



This Statistical Bulletin is the second in a new 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 April 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 (e.g. sick at home), 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 April 2016 the percentage of trained regular personnel receiving recovery support were:

- 3.7% in the Naval Service
- 1.7% in the Army
- 0.6% in the RAF

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

- Naval Service – percentage remained stable since 1 April 2014 with a decrease as at 1 April 2016
- Army – percentage remained stable since 1 October 2013 with an increase as at 1 April 2016
- RAF – percentage increased since 1 April 2011 by 0.3 percentage points

As at 1 April 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.

On leaving recovery, personnel either return to duty or leave the Services: in the 12 months ending 31 March 2016 the percentage of personnel in recovery who subsequently went on to leave the Services were; 14% Naval Service; 60% Army; 41% RAF.

**Responsible Statistician:** Health Deputy Head Vets 030 67984424 Email: [DefStrat-Stat-Health-DepHd-Vets@mod.uk](mailto:DefStrat-Stat-Health-DepHd-Vets@mod.uk)

**Further Information/Mailing list:** [DefStrat-Stat-Health-PQ-FOI@mod.uk](mailto:DefStrat-Stat-Health-PQ-FOI@mod.uk)

**Enquiries: Press Office:** 020 721 83253

**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](mailto:DefStrat-Stat-WDS-Pubs@mod.uk)

## Contents

---

|  |    |
|--|----|
| Introduction.....                      | 3  |
| Results : Naval Service Personnel..... | 4  |
| Results : Army personnel.....          | 10 |
| Results : RAF personnel.....           | 17 |
| Recovery Courses.....                  | 22 |
| Glossary.....                          | 23 |
| Methodology .....                      | 26 |
| Further Information .....              | 27 |

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 April 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.

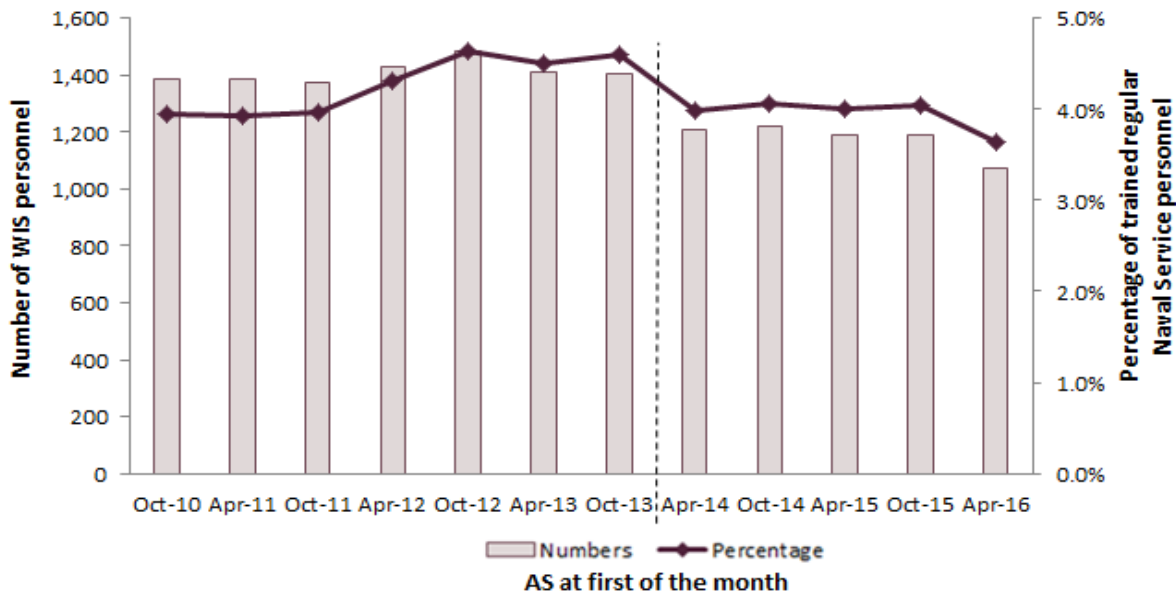
## Results: Naval Service Personnel

### 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 April 2016 there were 1,073 trained regular Naval Service personnel and one 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 personnel<sup>1</sup> in recovery, Numbers and Percentages<sup>2</sup>**  
1 October 2010 – 1 April 2016



**Source: Joint Personnel Administration System**

<sup>1</sup> Includes Royal Navy and Royal Marines

<sup>2</sup> Break in trend due to a change in process resulting in fewer personnel defined as in recovery

Since 1 April 2014 the percentage of trained regular Naval Service personnel in recovery remained stable, at around 4% (Figure 1), with the percentage reducing to 3.7% as at 1 April 2016.

As well as those personnel who are sick absent from work (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 10% were sick absent at home at any time.












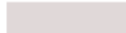
The reduction in the numbers of WIS Naval Service personnel in recovery seen in April 2014 was due to a change in the processes followed by Naval Service manning, resulting in fewer personnel being defined as 'in recovery' (Figure 1).

## Results: Naval Service Personnel (cont.)

Table 1 presents a breakdown of WIS Naval Service personnel in recovery as at 1 April 2016 by gender, rank and age group. There were certain demographic groups with a statistically significant<sup>[1]</sup> higher percentage of personnel in recovery as at 1 April 2016:

- **Females:** The percentage of females in recovery (9.6%) was statistically significantly higher than the percentage of males (3%)<sup>[2]</sup>. 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).
- **Other Ranks:** The percentage of Other Ranks in recovery (4.1%) was significantly higher than the percentage of Officers (1.8%). 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 personnel<sup>1</sup> in recovery, by demographics, Numbers and Percentages**  
1 April 2016

|  | As at 1 April 2016 |     | Percentage of Naval Service Personnel  |
|--|--------------------|-----|--|
|  | N                  | %   |  |
| <b>Naval Service personnel with a recovery pathway</b> | 1,073              | 3.7 |  |
| <b>Gender *</b>  |                    |     |  |
| Male   | 810                | 3.0 |  |
| Female   | 263                | 9.6 |  |
| <b>Rank *</b>  |                    |     |  |
| Officer  | 107                | 1.8 |  |
| Other Rank   | 966                | 4.1 |  |
| <b>Age</b>   |                    |     |  |
| <25  | 167                | 3.3 |  |
| 25-29  | 298                | 4.0 |  |
| 30-34  | 273                | 4.6 |  |
| 35-39  | 151                | 3.7 |  |
| 40-44  | 95                 | 3.0 |  |
| 45-49  | 51                 | 2.1 |  |
| 50+  | 38                 | 2.8 |  |

**Source: Joint Personnel Administration System**

<sup>1</sup> Includes Royal Navy and Royal Marines

\* Denotes a significant difference (see Methodology)

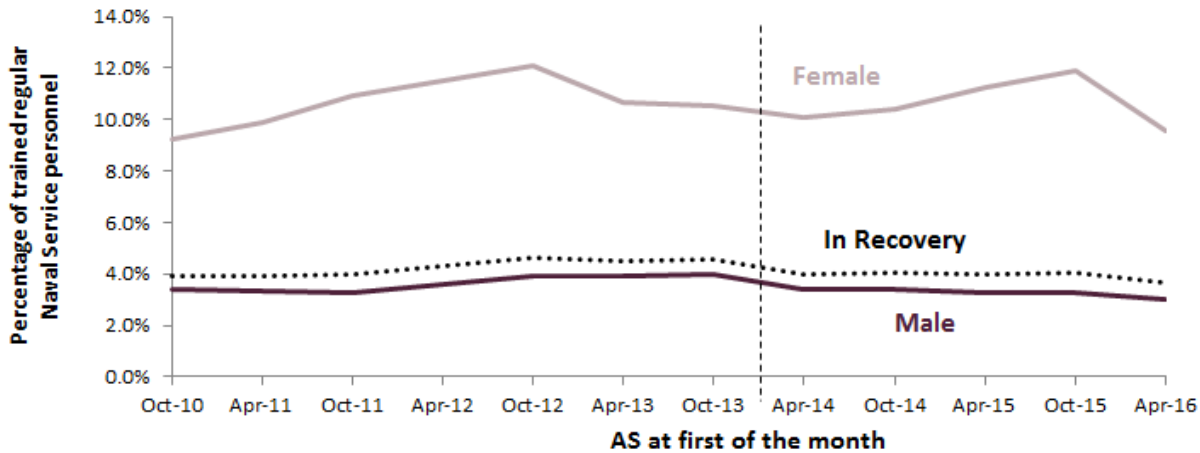
<sup>1</sup> Rates and 95% Confidence Intervals have been plotted on a graph. Where the confidence intervals do not overlap, statistical significance has been assumed. See Methodology.

