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[Redacted]

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[Redacted]

Thank you for your email of 30 October 2015 requesting the following information:

"...1) Recorded cases of NFCI (non-freezing cold injuries) in all services - Army, RAF, Royal Navy and Royal Marines.

2) The ethnicity of people affected - eg White, African, Afro-Caribbean etc

3) Whether those affected were from UK forces or from Commonwealth forces

4) The Commonwealth force each affected person belonged to, where applicable and where information is available

This is an example of how my answer might be presented:

Year	Reported cases	White	Afro-Caribbean	Other*	UK personnel	Commonwealth personnel
2015						
2014						
2013						
2012						
2011						
2010						
*Please list each ethnicity separately in further columns						

5) The above information for 2015

6) The same for 2014

7) the same for 2013

8) The same for 2012

9) The same for 2011

10) The same for 2010"

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

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

The MOD cannot identify if personnel from other nations, recorded with a NFCI, are from Commonwealth Armed Forces. The information you have requested can be found below.

Non-freezing cold injury is a recognised condition that affects an extremely small number of personnel. All recruits are provided with education, training and equipment to cope with adverse climates, including wet and cold conditions.

Table 1 shows the number of UK Armed Forces personnel that are recorded as having had a NFCI between 1 January 2010 and 30 September 2015 (latest data available) split by the year of the first recorded occurrence and their ethnicity.

Table 1: UK Armed Forces Personnel that have had a Non Freezing Cold Injury (NFCI), 1 January 2010 – 30 September 2015, by year of first recorded occurrence and ethnicity¹

Year	All	White Background	Black African / Black Carribean	Other ²
All	3,059	1,646	1,141	272
2010	757	446	250	61
2011	366	190	142	34
2012	567	271	221	75
2013	597	308	250	39
2014	409	223	164	22
2015 ³	363	208	114	41

Source: DMICP, NOTICAS, Field Hospital Returns, Aeromed, OpEDAR, DPTS, DS Health and Safety Database and JPA

1 – As recorded on the Joint Personnel Administration (JPA)

2 – Includes personnel of unknown ethnicity and those who declined to declare their ethnicity

3 – Until 30 September 2015 (latest data available)

Under Section 16 (Advice and Assistance) you may find it helpful to note the following:

In order to report on cases of NFCI a number of sources of data were merged. Data has been derived from multiple datasets: NOTICAS, Aeromed, Field Hospital, OpEDAR, Defence Patient Tracking System, The Defence Medical Information Capability Programme (DMICP), and Health and Safety. MOD holds a database of merged data from 1 April 2009 to 30 September 2015.

Please note unless stated otherwise NFCI incidents were identified through a text search using the following terms: 'NFCI' and 'Non Freezing Cold Injury'. The numbers should therefore be treated as a minimum.

NOTICAS

NOTICAS is the name for the formalised system of reporting casualties within the UK Armed Forces. The NOTICAS system is initiated very early in the patient's admission, the classification of a casualty will change as time progresses. The initial signal listing may in some cases be followed by an updated less serious listing if the case appeared worse on admission than transpires. Please note less severe casualties that do not require hospitalisation will not have a NOTICAS raised.

Aeromed

Aeromedical Evacuation is the medically supervised movement of patients to and between medical facilities by air transportation. The RAF Aeromedical Evacuation Service provides the worldwide patient air movement capability for Defence 24 hours a day, 365 days a year. Patients are risk assessed prior to flight, and when necessary, trained medical teams are provided to deliver care in the air.

Defence Statistics receive Aeromedical evacuation records fortnightly from the Aeromedical Evacuation Control Centre (AECC) at RAF Brize Norton for operations in Afghanistan.

Field Hospital

Defence Statistics received information on the patients who were admitted to the UK Field Hospital at Camp Bastion from the J97 Returns. The J97 return includes patients admitted to the following two locations:

- The HQ of Multinational Brigade (South) in Kandahar maintained a Field Hospital which provided support for ISAF and Coalition personnel. This facility included additional capabilities including specialist diagnostic resources and specialist surgical and medical capabilities.
- In Kabul, UK Personnel may have been admitted to either the French or Greek Field Hospital. There was also a US facility which provided physiotherapy and dentistry.

