



This Statistical Bulletin is the third in a biannual series to provide summary statistics on wounded, injured and sick (WIS) UK Regular Armed Forces personnel receiving recovery support from the Defence Recovery Capability (DRC). The report presents summary statistics covering numbers of WIS personnel in recovery including the outcomes of personnel when they leave recovery (remain in Service or leave the Services). It also presents the numbers of WIS personnel who took part in recovery courses. This report covers the period 1 October 2010 to 1 October 2016.

Key Points and Trends

The percentage of personnel in recovery and their outcomes upon leaving recovery are not comparable across the three Services due to differences in entitled to recovery support. The Army and RAF provide recovery support for personnel who are sick and absent from the workplace, the Naval Service provides recovery support to those sick and absent from the workplace and also to those with less severe injuries and illnesses who are still employable for limited duties outside of their normal role.

As at 1 October 2016 the percentage of trained regular personnel receiving recovery support were:

- 4.7% in the Naval Service
- 1.7% in the Army
- 0.8% in the RAF

The percentage of personnel receiving recovery support over time varied across the three Services:

- Naval Service – A change in policy on 1 August 2016 has, as expected, resulted in an increase in the percentage receiving recovery support
- Army – The increase seen as at 1 April 2016 has remained stable
- RAF – percentage increased since 1 April 2011 by 0.5 percentage points

As at 1 October 2016, as with previous years, certain demographic groups had higher percentages of personnel in recovery:

- Females were significantly higher than males across all three Services. This may partly be explained by research which has shown that females are more likely to consult with health care professionals.
- Other Ranks were significantly higher than Officers in the Naval Service and the Army.
- Personnel aged 40-43 years were significantly higher than personnel within all other age groups in the Army.

On leaving recovery, personnel either return to duty or leave the Services: in the 12 months ending 30 September 2016 the percentage of personnel leaving recovery who subsequently went on to leave the Services were; 12% Naval Service; 59% Army; 54% RAF.

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Background Quality Report: <https://www.gov.uk/government/collections/uk-armed-forces-recovery-capability-wounded-injured-and-sick-in-the-recovery-pathway-statistics>

Would you like to be added to our **contact list**, so that we can inform you about updates to these statistics and consult you if we are thinking of making changes? You can subscribe to updates by emailing DefStrat-Stat-WDS-Pubs@mod.uk

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This Statistical bulletin and Supplementary tables (ANNEX A) can be found at:
<https://www.gov.uk/government/collections/uk-armed-forces-recovery-capability-wounded-injured-and-sick-in-the-recovery-pathway-statistics>

Introduction

This biannual Statistical Bulletin presents summary statistics on UK Armed Forces personnel receiving support through Defence Recovery Capability (DRC) since its foundation in 2010 up to 1 October 2016. This bulletin is being published in response to the increasing public interest in wounded, injured and sick personnel. By proactively releasing information on personnel wounded, injured and sick the MOD is showing its commitment to the transparency agenda and releasing information into the public domain where possible.

The DRC is a MOD-led initiative delivered in partnership with Help for Heroes and The Royal British Legion, alongside other Service charities and agencies. The DRC ensures that UK Armed Forces personnel with battle injuries (wounded), injuries or sickness (WIS) have access to the key services and resources they need to help them either return to duty or make a smooth transition into civilian life.

The DRC is delivered through:

- An individual Recovery Plan (IRP): A comprehensive, synchronised schedule of appropriate recovery activities based on the needs of WIS personnel.
- Recovery Units: Specialist military units for the command and care of WIS personnel with the greatest need. Consisting of Hasler Naval Service Recovery Centre, Naval Base Personnel Support Groups (NPSG), Naval Service Recovery Cells and Commando Recovery Troops in the Naval Service and Personnel Recovery Units in the Army and RAF. All other personnel remain assigned to their parent unit.
- Recovery Centres (RCs): Offer recovery courses and activities, but are not medical facilities. They provide residential accommodation for WIS personnel as well as accepting day visitors.
- CTP-Assist: Provides specialist employment consultants to deliver a career service to WIS personnel leaving the military with the greatest barriers to employment (formerly offered through the Recovery Career Services).

The DRC comprises of the Naval Service Recovery Pathway (NSRP), the Army Recovery Capability (ARC) and the RAF Recovery Capability (RRC). The three single Services differ in their criteria for who receives support from recovery. The Naval Service provide recovery support to personnel with less severe injuries and illness compared to the Army and RAF and therefore a higher percentage of their personnel are in recovery. Due to the differences between the three Services, comparisons between them are not valid.

Individuals receiving recovery support are:

- Naval Service: Personnel who are WIS and unfit for Service in the maritime environment or who can only be employed for limited duties ashore outside of their main trade or skill.
- Army: Personnel who are WIS and unable to undertake their normal duties and are sick absent from the workplace.
- RAF: Personnel who are WIS and medically unfit for Service or medically unfit for duty and receiving medical care whilst sick absent from the workplace.

Further detail is provided in the Background Quality Report.

Results: Naval Service Personnel

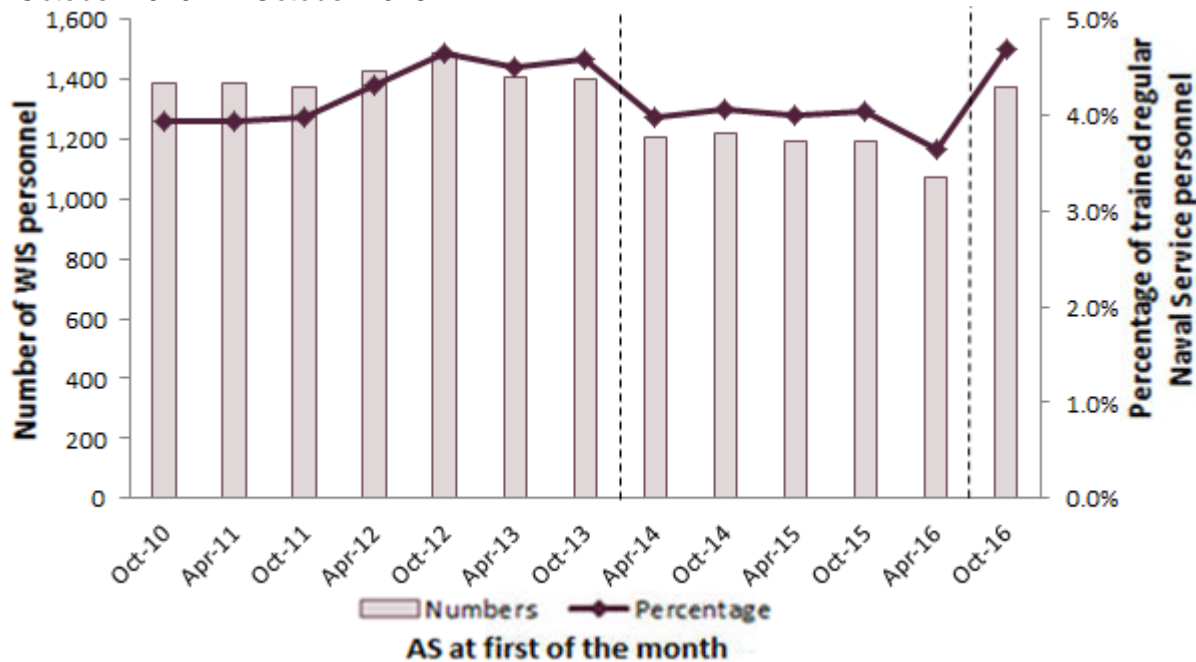
Summary of WIS Naval Service personnel in the recovery pathway

Trained regular Naval Service personnel and mobilised Naval Service reservists are entitled to support through the Naval Service Recovery Pathway (NSRP).

Definition - Personnel who are WIS and unfit for Service in the maritime environment or who can only be employed for limited duties ashore outside of their main trade or skill: as at 1 October 2016 there were 1,373 trained regular Naval Service personnel and two mobilised Naval Service reservists in recovery. Due to the small number of mobilised reservists in the NSRP, references to Naval Service personnel in this Results section include trained regular Naval Service personnel only.

Figure 1: UK trained regular Naval Service personnel¹ in recovery, Numbers and Percentages²

1 October 2010 – 1 October 2016



Source: Joint Personnel Administration System

¹ Includes Royal Navy and Royal Marines

² There are two breaks in the time series due to changes in policy and processes (see methodology section). Therefore it is not possible to compare trends over time.

The numbers of Naval Service personnel in recovery increased from 3.7% as at 1 April 2016 to 4.7% as at 1 October 2016 (Figure 1). This increase is primarily due to a change in Naval Service recovery policy since 1 August 2016, aimed to allow earlier visibility of Naval Service personnel requiring recovery support, and therefore it was expected that the numbers of WIS Naval Service personnel would increase as at 1 October 2016.

Due to changes in Naval Service recovery policy and practice in 2014 and 2016, it is not possible to compare trends over the whole time period. Further details on these policy changes are presented in the Methodology section.

As well as those personnel who are 'sick on shore' (i.e. at home or in hospital), the Naval Service also provide recovery support to those with less severe injuries and illnesses who are still able to be employed for limited duties outside of their normal role. Of the Naval Service personnel in recovery, fewer than 7% were long term sick absent from work at any time.

Results: Naval Service Personnel (cont.)










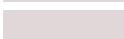
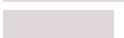

Table 1 presents a breakdown of WIS Naval Service personnel in recovery as at 1 October 2016 by gender, rank and age group. There were certain demographic groups with significantly higher rates of personnel in recovery as at 1 October 2016:

- Females
- Other Ranks

The percentage of females in recovery was significantly higher than the percentage of males^[1]. It is currently unknown as to why a higher percentage of females were in recovery however it may be partly explained by research which has shown that females in the UK general population are more likely to consult with health care professionals (Wang et al, 2013).

The percentage of Other Ranks in recovery was significantly higher than the rate of Officers. Due to the differing role requirements Other Ranks are unlikely to be able to continue in their current role when they become injured or ill and therefore are more likely to enter recovery.

