

Answer to questions received for December 2023 Board

Thank you for your questions regarding the exceptional pay rates available during industrial action by junior doctors.

As a Trust we are extremely supportive of all our junior doctors and have had a junior doctor colleague on our Trust Board for the last 5 years in a Board affiliate post. A significant number of our consultants act as Training Program Directors for the Region, and we pride ourselves on the training opportunities offered to our junior doctor workforce.

We pay all colleagues, medical and non-medical, in line with their respective national terms and conditions. Our standard locum rates (for medical colleagues) are in line with rate cards agreed as part of a regional temporary staffing collaborative. Our standard bank rates (for non-medical colleagues) are based on Agenda for Change pay scales. During strike periods we offer enhanced rates to medical and some non-medical colleagues. These are higher than those offered during normal times and reflect the rates paid in neighbouring organisations, to attract staff and ensure patient safety. The detail is set out in the table below. (We are aware that some screenshots circulated of our booking system showed some rates which were inaccurate due to supplements that are added for doctors' strike days.)

Position	Basic Salary (p/a)	Standard locum/bank rates (p/h)	Locum/bank rates during industrial action (p/h)
FY1	£32,398	£30	£35
FY2	£37,303	£35	£40
CT1&2, ST 1&2, SpR1&2	£43,923	£45	£60
Physician Associate (Band 7, Agenda for Change)	£43,742 - £50,056	£29.10	£60
Advanced Nurse Practitioner/Advanced Clinical Practitioner/Lead Physician Associate (Band 8a, Agenda for Change)	£50,952 - £57,349	£33.34	£60

It is worth noting that strike action by junior doctors has consisted of a complete withdrawal of labour from all areas leaving gaps which were they not filled would put patients at risk. We are immensely grateful to colleagues from our non-medical workforce who have stepped into these gaps to support the consultant body who have in the main been providing cover for inpatients and our emergency areas. Without this support we would not have been able to provide safe services for our patients which is the primary duty of a Trust and the Board members.

OUTSTANDING CARE

HEALTHY COMMUNITIES

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