

Questions at Public Board

Below are questions and statements received at Public Board on 8 May 2025. To provide a clear response, some questions have been broken down into their component parts, whilst others have been grouped where there are overlaps.

Question number	Question	Trust Response
1 (part 1)	<p>The Chief Executive and other senior managers have said in public statements from the beginning of our strike action 8 weeks ago that they are working closely in partnership with us to resolve the issues with our pay.</p> <p>Not a single member of senior management or HR personnel has met with us in this time to discuss our banding.</p>	<p>The Trust holds a different view about this. On 11 March 2025, a Unison representative, phlebotomist representatives and senior HR colleagues met to discuss the dispute raised and the outcomes Unison wished to achieve.</p> <p>On 13 March 2025, it was confirmed in an email to those who had attended the meeting, the next steps the Trust was taking in relation to this dispute.</p> <p>There have been several meetings regarding the phlebotomists' request to match their role to a Band 3. These meetings took place between 15 November 2024 and 9 April 2025, with Unison, phlebotomy representatives, HR and staff side colleagues.</p>
1 (part 2)	<p>The Trust have also repeatedly claimed that we have not sent information that has been requested from us, but we sent this in November. The Trust has been made aware of possible Band 3 role profiles we can be matched to, and they have all the information needed to assess the suitability of these profiles to our jobs.</p> <p>We have cooperated at every stage of this process, and in return we have received a total lack of transparency.</p> <p>Why is the Trust being dishonest in their communications with other staff and with the public?</p>	<p>This question highlights that there is some confusion arising between what the Trust requested and requires, and what the phlebotomists have provided.</p> <p>At a meeting held with members of the Phlebotomy team, Unison and HR on 15 November 2024, HR asked that an amended job description, with changes clearly highlighted via track changes, should be emailed to HR by the phlebotomists' line manager.</p> <p>However, the job description received by HR had a title date of 2023, did not have any changes highlighted, nor was it track changed, and was emailed from the phlebotomists with their supplementary information, and not from their line manager as requested.</p> <p>As no changes were provided, HR did ask the phlebotomists if this was the job description they wished to have reviewed and also contacted their line manager several times before HR received confirmation the line manager was in agreement to proceed.</p>

		<p>We asked for an amended job description, because this is what is required for the job evaluation process, and the line manager is required to send the job description through, confirming their agreement with the changes and for it to be considered.</p> <p>The phlebotomists did, however, submit supplementary supporting information, which was shared by HR with staff side colleagues and used as part of the review. This included a photograph of a clinician's handwriting on a blood form to demonstrate they often have to read illegible writing, photographs of the phlebotomists wearing PPE to highlight their point about their challenging working environment, narrative about their role complexity and scope of practice and narrative about the training required for their role.</p> <p>This information, whilst useful, did not evidence what skills and responsibilities applicable to the post had changed, nor did it provide details of the changed job demands, as required as part of the Job Evaluation Scheme.</p> <p>For clarity, we assume this is because during the meeting held on 11 March 2025, it was confirmed by the phlebotomists Union representative, that there were no changes to their current role, and the challenge set out is in relation to the Trust's historic interpretation of certain areas within the job matching.</p> <p>During the meeting on 11 March 2025, HR also outlined several measures which had already been taken to review the job description and supporting evidence, including a review against the Band 2 National Phlebotomist role profile, and comparisons with similar job descriptions in other Trusts rated at both Band 2 and Band 3.</p> <p>As part of the process, at a meeting with staff side on 24 March 2025, it was confirmed to staff side that HR would undertake a wider review of Band 2 and Band 3 profiles and matching outcomes from other Trusts. There were no objections raised about HR undertaking this review, and the outcome of this wider review was shared with staff side on 9 April 2025.</p> <p>We appreciate the phlebotomists' concern about us saying publicly that they have not provided the information required, but it is the case that they have not provided us with an amended job description. The additional information provided is useful context which we've considered, but it is not what we need to move forward.</p>
3	The Secretary of State for Health has issued a statement emphasising to NHS employers that Job Evaluations must be	We do not agree there has been a breach of the NHS Job Evaluation Scheme or Trust policy.