Table 1: UK trained regular Naval Service personnel¹ in recovery, by demographics, Numbers percentages
1 October 2016

As at 1 October 2016			
	N	%	Percentage of Naval Service Personnel
Naval Service personnel with a recovery pathway	1,373	4.7	
Gender			
Male	1,001	3.8	
Female*	372	13.7	
Rank			
Officer	144	2.5	
Other Rank*	1,229	5.3	
Age			
<25	257	5.3	
25-29	358	4.9	
30-34	311	5.3	
35-39	202	4.7	
40-44	117	3.9	
45-49	86	3.6	
50+	42	2.9	

Source: Joint Personnel Administration System

¹ Includes Royal Navy and Royal Marines

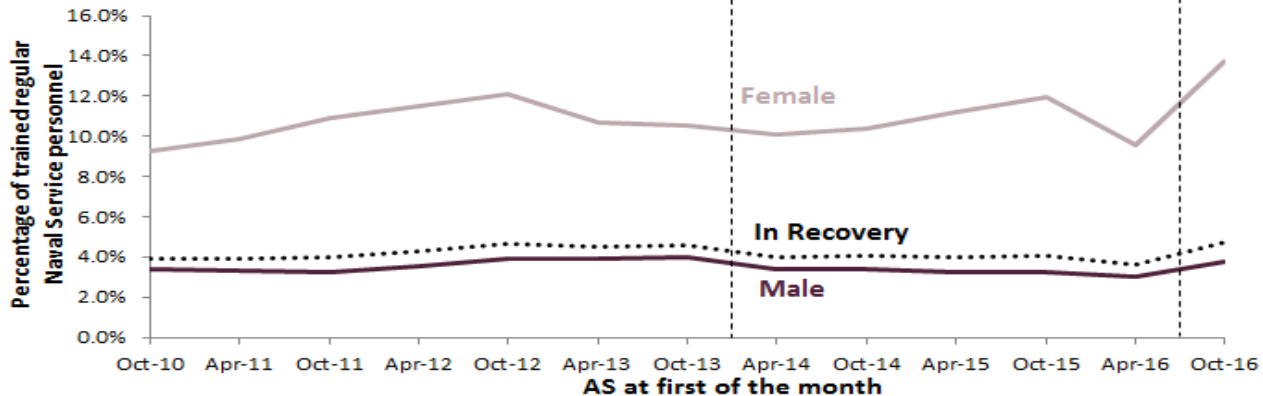
* Groups found to be at a significantly higher risk using a z-test for proportions at a 95% confidence level.

¹ Pregnant females will only be in recovery if they have a pregnancy related illness.

Results: Naval Service Personnel (cont.)

Since 1 April 2014 the percentage of Naval Service personnel in recovery within each demographic group has followed the same trend as that seen for all WIS Naval Service personnel, with the exception of females (Figure 2). Since 1 April 2016 the percentage of females in recovery increased by 41% whereas males increased by 24%. It is not known how much of an effect the policy change in August 2016 had on these percentage increases. Defence Statistics will continue to monitor.

Figure 2: UK trained regular Naval Service personnel¹ in recovery, by gender, Percentages²
1 October 2010 – 1 October 2016



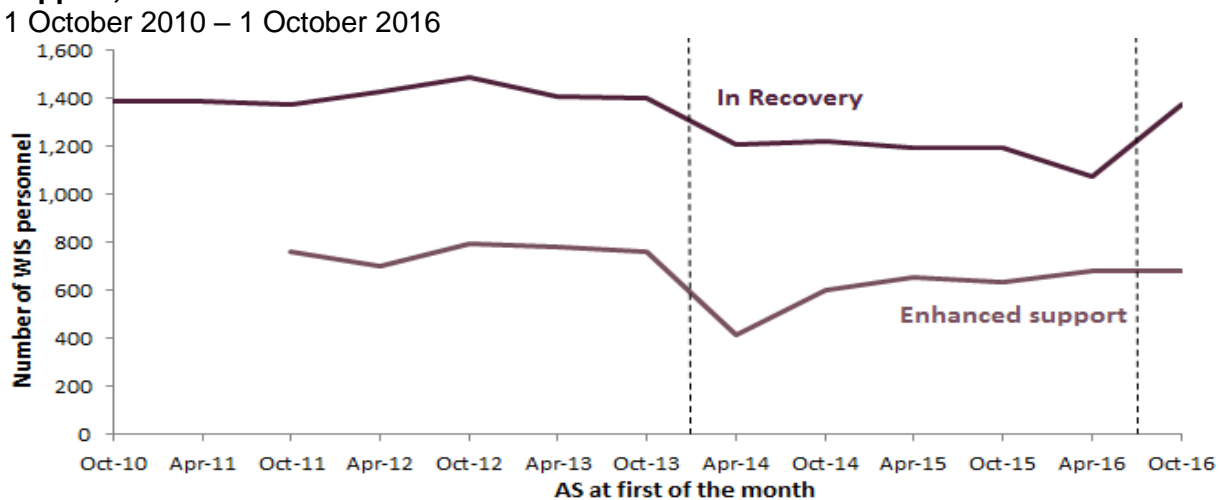
Source: Joint Personnel Administration System

¹ Includes Royal Navy and Royal Marines

² There are two breaks in the time series due to changes in policy and processes (see methodology section). Therefore it is not possible to compare trends over time.

WIS personnel with the most complex needs are assigned from their unit to a recovery unit (either Hasler, Naval Service Recovery Centre, NPSGs, a Recovery Cell or a Recovery Troop) which can provide them with the enhanced support they required. WIS Naval Service personnel with less demanding recovery needs received support from their unit. Despite the numbers in recovery increasing by 28% from 1 April 2016, the numbers receiving enhanced support remained stable (Figure 3). This is likely due to the change in policy, from August 2016, bringing more personnel with less demanding needs into recovery.

Figure 3: UK trained regular Naval Service personnel¹ in recovery and in receipt of enhanced² support, Numbers³
1 October 2010 – 1 October 2016



Source: Joint Personnel Administration System; Naval Service Recovery Pathway data

¹ Includes Royal Navy and Royal Marines

² Enhanced support is provided by Recovery Cell/Troop, Hasler Naval Service Recovery Centre and NPSGs

³ There are two breaks in the time series due to changes in policy and processes (see methodology section). Therefore it is not possible to compare trends over time.

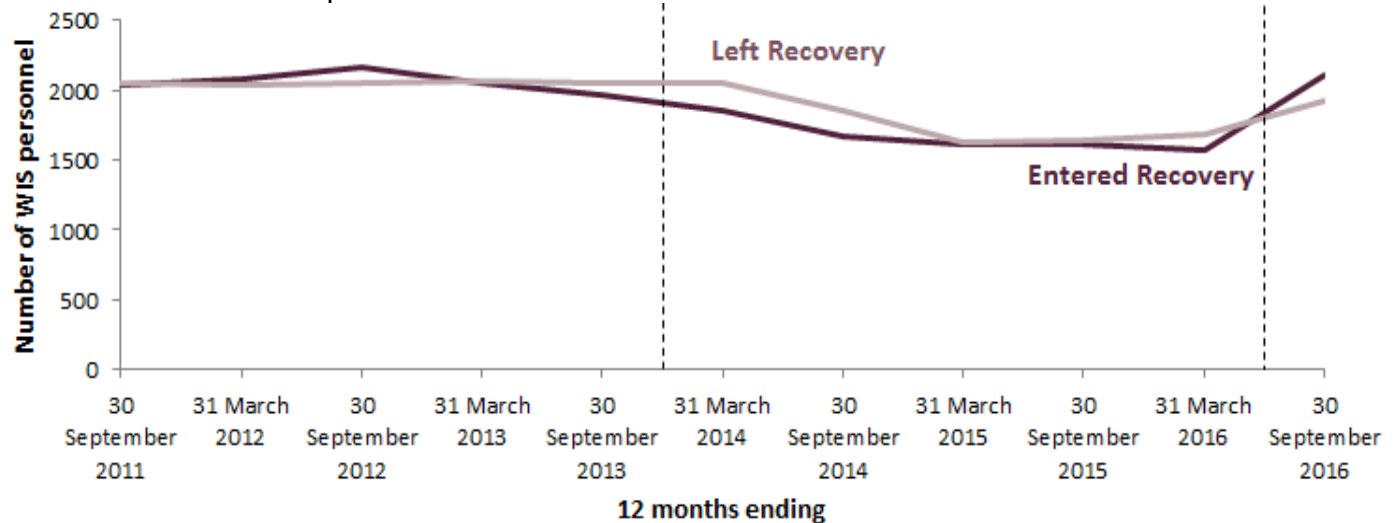
Results: Naval Service Personnel (cont.)

Summary of WIS Naval Service personnel entering and leaving recovery

The change in process in early 2014 saw a decrease in the numbers of Naval Service personnel entering and leaving recovery, which resulted in a decrease in the numbers in the NSRP (Figure 4). The increase in the numbers of WIS Naval Service personnel seen as at 1 October 2016 (Figure 1) was due to numbers entering recovery in the 12 months up to 30 September 2016 (2,104) being higher than the numbers who left recovery (1,923). This was largely a result of change in the Naval Service recovery policy (detailed in Methodology section).

Figure 4: UK trained regular Naval Service personnel¹ in recovery, 12-month rolling period² for those entering and leaving recovery, Numbers^{3,r}

1 October 2010 to 30 September 2016



Source: Joint Personnel Administration System

¹ Includes Royal Navy and Royal Marines

² 12-month rolling period shows the numbers who have left recovery in the preceding 12 months i.e. 30 September 2015 shows the numbers who have left recovery between 1 October 2014 and 30 September 2015

³ There are two breaks in the time series due to changes in policy and processes (see methodology section). Therefore it is not possible to compare trends over time.

