



This Statistical Bulletin is the fourth in a biannual series to provide summary statistics on wounded, injured and sick (WIS) UK Regular and eligible Reserve 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.

At the date of publication there is a consultation being run proposing to cease the publication of these statistics. External interest in this annual publication is low and there have been no Freedom of Information (FOI) requests or Parliamentary Questions (PQs) received on this topic since our first publication in 1st October 2015. For more information see:

<https://www.gov.uk/government/consultations/proposed-cessation-of-the-uk-armed-forces-recovery-capability-wounded-injured-and-sick-in-the-recovery-pathway-official-statistic>

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 entitlement 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 April 2017 the percentage of trained regular personnel receiving recovery support were:

- 5.4% in the Naval Service; 1.8% in the Army; 0.8% in the RAF

As at 1 April 2017, as with previous years, specific 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 between 30 and 39 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 31 March 2017 the percentage of personnel leaving recovery who subsequently went on to leave the Services were; 7% Naval Service; 62% Army; 72% RAF. These findings were influenced by the different service entry criteria for WIS personnel.

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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 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 2017.

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 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. Due to the differences between the three Services, comparisons between them are not valid and as such the three services have been presented separately.

The MOD is committed to the transparency agenda and proactively releasing information into the public domain. This Statistical Bulletin was developed as a result of interest in wounded, injured and sick personnel. However, since its initial release on 1 October 2015 external interest in this annual publication has been low. Therefore as at date of publication there is a consultation being run for four weeks, from 27 July 2017 to 23 August 2017, proposing to cease the publication of these statistics.

For more information see: <https://www.gov.uk/government/consultations/proposed-cessation-of-the-uk-armed-forces-recovery-capability-wounded-injured-and-sick-in-the-recovery-pathway-official-statistic>

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 with a long-term sick absence or in a Military Treatment Facilities (MTF) for more than 28 days or those who can only be employed for limited duties ashore outside of their main trade or skill.

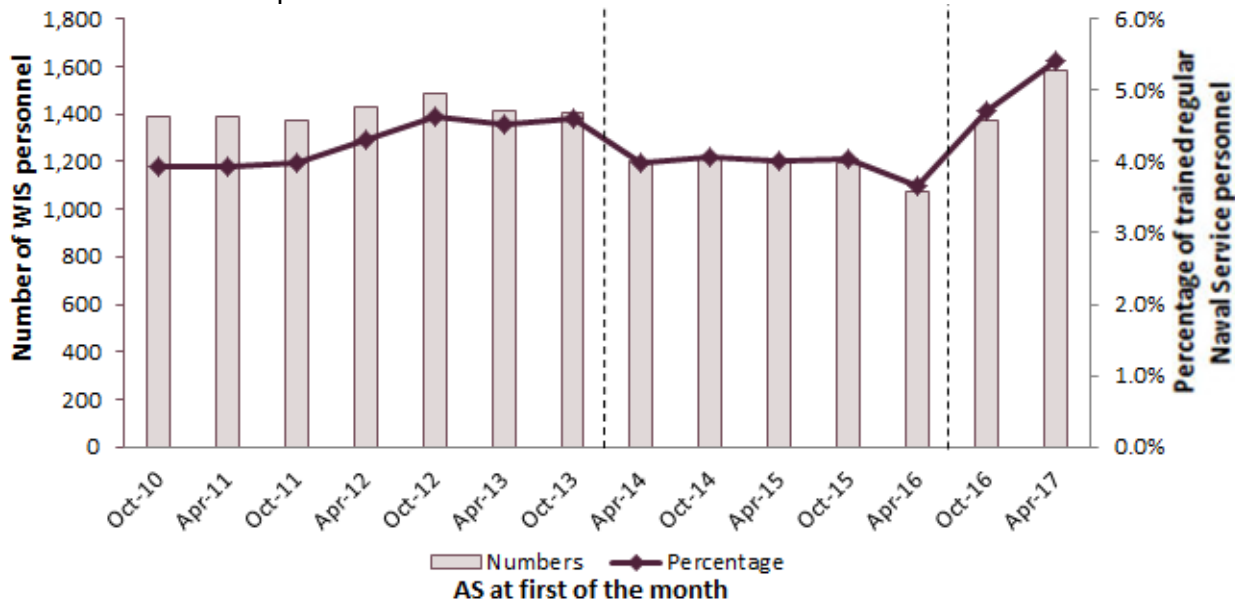
Key Findings:

- As at 1 April 2017 there were 1,585 trained regular Naval Service personnel in recovery.
- As at 1 April 2017 female Naval Service personnel and Other Ranks had significantly higher rates of personnel in recovery.
- 93% of the WIS personnel who left recovery during the 12 months up to 31 March 2017 were returned to duty.

As at 1 April 2017 there were 1,585 trained regular Naval Service personnel and two mobilised Naval Service reservists in recovery (Annex A, Table 1.1). 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 April 2017



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 and Background Quality Report). Therefore it is not possible to compare trends over time.

The percentage of Naval Service personnel in recovery increased from 3.7% as at 1 April 2016 to 5.4% as at 1 April 2017 (Figure 1). This increase was primarily due to a change in Naval Service recovery policy of 1 August 2016, where Naval Service personnel with less serious injuries or ill health became eligible to access NSRP support. Thus the broadening of eligibility criteria led to the increase in WIS Naval Service personnel entering recovery during 2016/17.













Results: Naval Service Personnel (cont.)

Table 1 shows that Females and Other Ranks had significantly higher rates of personnel in recovery than males and Officers as at 1 April 2017.

It is currently unknown as to why a significantly higher percentage of females were in recovery¹ 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).

Personnel of 'other rank' were more likely to be WIS and thus in recovery, than officers; this finding can be explained by the different roles undertaken in the Naval Service with other ranks undertaking more physically demanding tasks and roles.

