and Safety Injuries

1 April 2025 to 31 March 2026

Injuries accounted for 45% (N = 10,995) of all reported Health and Safety incidents in 2025/26. 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 2021/22 and 2025/26, the rates per 1,000 of injury for UK Regular Armed Forces personnel (43 to 52) have **statistically significantly increased**, the rates per 1,000 for MOD Civilians (17 to 16) has **slightly decreased**.

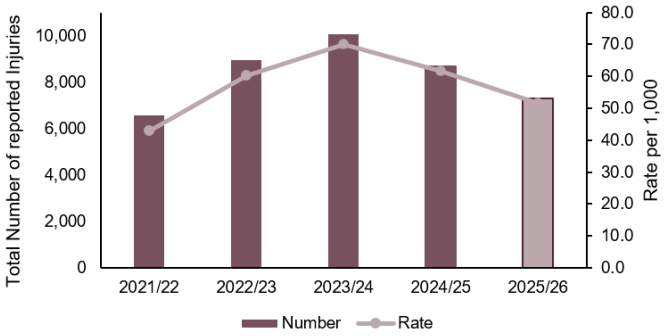
Please note that the decrease in incidents reported during 2021/2022 was likely to be affected by a decrease in non-essential activity during the COVID pandemic. Increases since 2021/2022 reflect the return to usual levels of activity. In addition, in January 2022 the Army and UK Strategic Command launched 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.

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.

Figure 4: UK Armed Forces, MOD Civilian and Members of the Cadet Forces personnel[2], reported injury incidents, Numbers and Rates per 1,000.[3]

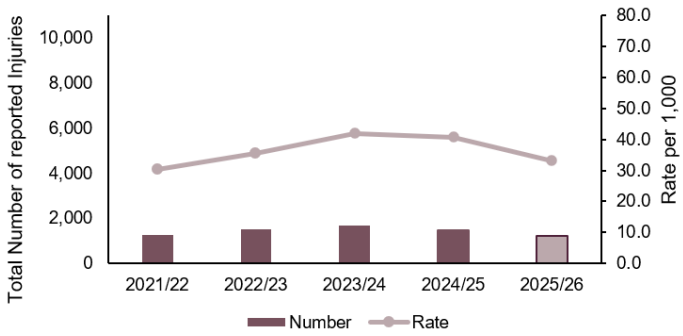
1 April 2021 to 31 March 2026

Figure 4.1: UK Regular Armed Forces personnel



Source: Table A3.2 and A3.3

Figure 4.2: UK Reservist Armed Forces personnel



Source: Table A3.7 and A3.8

Figure 4.3: Other UK Military[4] personnel

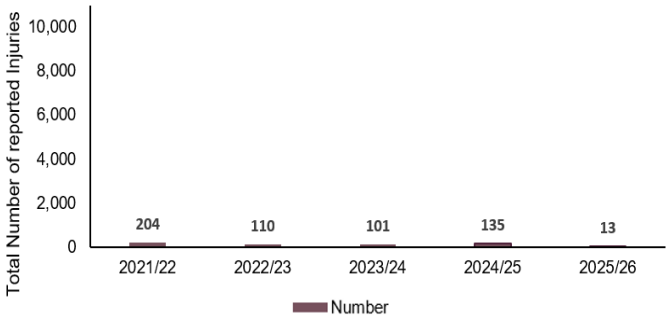
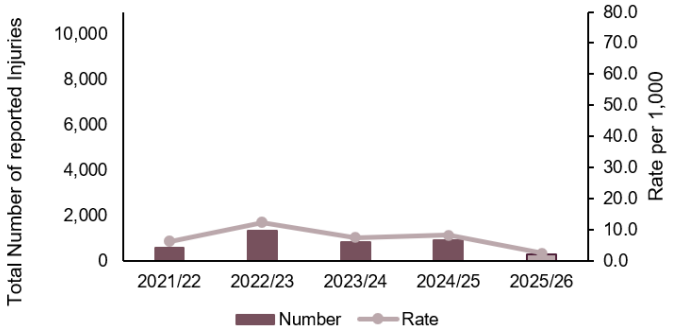
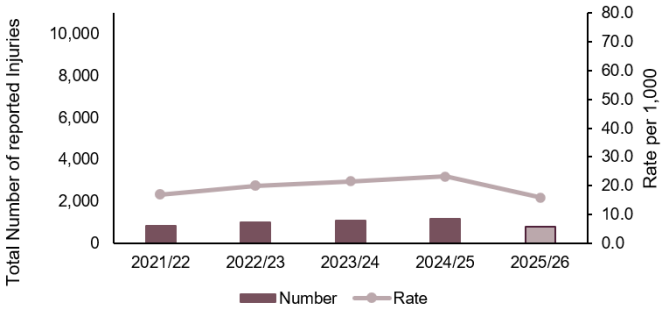