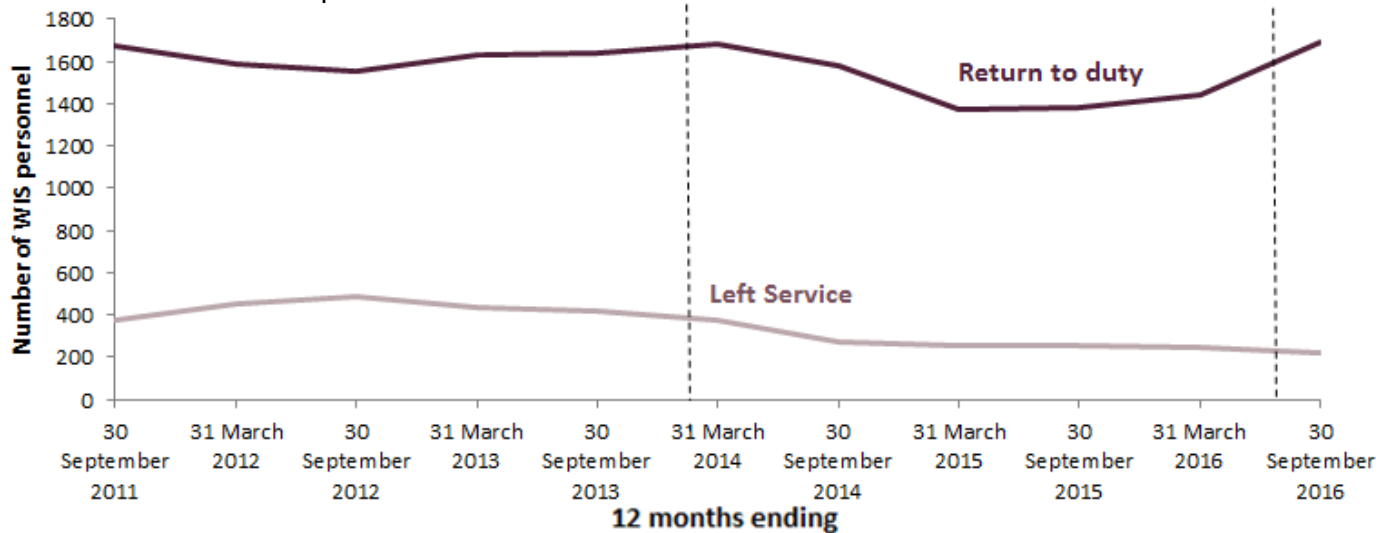
^r Figure has been revised. An input error has been identified and corrected.

Results: Naval Service Personnel (cont.)

On leaving recovery WIS personnel will either return to duty or leave the Services. The percentage of WIS Naval Service personnel who returned to duty has remained consistently high, for example, 88% returned to duty in the 12 months up to 30 September 2016 (Figure 5). These was expected due to the high number of Naval Service personnel in recovery with less severe injuries or illnesses who were able to be employed for limited duties, whilst in recovery, and were therefore more likely to return to duty. As the policy change from 1 August 2016 bought more Naval Service personnel into recovery with less demanding needs the numbers who left Service remained stable, when compared to the previous 12 month period, whereas the numbers who returned to duty increased.

Figure 5: UK trained regular Naval Service personnel¹ who left recovery, by outcome on leaving recovery, 12-month rolling period², Numbers^{3,4}

1 October 2010 to 30 September 2016



Source: Joint Personnel Administration System

¹ Includes Royal Navy and Royal Marines

² 12-month rolling period shows the numbers who have left recovery in the preceding 12 months i.e. 30 September 2015 shows the numbers who have left recovery between 1 October 2014 and 30 September 2015

³ Excludes deaths

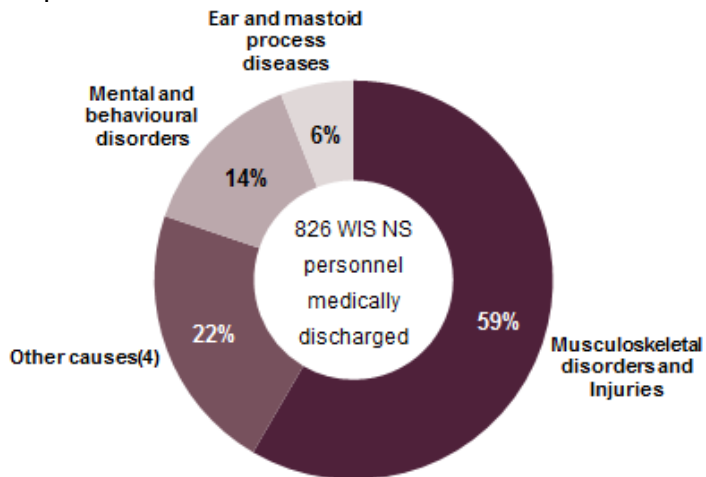
⁴ There are two breaks in the time series due to changes in policy and processes (see methodology section). Therefore it is not possible to compare trends over time.

Results: Naval Service Personnel (cont.)

Due to their medical condition(s) a number of WIS personnel in recovery will leave the Services on a medical discharge, as they are no longer able to meet the required employment standard. Since 1 April 2011 almost half (47%) of Naval Service personnel who left Service on leaving recovery were medically discharged (Annex A, Table 1.3). This was lower than the other two Services due to the higher number of WIS Naval Service personnel in recovery with less severe injuries and illnesses.

Figure 6: UK trained regular Naval Service personnel¹ who left recovery and where medically discharged, by principal ICD 10² cause code group, Percentages^p

1 April 2011 to 31 March 2016³



Sources: Joint Personnel Administration System; FMED 23 data; Defence Medical Information Capability Programme data

¹ Includes Royal Navy and Royal Marines

² The World Health Organisation's International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10)

³ Medical discharge figures are updated annually as at 31 March each year.

⁴ Includes 14 cause code groups; each accounting for a maximum of 4% of all Naval Service cause coded medical discharges

^p Some personnel who left recovery in 2015/16 may not medically discharge until 2016/17. Therefore figures are provisional. See Further Information: Revision

Between 1 April 2011 and 31 March 2016 the most common principal cause of medical discharge for WIS personnel in the NSRP was musculoskeletal disorders and injuries (59%^p); followed by mental and behavioural disorders (14%^p) and ear and mastoid process diseases (6%^p) (Figure 6). These proportions were consistent with those published for all UK regular Naval Service personnel^[2].

All eligible Armed Forces personnel are entitled to support in finding civilian employment through the Career Transition Partnership (CTP). Some WIS personnel, who are medically discharged, face potential barriers in their ability to find civilian employment on leaving the Services due to their medical condition(s) and are therefore offered individual careers service through CTP-Assist. On average, since 1 April 2014, 1.3%^p of all WIS Naval Service personnel in recovery were receiving, or had received, support from CTP-Assist (Annex A, Table 1.1).

² Annual Official Statistics on Medical Discharges in the UK Regular Armed Forces

(<https://www.gov.uk/government/collections/medical-discharges-among-uk-service-personnel-statistics-index>)

Results: Army Personnel

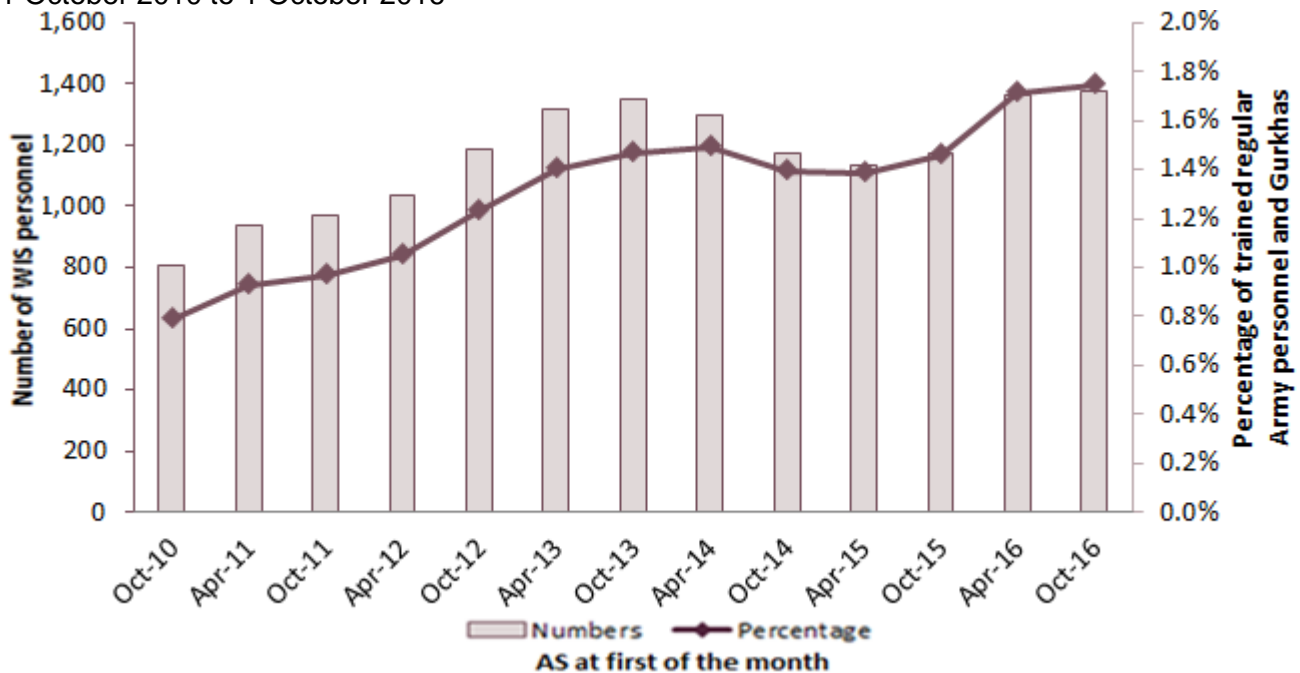
Summary of WIS Army personnel in the recovery pathway

Trained regular Army personnel, Gurkhas, mobilised Army reservists and FTRS (FC) are entitled to support through the Army Recovery Capability (ARC).

Definition: Personnel who are WIS and unable to undertake their normal duties and are sick absent from the workplace: as at 1 October 2016 there were 1,375 trained regular Army Service personnel (including Gurkhas) and three Army reservists in recovery. Due to the small number of Army reservists in recovery, references to Army personnel in this Results section include trained regular Army personnel and Gurkhas.

Figure 7: UK trained regular Army personnel¹ in recovery, Numbers^r and Percentages^r

1 October 2010 to 1 October 2016



Sources: Joint Personnel Administration System; Wounded Injured and Sick Management Information System

¹ Includes UK trained regular Army personnel and Gurkhas

^r A routine revision has been made on data as at 1 April 2016 since the last publication. See Further Information: Revisions.

The percentage of trained regular Army personnel in recovery between 1 October 2010 and 1 October 2013 increased from 0.8% to 1.5% of the trained personnel (Figure 7). It is currently not known what proportion of this rise was due to improved usage of the management information system, WISMIS, and what was a true rise in the numbers in recovery. Numbers may have also increased between 1 April 2015 and 1 April 2016 following a series of roadshows aimed at increasing awareness of the recovery process.