Table 1: UK trained regular Naval Service personnel¹ in recovery, by demographics, Numbers and percentages
1 April 2017

As at 1 April 2017			
	N	%	Percentage of Naval Service Personnel
Naval Service personnel with a recovery pathway	1,585	5.4	
Gender			
Male	1,218	4.6	
Female*	367	13.5	
Rank			
Officer	188	3.2	
Other Rank*	1,397	6.0	
Age			
<25	282	5.7	
25-29	416	5.8	
30-34	324	5.5	
35-39	246	5.6	
40-44	163	5.6	
45-49	87	3.6	
50+	67	4.4	

Source: Joint Personnel Administration System

¹ Includes Royal Navy and Royal Marines

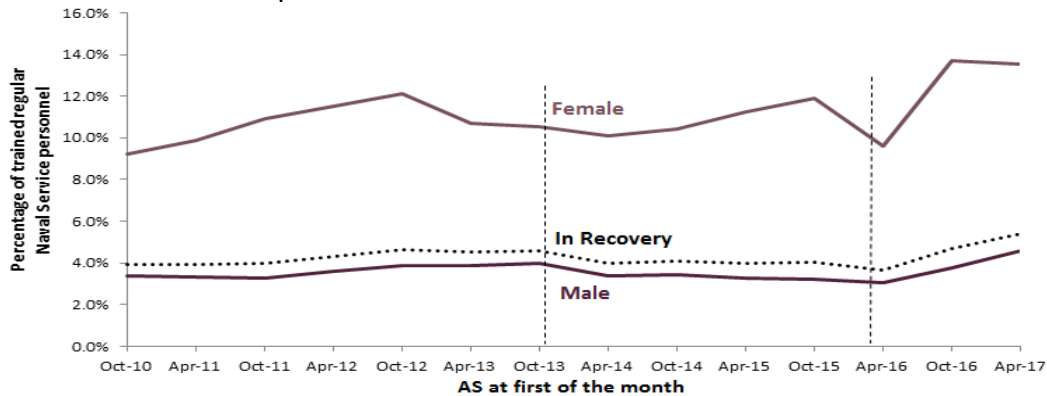
* Groups found to be at a significantly higher risk using a z-test for proportions at a 95% confidence level.

Whilst the percentage of males in recovery remained stable over time (Figure 2), there was a large increase in the proportion of female WIS Naval Service personnel in April 2017 compared to the previous year. Since females are more likely to seek the help of health care professionals, it may be that they have taken greater advantage of the recent policy change (whereby those with less severe conditions can access NSRP support).

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

Results: Naval Service Personnel (cont.)

Figure 2: UK trained regular Naval Service personnel¹ in recovery, by gender, Percentages²
1 October 2010 – 1 April 2017



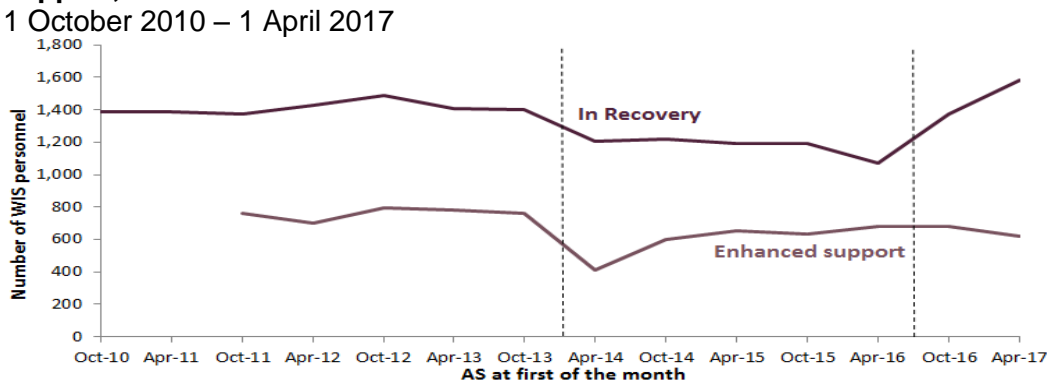
Source: Joint Personnel Administration System

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 and Background Quality Report). 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 require. WIS Naval Service personnel with less demanding recovery needs receive support from their unit. Despite the numbers in recovery increasing by 48% from 1 April 2016, the numbers receiving enhanced support decreased by 9% (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 April 2017



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

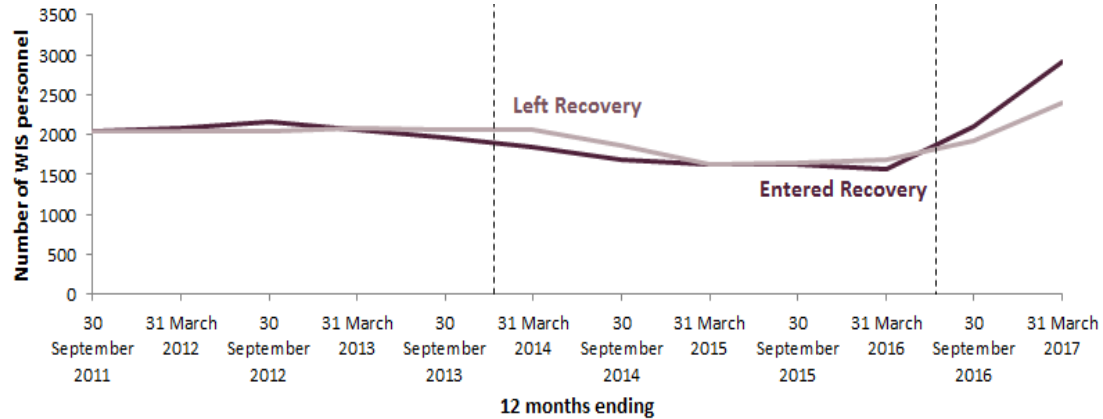
³ There are two breaks in the time series due to changes in policy and processes (see Methodology section and Background Quality Report). Therefore it is not possible to compare trends over time.

The increase in the numbers of WIS Naval Service personnel seen as at 1 April 2017 (Figure 1) was due to numbers entering recovery in the 12 months up to 31 March 2017 (2,913) being higher than the numbers who left recovery (2,401) (Figure 4). This was largely a result of a change in the Naval Service recovery policy which resulted in more Naval Service personnel becoming eligible for NSRP support during this time.

Results: Naval Service Personnel (cont.)

