BRANCH NEGOTIATING GUIDE:
SECTION 22 – GUIDANCE ON
THE NEW NHS INJURY SCHEME

for staff on Agenda for Change terms and conditions

July 2014
Contents

Introduction ............................................................................................................. 3
Accidents, injuries and diseases at work......................................................... 4
The NHS Injury Allowance scheme................................................................. 8
Claiming Injury Allowance............................................................................... 10
Sickness and sick pay......................................................................................... 12
Organising and recruiting.................................................................................. 17
Health and safety................................................................................................. 18
Resources............................................................................................................. 19
INTRODUCTION

Section 22 – Injury Allowance - was introduced into the Agenda for Change terms and conditions in April 2013 following a lengthy set of negotiations through the NHS Staff Council. The new allowance replaces the old Temporary and Permanent Injury Benefits with a contractual entitlement to a single payment. This means that staff who suffer illness, injury or disease through their work have some protection to their pay while they recover. Section 22 also sets out principles to support staff who are unable to return to their role due to the impact of their injuries.

Changes to the calculation of sick pay, which were agreed in England from April 2013, mean that that some staff do not receive unsocial hours payments whilst off work, however important protections were secured to these changes for staff whose absence is work related.

This guide is aimed at branches to help advise their members when injured or ill through their work. It covers some guidance on sick pay, industrial injuries and disability advice as well as guidance on the new Injury Allowance scheme and some organising advice to get the most from collective agreements and promote the benefits of being a UNISON member.

Each case will depend on the individual circumstance and we have designed this guide as a short reference guide with useful information and signposts to other pieces of advice from other sources such as NHS Employers, the TUC and the NHS Pension Agency.

There will be times when you will need specific legal advice to support a member’s claim, especially when a member is injured through the negligence of their employer. This guide is designed to be a short reference and organising guide and should not be used as a legal guide. Branches are advised to use the UNISON Caseform system to access legal advice if needed.

The guide is split into two sections for ease of use. The first section is a checklist of actions that can be taken when a member is ill or injured through work; the second is more detailed technical guidance on the Injury Allowance scheme and relevant documents for further advice and support.
ACCIDENTS, INJURIES AND DISEASES AT WORK

If someone is injured in the workplace the overriding priority is to ensure their health and safety is not compromised further and that they receive immediate first aid or emergency help. It is also important that they report the accident, the circumstances that led to it and any contributory factors which need to be addressed to prevent the accident reoccurring.

Employers have a legal duty to protect the health and safety of their employees, workers and contractors working on their premises. Under the Health and Safety at Work Act (1974) and associated regulations, employers need to remove or reduce the risk of injury to its workers as far as reasonably practicable through risk assessment and risk management.

Unfortunately, injuries at work continue to happen and this guide looks at the steps that branches and safety reps can take to advise members on their best course of action to protect their pay and terms and conditions in the light of changes to the NHS Injury Allowance Scheme.

What to do when an injury or accident happens

The following list is not exhaustive but gives a guide to the best steps to take:

1. Get the member to complete an accident at work form or online form as soon as practicable

Reporting the accident immediately is important to identify causation of the accident. It should also give the employer the chance to take action to prevent the accident from reoccurring. If the employee has been seriously injured at work there may be a delay in reporting. Branch representatives can help by visiting the member at home and getting details of the incident, or asking them to report the injury or accident online.

2. Let your health and safety officer know about the injury or accident

Health and safety reps have a vital role to play, so letting the lead health and safety officer know is important as they may be able to give advice on patterns of accidents in the workplace. There should also be a reporting mechanism to the Health and Safety committee. (For more advice about Health and Safety please see the TUC Brown Book on Safety Representative and Safety Committee Regulations http://www.tuc.org.uk/workplace-issues/health-and-safety/safety-representatives http://www.tuc.org.uk/sites/default/files/extras/brownbook.pdf)

Health and Safety Representatives have a legal right to inspect the workplace following an accident. This can be important to collect evidence, such as taking photographs, getting witness statements and to meet the manager with responsibility
and ensure they take remedial action. They can also get hold of risk assessments related to the hazards that led to the injury.

Health and Safety Representatives can also be an important link with the employer over their responsibilities such as the need to report certain injuries, illnesses and diseases to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.

3. Remind the member to keep records

In order to help the member it is important that they keep up to date records including emails, written records of conversations and any medical reports they have. This can include GP visits, occupational health and consultant appointments. Advising the member to keep a daily diary is important, starting with the incident that led to the injury.