<sup>2</sup> 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). The percentage of females in recovery fell by 20% in April 2016 compared to the previous year, whereas males fell by 6% over the same time period.

**Figure 2: UK trained regular Naval Service personnel<sup>1</sup> in recovery, by gender, Percentages<sup>2</sup>**  
1 October 2010 – 1 April 2016



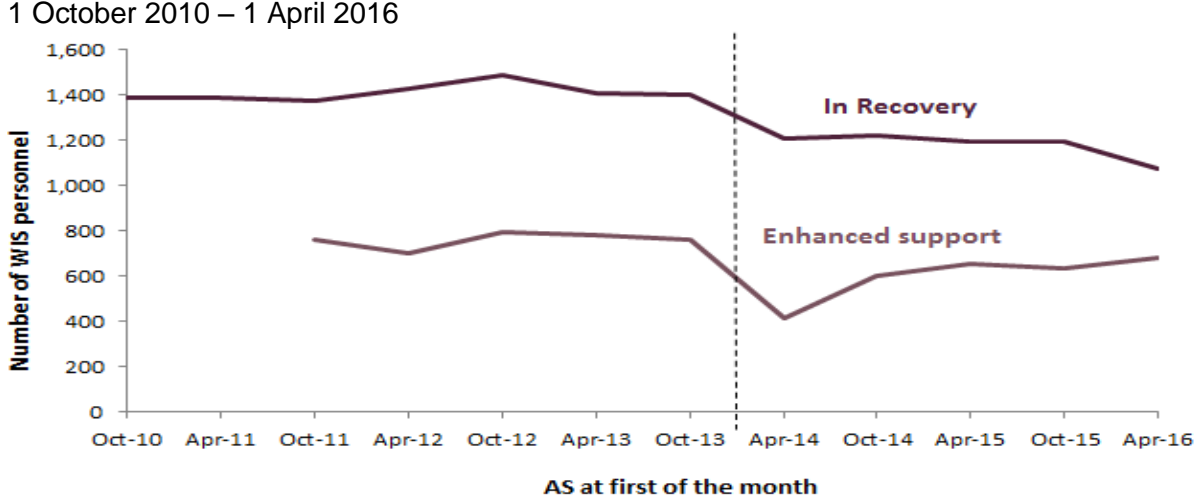
Source: Joint Personnel Administration System

<sup>1</sup> Includes Royal Navy and Royal Marines

<sup>2</sup> Break in trend due to a change in process resulting in fewer personnel defined as in recovery

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 2014, 55% of WIS Naval Service personnel in recovery had more complex needs and were assigned to either Hasler Naval Service Recovery Centre, NPSGs, a Recovery Cell or a Recovery Troop to ensure they received the enhanced support required (Figure 3). All other WIS Naval Service personnel had less demanding recovery needs and received support from within their unit.

**Figure 3: UK trained regular Naval Service personnel<sup>1</sup> in recovery and in receipt of enhanced<sup>2</sup> support, Numbers<sup>3</sup>**  
1 October 2010 – 1 April 2016



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

<sup>1</sup> Includes Royal Navy and Royal Marines

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

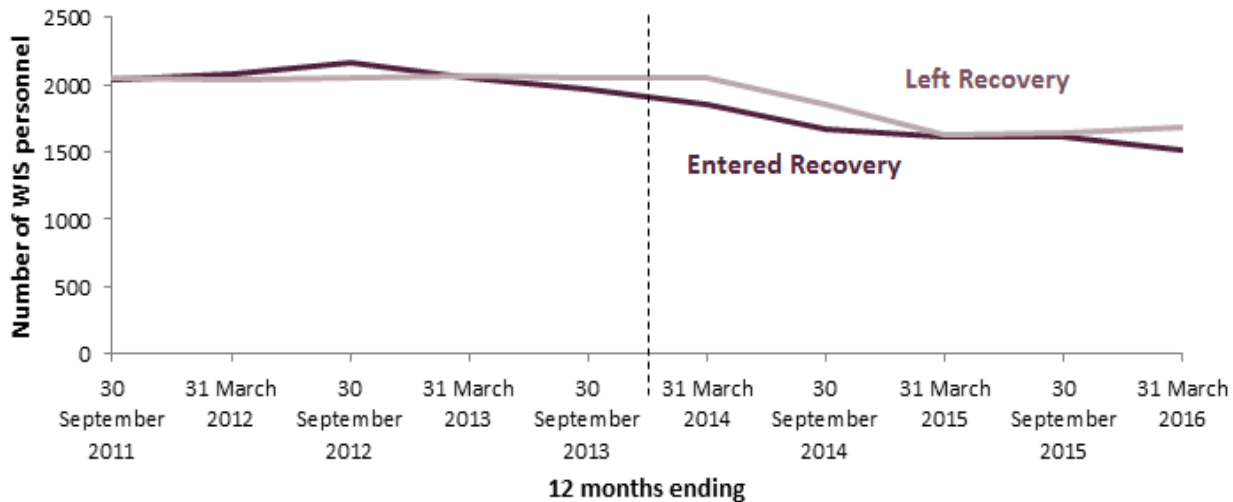
<sup>3</sup> Break in trend due to a change in process resulting in fewer personnel defined as in recovery

## Results: Naval Service Personnel (cont.)

### Summary of WIS Naval Service personnel entering and leaving recovery

**Figure 4: UK trained regular Naval Service personnel<sup>1</sup> in recovery, 12-month rolling period<sup>2</sup> for those entering and leaving recovery, Numbers<sup>3,r</sup>**

1 October 2010 to 31 March 2016



**Source: Joint Personnel Administration System**

<sup>1</sup> Includes Royal Navy and Royal Marines

<sup>2</sup> 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

<sup>3</sup> Break in trend due to a change in process resulting in fewer personnel defined as in recovery