Summary of WIS Naval Service personnel entering and leaving recovery

Figure 4: UK trained regular Naval Service personnel¹ in recovery, 12-month rolling period² for those entering and leaving recovery, Numbers³ 1 October 2010 to 31 March 2017



Source: Joint Personnel Administration System

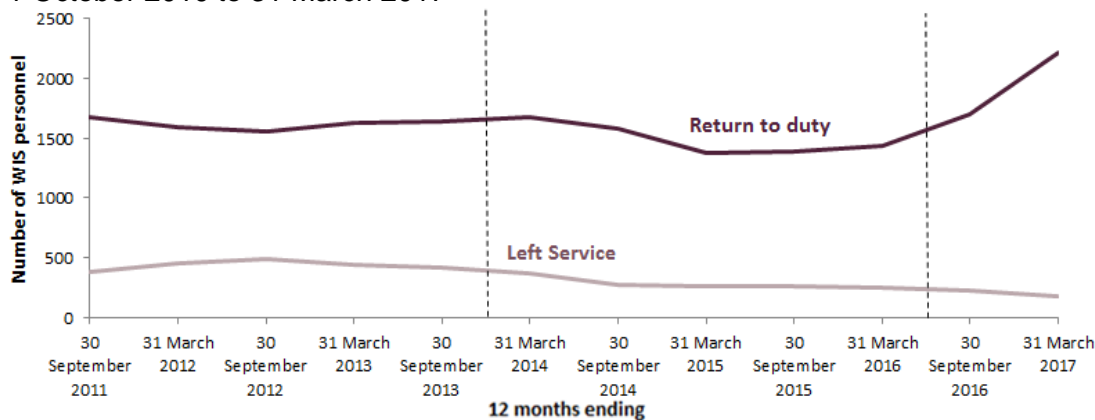
¹ Includes Royal Navy and Royal Marines

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 and Background Quality Report). Therefore it is not possible to compare trends over time.

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 (Figure 5). Of the WIS personnel who left recovery in the 12 months up to 31 March 2017, 93% returned to duty (Annex A, Table 1.3; Figure 5). The increase in those returning to duty during this time was a result of the policy change which allowed more Naval Service personnel with less serious conditions to access NSRP support, and thus many more WIS Naval Service personnel were able to return to duty at the end of their recovery pathway.

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 31 March 2017



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 and Background Quality Report). Therefore it is not possible to compare trends over time.

Results: Naval Service Personnel (cont.)

Summary of WIS Naval Service medically discharged from Service

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 (44%) 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 conditions.

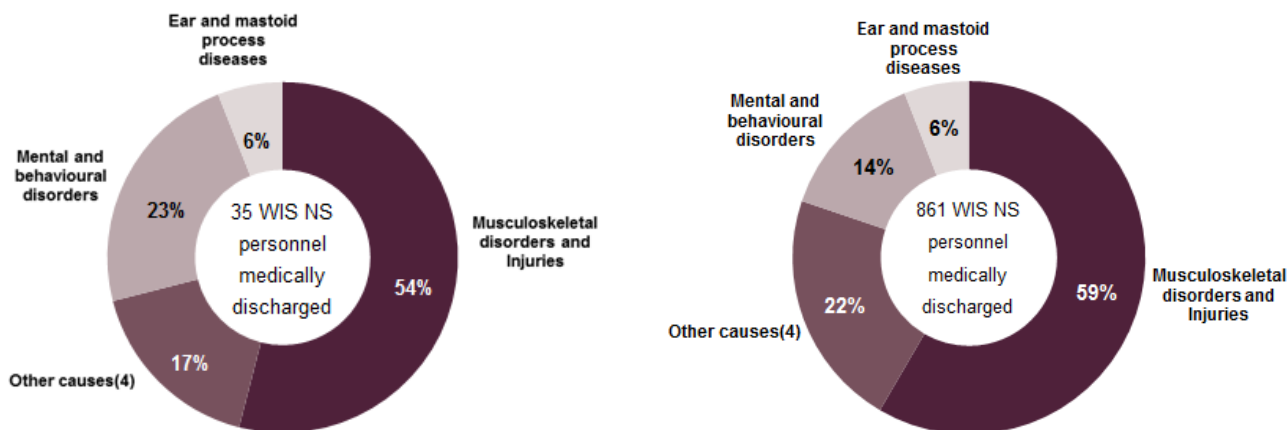
Between 1 April 2016 and 31 March 2017 the most common principal cause of medical discharge for WIS personnel in the NSRP was musculoskeletal disorders and injuries (54%); followed by mental and behavioural disorders (23%) (Figure 6). While the proportion of discharges for Mental and Behavioural Disorders saw an increase in 2016/17 compared to the previous year, the proportion of discharges for musculoskeletal disorders and Injuries remained stable.

The proportion of regular WIS Naval Service personnel medically discharged between 1 April 2016 and 31 March 2017 for mental disorders (23%) was much higher than the percentage of all regular Naval Service personnel medically discharged during the same time period (14%)². This is likely to be due to those with more complex needs leading to medical discharge accessing the NRSP for recovery support.

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

1 April 2016 to 31 March 2017³

1 April 2011 to 31 March 2017³



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

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, 1.0% 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 for 56 days or more.

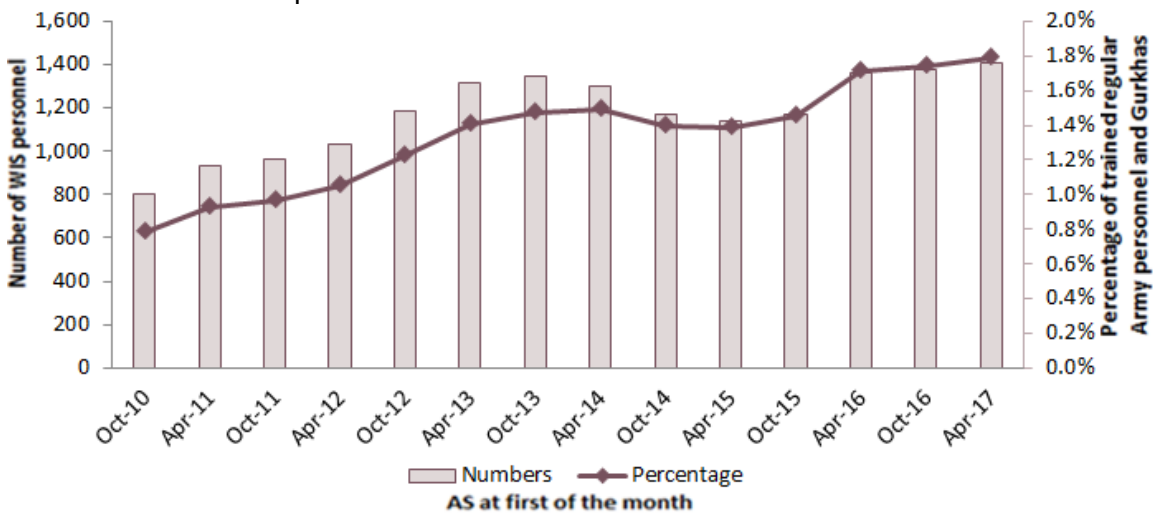
Key Findings:

- As at 1 April 2017 there were 1,410 trained regular Army personnel in recovery, of which 1% were recorded as battle casualties.
- The percentage of Army personnel receiving recovery has remained stable (1.7%) since April 2016.
- As at 1 April 2017 females, Other Ranks and personnel aged between 30 and 39 years had significantly higher rates of personnel in recovery.
- Approximately two-thirds (62%) of Army WIS personnel who left recovery during the 12 months up to 31 March 2017 went on to leave Service.