Accident reports and accident books can get lost so keeping the original record is important. It may not be immediately obvious how long a recovery will take and how serious or debilitating an injury is, especially psychological or mental injuries such as stress and Post Traumatic Stress Disorder (PTSD).

4. Support the member to visit their GP and occupational health

If a member has a workplace accident, they should see a doctor even if their injury does not seem too serious so the doctor can record the medical details of their injuries. This will be useful later on if the injury develops into a disability, they want to claim compensation from the employer or if they need to claim benefits.

Occupational health has a role in the management of injuries at work. Their role is to advise the employer of any actions they need to take. Occupational health can also give advice to the member about what issues they need to consider when meeting with their manager as part of the sickness review process or a phased return to work. Occupational health reports can be a useful tool to push for reasonable adjustments in the workplace to enable an employee to return to work.

5. Review the member’s case

Occupational health reports normally give an indication of how likely the member is to return to work and a timescale in which this return will happen. Agenda for Change details how long a member of staff is entitled to pay whilst off work due to sickness, including injuries at work. This is on a sliding scale dependant on length of service with a maximum period of 6 months full pay followed by 6 months half pay. (See section 14 and 14(a) Agenda for Change)

As outlined in the next section, Injury Allowance should top up pay to 85% of normal pay when an employee is on authorised sickness absence, or on a phased return to work, with reduced pay or no pay due to an injury, disease or other health condition that is wholly or mainly attributable to their NHS employment.

*Remember to get the member to complete a UNISON Caseform as soon as possible*
6. Register injuries with the Department for Work and Pensions (DWP)

Even if the accident does not seem serious, advise the member to register the accident as an industrial injury with the Department for Work and Pensions (DWP). The DWP will give the member a form to fill in with the details. This will help them with any future industrial injuries benefit claims if they develop a disability or health problem later on because of the accident. Some injuries, illnesses and diseases can take many years to become apparent. You can find out more about industrial injuries benefits from the GOV.UK website at: https://www.gov.uk/industrial-injuries-disablement-benefit

7. Support the member through sickness procedures

Each organisation will have a different set of monitoring criteria and processes for managing absence. This can be a challenging and stressful time for members who may be unsure of the process and any help that they are entitled to. Support and signposting are important to ensure members are able to access their sickness pay and protections for the most serious illnesses and injuries.

Through the sickness process, the member will be able to ask their manager, and HR representative, for support such as an application for Injury Allowance, ill health retirement options, return to work support and phased returns.

8. Ensure that the members sickness is being recorded as work related

Most NHS Employers use Electronic Staff Records (ESR) which can record the period of sickness as work related thereby preventing mistakes in calculating further periods of sickness absence. See the Sickness and Sick Pay section for more details.

9. Protect pay and pensions

It is really important that we make sure our members are getting the right pay and protections that are available to them. It can be a very stressful period for the member and may result in them moving into a less demanding role as a result of injury, illness or disease. Pay protection is now available to staff who take this option due to work related illness, injury and disease. More information is included in the Sickness and Sick Pay section.

10. See if the member is entitled to any state benefits

Depending on the seriousness of the injury, people might also be able to claim benefits to boost their income when they are off work and even when they go back to work. For example, they might get Industrial Injuries Disablement Benefit, Job Seekers Allowance or Employment and Support Allowance.

Failure to do this may mean the member is overpaid sickness pay, which could lead to the employer recouping the overpayment. Branch welfare officers or the Citizens Advice Bureau may be able to help give advice and signpost members.
11. Check the UNISON rulebook benefits

UNISON members are entitled to a whole range of benefits and services as part of their membership. These include some benefits guaranteed to all members by our union’s rulebook. http://www.unison.org.uk/for-members/member-offers-and-entitlements/rulebook-benefits/

- **Death benefit**

Payment ranging from £123 to £494 to a deceased member's partner, dependant(s) or estate, depending on length of membership at the time of death. The deceased must have had at least four weeks paid membership before death.

- **Accident benefit**

Payment of up to £20.25 a week for the period in which you are unable to work because of an accident (subject to maximum of £121.50 a year). You must have had at least four week’s paid membership prior to the date of the accident.

- **Fatal accident benefit**

Payment ranging from £2,165 to £8,660 to a deceased member’s partner or dependant(s), depending on length of membership at the time of death. The deceased must have had at least four week’s paid membership before death.

