



Golden Jubilee
Foundation

Injury Allowance Policy and Procedure

Name	Injury Allowance Policy and Procedure
Summary	The aim of this policy is to ensure that provisions are made for employees who may have sustained injury, disease or other health conditions, connected with, arising from or wholly attributable to the employee's NHS employment.
Associated Documents	AfC Terms and Conditions Handbook, Attendance Management Guidelines, Health and Safety Policy and Procedure
Target Audience	All employees of the Golden Jubilee Foundation
Version number	1.0
PIN policy	
Date of this version	November 2015
Review Date	October 2018
Date of full impact assessment	TBC
Name of Board	National Waiting Times Centre
Approving committee/group	SMT/Partnership Forum
Document Author	David Miller, Acting Director of Human Resources

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Golden Jubilee Foundation Values Statement

What we do or deliver in our roles within the Golden Jubilee Foundation (GJF) is important, but the way we behave is equally important to our patients, customers, visitors and colleagues. We know this from feedback we get from patients and customers, for example in “thank you” letters and the complaints we receive.

Recognising this, the GJF have worked with a range of staff, patient representatives and managers to discuss and promote our shared values which help us all to deliver the highest quality of care and service across the organisation. These values are closely linked to our responsibilities around Equality.



Our values are that we will:

- Take responsibility for doing our own job well
- Treat everyone we meet in the course of our work with dignity and respect
- Demonstrate through our actions our commitment to quality
- Communicate effectively, working with others as part of a team
- Display a “can do” attitude at every opportunity.

Our policies are intended to support the delivery of these values which support employee experience.

1. Introduction

- 1.1 PCS (AFC) 2013/1 informed NHS Boards of the new Injury Allowance provisions which were effective from 31 March 2013. This new allowance replaces the previous Injury Benefits Scheme administered by the Scottish Public Pensions Agency (SPPA). However under transitional arrangements, injuries or illness which were wholly or mainly attributable to the duties of NHS employment, which occurred on or before 30 March 2013 will still be eligible to be claimed under the previous Injury Benefits Scheme administered by SPPA – see section 7 below.
- 1.2 The Injury Allowance can be paid to an employee who, due to a work related injury, illness or other health conditions are on authorised sickness absence or a phased return to work with reduced or no pay. An employee who has an injury, disease or other health condition that is wholly or mainly attributable to their NHS employment which occurred on or after 31 March 2013 may be entitled to an Injury Allowance payment subject to certain conditions as detailed in this procedure. 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 be an injury that is not sustained on duty but is connected with or arising from the employee's employment.
- 1.3 The attribution of injury, illness or other health condition will be determined by the GJF based on the information provided by the employee and the appropriate medical advice. In taking this decision the civil burden of proof - "on the balance of probability" (ie more likely than not) – will be used to determine the outcome. Where the employee disagrees with the decision taken there will be a right of appeal as detailed in this procedure.
- 1.4 Payment of the Injury Allowance is not dependent on length of service.

2. Eligibility

- 2.1 The allowance is applicable to all staff remunerated on Agenda for Change, Medical and Dental and Senior Manager Terms and Conditions of Service.
- 2.2 However, the Injury Allowance will not be paid in the following circumstances:
 - Injury whilst on a normal journey travelling to and from work, except where the journey is part of their contractual NHS duties;
 - Sickness absence as a result of disputes relating to employment matters, conduct or job applications;

- Injury, disease or other health condition due to or seriously aggravated by the employee's own negligence or misconduct.

3. Scale of Injury Allowance

- 3.1 Injury Allowance will be paid to an eligible employee as a top up to their sick pay or earnings or when on reduced pay as a result of a phased return to work. The calculation will include any contributory state benefits received by the employee to 85% of pay.
- 3.2 The Injury Allowance payment is subject to tax and national insurance contributions but is not subject to pension contribution deductions.
- 3.3 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 or payments received should be ignored.
- 3.4 Employees are required to claim any contributory state benefits they may be entitled to and to declare receipt of such benefit(s) to the GJF. Timely notification will ensure that overpayments of Injury Allowance are not made. The GJF will require repayment when an overpayment is made in line with the Over/Under Payments of Salary procedure.
- 3.5 The Injury Allowance will be limited to the period of the employment contract and a maximum payment period of 12 months per relevant injury or disease, subject to the Management of Absence and Rehabilitation to Work policies.