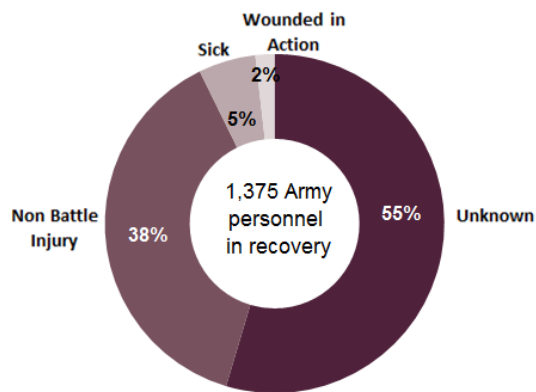
Between 1 October 2013 and 1 October 2015 the percentage of trained regular Army personnel in recovery remained stable at around 1.5%. Please note the rate remained stable despite a decrease in the numbers in recovery due to a reduction in the numbers in the UK regular Army in line with targets set in the Strategic Defence and Security Review (SDSR).

The numbers of Army personnel in recovery increased from 1.5% as at 1 October 2015 to 1.7% as at 1 April 2016. This is likely to be a result of the Army having a more focused assurance and improving the capture of information on Army WIS personnel during the latter half of 2015/16. The percentage of Army personnel in recovery has remained stable at 1.7% since 1 April 2016.

Results: Army Personnel (cont.)

Personnel are either in recovery due to being wounded in action, having a non-battle injury or being sick. The most common recorded cause for being in recovery in the Army, as at 1 October 2016, was for a non-battle injury (38%). However, half (55%) of incidents did not have a cause listed on the recovery management information system, WISMIS (Figure 8).

Figure 8: UK trained regular Army personnel¹ in recovery by incident cause, Percentages 1 October 2016



Wounded in Action includes those wounded as a result of hostile action. This includes injuries sustained whilst avoiding direct or indirect fire. Also described as 'battle injury'

Non Battle Injury is any injury that is not caused by a hostile act and includes any accidental injuries such as sports injuries, road traffic accidents etc.

Sick includes illness and disease (excludes pregnancy). Also described as 'natural cause'

Sources: Wounded Injured and Sick Management Information System; Defence Patient Tracking System

¹ Includes UK trained regular Army personnel and Gurkhas

Table 2 presents a breakdown of WIS Army personnel in recovery as at 1 October 2016 by gender, rank and age group. There were certain demographic groups with significantly higher percentages of personnel in recovery as at 1 October 2016:

- Females
- Other Ranks
- Personnel aged 30-34 years










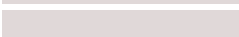
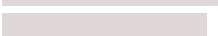

The percentage of females in recovery was significantly higher than the percentage of males^[3]. It is currently unknown as to why a higher percentage of females are in recovery however it may be partly explained by research which has shown that females in the UK general population are more likely to consult with health care professionals (Wang et al, 2013).

Army officers had a significantly lower percentage of WIS personnel (compared with Other Ranks); the percentage of Army personnel that were WIS dropped as age increased. This could be as a result of older Service personnel and Officers being more likely to be in a managerial role than a hands-on labour role, and therefore being more likely to be able to continue in their role despite suffering from some degree of injury/illness.

³ Pregnant females will only be in recovery if they have a pregnancy related illness

Results: Army Personnel (cont.)

Table 2: UK trained regular Army personnel¹ in recovery, by demographics, Numbers and Percentage
1 October 2016

As at 1 October 2016			
	N	%	Percentage of Army Personnel
Army personnel with a recovery pathway	1,375	1.7	
Gender			
Male	1,177	1.6	
Female *	198	2.9	
Rank			
Officer	63	0.5	
Other Rank *	1,312	2.0	
Age			
<25	258	1.4	
25-29	381	1.9	
30-34 +	320	2.0	
35-39	239	1.9	
40-44	116	1.7	
45-49	42	1.4	
50+	19	1.2	

Sources: Joint Personnel Administration System; Wounded Injured and Sick Management Information System

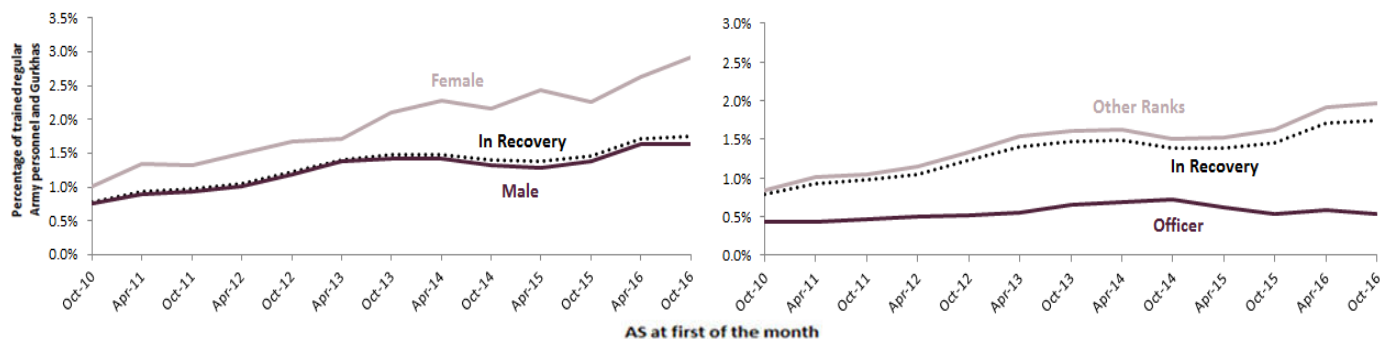
¹ Includes UK trained regular Army personnel and Gurkhas

* Groups found to be at a significantly higher risk using a z-test for proportions at a 95% confidence level.

+ Groups found to be at a significantly higher than average risk using a z-test for a single proportion at a 95% confidence level.

Since 1 October 2010 the percentage of females and Other Ranks in recovery has increased at a greater rate compared to males and Officers (Figure 9). The reasons behind the differing trends are unknown, however Defence Statistics will continue to monitor.

Figure 9: UK trained regular Army personnel¹ in recovery, by gender and rank, Percentages^f
1 October 2010 to 1 October 2016



Sources: Joint Personnel Administration System; Source; Wounded Injured and Sick Management Information

¹ Includes UK trained regular Army personnel and Gurkhas.

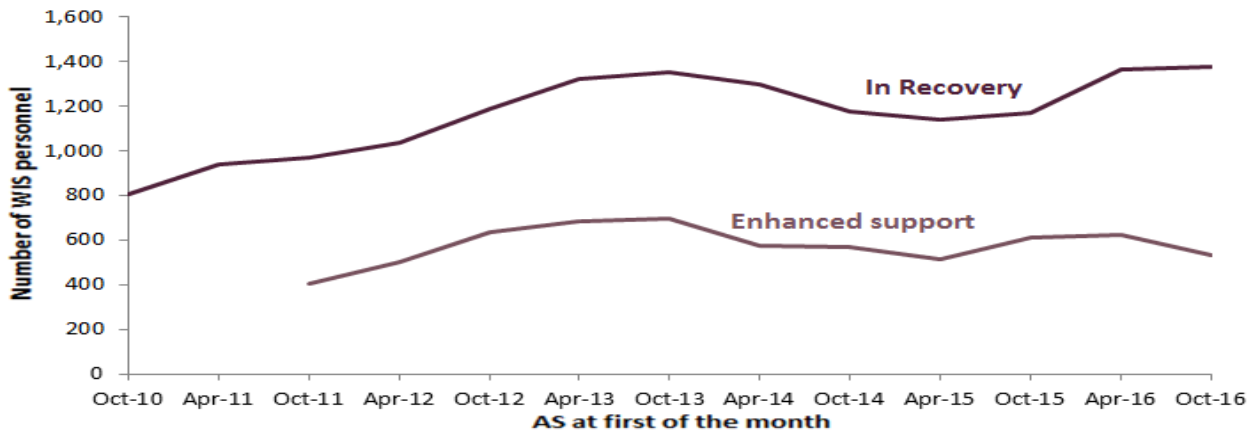
^f A routine revision has been made on data as at 1 April 2016 since the last publication. See Further Information: Revisions.

Results: Army Personnel (cont.)

WIS personnel with the most complex needs are assigned from their unit to a recovery unit which can provide them with the enhanced support they require. On average, since 1 October 2011, 47% of WIS Army personnel in recovery had more complex needs and were assigned to a Personnel Recovery Unit (PRU) (Figure 10). All other WIS personnel had less demanding recovery needs and received support from within their unit.

Figure 10: UK trained regular Army personnel¹ in recovery and in receipt of enhanced support², Numbers^r

1 October 2010 to 1 October 2016



Sources: Wounded Injured and Sick Management Information System; Recovery Careers Services data

¹ Includes UK trained regular Army personnel and Gurkhas

² Enhanced support is provided by Personnel Recovery Units

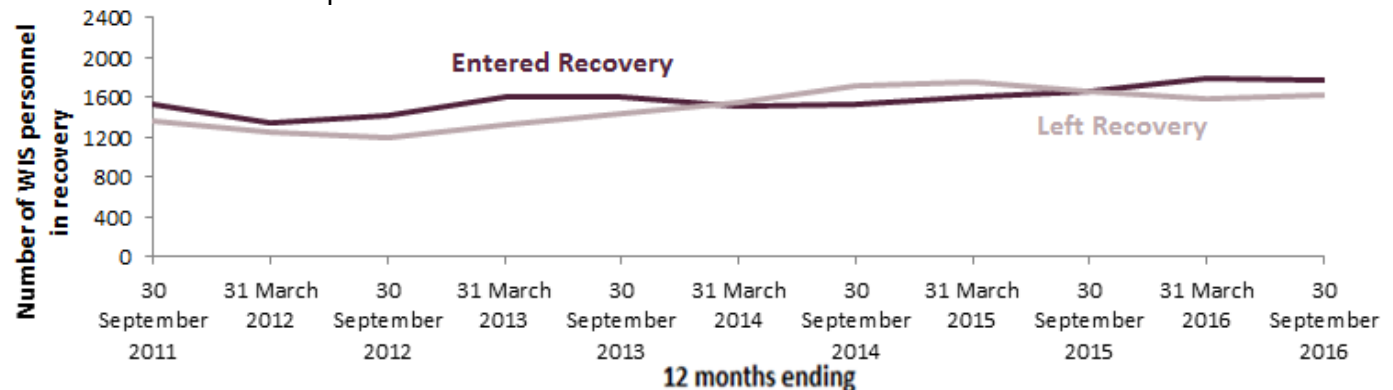
^r A routine revision has been made on data as at 1 April 2016 since the last publication. See Further Information: Revisions.