Figure 4.4: Members of the Cadet Forces personnel



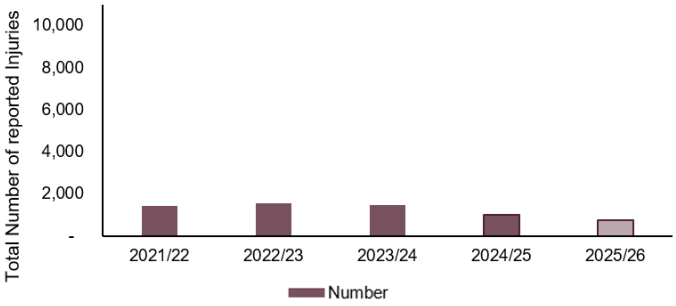
Source: Table A3.11 and A3.12

Figure 4.5: MOD Civilian personnel



Source: Table A3.11 and A3.12

Figure 4.6: Other Civilian personnel



Source: Table A3.11

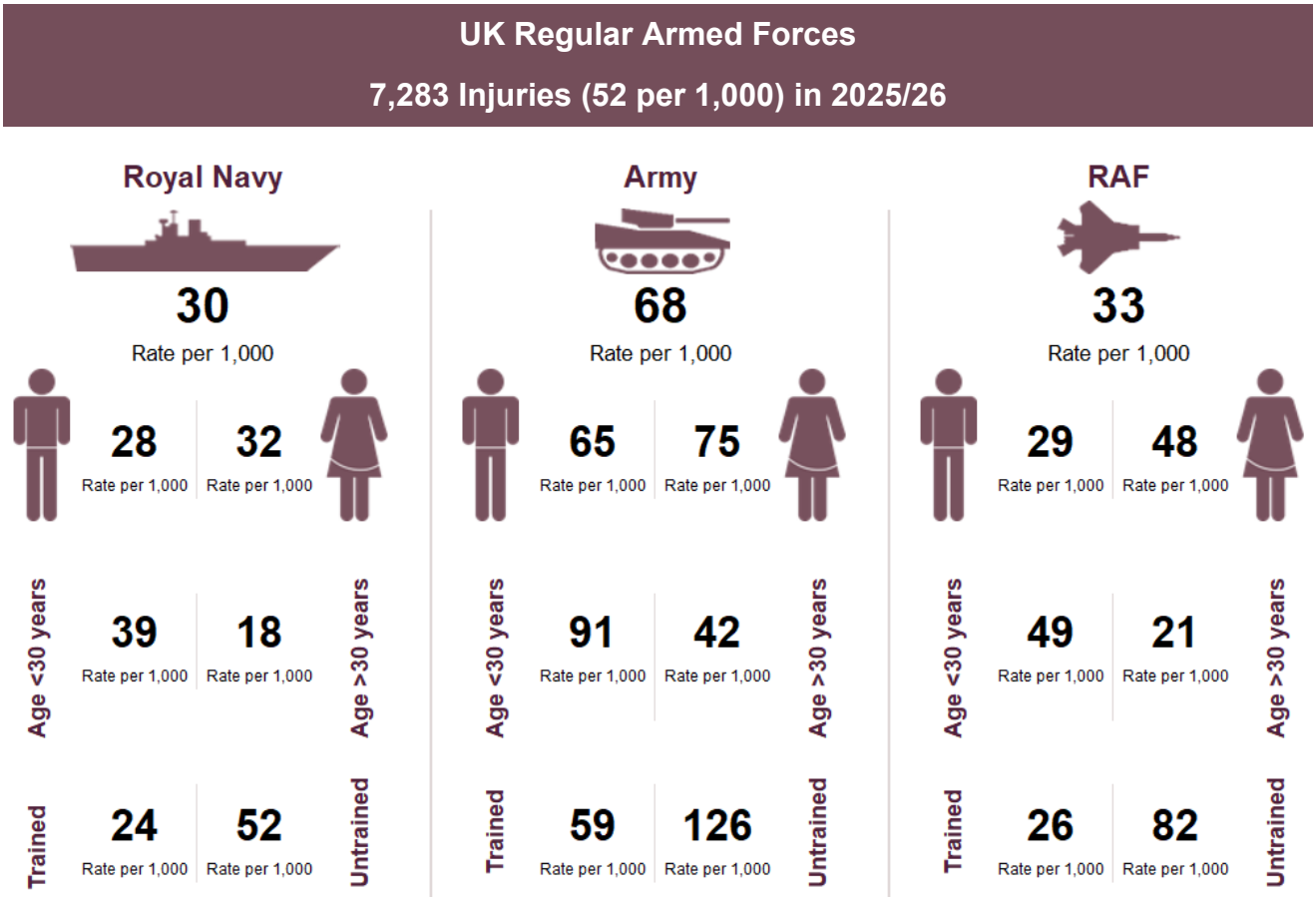
Source: INS, AIRS, DINC, DIO-INS, DIO-CON, DNO, FSIMS, DOS, MySafety, NLIMS, CSOC, JPA, MyHR

[2] In 2025/26 There were an additional 87 reports for Foreign Military Service and 588 reports where the service information was unknown due to not being provided.

[3] These graphs have been revised for the most recent two financial years. This differs from the previous year's statistic where all financial years were revised. The approach has been aligned to the approach used in statistics prior to last years.