4. Application Process

- 4.1 Where an employee considers that they may be eligible for an Injury Allowance payment, the Application for Injury Allowance form (Appendix A) should be completed providing details of the injury or illness, a copy of the DATIX incident report if relevant and any support received from Occupational Health as a result of the injury or illness. The form, together with any supporting documentation should be forwarded to the relevant HR Advisor for verification. Copies of any current correspondence from the Occupational Health Department associated with the injury or illness outlined in the Application for an Injury Allowance Form should be attached to the form and once signed by the HR Advisor the form should be submitted to the Head of HR.
- 4.2 Each application will then be considered by a panel consisting of the Head of HR, a member of the Senior Management Team, the Head of Clinical Governance, a Health and Safety Representative and a Staff Side/Professional Organisation Representative. In cases where the

Occupational Health Department have been involved, an up to date report will be requested from Occupational Health seeking their advice on the causation of the injury, illness or health condition prior to any decisions being taken on the Injury Allowance application. This may require the employee to attend a further appointment with Occupational Health if this is considered necessary. In cases where the employee has not already been attending Occupational Health an appointment will be made for them to attend and a report requested prior to any decision being taken on the Injury Allowance application. In both circumstances the Occupational Health reports will be shared with the employee. Further information may also be sought from the employees' specialist/healthcare professional involved in their care if applicable. Where the employee refuses to attend an appointment at Occupational Health a decision will be taken on their Injury Allowance application in the absence of medical evidence.

- 4.3 The panel will then assess the application, the Occupational Health report and any other supporting documentation and take a decision as to whether, in line with the guidance, an Injury Allowance should be paid. The decision of the panel will be confirmed in writing to the employee with a copy to their line manager.
- 4.4 Where applicable, the Head of HR will notify the Payroll Department of any payment to be made together with the relevant dates.

5. Appeals Process

- 5.1 Where an employee is unhappy with the decision taken not to pay an Injury Allowance, they will have a right of appeal against this decision. This appeal should be made within 28 days of receiving the decision of the panel and should be addressed to the Director of Human Resources clearly detailing the reasons for the appeal. The Appeal Panel will comprise of either the Board's Director of Nursing or Medical Director, the Director of Finance and the Director of HR. The panel will consider the original application and supporting evidence and the decision taken by the panel along with the letter of appeal and advise whether the decision not to pay an Injury Allowance was appropriate or not.
- 5.2 Should further Occupational Health advice be required this will be requested by the Director of HR. Any report provided as part of the appeal process will also be shared with the employee.
- 5.3 The employee will be notified of the outcome of their appeal and if appropriate the Director of HR will notify payroll to arrange payment of the Injury Allowance. This will be the second and final stage of the process and there will be no further right of appeal.

6. Pay Protection

- 6.1 Employees eligible for the Injury Allowance payment and who then subsequently have to change jobs permanently to a position on lower pay due to a work related injury, illness or other health condition, will receive pay protection that is the same as the provision for pay protection resulting from organisational change.

7. NHS Injury Benefits Scheme – Transitional Arrangements

- 7.1 The previous NHS Injury Benefit provisions will continue to protect eligible employees who suffered a relevant injury or disease on or before 30 March 2013 as follows:

- For a period of 5 years (31 March 2013 to 30 March 2018). Eligible employees will continue to be able to claim under the Injury Benefits Scheme as previously provided where an injury is sustained or a disease is contracted before 31 March 2013.
- For an additional period of 20 years (31 March 2018 to 30 March 2038). Claims associated with delayed onset of symptoms resulting from injuries sustained and diseases contracted before 31 March 2013 may still be claimed under the Injury Benefit Scheme.

Together these measures provide a period of 25 years transitional protection for those who sustain a work related injury or contract a work related disease before 31 March 2013.

- 7.2 The NHS Injury Benefits Scheme can provide three forms of financial support for employees affected by injury or disease that is wholly or mainly attributable to their work on or before 30 March 2013 and this includes Temporary Injury Benefit, Permanent Injury Benefit or Death Benefits. The application process for this scheme remains unchanged and will be administered by the Scottish Public Pensions Agency. Further details on making such an application can be found on the SPPA website – www.sppa.gov.uk
- 7.3 Employees already in receipt of a Temporary or Permanent Injury Benefit on or before 30 March 2013 will not be affected by the introduction of the new arrangements for Injury Allowance.
- 7.4 A Flow Chart showing whether a claim should be made under the Injury Allowance or Injury Benefit Scheme is attached at Appendix B.