Summary of WIS Army personnel entering and leaving recovery

The numbers of Army personnel entering recovery between 1 October 2010 and 30 September 2016 remained stable (Figure 11), despite the numbers in the UK regular Army reducing over the same time period. In the 12 months up to 30 September 2016, 1,779 WIS personnel entered and 1,626 personnel left the Army Recovery Capability (ARC).

Figure 11: UK trained regular Army personnel¹ in recovery, 12-month rolling period² for those entering and leaving recovery, Numbers^r

1 October 2010 to 30 September 2016



Source: Wounded Injured and Sick Management Information System

¹ Includes UK trained regular Army personnel and Gurkhas

² 12-month rolling period shows the numbers who have entered and left recovery in the preceding 12 months i.e. 30 September 2015 shows the numbers who have entered and left recovery between 1 October 2014 and 30 September 2015

^r A routine revision has been made on data as at 1 April 2016 since the last publication. See Further Information: Revisions.

Results: Army Personnel (cont.)

On leaving recovery WIS personnel either return to duty or leave the Services. Since 1 October 2013, a higher percentage of WIS Army personnel had left the Services at the end of their recovery pathway than returned to duty (Figure 12). In the 12-month period up to 30 September 2016 over half (59%) of WIS Army personnel had left Service at the end of their recovery pathway.

The numbers of Army personnel that left Service following leaving recovery increased from 403 in the 12 months up to 30 September 2012 to 1,102 in the 12 months up to 30 September 2014 (Figure 12). The increase was largely due to an increase in the numbers in recovery leaving the Service on a medical discharge (Annex A Table 2.4) due to their medical condition(s) resulting in them no longer being able to meet the required employment standard. The increase in medical discharges for Army personnel in recovery mirrors the increase seen for the whole of the regular Army⁴ and is likely to reflect changes in policy and practices in the employment board process. Since 30 September 2015 the numbers of Army personnel that left Service during the previous 12 months remained around 1,000.

Figure 12: UK trained regular Army personnel¹ who left recovery, 12-month rolling period² of outflow outcomes, Numbers^{3,4,r}

1 October 2010 to 30 September 2016



Sources: Joint Personnel Administration System; Source; Wounded Injured and Sick Management Information System

¹ Includes UK trained regular Army personnel and Gurkhas

² 12-month rolling period shows the numbers who have left recovery in the preceding 12 months i.e. 30 September 2015 shows the numbers who have left recovery between 1 October 2014 and 30 September 2015

³ Based on date WISMIS record closed; Personnel may not leave the Services for another four months due to resettlement (see BQR)

⁴ Excludes deaths

^r A routine revision has been made on data as at 1 April 2016 since the last publication. See Further Information: Revisions.

⁴ Annual Official Statistics on Medical Discharges in the UK Regular Armed Forces

(<https://www.gov.uk/government/collections/medical-discharges-among-uk-service-personnel-statistics-index>).

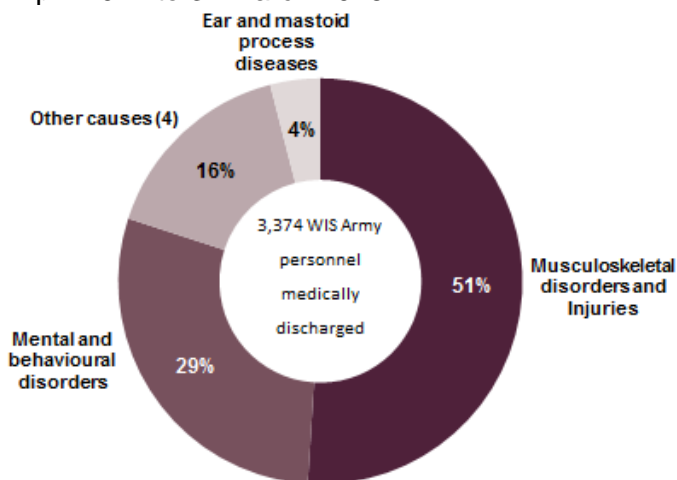
Results: Army Personnel (cont.)

Since 1 October 2010 the majority of Army personnel that left Service at the end of their recovery pathway (86%^P) were medically discharged. Between 1 April 2011 and 31 March 2016 the principal medical causes for WIS Army personnel medically discharged were consistent with those for the whole of the UK Army: musculoskeletal disorders and injuries; mental and behaviour disorders; and ear and mastoid process diseases (Figure 13).

However a higher percentage of WIS Army personnel were medically discharged with a principal cause of mental and behavioural disorders (29%^P) compared to those who medically discharged from the whole of the UK regular Army (15%^P). This is because a higher percentage of those who medically discharge with mental and behavioural disorders were unable to continue in their role and therefore entered recovery compared to those who medically discharge with other conditions.

Figure 13: UK trained regular Army¹ who left recovery and medically discharged, by principal ICD-10² cause code group, Percentages^P

1 April 2011 to 31 March 2016³



Sources: Wounded Injured and Sick Management Information System; FMED 23 data; Defence Medical Information Capability Programme data

¹Includes UK trained regular Army personnel and Gurkhas

²The World Health Organisation's International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10)

³Medical discharge figures are updated annually as at 31 March each year.

⁴Includes 14 cause code groups; each accounting for a maximum of 3% of all Army cause coded medical discharges

^PSome personnel who left recovery in 2015/16 may not medically discharge until 2016/17. Therefore figures are provisional. See Further Information: Revisions

All Armed Forces personnel are entitled to support in finding civilian employment through the Career Transition Partnership (CTP). Some WIS personnel, who are medically discharged, face potential barriers in their ability to find civilian employment on leaving the Services due to their medical condition(s) and are therefore offered individual careers service through CTP-Assist. On average, since 1 April 2014, 14% of all WIS Army personnel in recovery were receiving, or had received, support from CTP-Assist (Annex A, Table 2.1).

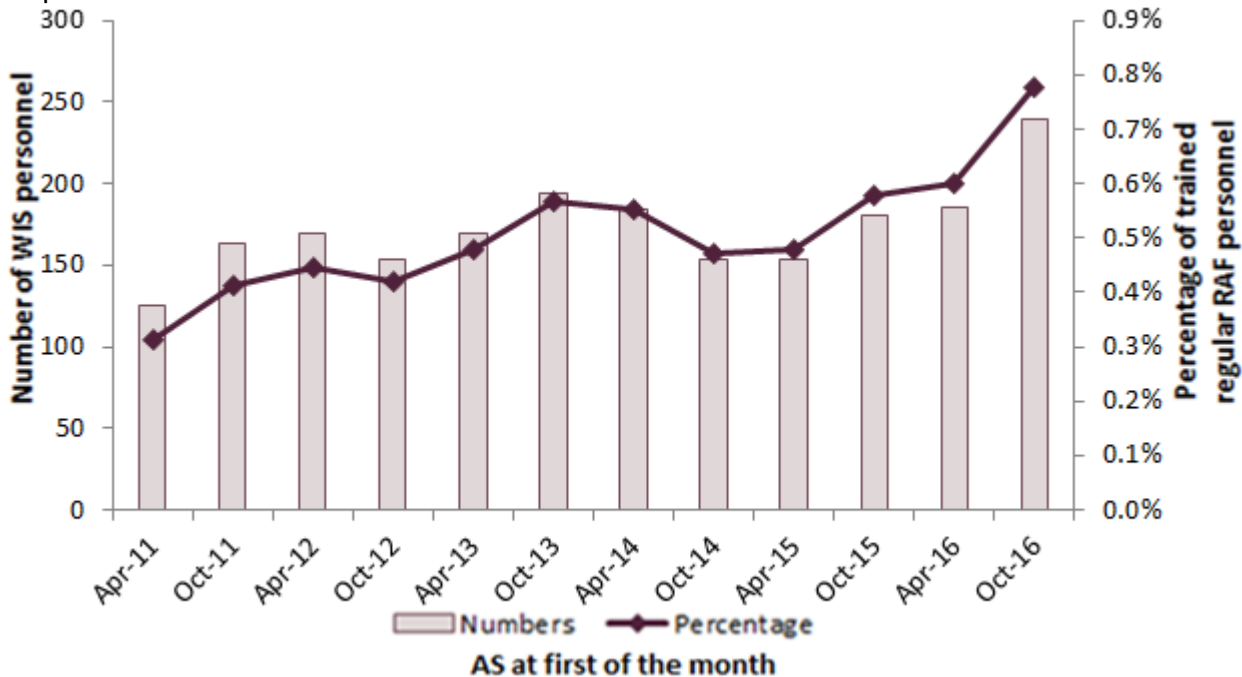
Results: RAF Personnel

Summary of WIS RAF personnel in the recovery pathway

Trained regular RAF personnel and some reservist groups (FTRS, mobilised reserve personnel and Additional Duties Commitment) are entitled to support through the RAF Recovery Capability.

Definition- Personnel who are WIS and medically unfit for Service or medically unfit for duty and receiving medical care whilst sick absent from the workplace: as at 1 October 2016 there were 240 trained regular RAF personnel in recovery, and nine RAF reservists in recovery. Due to the small number of RAF reservists in recovery references to RAF personnel in this Results section include trained regular RAF personnel only.

Figure 14: UK trained regular RAF personnel in recovery, Numbers and Percentages
1 April 2011 to 1 October 2016



Source: Defence Medical Information Capability Programme data

The percentage of trained regular RAF personnel in recovery increased from 0.3% as at 1 April 2011 to 0.8% as at 1 October 2016 (Figure 14). This was largely due to the numbers in recovery not decreasing in line with the reduction of the strength of the RAF (in line with targets set in SDSR). Throughout 2016, RAF both welfare and recovery related policies were revised to have greater coherence between them and provide enhanced guidance to those providing support to WIS personnel. In addition, the RAF PRU undertook a UK-wide presentation campaign to RAF units and medical staff to increase awareness of recovery policy and correct procedures for managing WIS personnel. These are likely to be the key drivers behind the increase in the percentage of RAF personnel in recovery between 1 October 2015 and 1 October 2016.












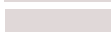
Results: RAF Personnel (cont.)