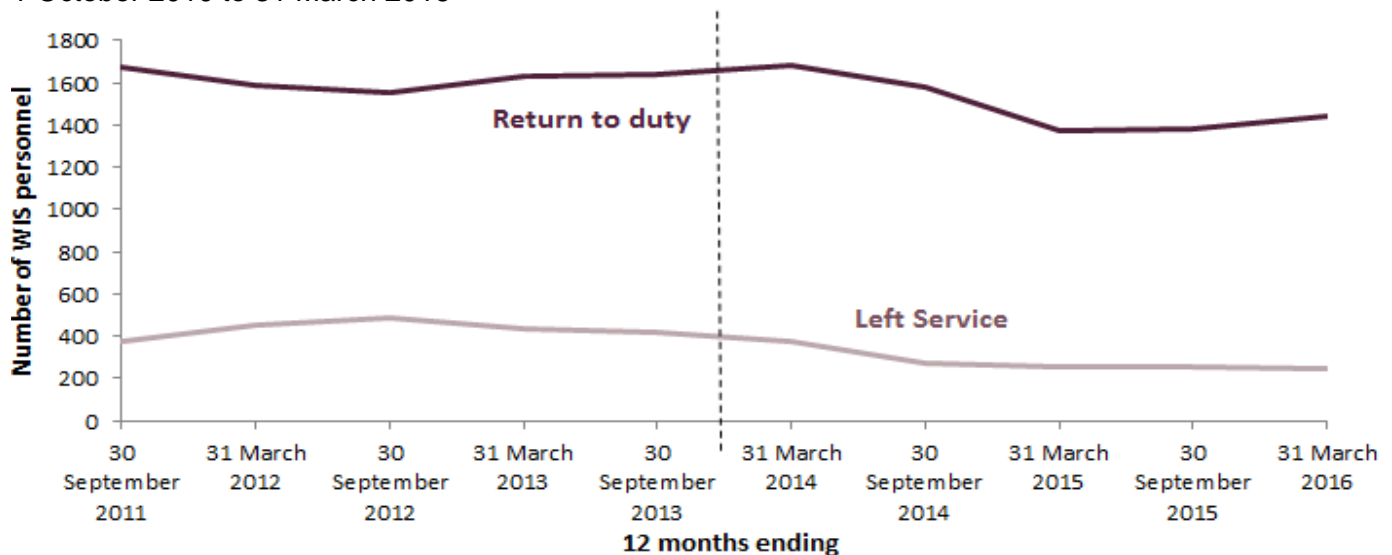
<sup>r</sup> Some data points have been revised since the last publication. See Further Information: Revisions.

Since 1 April 2014 the numbers of Naval Service personnel entering and leaving recovery have remained stable with the numbers entering almost equalling the numbers who left recovery (Figure 4). In the 12 months up to 31 March 2016, a higher number of Naval Service personnel left recovery than entered (1,517 WIS Naval Service personnel entered and 1,690 left recovery) resulting in the drop in the numbers of WIS Naval Service personnel on 1 April 2016 (Figure 1).

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, 85% returned to duty in the 12 months up to 31 March 2016 (Figure 5). This 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.

## Results: Naval Service Personnel (cont.)

**Figure 5: UK trained regular Naval Service personnel<sup>1</sup> who left recovery, by outcome on leaving recovery, 12-month rolling period<sup>2</sup>, Numbers<sup>3,4,r</sup>  
1 October 2010 to 31 March 2016**



**Source: Joint Personnel Administration System**

<sup>1</sup> Includes Royal Navy and Royal Marines

<sup>2</sup> 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

<sup>3</sup> Excludes deaths

<sup>4</sup> Break in trend due to a change in process resulting in fewer personnel defined as in recovery

<sup>r</sup> Some data points have been revised since the last publication. See Further Information: Revisions.

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 at the end of their recovery pathway 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.

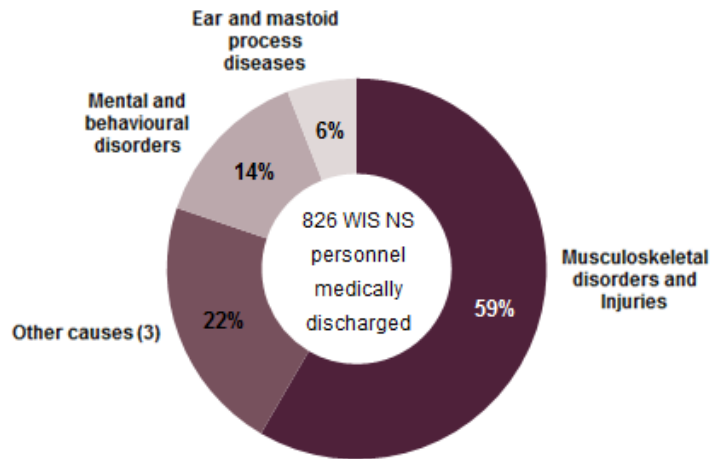


## Results: Naval Service Personnel (cont.)

---

**Figure 6: UK trained regular Naval Service personnel<sup>1</sup> who left recovery and where medically discharged, by principal ICD 10<sup>2</sup> cause code group, Percentages<sup>P</sup>**

1 April 2011 to 31 March 2016



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

<sup>1</sup> Includes Royal Navy and Royal Marines

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

<sup>3</sup> Includes 14 cause code groups; each accounting for a maximum of 4% of all Naval Service cause coded medical discharges

<sup>P</sup> 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%<sup>P</sup>); followed by mental and behavioural disorders (14%<sup>P</sup>) and ear and mastoid process diseases (6%<sup>P</sup>) (Figure 6). These proportions were consistent with those published for all UK regular Naval Service personnel<sup>3</sup>.

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% of all WIS Naval Service personnel in recovery were receiving, or had received, support from CTP-Assist (Annex A, Table 1.1).

---

<sup>3</sup> 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

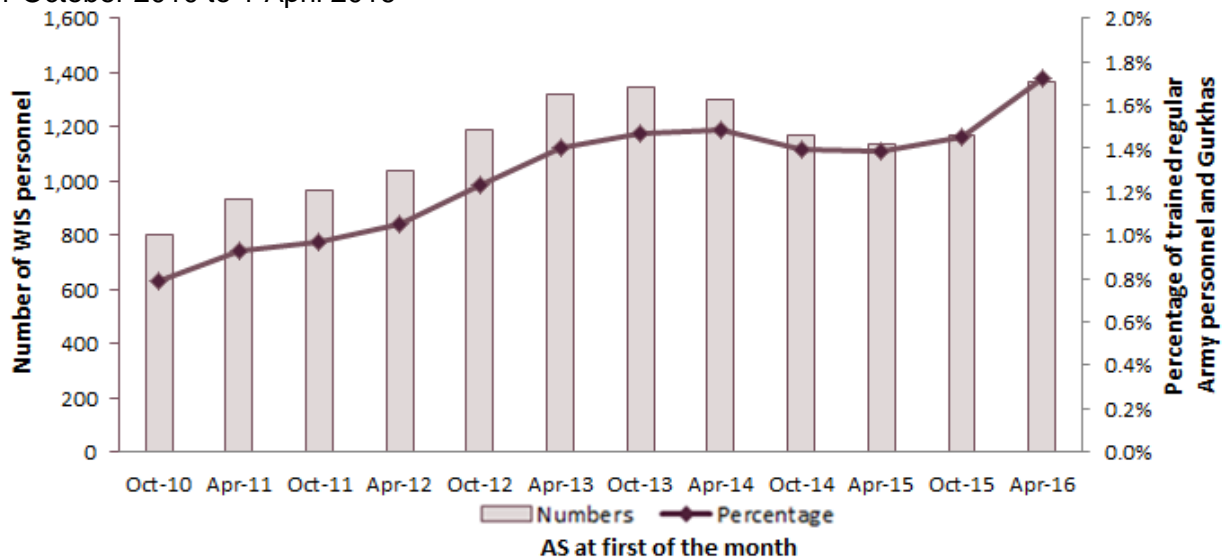
### Summary of WIS Army personnel in the recovery pathway

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 April 2016 there were 1,365 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.

**Figure 7: UK trained regular Army personnel<sup>1</sup> in recovery, Numbers<sup>r</sup> and Percentages<sup>r</sup>**

1 October 2010 to 1 April 2016



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

<sup>1</sup> Includes UK trained regular Army personnel and Gurkhas

<sup>r</sup> Some data points have been revised 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 in recovery may have increased due to roadshows 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).