8. Review

- 8.1 This process will be subject to ongoing monitoring and review.



Appendix A

Golden Jubilee Foundation
APPLICATION FOR INJURY ALLOWANCE

This form should only be completed for an injury or disease occurring on or after 31 March 2013

Please note that injury allowance will not be payable if the accident or illness was wholly or mainly due to, or seriously aggravated by, your own culpable negligence or misconduct.

Please complete Part 1 and forward to the Human Resources Department who will complete Part 2 and submit to the Head of Human Resources

PART 1 - TO BE COMPLETED BY THE APPLICANT

SECTION 1 - PERSONAL DETAILS (to be completed in all cases)

Table with 3 columns: Payroll Number, Group Code, Pay Point

Form fields for personal details: Surname, Forenames (in full), Title (Dr, Mr, Mrs, Miss, Ms), Other title (please specify), National Insurance number

Form fields for contact details: Contact Address, Postcode, Date of birth (e.g. 18/07/1964), Telephone/mobile number, Email address

Date the injury occurred? (after 31/03/2013)

		/			/				

Current Post
Job Title

Manager
Dept

Post at time of Injury
Job Title

Manager
Dept

SECTION 2 – FURTHER INFORMATION

1. Please give details of all your previous employment showing where you have worked, with dates if possible

Uncontrolled when printed

2. Please give a description of the incidents(s) leading to your injury or illness and the type of injury or illness suffered (continue on a separate sheet if necessary).

3. Are you receiving or applying for a NHS Superannuation Pension due to ill-health?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. Have you applied or are you in receipt of any DWP benefits as a result of your injury?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If the answer is “no” to question 4 but you later claim DWP benefits you must notify NWTCB Payroll Department immediately.

Please read and sign the declaration on page 3, enclosing copies of any DWP awarding letters you have received, where possible.

I have included the following documents with my application (please specify below, indicating if you have sent these to us separately). Do not send us originals unless you have to, copies are preferred. Please ensure all documents are marked with your Payroll Number.

SECTION 3 – DAMAGES OR COMPENSATION CLAIMS

SPPA reference – your superannuation number

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(if member of the NHS Superannuation scheme (Scotland))

Please tick the appropriate box.

1. I am currently pursuing a claim for compensation in connection with my work related injury/disease. I authorise the GJF to approach my legal representative who can be contacted at the address below.

2. Legal Representative name:

Address:

My Reference number is:

Post code

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3. I am not pursuing a compensation claim at this time. I will notify GJF if I decide to pursue such a claim in the future.

I understand that my Injury Allowance can be affected by an award of compensation and I may be required to repay some or all of any Injury Allowance paid to me. I will notify the GJF if I have received or receive a damages or compensation payment in respect of the same injury.

Signature

Print Name

Date:

		/			/				
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SECTION 4 – DECLARATION (please read before signing)

(Without a signed declaration we cannot accept your application)

- I hereby apply for NHS Injury Allowance due to injury/disease which I consider to be wholly or mainly attributable to the duties of my NHS employment in GJF
- I understand that certain DWP benefits paid in relation to my injury are taken into account with NHS injury allowance.
- I will notify the GJF if I have claimed or intend to claim any DWP benefits or if my DWP benefits change in amount or cease to be paid.
- I understand responsibility lies with me to keep the GJF informed of any changes in DWP benefits.
- I agree to provide GJF with copies of any awarding documents for DWP benefits and any subsequent changes to benefit awards.
- I authorise GJF to obtain medical evidence connected to my Injury Benefit Claim and/or monetary details of my DWP details, and any subsequent changes from the DWP.
- I agree that any medical information required to make a decision on my case, will be obtained by me at my expense from my GP/Consultant, and/or other sources.
- I give consent for GJF to approach the Occupational Health Department or any other relevant sources for information if required.
- I am willing to undergo a medical examination if asked to do so.
- I understand that any payment of Injury Allowance is subject to tax and national insurance deductions and that my payments will be processed by GJF's Payroll Department.
- I understand that any overpayment on my Injury Allowance will be recovered and must be repaid by me.
- I will notify the GJF Payroll Department if/when I return to any NHS post or if my NHS employment is terminated.
- I declare the details I have given in Part 1 of this form are correct to the best of my knowledge.

Signature

Print Name

Date:

		/			/				
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PART 2– TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT

This form should only be completed for an injury or condition occurring on or after 31 March 2013.

