

FREQUENTLY ASKED QUESTIONS – UNSOCIAL HOURS

Why has the original AfC unsocial hours (USH) system been withdrawn?

There were major problems emerging from the testing of the system in Early Implementer (EI) Trusts. The system was difficult to manage, difficult for staff to understand, it was costing more than expected, it failed to provide incentives for short term/weekend cover, it adversely affected some of the lowest paid and was causing higher levels of pay protection than had been anticipated.

For the interim it is proposed that we stay with Whitley USH multipliers. Why are there different arrangements proposed for ambulance staff in Ambulance Trusts?

The AfC USH system was tested in two EI Ambulance Trusts and worked for them. Ambulance staff didn't previously have a USH system so one would have to be created.

So how would the Interim USH system work?

Staff who work unsocial hours would have their USH payments based on applying the Whitley multipliers to the new assimilated AfC rates of pay. Ancillary staff would have £535 or £915 added if they work alternating or rotary shifts.

Why can't we stick with the Whitley USH system long term?

Because it would be in breach of the legal principle of 'equal pay for work of equal value'. In other words we would be paying people on the same pay band differently. We need to negotiate a new harmonised USH system applicable to all. We have agreed to do this towards the end of 2005 so it could be introduced on 1 April 2006.

Why are we waiting a further 18 months until we apply a new USH system?

There was insufficient time to renegotiate USH before UNISON's ballot and the planned date for rolling out AfC. Delay would have taken money from the overwhelming majority of our members who would gain from AfC. The interim scheme would work as a temporary measure and would, in fact, benefit our low paid members. We may need time to test a new USH system.

Could the employers or the Government simply impose a new USH system?

Absolutely not. It would be impossible legally, industrially or politically. The Terms of Reference for the Review of Unsociable Hours (set out in Annexe M of the proposed agreement) makes it clear that there has to be a collective agreement.

Will UNISON members have any say?

Yes, of course. There will be a further ballot of all UNISON's Health members prior to any USH agreement being signed off.

I work in an EI Trust. If the original USH system is flawed, why are we still using it?

It has been agreed that staff in EI Trusts will revert to Whitley USH unless there is a local agreement for groups of staff to stay on the original AfC USH system. In other words your group of workers can have a choice.

We have a local agreement on unsocial hours. Can this continue?

Yes. Until April 2006.

I'm an ancillary worker. New AfC rates of pay with Whitley USH multipliers gives me a good increase. Isn't there a danger I may lose this in April 2006?

We have made it clear we would not agree to any new system that would disadvantage any groups of our members. To get an agreement, the employers are going to have to come up with a deal that is as good as or better than the present arrangements.

I am a technician on a PTB Grade. We don't have a Whitley USH system to revert to, so what can we do?

You can either use the nurses & midwives USH system or if you are using a locally agreed USH system you can continue to use that – until April 2006

I am a Grade G nurse. Under Whitley my USH payments are capped at the top of Grade F. How will this now work?

There will be a new cap at the top of Band 6. This is approx £3,000 higher than the top of Grade F so there is a benefit for you.

Under the Nurses & Midwives Whitley agreement, I don't get USH payments whilst off sick or on all of my holidays. What will happen now?

Good news. Although the Interim USH system will be based on Whitley, it has been agreed that USH will now be payable for sick and all annual leave pay.

For more information on Agenda for Change
visit our web site at www.unison.org.uk/healthcare/A4C