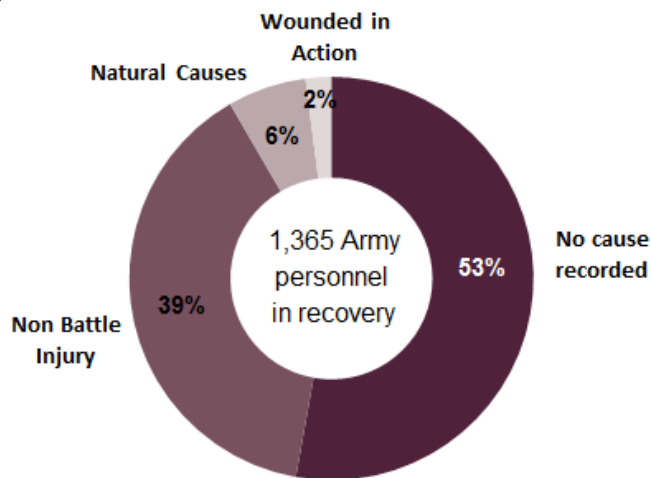
The numbers of Army personnel in recovery increased from 1,150 as at 1 October 2015 to 1,365 as at 1 April 2016. This is likely to be a result of the Army having a more focused assurance and improving the capture of information on Army WIS personnel during the latter half of 2015/16.

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 April 2016, was for a non-battle injury (39%). However, half (53%) of incidents did not have a cause listed on the recovery management information system, WISMIS (Figure 8).

## Results: Army Personnel (cont.)

**Figure 8: UK trained regular Army personnel<sup>1</sup> in recovery by incident cause, Percentages**

1 April 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

<sup>1</sup> Includes UK trained regular Army personnel and Gurkhas

Table 2 presents a breakdown of WIS Army personnel in recovery as at 1 April 2016 by gender, rank and age group. There were certain demographic groups with a statistically significant<sup>[4]</sup> higher percentage of personnel in recovery as at 1 April 2016:

- **Females:** The percentage of females in recovery (2.6%) was statistically significantly higher than the percentage of males (1.6%)<sup>[5]</sup>. 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).
- **Other Ranks:** The percentage of Other Ranks in recovery (1.9%) was significantly higher than the percentage of Officers (0.6%). 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.












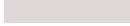
<sup>4</sup> Rates and 95% Confidence Intervals have been plotted on a graph. Where the confidence intervals do not overlap, statistical significance has been assumed. See Methodology.

<sup>5</sup> Pregnant females will only be in recovery if they have a pregnancy related illness

## Results: Army Personnel (cont.)

**Table 2: UK trained regular Army personnel<sup>1</sup> in recovery, by demographics, Numbers and Percentages**  
1 April 2016

As at 1 April 2016

|   | N     | %   | Percentage of Army Personnel   |
|---|-------|-----|--|
| <b>Army personnel with a recovery pathway</b> | 1,365 | 1.7 |    |
| <b>Gender *</b>                               |       |     |  |
| Male  | 1,186 | 1.6 |    |
| Female  | 179   | 2.6 |    |
| <b>Rank *</b>                                 |       |     |  |
| Officer                                       | 71    | 0.6 |    |
| Other Rank                                    | 1,294 | 1.9 |    |
| <b>Age</b>                                    |       |     |  |
| <25   | 273   | 1.4 |    |
| 25-29   | 385   | 1.8 |    |
| 30-34   | 322   | 2.0 |   |
| 35-39   | 208   | 1.7 |  |
| 40-44   | 115   | 1.7 |  |
| 45-49   | 49    | 1.6 |  |
| 50+   | 13    | 0.8 |  |

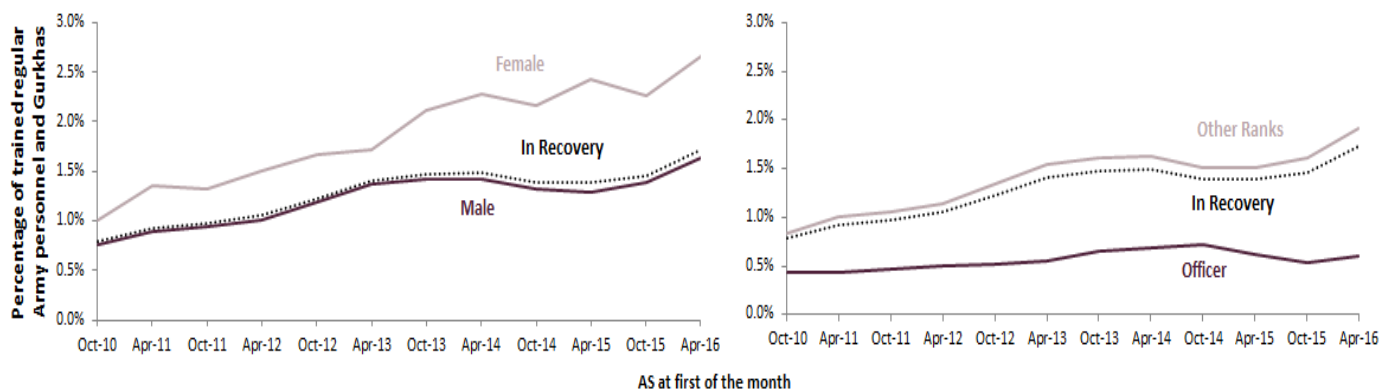
Sources: Joint Personnel Administration System; Source; Wounded Injured and Sick Management Information System

<sup>1</sup> Includes UK trained regular Army personnel and Gurkhas

\* Denotes a significant difference (see Methodology)

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 personnel<sup>1</sup> in recovery, by gender and rank, Percentages<sup>f</sup>**  
1 October 2010 to 1 April 2016



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

<sup>1</sup> Includes UK trained regular Army personnel and Gurkhas.

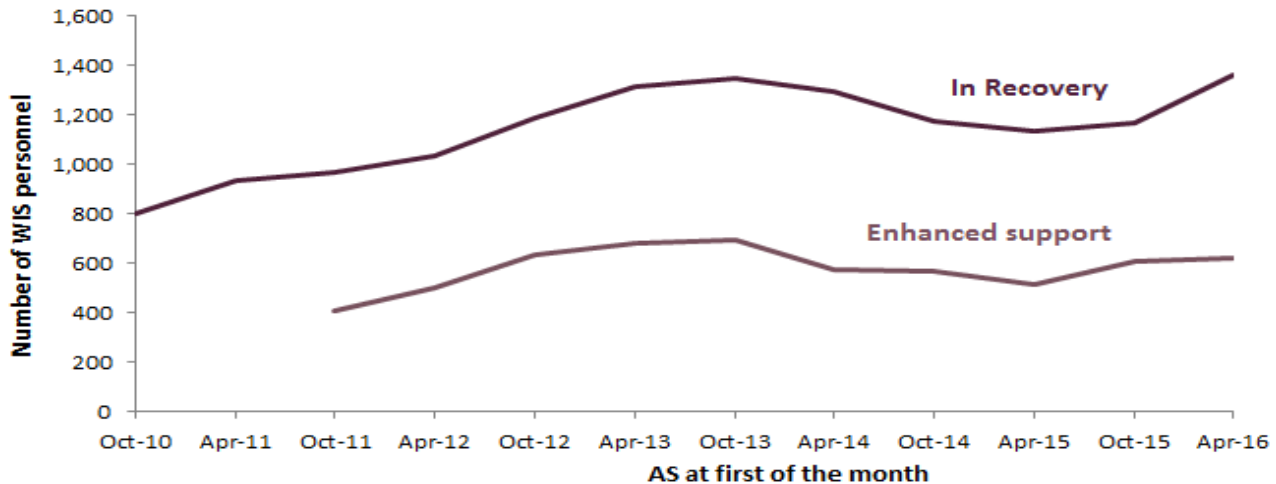
<sup>f</sup> Some data points have been revised since the last publication. See Further Information: Revisions