Table 3 presents a breakdown of WIS RAF personnel in recovery as at 1 October 2016 by gender, rank and age group. There was a significantly higher percentage of females in recovery than males as at 1 October 2016. This finding has been seen since 1 October 2012.

The percentage of females in recovery was significantly higher than the percentage of males⁵. It is currently unknown as to why a higher percentage of females are in recovery however it may be partly explained by research which has shown that females in the UK general population are more likely to consult with health care professionals (Wang et al, 2013).

Table 3: UK trained regular RAF personnel in recovery, by demographics, Numbers and Percentage

1 October 2016

As at 1 October 2016			
	N	%	Percentage of RAF Personnel
RAF personnel with a recovery pathway	240	0.8	
Gender			
Male	153	0.6	
Female *	87	2.0	
Rank			
Officer	37	0.6	
Other Rank	203	0.8	
Age			
<25	15	0.4	
25-29	52	0.8	
30-34	59	0.9	
35-39	45	0.8	
40-44	31	0.9	
45-49	28	1.0	
50+	10	0.5	

Sources: Joint Personnel Administration System; Defence Medical Information Capability Programme data

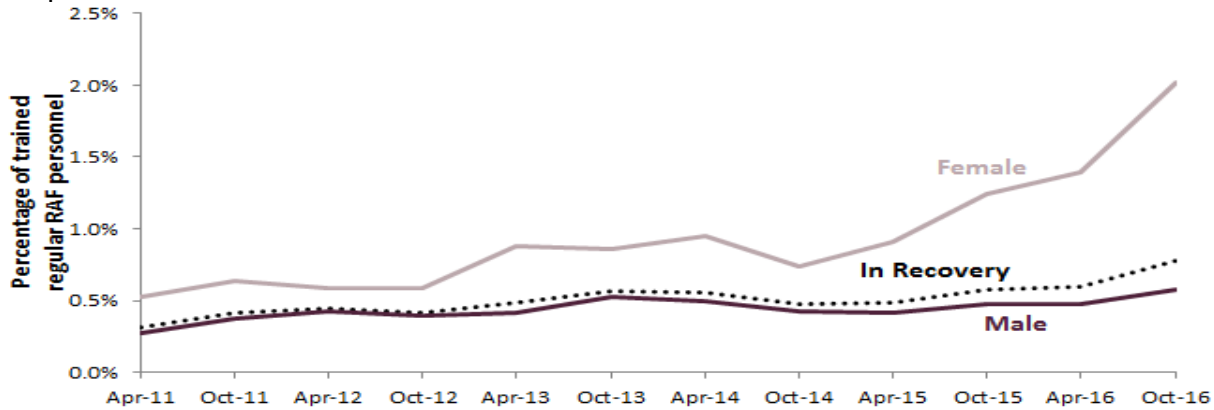
* Groups found to be at a significantly higher risk using a z-test for proportions at a 95% confidence level.

Since April 2011, the percentage of WIS RAF personnel within each demographic group has followed the same trend as the percentage of RAF personnel in recovery, with the exception of females. The percentage of females in recovery has increased disproportionately to the increase in rates observed among males and the RAF as a whole (Figure 15). It is not currently known the reasons behind this increase; Defence Statistics will continue to monitor the trend.

⁵ Pregnant females will only be in recovery if they have a pregnancy related illness.

Results: RAF Personnel (cont.)

Figure 15: UK trained regular RAF personnel in recovery, by gender, Percentages
1 April 2011 to 1 October 2016



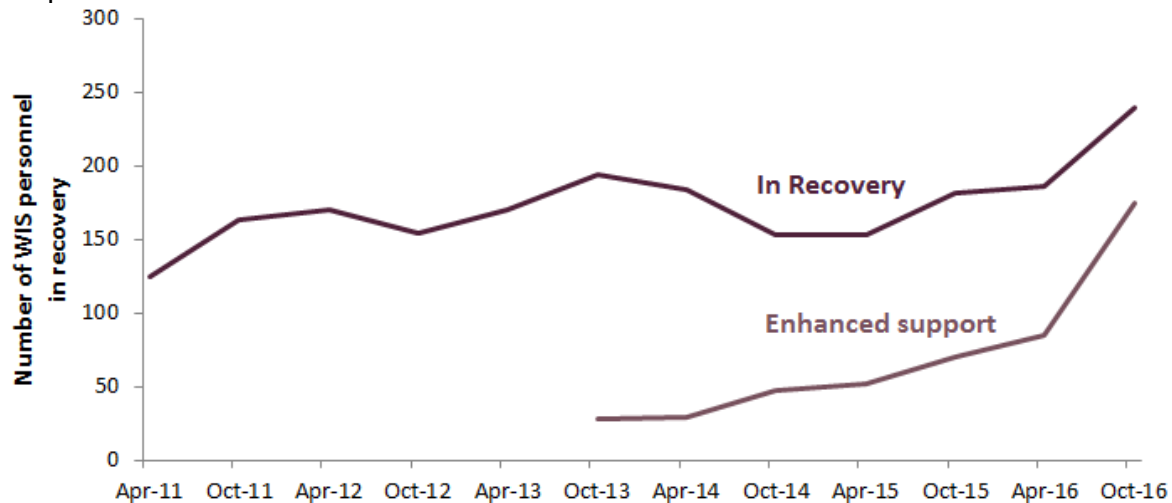
Sources: Joint Personnel Administration System; Defence Medical Information Capability Programme data

WIS RAF personnel with the most complex needs receive enhanced support by either being assigned from their unit to the RAF Personnel Recovery Unit (PRU) or by their unit receiving assistance from the PRU (Unit Assist). All other WIS personnel with less demanding recovery needs receive support from within their unit.

Since the RAF PRU was established in 2013 the percentage of RAF personnel in recovery receiving enhanced support has increased, from 14% as at 1 October 2013 to 73% as at 1 October 2016 (Figure 16). This increase was due to the RAF personnel becoming more aware of the assistance the RAF PRU can provide to WIS personnel.

Figure 16: UK trained regular RAF personnel¹ in recovery, and also in receipt of enhanced support², Numbers

1 April 2011 to 1 October 2016



Sources: Defence Medical Information Capability Programme data, RAF recovery data

¹ Includes UK trained regular RAF personnel

² Enhanced support is provided by Personnel Recovery Units and Unit Assist

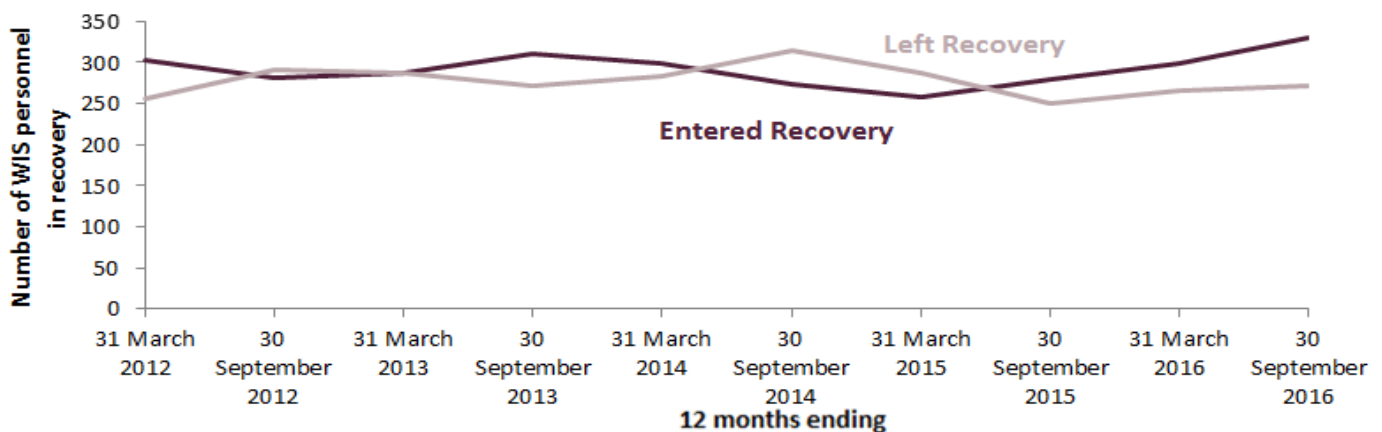
Results: RAF Personnel (cont.)

Summary of WIS RAF personnel entering and leaving recovery

The numbers of RAF Service personnel entering and leaving recovery have remained stable since 1 April 2011, with the numbers entering almost equalling the numbers who left (Figure 17). The increase in the numbers of WIS RAF personnel seen as at 1 October 2016 (Figure 14) was due to numbers entering recovery in the 12 months up to 30 September 2016 (331) being higher than the numbers who left recovery (272).

Figure 17: UK trained regular RAF personnel in recovery, 12-month rolling period¹ of inflows and outflows, Numbers

1 April 2011 to 30 September 2016



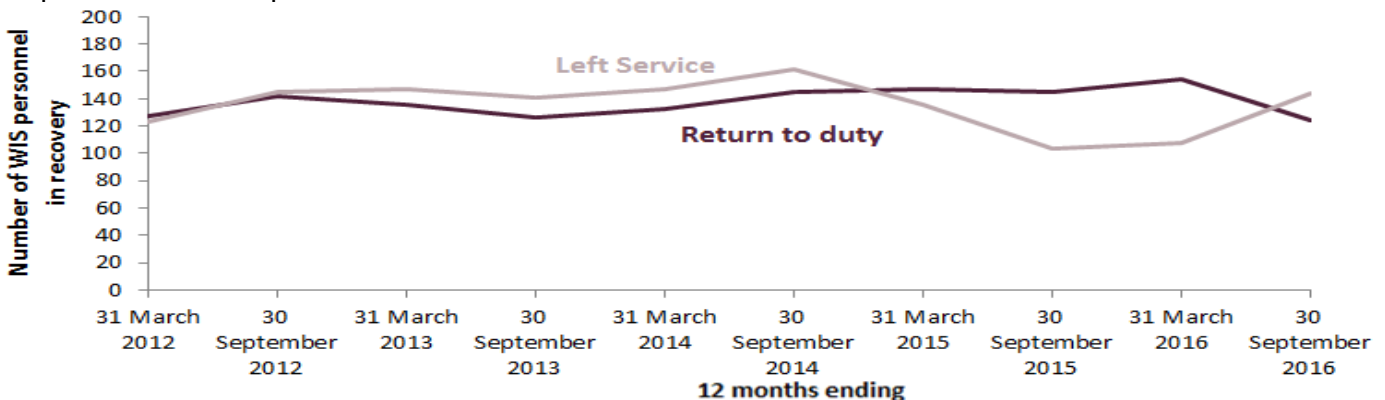
Source: Defence Medical Information Capability Programme data

¹ 12-month rolling period shows the numbers who have entered and left recovery in the preceding 12 months i.e. 30 September 2015 shows the numbers who have entered and left recovery between 1 October 2014 and 30 September 2015

On leaving recovery WIS personnel will either return to duty or leave the Services. Between 1 October 2014 and 30 September 2015, 41% of RAF personnel that left recovery, left the Services (Figure 18). However, the numbers of WIS RAF personnel who left Service increased, resulting in less personnel remaining in Service between 1 October 2015 and 30 September 2016 (46% remained in Service and 53% left Service).