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: DINC, DIO-INS, MySafety, FSIMS, CSOC, NLIMS, JPA, MyHR
Table A3.3 and A7

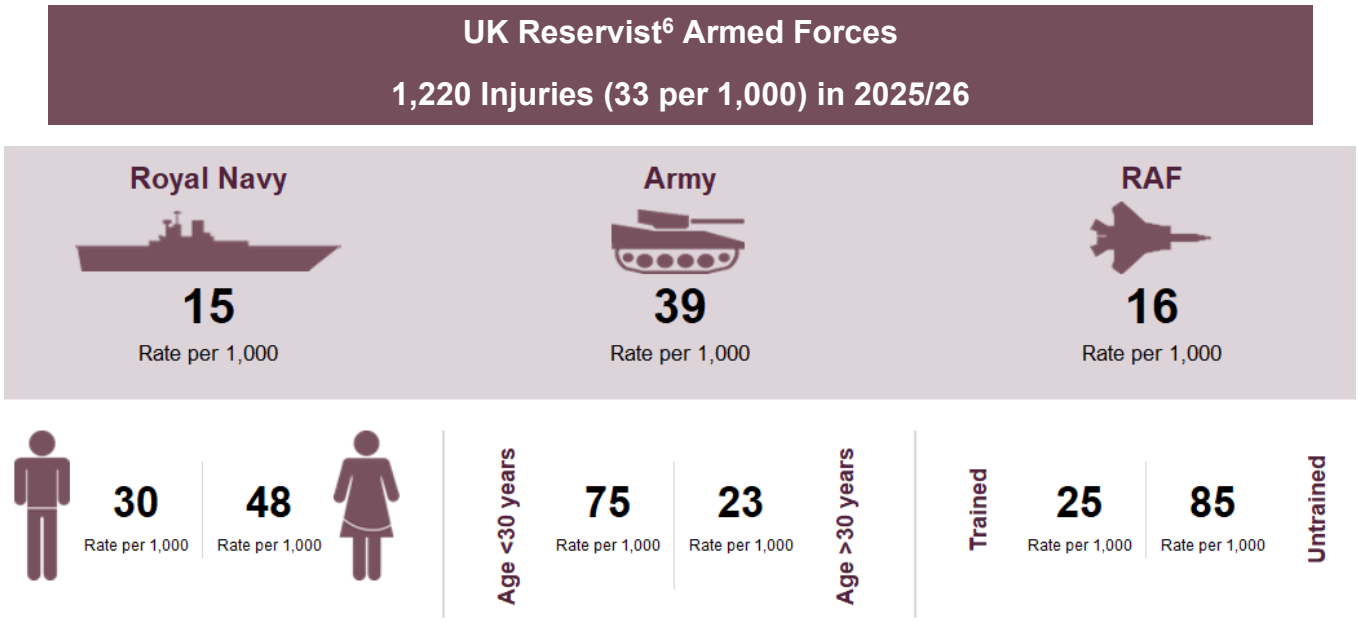
The majority of injury incidents reported were for UK Regular Armed Forces personnel (7,283 out of 10,995, 66%). This is likely to be due to the differing activities and roles carried out by the UK Regular Armed Forces compared to UK Reservists, MOD Civilian and Cadet Forces personnel.

The UK Regular Armed Forces had a higher rate of injuries compared with other groups. The rate of incidents in the Army (68 per 1,000) was statistically significantly higher than the Royal Navy (30 per 1,000) and RAF (33 per 1,000)[4].

Overall female rates are statistically significantly higher than males; this is also true for the Army and RAF. There was no statistically significant difference for Navy females. This difference between genders may be due to physiological differences between men and women[5] or different reporting behaviours between male and female personnel.

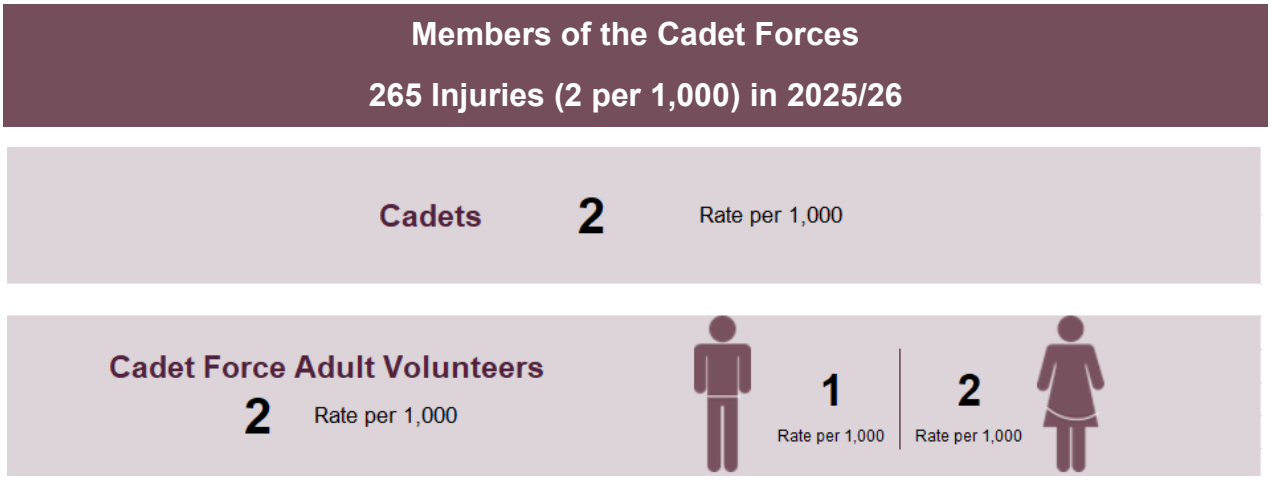
Untrained personnel had statistically significantly higher rates than trained personnel in all three Services. This may reflect the intense physical nature of training to meet the standards for physically demanding roles.