As at 1 April 2017 there were 1,410 trained regular Army Service personnel (including Gurkhas) and one Army reservist in recovery (Annex A, Table 2.1). 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 and Percentages

1 October 2010 to 1 April 2017



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

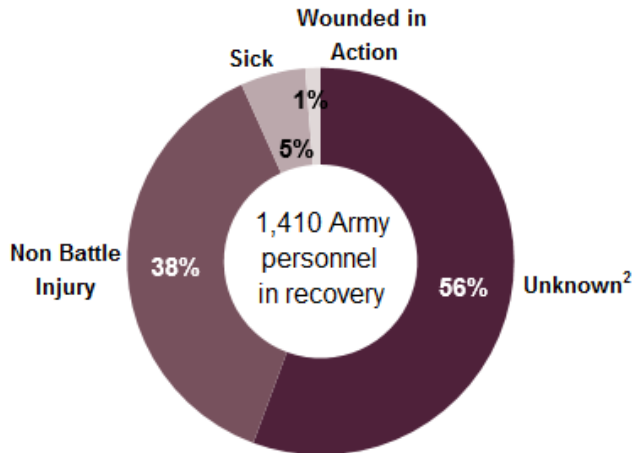
¹ Includes UK trained regular Army personnel and Gurkhas

The percentage of trained regular Army personnel in recovery between 1 October 2010 and 1 April 2016 increased from 0.8% to 1.7% (Figure 7). A number of factors may have influenced this increase including improved usage of the Wounded Injured Sick Management Information System (WISMIS), and continued promotion of recovery capability via roadshows (between October 2010 and October 2013). The percentage of Army personnel in recovery has remained stable 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. As at 1 April 2017, the most common recorded cause for being in recovery in the Army, as at 1 April 2017, was for a non-battle injury (38%). However, half (56%) 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 April 2017



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

² No incident cause captured on the WISMIS or DPTS

Table 2 shows that Females, Other Ranks and Personnel aged 30-39 years had significantly higher rates of personnel in recovery than males, Officers and those within different age groups as at 1 April 2017.

It is currently unknown as to why a significantly higher percentage of females were in recovery³ 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).













Personnel of 'other rank' were more likely to be WIS and thus in recovery, than officers; this finding can be explained by the different roles undertaken in the Army with other ranks undertaking more physically demanding tasks and roles; for example, of the 38% non-battle injuries reported as at 1 April 2017 only 5% were officers.

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 April 2017

As at 1 April 2017

	N	%	Percentage of Army Personnel
Army personnel with a recovery pathway	1,410	1.8	
Gender			
Male	1,198	1.7	
Female *	212	3.1	
Rank			
Officer	79	0.7	
Other Rank *	1,331	2.0	
Age			
<25	250	1.4	
25-29	384	1.9	
30-34 ⁺	319	2.0	
35-39 ⁺	266	2.0	
40-44	121	1.8	
45-49	43	1.4	
50+	27	1.6	

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

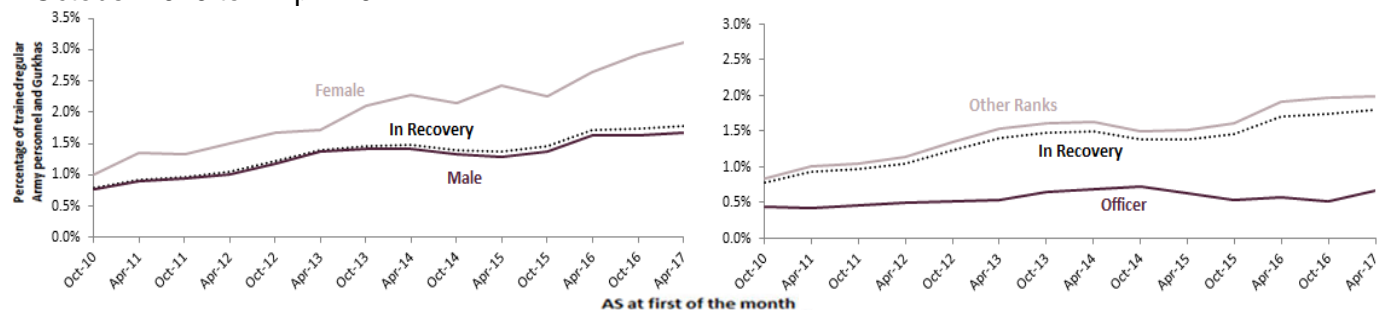
¹ Includes UK trained regular Army personnel and Gurkhas

* 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 currently unknown.

Figure 9: UK trained regular Army personnel¹ in recovery, by gender and rank, Percentages
1 October 2010 to 1 April 2017



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

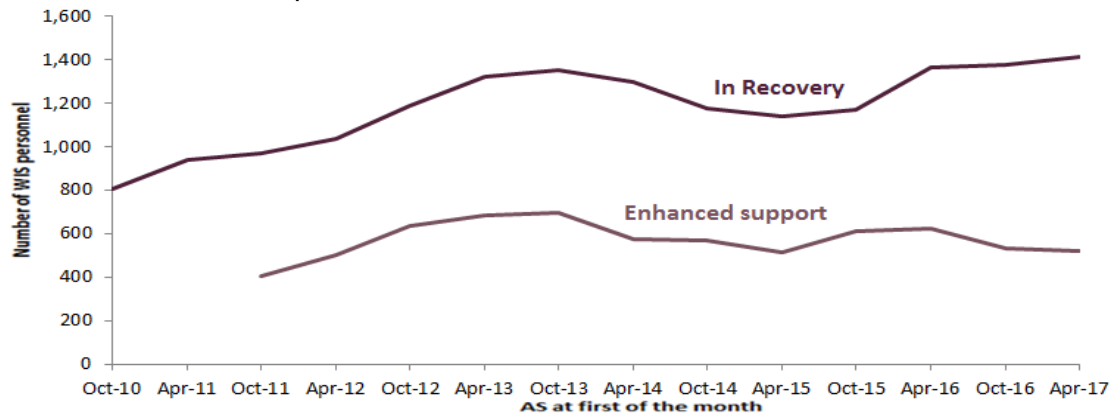
¹ Includes UK trained regular Army personnel and Gurkhas.