- **Welfare benefits**

Confidential welfare assistance is available in many forms, including:
- emergency grants;
- family holidays;
- help with other special needs;
- advice on a range of issues.

Application for welfare assistance can be made either through the branch or directly to There for You, UNISON’s registered charity – call 020 7121 5620. http://www.unison.org.uk/get-help/help-with-problems-at-home/there-for-you/

12. Consider a personal injury claim

If an employer has been negligent in their duties, the injured member may be able to seek damages in the form of a personal injury claim. There are time limits involved in submitting a personal injury claim that start at 3 years from the date of the accident.
THE NHS INJURY ALLOWANCE SCHEME

Background

The new arrangements for Injury Allowance (IA) that came into force on 1 April 2013 replace the old NHS Injury Benefit Scheme that included Temporary Injury Allowance (TIA) and Permanent Injury Benefit (PIB). These two allowances were available to NHS employees who were on authorised absence with reduced pay or no pay because of an injury or disease wholly or mainly attributable to their employment.

**TIA** was available to top up an employee’s income to 85% of the average they were getting before their pay was reduced as a result of the injury or disease. To qualify for TIA, an employee must have be on leave of absence and be suffering a reduction in their NHS pensionable pay as a result of an injury or disease that is wholly or mainly attributable to their actual NHS duties.

**PIB** was available to NHS staff who suffered a permanent reduction in their earning ability from employment of more than 10%. The allowance was intended to top up the employee’s income to a percentage of their average pay, dependent on length or service and the permanent reduction in earning ability. To qualify for PIB the individual must have suffered a permanent reduction in their earning ability of more than 10% as a result of an injury or disease that is wholly or mainly attributable to their actual NHS duties.

From 1 April 2013, both of these allowances have been incorporated into one single allowance called Injury Allowance (IA). This has been incorporated into Section 22 NHS Agenda for Change terms and conditions, meaning it now has contractual status and will transfer with staff who are involved in TUPE transfers, and has UK wide application.

Injury Allowance tops up sick pay, or earnings, to 85% of pay and is payable for up to 12 months. It is a non-fault scheme which protects income rather than admits fault by the employer. More details on how to apply can be found in the next section and on the NHS Employers website (see resource section).

Transitional arrangements

Access to the NHS Injury Benefit Scheme will continue to be available under transitional arrangements for people who suffer a relevant work related injury or disease on or before 30 March 2013.

There is a sunset clause for a period of 5 years (April 2013–March 2018). This will ensure that the provisions for temporary injury allowance, partial and full permanent injury benefits where a NHS injury or disease is discovered after cessation of NHS employment, remain completely unchanged.
There is also an exception clause for an additional period of 20 years (April 2018–March 2038). The exception clause is designed to deal with claims associated with delayed onset of symptoms for injuries occurring prior to the date of change. For claims made during the exception period, the claimant will be required to provide compelling evidence of a pre-2013 injury or disease to have their claim considered.

**TUPE transferred staff**

Staff who are transferred from the NHS after 1 April 2013 will take their existing terms and conditions with them, including Section 22. Transfers that happened before 31 March 2013 will not include Injury Allowance as this was not part of Agenda for Change at that point. However, branches who represent members in this category may want to approach the new employer and seek to agree a local version of section 22 into their terms and conditions. Remember that Injury Allowance provides a benefit to the employer as well as the employee in that it helps to retain trained and staff who would otherwise have to leave employment. This would leave the new employer facing a recruitment and training cost which could have been avoided.

From 31 January 2014, changes to the Transfer of Undertaking (Protection of Employment) TUPE regulations mean that transferred terms are more vulnerable to attack by new employers. Transfers that happen after this date are covered by the Collective Redundancy and Transfer of Undertakings (Protection of Employment) regulations. These new regulations are complex and advice should be sought around specific protections available.
CLAIMING INJURY ALLOWANCE

In order to claim Injury Allowance an employee must qualify for the payment through a work related injury, illness or other health condition and be on authorised sickness absence or phased return to work with reduced pay or no pay.

There is no qualifying period for Injury Allowance. Staff can access this allowance from the start of employment. Agenda for Change sets out how length of service is used to calculate sickness pay allowance as follows.