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



Source: INS, MySafety, FSIMS, CSOC, NLIMS, JPA, MyHR
Table A3.8 and A7

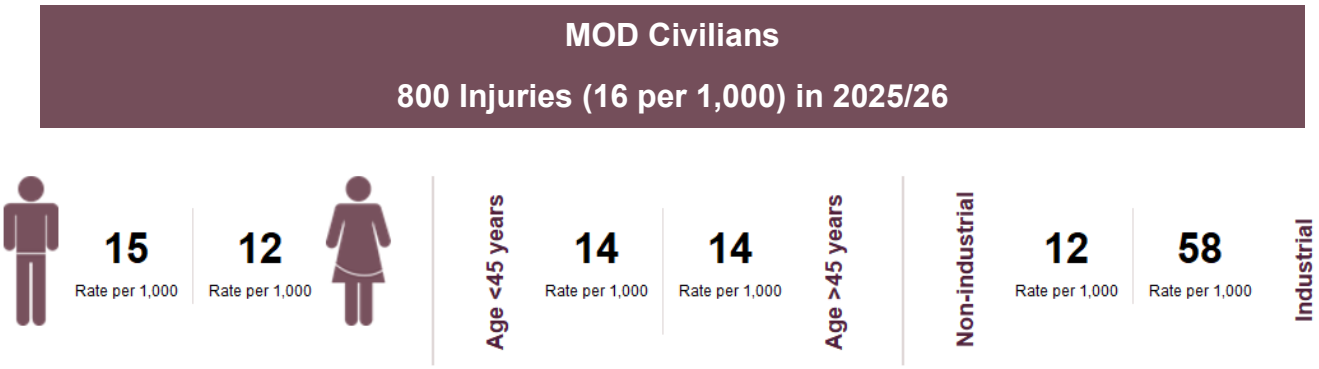
The rate of incidents in the Army reserves (39 per 1,000) was statistically significantly higher than the Royal Navy reserves (15 per 1,000) and RAF reserves (16 per 1,000)[7]. Female reserves (48 per 1,000) had statistically significantly higher rates than male reserves (30 per 1,000). There is a statistically significant difference between the trained (25 per 1,000) and untrained Reservists (85 per 1,000).



Source: INS, DINC, DIO-INS, DNO, MySafety, FSIMS, DOS, CSOC, NLIMS, JPA, MyHR
Table A3.12

The rate of incidents in the cadets (2 per 1,000) was similar to the cadet force adult volunteers (2 per 1,000). Females had slightly higher rates of injury in cadets force adult volunteers.

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



Source: INS, DINC, DIO-INS, DNO, MySafety, FSIMS, DOS, CSOC, NLIMS, JPA, MyHR
Table A3.12 and A7

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 8 reports for MOD civilians and 146 reports from RFA personnel where no additional information was supplied in order to categorise personnel as non-industrial/industrial.

3.2: Injuries by severity

MOD defines the severity of injuries and illness as follows:

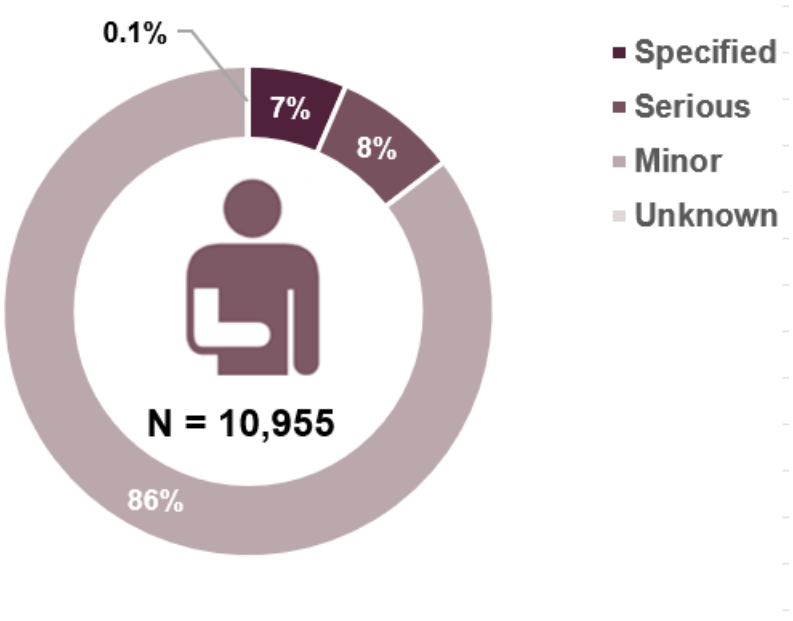
a. **Specified injuries and illnesses –** aligned with the HSE definition as work-related incidents which include:
   - a fracture, other than to fingers, thumbs and toes.
   - amputation of an arm, hand, finger, thumb, leg, foot or toe.
   - permanent loss of sight or reduction of sight.
   - crush 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).
   - scalping (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 2025 to 31 March 2026, 15% (1,608) of injury incidents to all personnel were serious or specified.