## 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, 48% 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 personnel<sup>1</sup> in recovery and in receipt of enhanced support<sup>2</sup>, Numbers<sup>r</sup>**

1 October 2010 to 1 April 2016



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

<sup>1</sup> Includes UK trained regular Army personnel and Gurkhas

<sup>2</sup> Enhanced support is provided by Personnel Recovery Units

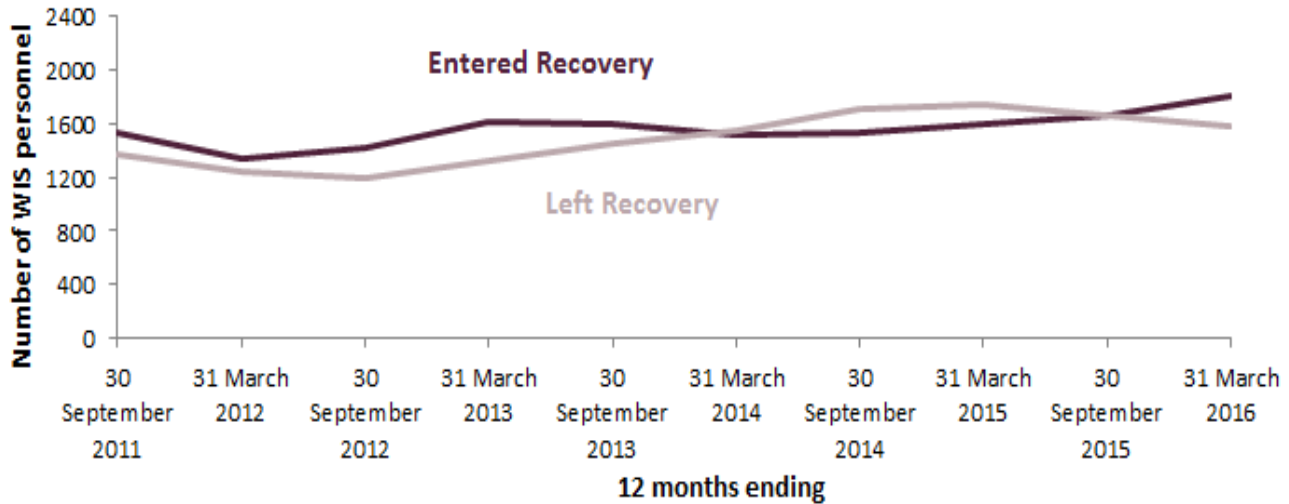
<sup>r</sup> Some data points have been revised since the last publication. See Further Information: Revisions

## Results: Army Personnel (cont.)

### Summary of WIS Army personnel entering and leaving recovery

Figure 11: UK trained regular Army personnel<sup>1</sup> in recovery, 12-month rolling period<sup>2</sup> for those entering and leaving recovery, Numbers<sup>†</sup>

1 October 2010 to 31 March 2016



Source: Wounded Injured and Sick Management Information System

<sup>1</sup> Includes UK trained regular Army personnel and Gurkhas

<sup>2</sup> 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

<sup>†</sup> Some data points have been revised since the last publication. See Further Information: Revisions

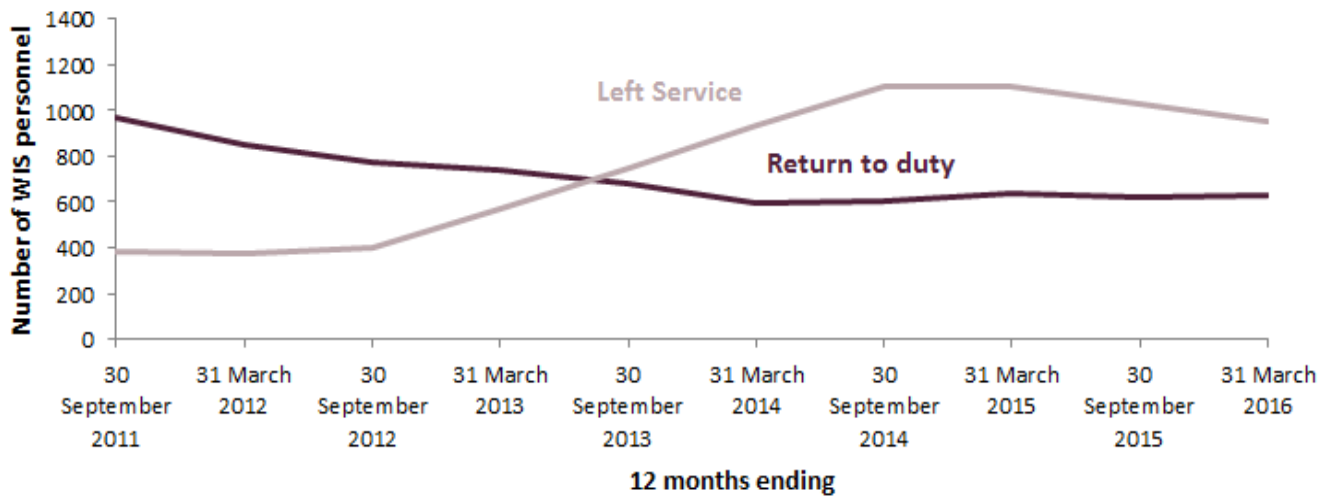
The numbers of Army personnel entering recovery between 1 October 2010 and 31 March 2016 remained stable (Figure 11), despite the numbers in the UK regular Army reducing over the same time period. The increase in the numbers of WIS Army personnel seen as at 1 April 2016 (Figure 7) was due to numbers entering recovery in the 12 months up to 31 March 2016 (n=1,806) being higher than the numbers who left recovery (n=1,586).

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 1 April 2016 almost two-thirds of WIS Army personnel had left Service at the end of their recovery pathway.

## Results: Army Personnel (cont.)

**Figure 12: UK trained regular Army personnel<sup>1</sup> who left recovery, 12-month rolling period<sup>2</sup> of outflow outcomes, Numbers<sup>3,4</sup>**

1 October 2010 to 31 March 2016



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

<sup>1</sup> Includes UK trained regular Army personnel and Gurkhas

<sup>2</sup> 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

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

<sup>4</sup> Excludes deaths

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 Army<sup>[6]</sup> and is likely to reflect changes in policy and practices in the employment board process.

Since 1 October 2010 the majority of Army personnel that left Service at the end of their recovery pathway (86%<sup>p</sup>) 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).

<sup>6</sup> Annual Official Statistics on Medical Discharges in the UK Regular Armed Forces

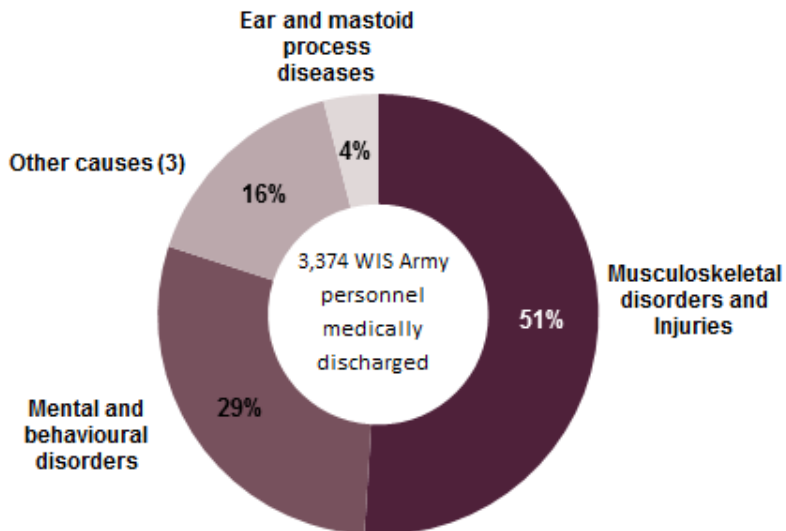
(<https://www.gov.uk/government/collections/medical-discharges-among-uk-service-personnel-statistics-index>).