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, 46% of WIS Army personnel in recovery had more complex needs and were assigned to a Recovery Unit (RU) (Figure 10). All other WIS personnel had less demanding recovery needs and received support from within their unit.

Results: Army Personnel (cont.)

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

1 October 2010 to 1 April 2017



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

¹ Includes UK trained regular Army personnel and Gurkhas

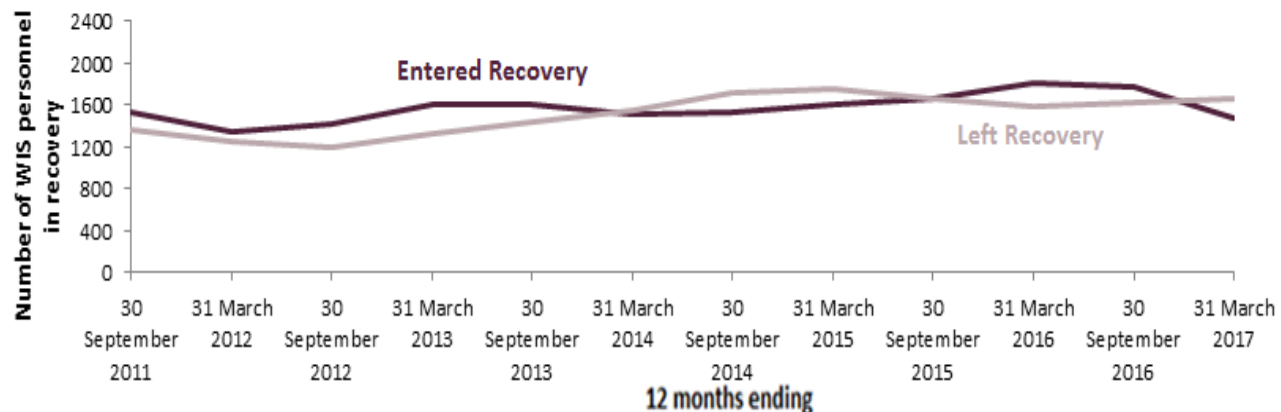
² Enhanced support is provided by Personnel Recovery Units

Summary of WIS Army personnel entering and leaving recovery

The numbers of Army personnel entering recovery between 1 October 2010 and 31 March 2017 remained stable (Figure 11). In the 12 months up to 31 March 2017, 1,653 WIS personnel left and 1,472 personnel entered 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

1 October 2010 to 31 March 2017



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

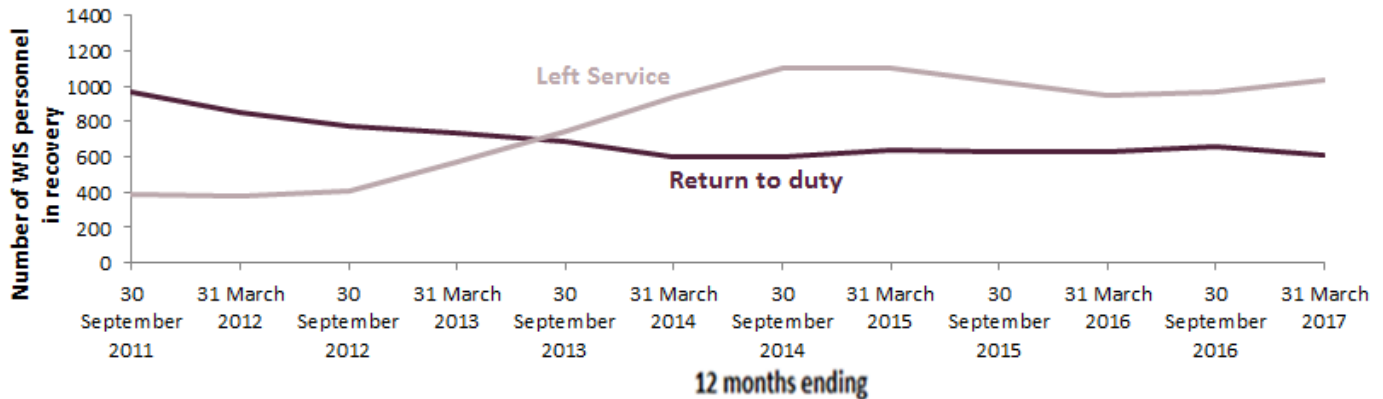
On leaving recovery WIS personnel either return to duty or leave the Services. Since 1 October 2013, a higher percentage of WIS Army personnel had left the Services at the end of their recovery pathway than returned to duty (Figure 12). In the 12-month period up to 31 March 2017 approximately two-thirds (62%) of WIS Army personnel had left Service at the end of their recovery pathway.

Results: Army Personnel (cont.)

Between 1 October 2012 and 30 September 2014, there was an increase in the number of Army personnel who left the Service due to changes in policy and practices in the employment board process. Since then, the number of Army personnel who either return to duty or leave the Services have remained stable.

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

1 October 2010 to 31 March 2017



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

Summary of WIS Army Service medically discharged from Service

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 October 2010 the majority of Army personnel that left Service at the end of their recovery pathway (85%^p) were medically discharged.

Between 1 April 2016 and 31 March 2017 the most common principal cause of medical discharge for regular WIS personnel in the ARC was musculoskeletal disorders and injuries (52%) followed by mental and behavioural disorders (33%) (Figure 13). These proportions remained consistent with the percentages of regular WIS Army personnel medically discharged over the whole time period since 1 April 2011.