Figure 5: All personnel[8], injuries, by severity, percentages[9].
1 April 2025 to 31 March 2026



Source: INS, AIRS, DINC, DIO-INS, DNO, FSIMS, DOS, MySafety, NLIMS, CSOC, JPA, MyHR
Table A3.1

[8] '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.
[9] 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[10][11].
1 April 2025 to 31 March 2026[12]

	All	Normal Duties/Routine Activity	Sport/Recreation	Training/Exercise[11]
All	**10,995**	**3,528**	**1,547**	**5,920**
Serious/Specified	**1,608**	**421**	**368**	**819**
UK Regular Armed Forces	1,240	226	325	689
UK Reservist Armed Forces	121	18	21	82
Other UK Armed Forces	[c]	[c]	0	0
Members of the Cadet Forces	[c]	[c]	8	12
MOD Civilians	68	52	[c]	[c]
Other Civilians	82	60	9	13
Unknown/Other	65	53	[c]	[c]
Minor	**9,380**	**3,103**	**1,177**	**5,100**
UK Regular Armed Forces	6,043	1,338	823	3,882
UK Reservist Armed Forces	1,099	135	124	840
Other UK Armed Forces	12	7	[c]	[c]
Members of the Cadet Forces	234	110	48	76
MOD Civilians	732	604	[c]	[c]
Other Civilians	657	509	41	107
Unknown/Other	603	400	121	82
Unknown	**7**	**4**	**2**	**1**

Source: INS, DINC, DIO-INS, MySafety, FSIMS, CSOC, NLIMS, JPA, MyHR
Tables A3.5, A3.9, A3.11

For UK Regular Armed Forces, the main cause of serious and specified injuries was training and exercise (56%), followed by sport/recreation (26%) and normal duties/routine activity (18%). This is also true for UK Reservist Armed Forces, with training and exercise contributing 68%, sport/recreation with 17%, and normal duties/routine activity with 15% of all injuries.

For MOD Civilians, the main cause of serious and specified injuries was normal duties/routine activity (76%), followed by training/exercise (21%).

[10] Within this table, [c] is used to suppress numbers to prevent the risk of disclosure.
[11] For numbers less than three: 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.
[12] 'Training/Exercise' includes Adventure training.

Section 4: All personnel, Ill Health Incidents

1 April 2025 to 31 March 2026

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.

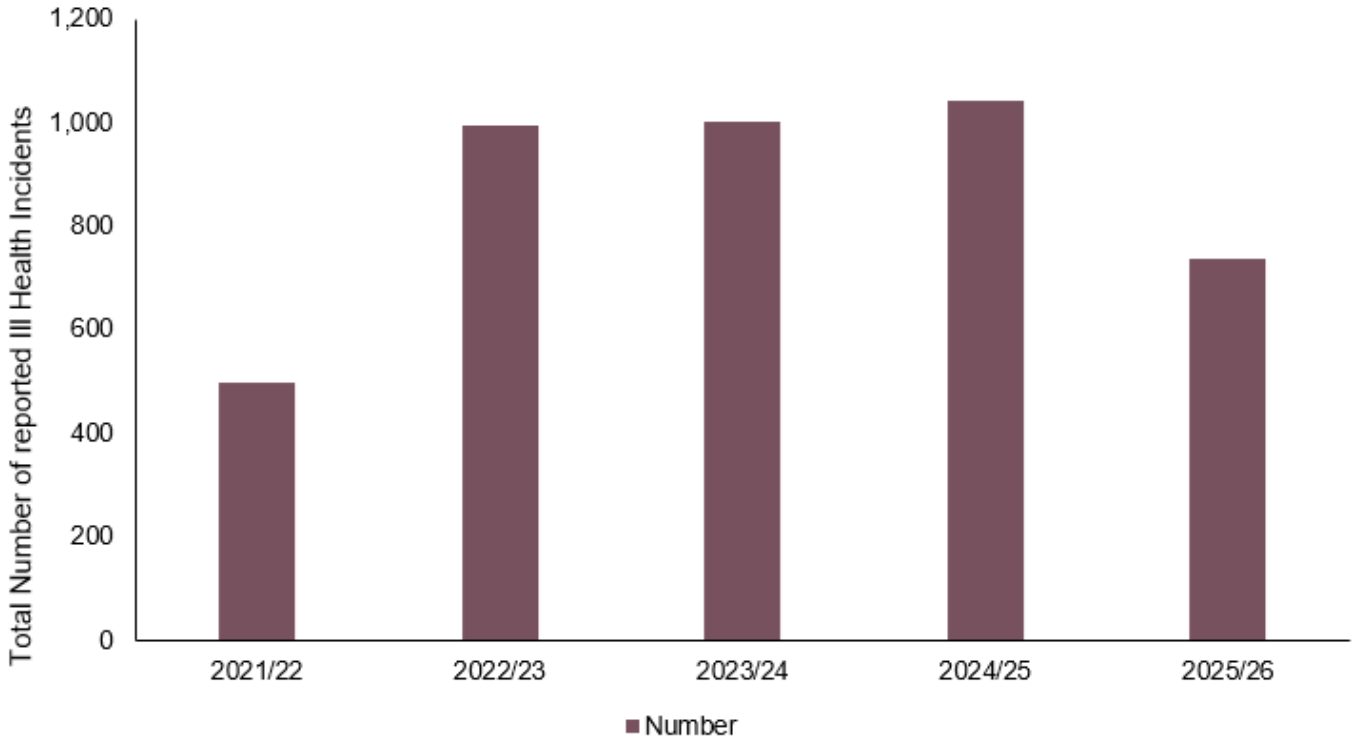
Defence Statistics are aware that some ill health incidents such as chronic illness and infectious diseases are more likely to be recorded through medical systems (either military or civilian) rather than reported through safety systems. Therefore, numbers presented should be treated as a minimum.