## Results: Army Personnel (cont.)

However a higher percentage of WIS Army personnel were medically discharged with a principal cause of mental and behavioural disorders (29%<sup>P</sup>) compared to those who medically discharged from the whole of the UK regular Army (15%<sup>P</sup>). This is because a higher percentage of those who medically discharge with mental and behaviour disorders go through recovery compared to those who medically discharge with other conditions such as musculoskeletal disorders and injuries.

**Figure 13: UK trained regular Army<sup>1</sup> who left recovery and medically discharged, by principal ICD-10<sup>2</sup> cause code group, Percentages<sup>P</sup>**

1 April 2011 to 31 March 2016



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

<sup>1</sup>Includes UK trained regular Army personnel and Gurkhas

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

<sup>3</sup>Includes 14 cause code groups; each accounting for a maximum of 3% of all Army cause coded medical discharges

<sup>P</sup> 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, 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

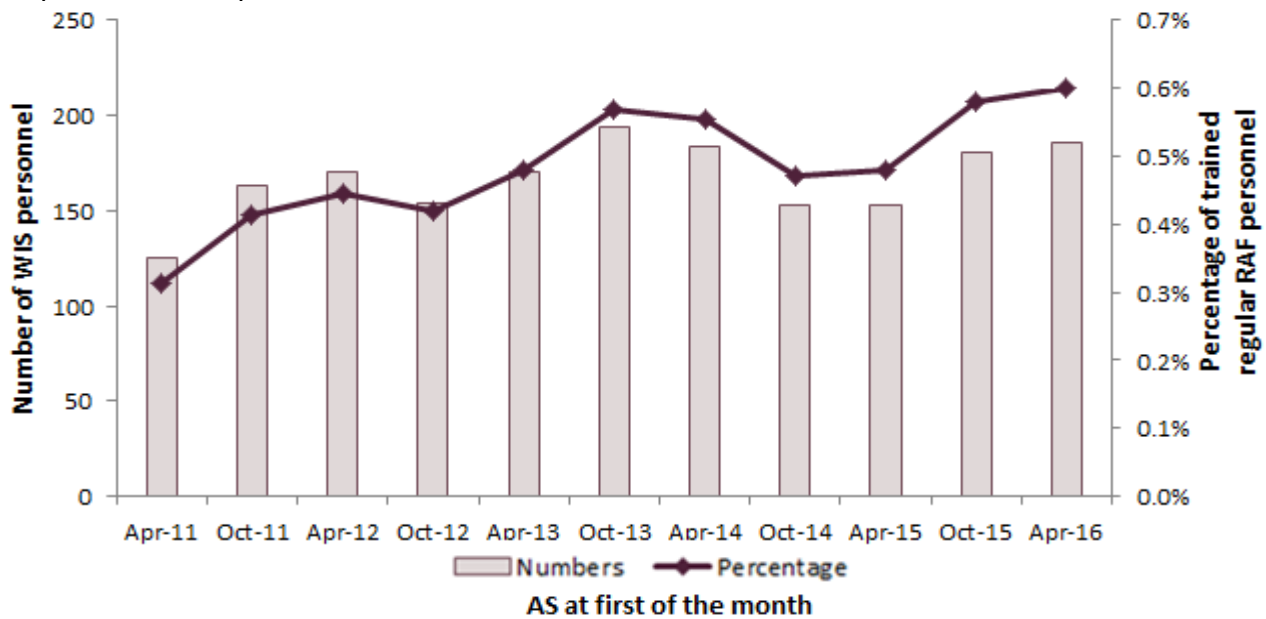
### Summary of WIS RAF personnel in the recovery pathway

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 April 2016 there were 186 trained regular RAF personnel in recovery, and four 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<sup>r</sup>**

1 April 2011 to 1 April 2016



Source: Defence Medical Information Capability Programme data

<sup>r</sup> Some data points have been revised since the last publication. See Further Information: Revisions.

The numbers of RAF personnel in recovery have fluctuated between 125<sup>r</sup> and 194<sup>r</sup> since 1 April 2011. In comparison, the percentage of RAF personnel in recovery has increased from 0.3% on 1 April 2011 to 0.6% on 1 April 2016 (Figure 14). This was due to the numbers in recovery not decreasing in line with the reduction of numbers in the RAF (in line with targets set in SDSR). Defence Statistics will continue to monitor the trend.

Table 3 presents a breakdown of WIS RAF personnel in recovery as at 1 April 2016 by gender, rank and age group. There were certain demographic groups with a statistically significant<sup>[7]</sup> higher percentage of personnel in recovery as at 1 April 2016:

- Females:** The percentage of females in recovery (1.4%) was statistically significantly higher than the percentage of males (0.5%)<sup>[8]</sup>. 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).


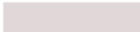
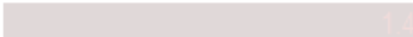
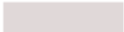
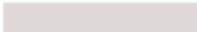



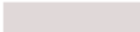

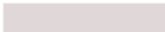
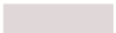
<sup>7</sup> Rates and 95% Confidence Intervals have been plotted on a graph. Where the confidence intervals do not overlap, statistical significance has been assumed. See Methodology.

<sup>8</sup> Pregnant females will only be in recovery if they have a pregnancy related illness.

## Results: RAF Personnel (cont.)

**Table 3: UK trained regular RAF personnel in recovery, by demographics, Numbers and Percentages**  
1 April 2016

As at 1 April 2016

|  | N   | %   | Percentage of RAF Personnel  |
|--|-----|-----|--|
| <b>RAF personnel with a recovery pathway</b> | 186 | 0.6 |    |
| <b>Gender *</b>                              |     |     |  |
| Male   | 126 | 0.5 |    |
| Female                                       | 60  | 1.4 |    |
| <b>Rank</b>                                  |     |     |  |
| Officer                                      | 27  | 0.4 |    |
| Other Rank                                   | 159 | 0.7 |    |
| <b>Age</b>                                   |     |     |  |
| <25  | 16  | 0.4 |   |
| 25-29  | 39  | 0.6 |  |
| 30-34  | 47  | 0.7 |  |
| 35-39  | 30  | 0.5 |  |
| 40-44  | 31  | 0.9 |  |
| 45-49  | 16  | 0.6 |  |
| 50+  | 7   | 0.4 |  |

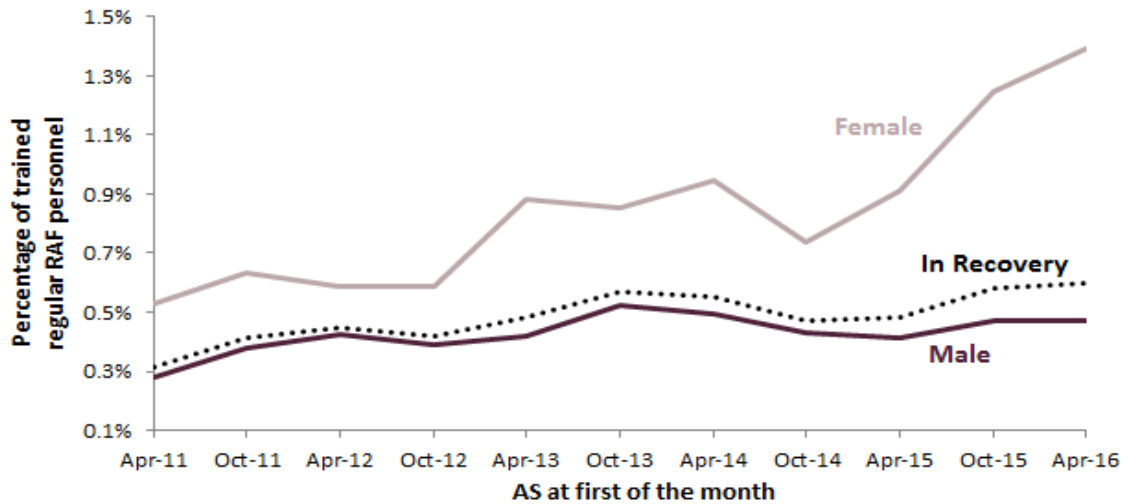
**Sources: Joint Personnel Administration System; Defence Medical Information Capability Programme data**

\* Denotes a significant difference (see Methodology)

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.