The following question must be considered carefully as the terms of the Injury Allowance Regulations do not apply to cases where the injury or disease was wholly or mainly due to, or seriously aggravated by, the applicants own culpable negligence or misconduct.

1. In the Employing Authority’s opinion is the injury or disease wholly or mainly due to or seriously aggravated by the claimant’s own culpable negligence or misconduct? If the answer is yes, please provide all relevant details.

Yes

No

Signature

Print Name

Job Title

Date:

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2. In order to avoid delay in processing, the following information should, where possible accompany this application form. Tick the boxes to indicate which papers are being enclosed.

- Incident Report Form (including Datix and Riddor details)
- Occupational Health Records
- Job Description
- Details of any sick leave, paid or unpaid, during the last 5 years of NHS employment.
- Other papers included. Please specify below (for example – witness statements)

PART 3– TO BE COMPLETED BY THE HEAD OF HUMAN RESOURCES

1.

Panel Membership	
Name	Job Title

2.

Approved / Not Approved *									
Reason for non approval									
Signature									
Name (Print)									
Date:			/			/			

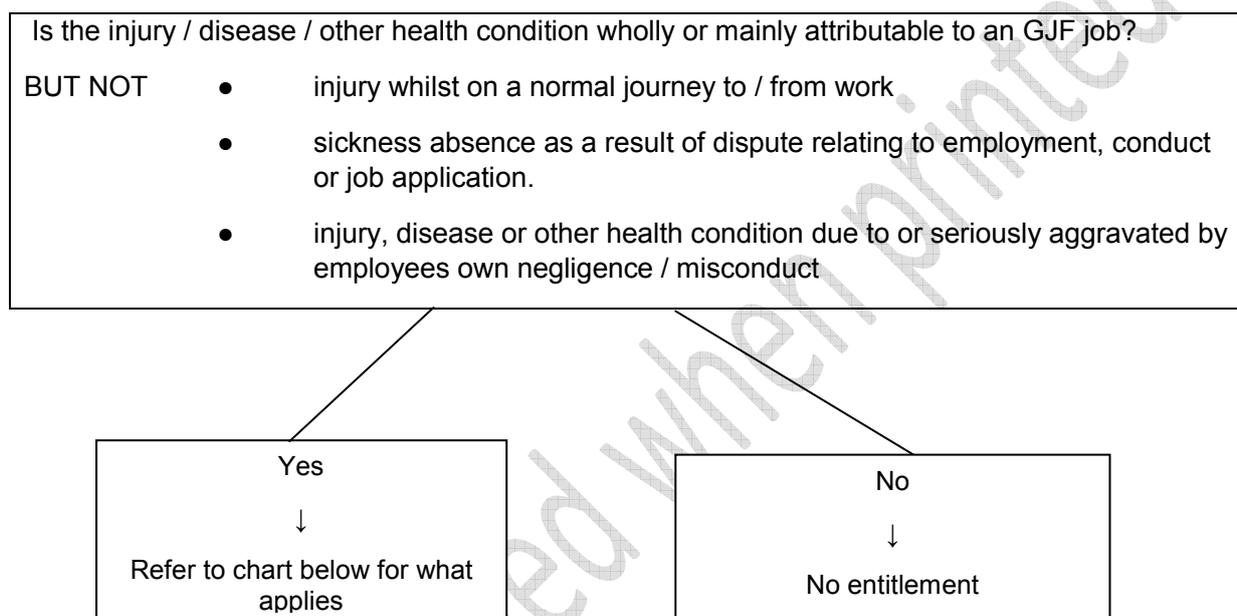
* Delete as appropriate



Appendix B

INJURY BENEFIT / ALLOWANCE

FLOWCHART



Date of Injury / Disease and onset	Current Date		
	Pre 31.03.18	Post 31.03.18 But Pre 31.03.38	Post 31.03.38
Injury / disease occurred on or pre 30.03.13 and			
(a) on set pre 31.03.18	INJ BENEFIT	INJ BENEFIT	N / A
(b) on set post 31.03.18	N / A	INJ BENEFIT	INJ BENEFIT
Injury / disease occurred on or post 31.03.13	INJ ALLOWANCE	INJ ALLOWANCE	INJ ALLOWANCE

INJURY BENEFIT Claims are made to SPPA via Board

INJURY ALLOWANCE Claims are made to the Board