<table>
<thead>
<tr>
<th>Length of service</th>
<th>Full Pay</th>
<th>Half Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>during the first year of service</td>
<td>one month</td>
<td>two months</td>
</tr>
<tr>
<td>during the second year of service</td>
<td>two months</td>
<td>two months</td>
</tr>
<tr>
<td>during the third year of service</td>
<td>four months</td>
<td>four months</td>
</tr>
<tr>
<td>during the fourth and fifth years of service</td>
<td>five months</td>
<td>five months</td>
</tr>
<tr>
<td>after completing five years of service</td>
<td>six months</td>
<td>six months</td>
</tr>
</tbody>
</table>

Injury Allowance is a top-up payment and *tops up* sick pay, or reduced earnings when on a phased return to work, to 85 per cent of pay. For those covered by the *NHS terms and conditions of service handbook*, pay is as defined in paragraph 14.4, and paragraphs 14.4 and 14.5 in Section 14(a) (England). Injury allowance is restricted to a period of up to 12 months per episode of sickness, subject to local absence management, return to work and rehabilitation policies.

Staff need a clear process to apply for Injury Allowance. It is for the employer to decide whether to pay injury allowance and an NHS Employers guide is available which has lots of information to decision factors as well as a template application form. (See resource section).

Local negotiators should make sure the application form is easily accessible for staff and a clear process is in place to apply which contains information on how they can appeal a decision. In order to succeed in an application for Injury Allowance the employer needs to establish that the injury, disease or other health condition is wholly or mainly attributable to their NHS employment.
The NHS Employer's guidance has the following definitions:

**What does “wholly or mainly attributable to their NHS employment mean?**

9 “Wholly” means “totally” and “mainly” means "for the most part". "Attributable" is defined in case law as a contributory causal connection; it need not be the sole, dominant, direct or proximate cause and effect.

10 However, the injury, disease or other health condition must have been sustained or contracted in the discharge of the employee’s duties of employment or an injury that is not sustained on duty but is connected with or arising from the employee's employment.

The burden of proof in these applications is the civil burden of proof which is based on the balance of probability and is defined as more likely than not and should be used to decide if the injury or disease is wholly or mainly attributable to the person’s NHS employment.

Employers should seek corroborative evidence when making their decision, including using occupational health and other medical reports. The evidence referred to in the earlier section will be important in securing a decision quickly.

Branches should seek to get agreements on timescales to applications for Injury Allowance. Some injuries may be more difficult to demonstrate as work related, especially those involving psychological injuries, stress and long-term injuries.

**Actions for branches**

- Ensure your employer has a clear process for IA applications
- Ensure that there is a right to appeal and representation through the process
SICKNESS AND SICK PAY

Agenda for Change details the arrangements for sickness absence. In England, the 2013 changes are contained in section 14(a) and for the devolved nations in Section 14. Section 22 is a nationwide agreement as is Annex Z “Managing sickness absences – developing local policies and procedures” which details the minimum standards for local procedures and some key terminology.

Contributory State Benefits

Members should be advised early on to apply for any state benefits which may be payable to them and to notify their employer if their application is successful. Failure to do this can result in an overpayment that will then be recouped by the employer.

How is Injury Allowance calculated?
(from the NHS Employers Guidance)

27 Injury Allowance is a top-up payment. It tops up sick pay or earnings when on a phased return to work, and certain other income (as specified below) to 85 per cent of pay as defined in appropriate contractual documentation i.e. as noted above, paragraph 14.4 of the NHS terms and conditions of service handbook, or as specified in their separate contractual sick pay arrangements.

28 Specified income:

- contributory state benefits received for loss of earnings, for example, Job Seekers Allowance, Employment and Support Allowance, at the rate they are actually received by the employee
- sick pay, including Statutory Sick Pay (SSP)
- any earnings when on a phased return to work on reduced pay

Any other benefits or payments received should be ignored.

When receiving Injury allowance the overall effect should be that the employee cannot earn more than 85 per cent of full pay, this is inclusive of any statutory benefits. Members can avoid overpayments by seeking advice and checking on their entitlements early.

Section 22 states that the calculation of Injury allowance will include any contributory state benefits received by the employee:

“22.8 Injury allowance will be paid to eligible employees as a top up to their sick pay or earnings, when on phased return on reduced pay. This calculation will include any contributory state benefits received by the employee to 85 per cent of pay as defined in paragraph 14.4 and paragraphs 14.4 and 14.5 in Section 14(a) (England).”
It further states that:

“\textit{22.10 contributory state benefits received for loss of earnings will be offset at the rate at which they are actually received by the employee. All other benefits should be ignored}."

There is also a requirement under 22.11 that \textit{“eligible employees are required to claim any contributory state benefits they may be entitled to and to declare receipt of such benefit(s) to their employer”}.