## Results: RAF Personnel (cont.)

**Figure 15: UK trained regular RAF personnel in recovery, by gender, Percentages<sup>†</sup>**  
1 April 2011 to 1 April 2016

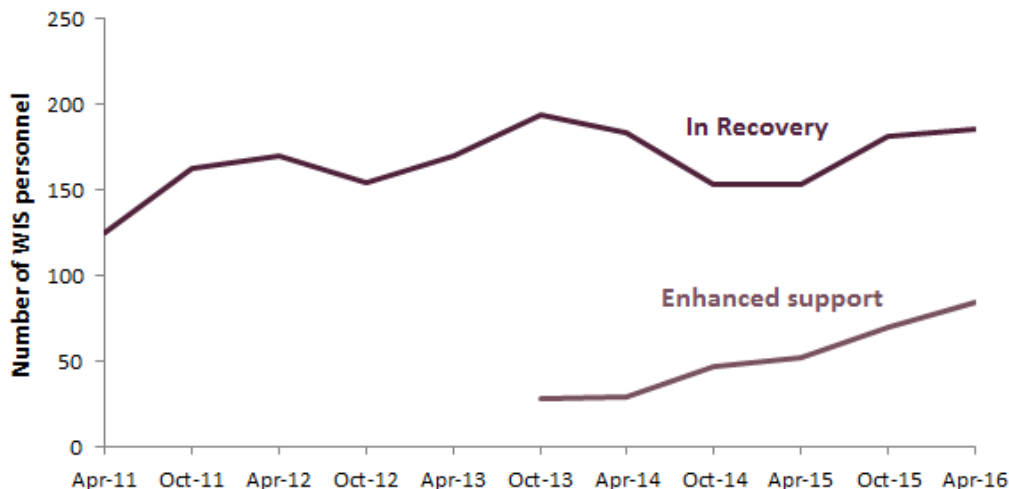


Sources: Joint Personnel Administration System; Defence Medical Information Capability Programme data

<sup>†</sup> Some data points have been revised since the last publication. See Further Information: Revisions

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.

**Figure 16: UK trained regular RAF personnel<sup>1</sup> in recovery, and also in receipt of enhanced support<sup>2</sup>, Numbers<sup>†</sup>**  
1 April 2011 to 1 April 2016



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

<sup>1</sup> Includes UK trained regular RAF personnel

<sup>2</sup> Enhanced support is provided by Personnel Recovery Units and Unit Assist

<sup>†</sup> Some data points have been revised since the last publication. See Further Information: Revisions

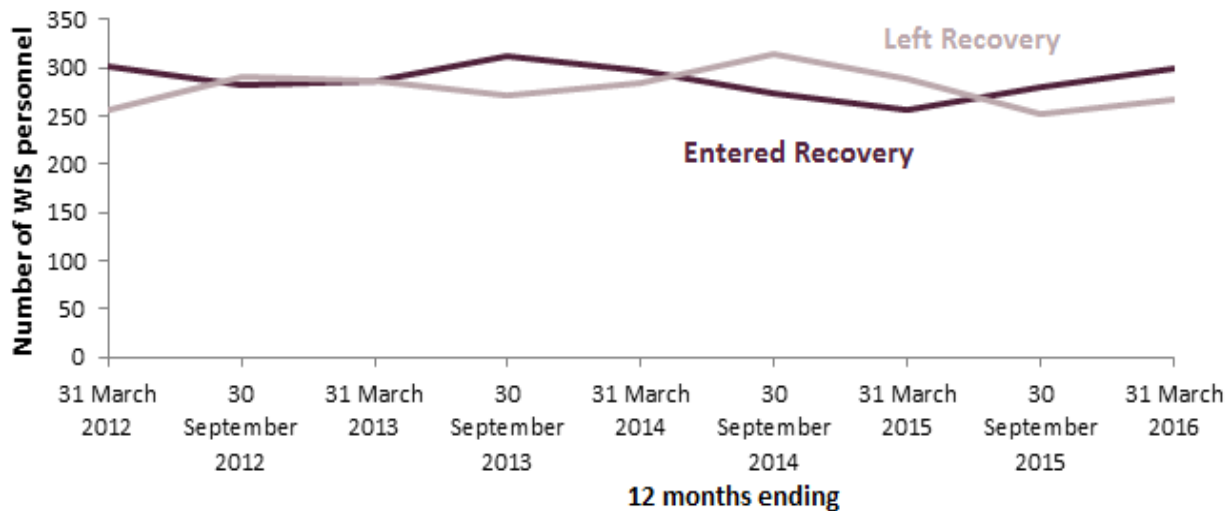
Since the RAF PRU was established in 2013 the percentage of RAF personnel in recovery receiving enhanced support has increased, from 14% as at 1 October 2013 to 46% as at 1 April 2016 (Figure 16). This increase was due to the RAF personnel becoming more aware of the assistance the RAF PRU can provide to WIS personnel.

## Results: RAF Personnel (cont.)

### Summary of WIS RAF personnel entering and leaving recovery

**Figure 17: UK trained regular RAF personnel in recovery, 12-month rolling period<sup>1</sup> of inflows and outflows, Numbers**

1 April 2011 to 31 March 2016



Source: Defence Medical Information Capability Programme data

<sup>1</sup> 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

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). In the 12 months up to 31 March 2016, 299 WIS personnel entered and 266 personnel left RAF recovery.

**Figure 18: UK trained regular RAF personnel who left recovery, 12-month rolling period<sup>1</sup> of outflow outcomes, Numbers<sup>2</sup>**

1 April 2011 to 31 March 2016



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

<sup>1</sup> 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

<sup>2</sup> Excludes deaths

## Results: RAF Personnel (cont.)

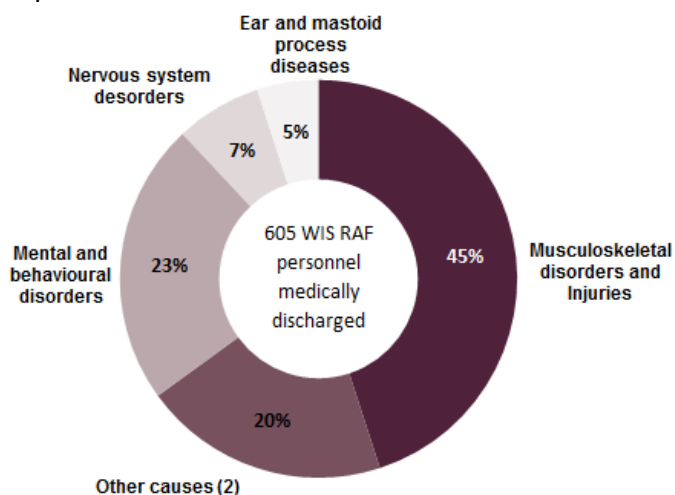
On leaving recovery WIS personnel will either return to duty or leave the Services. Between 1 October 2011 and 1 October 2014 just over half (51%) of RAF personnel that left recovery, left the Services (Figure 18). However, during 2015/16 the numbers of WIS RAF personnel who left Service dropped, resulting in more personnel remaining in Service (1 April 2015 – 31 March 2016: 58% remained in Service and 41% left Service).