- Between 1 April 2025 to 31 March 2026, there were 738 ill health incidents, accounting for 3% of all Health and Safety incidents.

Figure 6 presents the ill health numbers over the last five years. When comparing 2021/22 and 2025/26, the numbers of reported ill health incidents for all personnel have increased year on year, except for the latest year.

Figure 6: All personnel, ill health incidents, numbers[13].

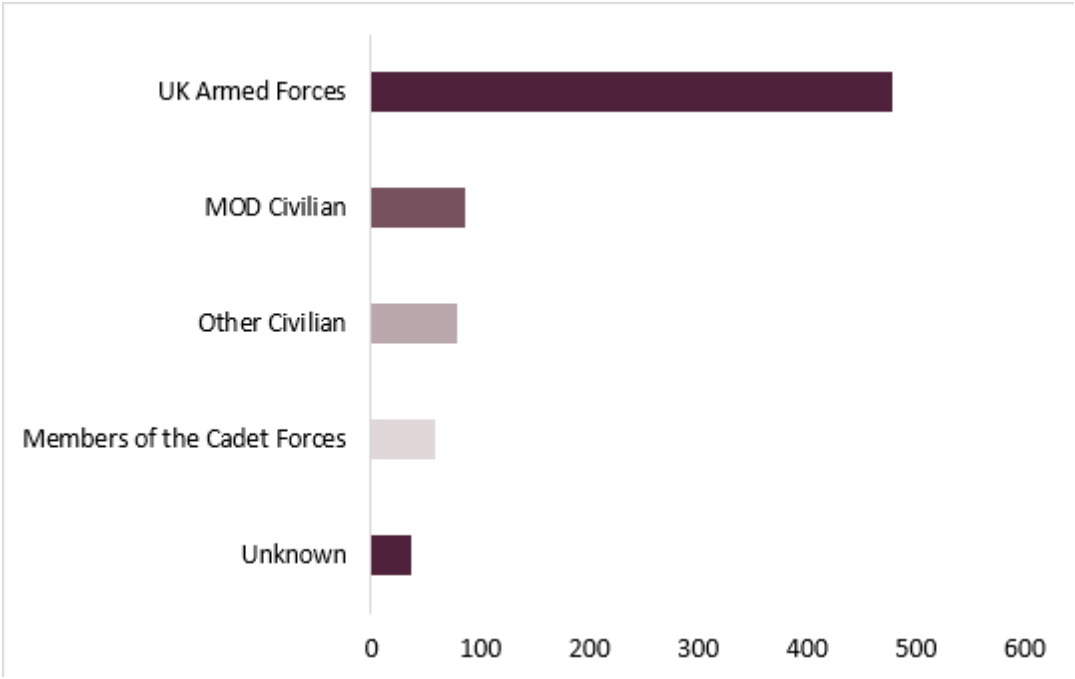
1 April 2021 to 31 March 2026



Source: INS, AIRS, DINC, DIO-INS, DIO-CON, DNO, FSIMS, DOS, MySafety, NLIMS, CSOC
Table A2.1

[13] This graph has been revised for the most recent two financial years. This differs from the previous year's statistic where all financial years were revised. The approach has been aligned to the approach used in statistics prior to last years.

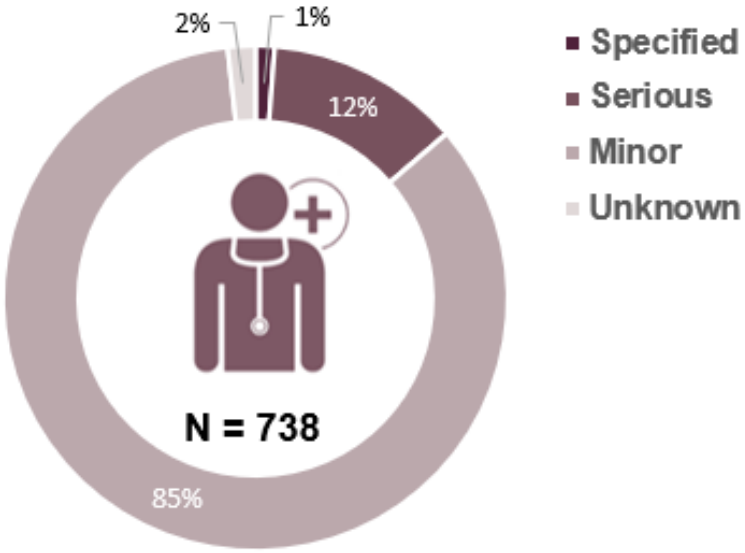
Figure 7: All personnel, ill health incidents, by person type, numbers.
1 April 2025 to 31 March 2026



Source: INS, DINC, DIO-INS, DNO, MySafety, FSIMS, DOS, CSOC, NLIMS, JPA, MyHR
Table A4

65% (478) of ill health incidents occurred in the UK Armed Forces with a further 12% (86) were reported for MOD Civilians. 11% (78) were reported for Other Civilians, with a further 8% (59) with the Cadet Forces. In 37 (5%) reports, personal information was not provided.