OpEDAR

The OpEDAR database recorded all patients who attended or were admitted through the A&E department of the UK operational field hospital. The data includes all patients including UK Service personnel, other NATO forces, civilians (both UK and nationals) and detainees.

Whilst most of the data is captured via drop down menus, some fields, including 'Diagnosis' are free text and thus the quality of medical information captured is variable.

OpEDAR captured diagnosis at the initial assessment. It is possible for diagnosis to change over the course of treatment or for a patient to have multiple conditions, however, this information is not captured in this database.

Defence Patient Tracking System

The Defence Patient Tracking System (DPTS) monitors the progress of Armed Forces patients undergoing specialist treatment, to ensure that their care is delivered promptly and coherently, and to coordinate clinical, administrative and welfare aspects of their support.

A patient is entered onto the DPTS if:

- They have been Aeromedically evacuated (since 8 October 2007).

- On receipt of a NOTICAS signal detailing their admission to secondary health care (since 1 May 2008).
- If they have a referral to DMRC Headley Court (since 1 October 2008)
- If they have a referral to an RRU (since 2 February 2009).

The DPTS records the patient care pathway. This is the sequence of clinical interventions that take place from the point where the patient is first seen by a medic, doctor, nurse, etc. The care pathway ends when a patient requires no further specialist treatment.

Tracking ceases when the patient no longer requires any specialist medical follow up. It follows those patients with long term conditions requiring specialist treatment who will be tracked for considerable periods of time, possibly extending for the remainder of their career.

DMICP

The Defence Medical Information Capability Programme (DMICP) is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers. DMICP was rolled out in 2007 and legacy medical data for currently serving personnel was migrated across during rollout. The data between 2007 and 2010 may be incomplete due to the rollout of the electronic medical record system therefore numbers presented are a minimum. If information is entered as free text in the patient record then it is not available in the data warehouse.

There has been no clinical audit of the accuracy of cold illness data recorded on the patient's record.

The following DMICP NFCI READ codes recorded between 1 January 2013 and 30 September 2015 were used:

Underlying Code	Description
DMS4248	Non freezing cold injury to feet
DMS4249	Non freezing cold injury to hands
DMS4250	Non freezing cold injury to other
TRIQQNF1	NFCI to feet alone
TRIQQNF2	NFCI to hands alone
TRIQQNF3	NFCI to any body part except hands or feet
TRIQQNF4	NFCI to feet and hands or other body part
TRIQQNO19	Non freezing cold injury

Health and Safety

Defence Statistics (Health) compiles Health and Safety statistics on behalf of Defence Safety and Environment Authority Corporate Policy and Assurance (DSEA-CPA). An Official Statistic publication 'MOD Health and Safety Statistics Annual Report' is released each year providing the validated numbers on all Health and Safety injuries and is available at: <https://www.gov.uk/government/collections/defence-health-and-safety-statistics-index>

The TLB Incident Notification Cells maintain local databases of reported incidents. The data presented here is compiled from a number of extracts:

- Central Health and Safety Project (CHASP) data is as at March 2007 (system switched off)
- Incident Recording Information System (IRIS) data is as at 29 June 2012 (system switched off)
- Army Incident Notification Cell (AINC)
- Accident and Incident Recording System (AIRS)
- Defence Equipment & Support Incident Notification Cell (DINC)

- Defence Infrastructure Organisation (DIO)
- Joint Forces Command (JFC)
- Head Office and Corporate Services (HOCS)
- Naval Service Incident Notification Cell (NSINC)

Would you like to be added to our contact list, so that we can inform you about updates to our statistical publications covering Health and Safety and consult you if we are thinking of making changes? You can subscribe to updates by emailing: DefStrat-Stat-Health-PQ-FOI@mod.uk.

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

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

Yours sincerely,

Defence Statistics (Health) Head (B1)