The proportion of regular WIS Army personnel medically discharged between 1 April 2016 and 31 March 2017 for mental disorders (33%) was much higher than the percentage of all regular Army personnel medically discharged during the same time period (22%)⁴. This is likely to be due to those with more complex needs leading to medical discharge accessing the ARC for recovery support.

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

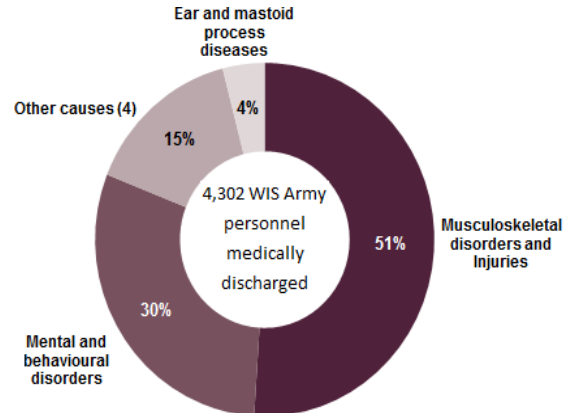
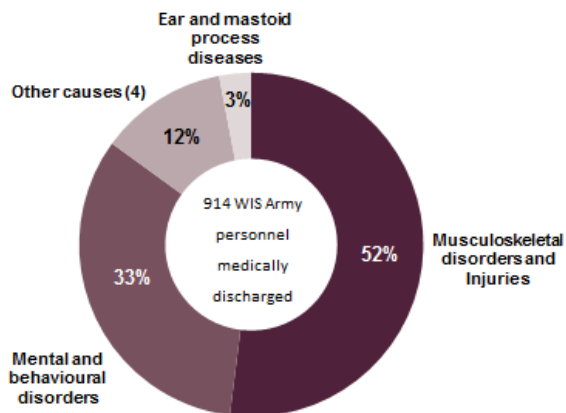
(<https://www.gov.uk/government/collections/medical-discharges-among-uk-service-personnel-statistics-index>)

Results: Army Personnel (cont.)

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

1 April 2016 to 31 March 2017³

1 April 2011 to 31 March 2017³



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

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

^P Some personnel who left recovery in 2016/17 may not medically discharge until 2017/18. 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, 13.5% 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.

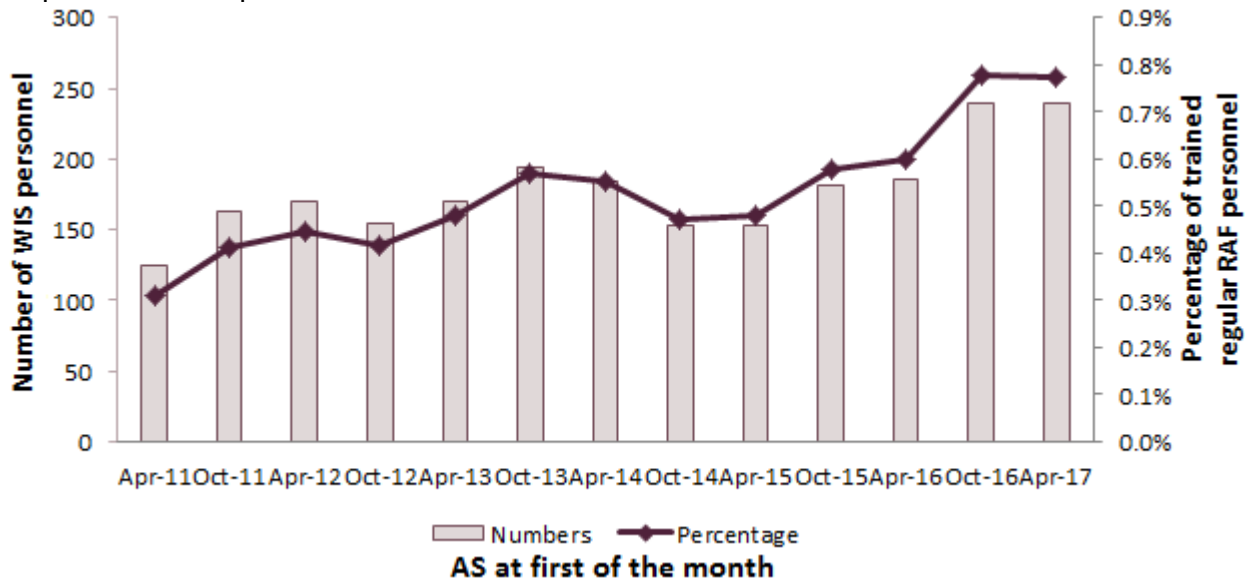
Definition- Personnel who are WIS and medically unfit for Service or medically unfit for duty and receiving medical care whilst sick absent from the workplace for 56 days or more.

Key Findings:

- As at 1 April 2017 there were 238 trained regular RAF personnel in recovery. The number of RAF personnel in recovery increased since 2016 following promotion of RAF welfare and recovery in 2016.
- As at 1 April 2017 female RAF personnel had significantly higher rates of personnel in recovery.
- Almost three-quarters (72%) of RAF WIS personnel who left recovery during the 12 months up to 31 March 2017 went on to leave Service.

As at 1 April 2017 there were 239 trained regular RAF personnel in recovery, and 11 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 April 2017



Source: Defence Medical Information Capability Programme data







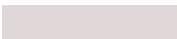





The percentage of trained regular RAF personnel in recovery increased from 0.3% as at 1 April 2011 to 0.8% as at 1 April 2017 (Figure 14). Throughout 2016, RAF welfare and recovery related policies were revised to have greater coherence between them and provide enhanced guidance to those providing support 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 April 2017.

Table 3 shows that there was a significantly higher percentage of females in recovery than males as at 1 April 2017. This finding is consistent with previous years.

Results: RAF Personnel (cont.)