Figure 18: UK trained regular RAF personnel who left recovery, 12-month rolling period¹ of outflow outcomes, Numbers²

1 April 2011 to 30 September 2016



Sources: Joint Personnel Administration System; Defence Medical Information Capability Programme data

¹ 12-month rolling period shows the numbers who have left recovery in the preceding 12 months i.e. 30 September 2015 shows the numbers who have left recovery between 1 October 2014 and 30 September 2015

² Excludes deaths

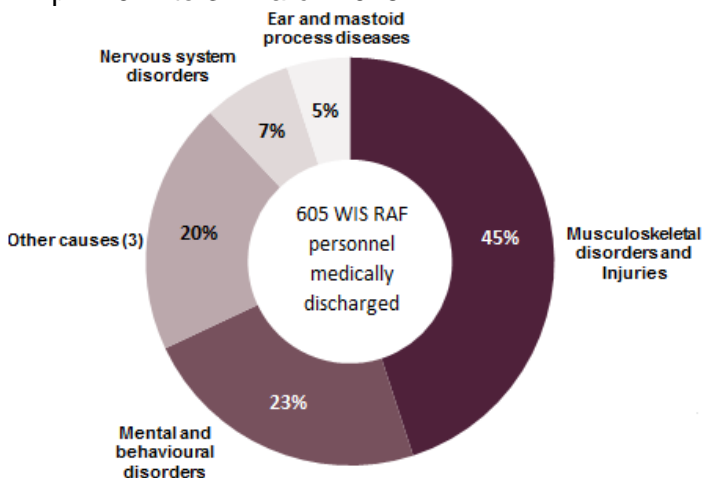
Results: RAF Personnel (cont.)

Since 1 April 2011 the majority (92%) of RAF WIS personnel that went on to leave Service after leaving recovery were medically discharged, due to their medical condition(s) resulting in them no longer being able to meet the required employment standard. The most common principal causes of medical discharge for WIS RAF personnel were consistent with those for the whole of the UK regular RAF⁶: musculoskeletal disorders and injuries; mental and behaviour disorders; nervous system disorders; and ear and mastoid process diseases (Figure 19).

However, a lower percentage of WIS RAF personnel were medically discharged with a principal cause of musculoskeletal disorders and injuries (45%^P) compared to those who medically discharged from the whole of the UK regular RAF (53%^P). It is currently not known why, though Defence Statistics will continue to monitor this trend.

Figure 19: UK trained regular RAF who left recovery and medically discharged, by principal ICD 10¹ cause code group, Percentages^P

1 April 2011 to 31 March 2016²



Sources: Joint Personnel Administration System; FMED 23 data; Defence Medical Information Capability Programme data

¹ The World Health Organisation's International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10)

² Medical discharge figures are updated annually as at 31 March each year.

³ Includes 13 cause code groups; each accounting for a maximum of 4% of all RAF cause coded medical discharges

^P Some personnel who left recovery in 2015/16 may not medically discharge until 2016/17. Therefore figures are provisional. See Further Information: Revisions

All eligible Armed Forces personnel are entitled to support in finding civilian employment through the Career Transition Partnership (CTP). Some WIS personnel, who are medically discharged, face potential barriers in their ability to find civilian employment on leaving the Services due to their medical condition(s) and are therefore offered individual careers service through CTP-Assist. On average, since 1 April 2014, 17% of all WIS RAF personnel in recovery were receiving, or had received, support from CTP-Assist (Annex A, Table 3.1).

⁶ Annual Official Statistics on Medical Discharges in the UK Regular Armed Forces

(<https://www.gov.uk/government/collections/medical-discharges-among-uk-service-personnel-statistics-index>).

Results: Recovery Courses

Recovery courses are offered to aid WIS personnel in their recovery. Recovery courses are run at Recovery Centre's (RC) and the Battle Back Centre which have been built for the Armed Forces with support from Help for Heroes and The Royal British Legion.

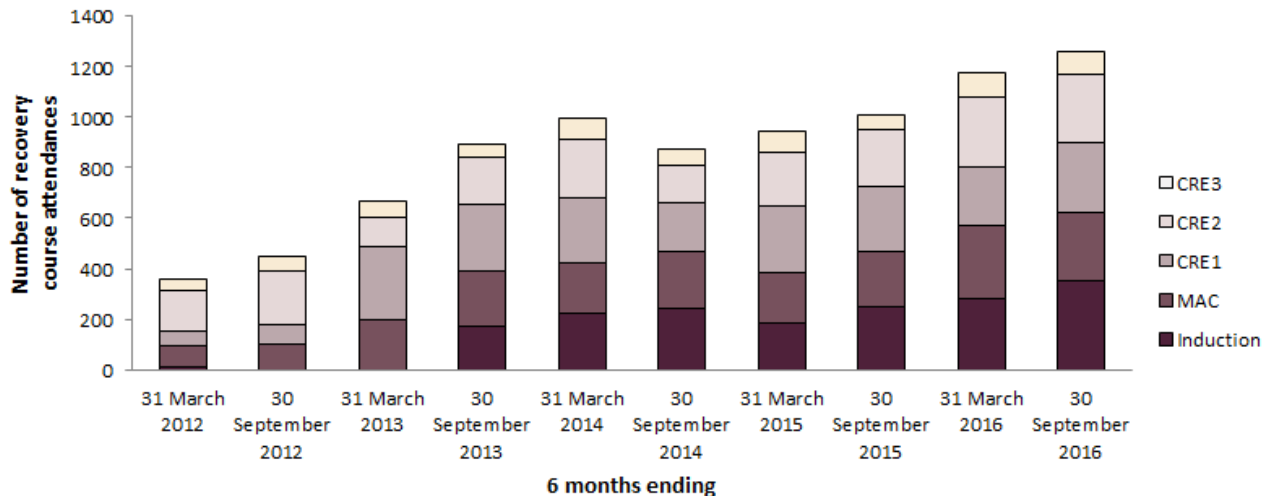
There are five courses offered. The Induction and Core Recovery Events (CRE) one to three are run at the RCs whilst the Multi Activity Course (MAC) is run at the Battle Back Centre.

The courses aim to build confidence and engage the individual in their own recovery through adaptive sports and adventure training as well as classroom-based training in finances, work placements and CV writing. The courses are available for all WIS personnel in recovery however they are mandatory for Army personnel and optional for Naval Service and RAF personnel.

Since March 2012 the numbers attending recovery courses have increased (Figure 20). This is being driven by the numbers attending induction, MAC and CRE2. This was largely due to the pro-active work of the personnel within the three Service Recovery Capabilities to raise awareness of the courses including the benefits of them to the WIS individual.

Figure 20: Recovery course attendances by UK Armed Forces personnel¹, by course, 6-month rolling period², Numbers³

1 October 2011 to 1 October 2016



Source: PRDT recovery course booking cell

¹ Includes all regular and reserve personnel including trainees, FTRS and MPGS

² 6-month rolling period shows the numbers who have attended each course in the preceding 6 months i.e. 30 September 2015 shows the numbers who have entered and left recovery between 1 April 2015 and 30 September 2015

³ Personnel are counted multiple times if they attend multiple courses, or attend the same course multiple times

Glossary

Additional Duties Commitment (ADC) personnel are volunteer reserve or regular reserve personnel who undertake part-time work with the Armed Forces. This could be with a Regular or Reserve Unit, or within a headquarters establishment.

Battle Back Centre is a recovery centre in Lilleshall which provides sport and adventure training activities, including the multi-activity course (MAC) (see below).

Career Transition Partnership (CTP) - Assist previously Recovery Career Services (RCS) - provides regionally-based specialist employment consultants and negotiates employment opportunities in a variety of industries for WIS personnel identified as having the greatest barriers to employment as a consequence of their medical condition(s).

Enhanced support is the support provided to WIS with more complex recovery needs by recovery units. The enhanced support is provided by:

- Hasler Naval Service Recovery Centre, five Recovery Cells (RCs) and four Recovery Troops (RT) in the Naval Service.
- 11 Personnel Recovery Units (PRU) in the Army
- The Personnel Recovery Unit and unit assist in the RAF

FTRS (Full-Time Reserve Service) are personnel who fill Service posts for a set period on a full-time basis (this is different from mobilisation) while being a member of one of the Reserve Forces, either as an ex-regular or as a volunteer. An FTRS reservist on:

- Full Commitment (FC) fulfils the same range of duties and deployment liability as a regular Service person;
- Limited Commitment (LC) serves at one location but can be detached for up to 35 days a year;
- Home Commitment (HC) is employed at one location and cannot be detached elsewhere.

Unit Assists refers to the process by which a PRU provides assistance to a Unit to enable them to support their WIS personnel.

Gurkhas are recruited and employed in the British and Indian Armies under the terms of the 1947 Tri-Partite Agreement on a broadly comparable basis. They remain Nepalese citizens but in all other respects are full members of HM Forces. Since 2008, Gurkhas are entitled to join the UK Regular Forces after 5 years of service and apply for British citizenship.

Hasler Naval Centre Recovery Centre is the Navy Service capability which manages and coordinates the specific needs of protracted, complex wounded, seriously injured, terminally ill and sick personnel, preparing them for return to military duty or discharge from the service according to their bespoke circumstances.

High Readiness Reserves (HRR) can be drawn from the Regular Reserves or the Volunteer Reserves. These are individuals who may be trained to a higher standard and are available for military service at an agreed minimum notice, for which they receive an annual payment.