Figure 8: All personnel[14], ill health incidents, by severity, percentages[15].
1 April 2025 to 31 March 2026



Source: INS, DINC, DIO-INS, DNO, MySafety, FSIMS, DOS, CSOC, NLIMS, JPA, MyHR
Table A4

[14] '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.
[15] Percentages may not equal 100% due to rounding of figures.

For UK Armed Forces personnel, 478 ill health incidents were reported; 57 (12%) were serious/specified, 421 (88%) were minor.

For MOD and Other civilians, 86 ill health incidents were reported; 24 (28%) were serious/specified, 59 (69%) were minor and 3 (3%) were unknown severity.

Section 5: Near Miss

1 April 2025 to 31 March 2026

Total Near Misses in 2025/26 (8,305)

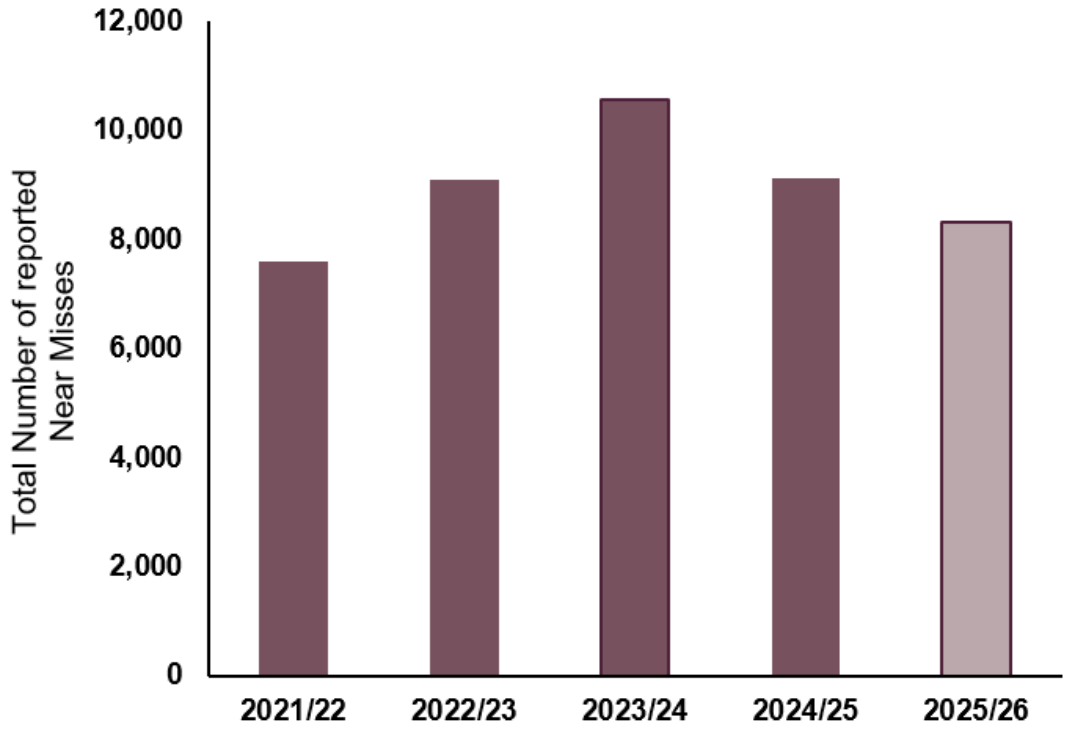
34% of **reported MOD Health and Safety incidents** in 2025/26 were Near Misses

8,305 Total Near Misses in 2025/26	**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.

Source: INS, DINC, DIO-INS, DNO, MySafety, FSIMS, DOS, CSOC, NLIMS, JPA, MyHR
Table A2.1 and A5

Figure 9: All personnel, near miss incidents, numbers[16].

1 April 2021 to 31 March 2026



Source: INS, AIRS, DINC, DIO-INS, DIO-CON, DNO, FSIMS, DOS. MySafety, NLIMS, CSOC
Table A2.1

In 2025/26, of the 8,305 Near Misses, normal duties/routine activity accounted for 75% (6,240).

[16] This graph has been revised for the most recent two financial years. This differs from the previous year's statistic where all financial years were revised. The approach has been aligned to the approach used in statistics prior to last years.