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 April 2017

As at 1 April 2017			
	N	%	Percentage of RAF Personnel
RAF personnel with a recovery pathway	239	0.8	
Gender			
Male	161	0.6	
Female *	78	1.8	
Rank			
Officer	43	0.6	
Other Rank	196	0.8	
Age			
<25	8	0.2	
25-29	56	0.8	
30-34	48	0.8	
35-39	50	0.9	
40-44	34	0.9	
45-49	27	0.9	
50+	16	0.8	

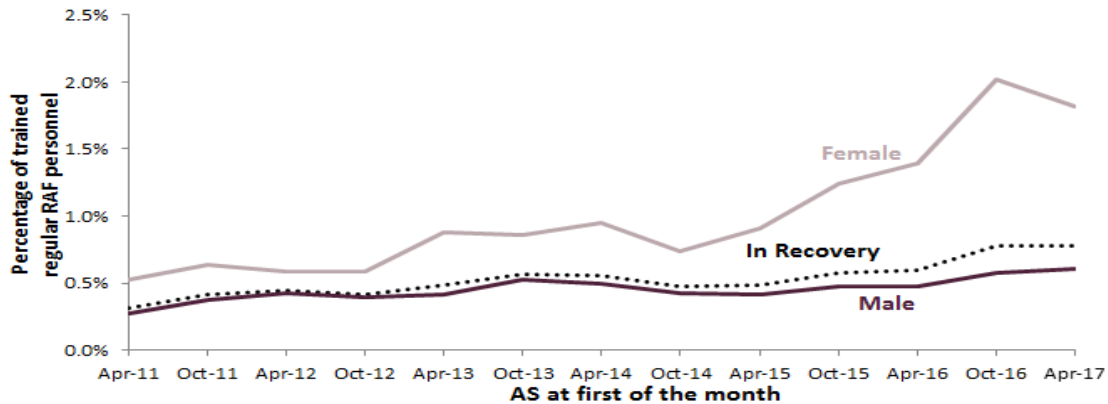
Sources: Joint Personnel Administration System; Defence Medical Information Capability Programme data

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

Whilst the percentage of males in recovery remained stable over time, the percentage of females in recovery has increased disproportionately since April 2011. Any reasons behind this increase are currently unknown.

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

Results: RAF Personnel (cont.)



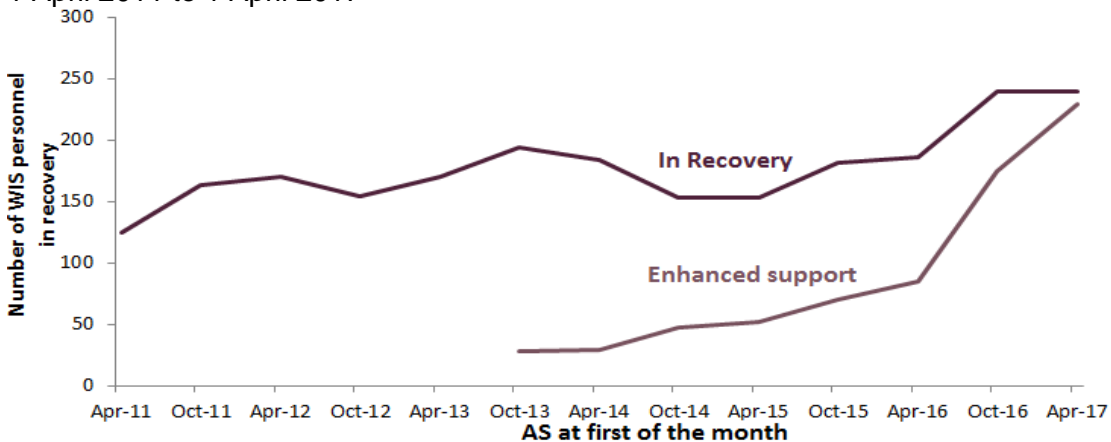
Sources: Joint Personnel Administration System; Defence Medical Information Capability Programme data

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 96% as at 1 April 2017 (Figure 16). This is likely a result of increased PRU support provision since the eligibility criteria for RAF recovery support means that all WIS RAF Personnel would have been entitled to enhanced support.

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

1 April 2011 to 1 April 2017



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

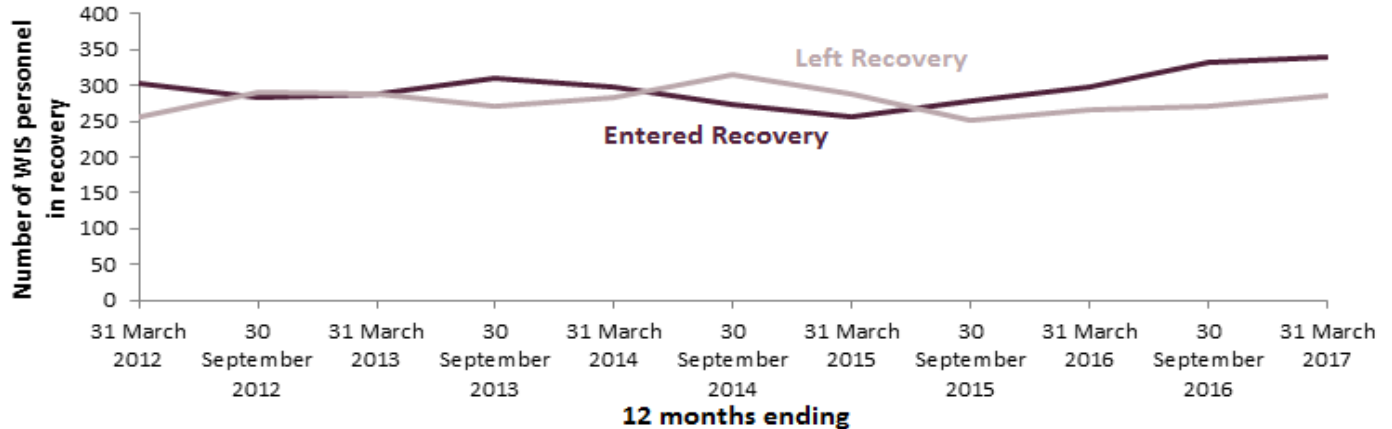
Results: RAF Personnel (cont.)

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 (Figure 17). In the 12 months up to 31 March 2017, 339 WIS personnel entered and 286 personnel left the RAF Recovery Capability (RRC).