Individual Recovery Plan (IRP) is a comprehensive, synchronised schedule of appropriate recovery activities based on the needs of the Service personnel. It should be tailored to meet the requirements of the individual Service personnel to best prepare them for their potential, expected or known outcome.

Military Provost Guard Service (MPGS) provides professional soldiers to meet armed security requirements at Royal Navy, Army, RAF and other MOD bases in Great Britain.

Glossary (cont.)

Mobilised Reservists are Volunteer or Regular Reserves who have been called into permanent service with the Regular Forces on military operations under the powers outlined in the Reserve Forces Act 1996.

Multi-Activity Course (MAC) is a recovery course held at the Battle Back Centre (see above) which uses adaptive sport and adventurous training to aid recovery. Activities include indoor climbing, watersports and wheelchair basketball.

Non Battle Injury - A Non-Battle Injury is any injury that is not caused by a hostile act and includes any accidental injuries such as sports injuries, road traffic accidents etc

Non Regular Permanent Staff (NRPS) are members of the Army Volunteer Reserve Force employed on a full time basis. The NRPS are posted to units to assist with the training, administrative and special duties within the Army Reserve.

Officer is a member of the Armed Forces holding the Queen's Commission to lead and command elements of the forces. Officers form the middle and senior management of the Armed Forces. This includes ranks from Sub-Lt/2nd Lt/Pilot Officer up to Admiral of the Fleet/Field Marshal/Marshal of the Royal Air Force, but excludes Non-Commissioned Officers.

Other Ranks are members of the Royal Marines, Army and Royal Air Force who are not Officers but Other Ranks include Non-Commissioned Officers. The equivalent group in the Royal Navy are known as "Ratings". For consistency Royal Navy Ratings are referred to as Other Ranks.

Recovery Centres (RCs) provide residential accommodation for WIS personnel as well as accepting day visitors. They offer recovery courses and activities, but are not medical facilities. There are five PRCs across the UK and Germany.

Personnel Recovery Officers (PROs) are employed in PRUs (see below) to manage the WIS personnel assigned to the unit.

Personnel Recovery Units (PRUs) are specialist military units for the command and care of WIS soldiers with the greatest need. The Army has 11 PRUs nationwide and the RAF has one (the Naval Service uses recovery cells/troops). WIS personnel are transferred to a PRU if they could benefit from specialist attention that the original unit could not provide.

Recovery Pathway is the generic term used to describe the route through the events and actions that are taken by, or on behalf of, Service personnel, supported as appropriate by the DRC delivery organisation and 3rd Sector from the point of commencing recovery through to a return to duty (RTD) or leaving Service to civilian life.

Recovery Cell /Troop are the Naval Service titles for the organisations established within the Naval Bases, Naval Air Stations and RM Commando Units to manage personnel who have been assigned to them for long term support for medical issues.

Recovery Courses are courses designed to support the recovery process. The courses are mandatory for Army personnel and optional for both Naval Service and RAF personnel. The courses aim to build confidence and engage the individual in their own recovery through adaptive sports and adventure training as well as classroom-based training in finances, work placements and CV writing. The five courses are: Induction; MAC; CRE1; CRE2; CRE3

The Induction and CRE are held at the RCs whilst the MAC is held at the Battle Back Centre.

Glossary (cont.)

Return to Duty (RTD) describes the point a WIS individual ceases to be in 'recovery' (i.e. they no longer meet the criteria to be included in the Defence Recovery Capability). All WIS personnel eventually either return to duty or leave the Services.

Sick - includes illness and disease (excludes pregnancy). Also described as 'natural cause'

Strategic Defence and Security Review 2010 (SDSR) - The SDSR was a review of the United Kingdom's Defence and security capability published in 2010. It envisaged that by 2020 each Service will number: Royal Navy 29,000, RAF 31,500 and Army 94,000. The target for the Army was revised to 82,000 following the internal 3 Month Exercise in July 2011 and announcements in the Army 2020 paper published July 2012.

Trained Strength comprises military personnel who have completed 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.

UK Regulars are full time Service personnel, including Nursing Services, but excluding FTRS personnel (see above), Gurkhas (see above), mobilised Reservists (see above), Naval activated Reservists, Military Provost Guarding Service (MPGS) and Non Regular Permanent Service (NRPS).

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 Forces at home and overseas.

Wounded Injured Sick Management Information System (WISMIS) is the Army's database management system for logging all wounded, injured and sick soldiers to track their progress

Wounded in Action - includes those wounded as a result of hostile action. This includes injuries sustained whilst avoiding direct or indirect fire. Also described as 'battle injury'

Methodology

This section provides a brief summary of the methodology and data sources; more detailed information is available in the Background Quality Report (BQR)

Data sources

Individuals receiving support from Defence Recovery Capability were identified from the Joint Personnel Administration System (JPA) for the Naval Services, the Wounded, Injured Sick Management Information System (WISMIS) for the Army and the Defence Medical Information Capability Programme (DMICP) for the RAF. Numbers assigned to a recovery unit were provided as counts from the Naval Service Recovery Pathway (NSRP) team; personnel assigned to recovery units were identified from WISMIS for the Army and provided by the RAF recovery capability team.

Other data sources used to compile this bulletin, which are covered in detail in the BQR, are: Recovery Career Service monthly snapshots; Defence Patient Tracking System (DPTS); FMED 23; Recovery Course Booking Cell data; PRC and Battle Back Centre monthly returns.

Data Coverage

The data in this report include regular trained Armed Forces personnel, Gurkhas and Reserve personnel who are WIS and entitled to support from Defence Recovery Capability.

Percentage

Percentages 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. personnel in recovery) is divided by the number of personnel at risk per six month period and multiplied by 100 to calculate the percentage of personnel affected

Statistically significant

The z test for independent proportions is utilised evaluate if two percentages are different to a statistically significant degree. The confidence level to which this test has been run in this report is 95%: this means that if the test determines a population to have a significantly higher percentage of WIS personnel, this will be true in greater than 95% of cases.

In order to identify age groups with a significantly higher than average percentage of WIS personnel, Z tests for a single proportion were performed comparing each age group to the average percentage of WIS personnel.

Policy changes

The Naval Service has introduced two changes to policy and practice since 1 October 2010, resulting in two breaks in the series. It is therefore not possible to compare trends over the whole time period:

- A change in the processes followed by Naval Service manning in early 2014 resulted in fewer personnel being defined as 'in recovery' than before (as shown in the decrease in numbers between 1 October 2013 and 1 April 2014 in Figure 1).
- A policy change in Naval Service recovery policy since 1 August 2016. The new policy entitles **all** Naval Service personnel with a specific restricted Joint Medical Employment Standard (JMES) classification to be entitled to access the Naval Service Recovery Pathway (NSRP). The old policy was limited to those with a specific restricted JMES for 12 weeks or more. Further

Methodology (cont.)

information on the JMES is presented in the Background Quality Report. The aim of the new policy is to allow earlier visibility of Naval Service personnel requiring recovery support, and resulted in an increase in the numbers of Naval Service personnel in recovery (as shown between 1 April 2016 and 1 October 2016).

References

- a) Wang Y, Hunt K, Nazareth I, Freemantle N, Petersen I (2013) Do men consult less than women? An analysis of routinely collected UK general practice data (BMJ)

Further Information

Symbols

- ~ For causes of medical discharge, numbers fewer than five have been suppressed in accordance with JSP 200 (April 2016)
- * Denotes a significant difference at a 95% confidence level using a z-test for proportions.
- + Denotes a significant difference at a 95% confidence level using a z-test for a single proportion.
- p Provisional
- r Revised Figure

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. For causes of medical discharges numbers fewer than five have been suppressed and presented as '~'. 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. If a disclosure control method has been applied to a table, the method is stated in the footnotes. For further information on statistical disclosure control see Background Quality Report.

Revisions

Data on Service personnel receiving support from DRC are extracted from live databases as at 31 March and 30 September each year. Occasionally there may be a time lag between an individual leaving recovery and their pathway being closed electronically. WIS personnel that left recovery prior to the snapshot data being extracted but had their pathway closed after the data extraction will thus be reported within the latest report. However, these personnel will be removed in the next update of the statistics, and revised figures will be marked with an 'r'.

There are no other planned revisions for this bulletin. Amendments to figures for earlier reports may be identified during the biannual compilation of this bulletin. This will be addressed in one of two ways:

- i. Where number of figures updated in a table is small, figures will be updated and those which have been revised will be identified with the symbol 'r'. An explanation for the revision will be given in the footnotes to the table and the relevant section of the bulletin
- ii. Where the number of figures updated in a table are substantial, the revisions to the table, together with the reason for the revisions will be identified in the commentary at the beginning of the relevant section, and in the commentary above the affected tables.

Due to a case management issue some records in WISMIS are closed up to four months prior to the individual leaving the Services. Army personnel who left recovery in 2015/16 may go on to medically discharge in 2016/17. Medical discharge figures for Army personnel who left recovery in 2015/16 are therefore marked provisional ('p') and will be revised ('r') following the publication of the Annual Medical Discharge Official Statistic in July 2017.

Data on the cause of Army medical discharges for 2013/14, 2014/15 and 2015/16 are provisional. Naval Service and RAF cause code data for 2015/16 are also provisional. This is a result of Defence Statistics (Health) not receiving all trained Army discharge paperwork which confirms the cause information for the discharge. In 2015/16, this issue was extended to include both Naval Service and RAF data.

Further Information (cont.)

Occasionally updated figures will be provided during the course of the year. Since this Bulletin is published electronically, it is possible to revise figures during the course of the year. However to ensure continuity and consistency, figures will only be adjusted during the year where it is likely to substantially affect interpretation and use of the figures.

CTP-Assist figures presented in this publication are provisional and marked with a 'p' as numbers may include a small number of personnel in receipt of CTP-Assist support but are not in recovery. Further details can be found in the Background Quality Report.

Defence Recovery Information:

Further information on the DRC and the ARC can be found on the following MOD websites:

DRC: <https://www.gov.uk/guidance/defence-recovery-and-personnel-recovery-centres>

ARC: <http://www.army.mod.uk/welfare-support/23676.aspx>

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Army Manpower	01264 886175	DefStrat-Stat-Army-Hd@mod.uk
RAF Manpower	01494 496822	DefStrat-Stat-Air-Hd@mod.uk
Tri-Service Manpower	020 7807 8896	DefStrat-Stat-Tri-Hd@mod.uk
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