Section 6: Dangerous Occurrence

1 April 2025 to 31 March 2026

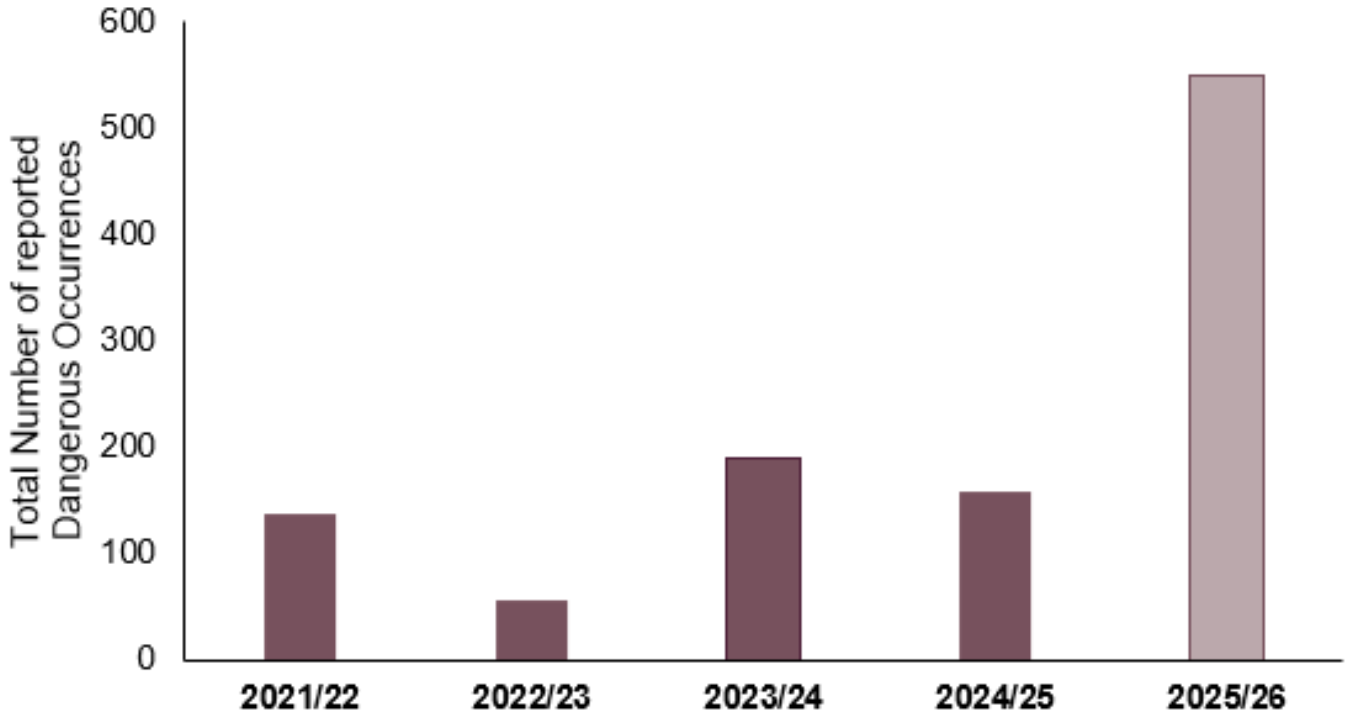
Total Dangerous Occurrence in 2025/26 (548)

2% of **reported MOD Health and Safety incidents** in 2025/26 were flagged as Dangerous Occurrences

548 Total Dangerous Occurrences in 2025/26	**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-INS, DNO, MySafety, FSIMS, DOS, CSOC, NLIMS, JPA, MyHR
Table A2.1, A6

Figure 10: All personnel, reported dangerous occurrence incidents, numbers[17][18].
1 April 2021 to 31 March 2026



Source: INS, AIRS, DINC, DIO-INS, DIO-CON, DNO, FSIMS, DOS. MySafety, NLIMS, CSOC
Table A2.1

In 2025/26, there were 548 dangerous occurrences, of which normal duties/routine activity accounted for 75% (411).

[17] This graph has been revised for the most recent two financial years. This differs from the previous year's statistic where all financial years were revised. The approach has been aligned to the approach used in statistics prior to last years.
[18] The significant increase in dangerous occurrences in 2025/26 is caused by improvements in the way dangerous occurrences are captured in MySafety and also the integration of new TLBs into the MySafety reporting system.

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.

Dangerous Occurrence – One of a number of specific, reportable adverse events, as defined in Schedule 2 of RIDDOR.

Hazard Observation – A hazard observation is the act of identifying and noting a potential source of harm or unsafe condition in the workplace or operational environment, even if no incident has occurred.

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).
   - scalping (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. Health and Safety incidents are currently compiled using data provided from the following Top-Level Budget (TLB) reporting areas and systems:

- *Army Safety Centre Incident Notification System (INS) – 1 April 2021 to 7 August 2025*
- *RAF Functional Safety Information Management System (FSIMS)* – 1 May 2021 to 19 November 2024
- *Defence Equipment and Support Cell (DINC)* – 1 April 2021 to 30 June 2025
- *Defence Infrastructure Organisation Incident Notification System (DIO-INS)* – 1 April 2021 to 31 March 2026
- *Defence Infrastructure Organisation Contractors (DIO-CON*) – 1 April 2021 to 30 October 2024
- *Defence Nuclear Organisation (DNO)* – 1 April 2021 to 31 March 2025
- *MySafety (formerly known as Defence Unified Reporting and Lessons Management System (DURALS))* – 10 January 2022 to 31 March 2026
- *Department of State (DOS) (formerly known as Head Office and Corporate Services (HOCS))*– 1 April 2021 to 31 March 2026
- *Cyber & Specialist Operations Command (CSOC) (formerly known as UK Strategic Command (StratCom))* – 1 April 2021 to 31 March 2026
- *Naval Service Information Management System (NLIMS)* – 1 April 2021 to 9 April 2025

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).

Rates

6. 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

7. 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.

8. 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.

9. 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 all financial years have been updated to account for late reporting and methodology changes. 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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