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

1 April 2011 to 31 March 2017



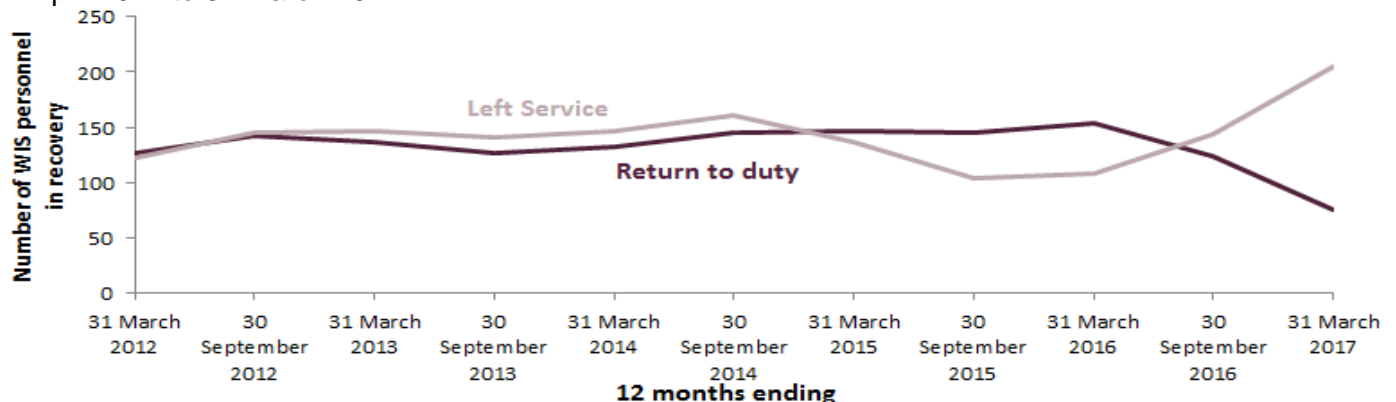
Source: Defence Medical Information Capability Programme data

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. The proportion of WIS RAF personnel leaving Service increased from 41% to 72% in the 12 months leading up to 31 March 2017. Any reasons for this are currently unknown.

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

1 April 2011 to 31 March 2017



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.)

Summary of WIS RAF Service medically discharged from Service

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 the majority of RAF personnel that left Service at the end of their recovery pathway (81%) were medically discharged (Annex A, Table 3.4).

Between 1 April 2016 and 31 March 2017 the most common principal cause of medical discharge for WIS personnel in the RAF Recovery Capability was musculoskeletal disorders and injuries (40%); followed by mental and behavioural disorders (34%) (Figure 19). The proportion of medical discharges for mental disorders in the latest 12 months was greater than for the whole time period since 1 April 2011 (25%).

The proportion of regular WIS RAF personnel medically discharged between 1 April 2016 and 31 March 2017 for mental disorders (34%) was however more comparable with the percentage of all regular RAF personnel medically discharged during the same time period for mental and behavioural disorders (14%)⁶.

Figure 19: UK trained regular RAF who left recovery and medically discharged, by principal ICD 10¹ cause code group, Percentages
1 April 2016 to 31 March 2017² 1 April 2011 to 31 March 2017²



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

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, 16.1% 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.

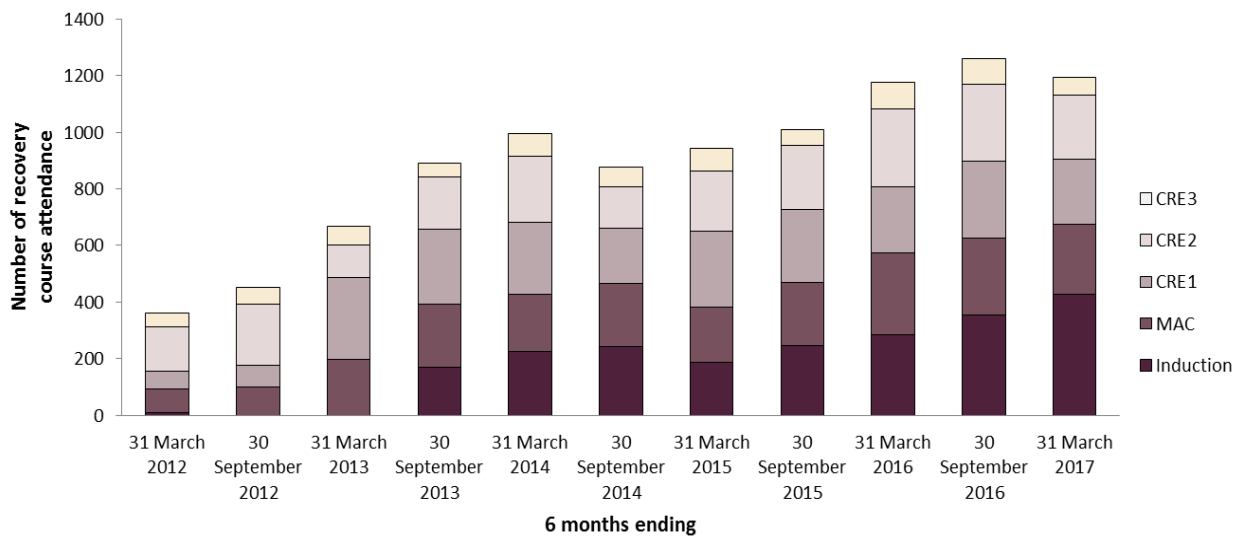
There are five courses offered. The Induction and Core Recovery Events (CRE) one to three are run at the RCs whilst the Multi Activity Course (MAC) is run at the Battle Back Centre.

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 curriculum vitae writing. The courses are available for all WIS personnel in recovery regardless their level of support.

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

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

1 October 2011 to 1 April 2017



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 RU 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 Service Recovery Centre (NSRC) 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.

Naval Base Personnel Support Groups (NPSG) is located in the Portsmouth, Devonport and Clyde Naval Bases. They provide personnel support functions (e.g. medical and dental; education; pastoral and welfare) to the WIS Naval Service personnel.

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.

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 aim to build confidence and engage the individual in their own recovery through adaptive sports and adventure training

Glossary (cont.)

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.

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 change in Naval Service recovery policy on 1 August 2016 resulting in **all** Naval Service personnel with a specific restricted Joint Medical Employment Standard (JMES) classification to be entitled to access the NSRP. The old policy was limited to those with a specific restricted JMES for 12 weeks or more. Further information on the policy changes and JMES classifications is presented in the Background Quality Report.

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 2016/17 may go on to medically discharge in 2017/18. Medical discharge figures for Army personnel who left recovery in 2016/17 are therefore marked provisional ('p') and will be revised ('r') following the publication of the Annual Medical Discharge Official Statistic in July 2018.

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>

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

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Naval Service Manpower	023 9254 7426	DefStrat-Stat-Navy-Hd@mod.uk
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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