This means that the employer is expected to ensure the employee’s pay does not fall below the 85%, which Injury allowance ensures, however the employee should make applications as far in advance as possible as the employer will be able to re-claim an overpayment.

It would be sound advice to get members to apply for any benefits in advance to avoid an overpayment.

\textbf{Unsocial Hours}

From April 2013, sickness allowances for staff in England no longer include unsocial hours enhancements, unless the reason for absence is due to injuries, diseases or other health conditions sustained or contacted in the discharge of their duties. This further emphasises the importance of getting evidence to link absence as wholly or mainly attributable to NHS employment.

\textbf{How are unsocial hours calculated (England only)?}

2.14 For staff on pay spine points 1 to 8 and those absent due to injuries, diseases or other health conditions sustained or contracted in the discharge of their duties of employment, (see paragraph 14.7 in Section 14(a) (England) and who are not in receipt of injury allowance, all unsocial hours payments will be pensionable and will count for occupational sick pay in line with paragraph 14.4 in Section 14(a) (England) and contractual maternity pay, in line with Section 15.

2.15 From 31 March 2013, for staff on pay spine points 9 to 54, unsocial hours payments will be pensionable and will count for contractual maternity pay only, in line with Section 15. Unsocial hours payments will not be payable during sickness absences.
Different arrangements apply to staff working in Scotland, Wales and Northern Ireland. Section 14 of Agenda for Change has the following description of calculation of full pay whilst off sick for staff working in Scotland, Wales and Northern Ireland:

Scale of Allowances - Sickness

14.4 The definition of full pay will include regularly paid supplements, including any recruitment and retention premia, payments for work outside normal hours and high cost area supplements. Sick pay is calculated on the basis of what the individual would have received had he/she been at work. This would be based on the previous three months at work or any other reference period that may be locally agreed. Local partnerships can use virtual rotas showing what hours the employee would have worked in a reference period had he or she been at work.

Ambulance staff also continue to receive unsocial hours as part of sick pay although this is currently subject to national discussions.

Calculating Sick Pay

Agenda for Change section 14.6 and 14.7 (in section 14(a)) state the following about the calculation of sick pay:

Calculation of Allowances?

14.6/7 The period during which sick pay should be paid and the rate of sick pay for any period of absence is calculated, by deducting from the employee’s entitlement on the first day of sickness, the aggregate periods of paid sickness absence during the 12 months immediately preceding that day. In aggregating periods of absence due to illness no account will be taken of:

- unpaid sick absence;
- injuries, diseases, or other health conditions sustained or contracted in the discharge of the employee’s duties of employment, as defined in Section 22;
- injury resulting from a crime of violence, not sustained on duty but connected with or arising from the employee’s employment, where the injury has been the subject of payment by the Criminal Injuries Compensation Authority (England, Wales and Scotland) and the Compensation Agency (Northern Ireland);
- as above, but an injury which has not attracted payment of an award as it has not met the loss of earnings criteria or was not one for which compensation above the minimum would arise.
The effect of this is that each separate period of sickness that relates to an injury, disease or health condition sustained or contracted in the discharge of the employee’s duties, as defined in Section 22, should not be taken into account when calculating the total sick pay entitlement.

Most NHS employers use Electronic Staff Records (ESR), which makes this process automatic, however, the important point to note is to get the absence recorded as a work related absence as soon as possible.

**Pay Protection**

If a member of staff is unable to return to their job following an illness, injury or disease sustained through their work, they may be eligible for pay protection if they accept a post at a lower pay band. Section 22 makes it clear that the member of staff can access their local pay protection policy in the same way as a member of staff affected by organisational change. More information on Pay Protection can be found in the UNISON guide: Annex X – guidance on workforce re-profiling [https://www.unison.org.uk/upload/sharepoint/Policies/Agenda%20for%20change%20workforce%20re-profiling%20-%20UNISON%20guide.pdf](https://www.unison.org.uk/upload/sharepoint/Policies/Agenda%20for%20change%20workforce%20re-profiling%20-%20UNISON%20guide.pdf)

**Pension protection**

If a member has at least two years qualifying service in the NHS Pension scheme and suffers a reduction in earnings through no fault of their own, they may apply to protect their pension benefits.

Examples of accepted reasons for protection of pay are:

- A change in the nature of the duties performed for example due to ill health
- A move to a lower paid post because of pending or actual redundancy
- Being transferred to other employment with an employer

The reduction in pensionable pay must have occurred through no fault of their own and they must hold at least 2 years qualifying service in the scheme. The application must be made within 3 months of going on to the reduced pay or marking time.