Since 1 April 2011 the majority (92%) of RAF WIS personnel that left 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 RAF<sup>9</sup>: 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%<sup>P</sup>) compared to those who medically discharged from the whole of the UK regular RAF (53%<sup>P</sup>). This was due to a lower percentage of those who medically discharge with musculoskeletal conditions being assigned to recovery compared to those who medically discharged with other conditions.

**Figure 19: UK trained regular RAF who left recovery and medically discharged, by principal ICD 10<sup>1</sup> cause code group, Percentages<sup>P</sup>**

1 April 2011 to 31 March 2016



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

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

<sup>2</sup> Includes 13 cause code groups; each accounting for a maximum of 4% of all RAF cause coded medical discharges

<sup>P</sup> 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).

<sup>9</sup> 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

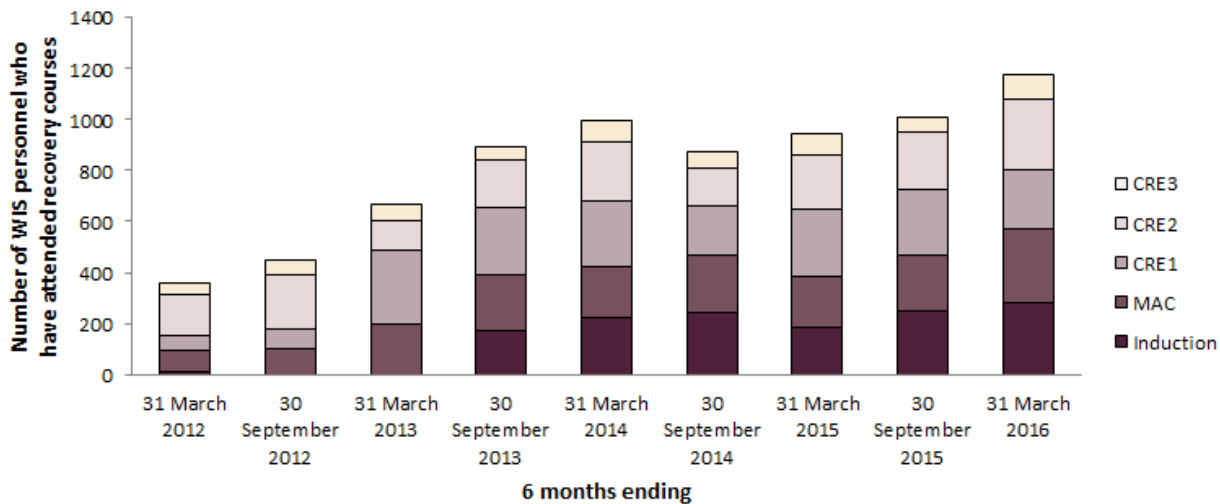
Recovery courses are offered to aid WIS personnel in their recovery. Recovery courses are run at Recovery Centre's (RC) and the Battle Back Centre which have been built for the Armed Forces with support from Help for Heroes and The Royal British Legion.

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.

**Figure 20: Recovery course attendances by UK Armed Forces personnel<sup>1</sup>, by course, 6-month rolling period<sup>2</sup>, Numbers<sup>3</sup>**

1 October 2011 to 1 April 2016



**Source: PRDT recovery course booking cell**

<sup>1</sup> Includes all regular and reserve personnel including trainees, FTRS and MPGS

<sup>2</sup> 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

<sup>3</sup> Personnel are counted multiple times if they attend multiple courses, or attend the same course multiple times

Since March 2012 the numbers attending recovery courses have increased (Figure 20). 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.

## 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 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*

1. 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.
2. 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*

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

### *Percentage*

4. 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*

5. In order to understand if a difference between two percentages is statistically significant, 95% confidence intervals are used. Statistical significance indicates that a finding is not due to chance. The 95% confidence interval for a percentage provides the range of values within which we expect to find the real value of the indicator under study, with a probability of 95%. If a 95% confidence interval around a percentage excludes the comparison value, then a statistical test for the difference between the two values would be significant at the 0.05 level. If two confidence intervals do not overlap, a comparable statistical test would always indicate a statistically significant difference.

## 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

|   |  |
|---|--|
| ~ | Numbers fewer than five have been suppressed in accordance with JSP 200 (April 2016) |
| * | Denotes a significant difference   |
| 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. 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

The methodology used to compile the statistics within this Bulletin was amended since the release of the first Statistical Bulletin on 31 March 2016. Data were migrated into a SQL database and previous manual calculations and processes were automated. Consequently some minor errors with the previous methodology were identified and rectified. This resulted in some minor revisions which have been marked with an 'r' within this Statistical Bulletin and the accompanying tables at Annex A. The revisions are considered minor since the errors did not affect the overall trends presented within the first Statistics Bulletin and any percentages affected changed by only 0.1%. Full details of the errors and change in methodology can be found within the Background Quality Report.

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.

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 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.

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.

## Further Information (cont.)

---

### 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>

### 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:

**Defence Statistics (Health)** Telephone: 030 679 84423

Email: [DefStrat-Stat-Health-Hd@mod.uk](mailto:DefStrat-Stat-Health-Hd@mod.uk)

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

For more information, see:

<https://www.gov.uk/make-a-freedom-of-information-request/the-freedom-of-information-act>

### Other contact points within Defence Statistics are:

|                              |               |  |
|------------------------------|---------------|--|
| Defence Expenditure Analysis | 030 6793 4531 | <a href="mailto:DefStrat-Econ-ESES-DEA-Hd@mod.uk">DefStrat-Econ-ESES-DEA-Hd@mod.uk</a> |
| Price Indices                | 030 6793 2100 | <a href="mailto:DefStrat-Econ-ESES-PI-Hd@mod.uk">DefStrat-Econ-ESES-PI-Hd@mod.uk</a>   |
| Naval Service Manpower       | 023 9254 7426 | <a href="mailto:DefStrat-Stat-Navy-Hd@mod.uk">DefStrat-Stat-Navy-Hd@mod.uk</a>         |
| Army Manpower                | 01264 886175  | <a href="mailto:DefStrat-Stat-Army-Hd@mod.uk">DefStrat-Stat-Army-Hd@mod.uk</a>         |
| RAF Manpower                 | 01494 496822  | <a href="mailto:DefStrat-Stat-Air-Hd@mod.uk">DefStrat-Stat-Air-Hd@mod.uk</a>           |
| Tri-Service Manpower         | 020 7807 8896 | <a href="mailto:DefStrat-Stat-Tri-Hd@mod.uk">DefStrat-Stat-Tri-Hd@mod.uk</a>           |
| Civilian Manpower            | 020 7218 1359 | <a href="mailto:DefStrat-Stat-Civ-Hd@mod.uk">DefStrat-Stat-Civ-Hd@mod.uk</a>           |

### If you wish to correspond by mail, our postal address is:

Defence Statistics (Health)  
Ministry of Defence, Abbey Wood (North)  
#6028, Oak, 0, West  
Bristol  
BS34 8JH

For general MOD enquiries, please call: 020 7218 9000