Branches should be careful when giving specific pension advice to members who should seek financial advice from an independent advisor or approach the NHS Pensions Agency to discuss options.

It is important to know that there are ways to protect members against the impact of illness and injury and ensure they know where to get advice. Links to factsheets and employers guidance is included in the resource section.

**Phased returns**

Injury allowance can also help maintain levels of sick pay at 85% during phased returns to work. Local sickness procedures should be clear about how phased returns to work operate and the benefits these provide to employers and employees.
GPs and occupational health can give advice to employers about how these should be implemented including a reduction of hours to allow a slower return to work, or adjusting duties to allow the employee to return to work by changing the more challenging aspects of their role, such as manual handling or driving.

Agenda for Change Annex Z "Managing sickness absences – developing local policies and procedures" contains information about what should be in local sickness policies and procedures including responsibilities, absence reporting, review processes, interventions, including the requirement for phased returns and terminations on grounds of sickness.

Other advice available

There is a wealth of advice on managing absence in the NHS. Branches can get advice from the NHS Employers’ website produced by the NHS Staff Council Equality and Diversity Working Group (EDWG) http://www.nhsemployers.org/your-workforce/pay-and-reward/national-negotiations/nhs-staff-council/equalities-and-diversity-group

ORGANISING AND RECRUITMENT

Helping members access their entitlements is a clear role of a trade union. UNISON has a proud history of helping members who are made unwell through their work to be treated fairly, with dignity and be able to access the benefits of their employment.

When we deal with individual cases we need to keep details confidential but we must still find a way to promote the work we do so that non-members and members see the benefits of being part of our union. This can be in the form of collective agreements to ensure processes are clear, or in member agreed case studies in regular communications.

By following and promoting the actions at the front of this guide branches will be able to demonstrate the benefits of being part of a collective movement. We need to take a fresh look at how we engage our members – by giving them sound advice when facing a work related injury, showing them the way to access the help and support available through their terms and conditions.

Each part of the union plays its role, from the local workplace representative who is the front line contact with the member, to the branch negotiators who get agreements with their employer and ensure that they are applied fairly to the health and safety reps who ensure the workplace is safe from hazards.

By making members the focus of the work we do they will see firsthand the support, negotiated by branches at local level and at national level through bodies such as the NHS Staff Council, available to them and the benefits if being part of UNISON.

People should not be made ill by their work, but when they do UNISON will be there for them.
HEALTH AND SAFETY

As already outlined in this guide, Health and Safety Representatives have an important role to play in injuries both to help deal with the aftermath of an incident or accident, but also to work with the employer to reduce the likelihood of accidents happening.

UNISON has plenty of useful guidance available on our website http://www.unison.org.uk/knowledge/health-and-safety/ on topic such as:

Risk assessment

Six pack guide

Safety rep guide
https://secure.unison.org.uk/unisonf0d2bfd2bf1d3bbfa7ac24c0e625b2ff6c26750879/unison1/upload/sharepoint/On%20line%20Catalogue/20867.pdf

Brown book safety reps and safety committee guide

For possible claims on psycho-social issues UNISON has produced guides on stress, bullying and violence at work

Organising for health & safety

Safety in Numbers

HSE guide on RIDDOR,
http://www.hse.gov.uk/riddor/

Please note that many of these links direct you to pdf documents that some systems may try to block. You can find most of them on the UNISON website or through a search engine.
RESOURCES

Agenda for Change

Old NHS Injury Benefit Scheme

NHS Employers Injury Allowance Webpage
http://www.nhsemployers.org/PayAndContracts/NHS-Injury-Allowance/Pages/NHSInjuryAllowance.aspx

Injury Allowance staff guide

Injury Allowance employer guide

Transitional arrangements guide

NHS Staff Council’s partnership review

Annex X – guidance on workforce re-profiling

NHS Pensions Agency Protection of Pay Fact sheet

NHS Pensions Agency Protection of Pay & Voluntary Protection of Pay Fact sheet

NHS Pensions Agency Protection of Pay and Voluntary Protection of Pay - Employer Guide
TUC Brown Book on Safety Representative and Safety Committee Regulations

NHS Employers guidance on prevention and management of sickness absence

NHS Employers guidance on disability leave (EDWG guidance)

DWP – Reporting Industrial Injuries