(Questions 3 and 4 has a joint response)	<p>carried out in partnership with trade unions, and that some are falling short of the government's expectations. We are aware that the co-chair of the NHS Staff Council has written to the Trust to express serious concerns about the Trust's behaviour being in breach of the Job Evaluation Scheme.</p> <p>A member of the Job Evaluation panel that was held in February has made a protected disclosure, sharing their concerns about the actions of the Trust, the process followed and the communications about it. The panel did not agree that our job description matched a Band 2 role profile but were blocked from assessing the available Band 3 role profiles.</p> <p>In light of these communications to the Trust, what action is being taken to investigate which senior managers oversaw these breaches in the JE Scheme and Trust policy, and what disciplinary action will be taken to ensure low paid female staff are not treated like this in future?</p>	<p>We have closely followed section 4.2 of the NHS Job Evaluation Handbook, which is very clear that in order to make a request for a re-evaluation or re-match, the post holder must submit either an amended agreed job description or agreed evidence showing which skills and responsibilities applicable to the post have changed. They should also provide details of the changed job demands that have led them to believe there is a change in factor levels.</p> <p>During a meeting on 15 November 2024 with members of the phlebotomy team, their union representatives and HR for the division, HR listened to the concerns raised by the team and their union representative regarding their dispute and provided advice to help the phlebotomists with the review of their job description.</p> <p>This advice included explaining at length what the process entailed, confirming they should work with their line manager to review their job description and agree changes, ensuring they included all areas they felt had changed and strengthening areas they felt were lacking in evidence or clarity.</p> <p>Whilst HR were happy to accept any supplementary information the phlebotomists and Unison wished to submit, HR were clear that the information should be reflected in the job description.</p>
4 (Questions 3 and 4 has a joint response)	<p>The NHS Job Evaluation Scheme (JES) was created in part to protect staff from sexist pay discrimination and to protect employers from equal pay legal claims. The Scheme places binding contractual obligations on NHS employers. Over 97% of phlebotomy staff in this Trust are women.</p> <p>In its actions during the dispute over phlebotomist banding, Gloucestershire Hospitals NHS Foundation Trust has violated the NHS JES and breached the agreed policy and procedure. This has been subject to a whistleblowing complaint.</p> <p>We believe that senior managers have misled the Board, governors and public about their actions and we wish to ask the Board about their understanding of the situation.</p> <p>The Phlebotomists in the Trust are skilled clinical staff who are required to undertake a range of non-routine procedures and practices which require a level of theoretical knowledge.</p> <p>We are required to complete a minimum of three months mandatory competency training, which exceeds Level 2 of</p>	<p>They also advised the phlebotomists to take advice and support from their union representative in helping shape the job description.</p> <p>Although the union confirmed in the meeting of 11 March 2025 that the job description had not changed, in good faith and to support their phlebotomy colleagues, the Trust decided to still undertake a review of the job description with staff side colleagues, and a wider review of other Trust's outcomes.</p> <p>The Trust and union colleagues did not agree on the outcome. The Trust's decision following the review, is the current Phlebotomist job description at GHFT remains aligned at a Band 2 (as previously evaluated with staff side). This is also consistent with other Trusts within the South West and across the country, who continue to use the Phlebotomist Band 2 National Profile. A full equality impact assessment is undertaken on all national profiles, mitigating the risk of unequal pay based on gender.</p> <p>However, the Trust remains committed to working in partnership, and our request remains for the phlebotomists to work with their line manager to submit a new job</p>

	<p>Factor 2 of the NHS JES, at which “the required knowledge generally takes weeks, but not months, in the job to learn”).</p> <p>It aligns with Level 3 (“a base level of theoretical knowledge” which “does not necessarily mean formal, academic learning is required”). The theoretical and procedural knowledge required again exceeds Level 2 (knowledge to carry out “a series or sequence of short cycle repetitive activities that require little or no variation according to the circumstance”) and meets the criteria for Level 3 (“knowledge to carry out activities that are varied and therefore entail some problem-solving tasks within clear policies or practices”). This places us, according to the NHS JES guidance, at Band 3. We have provided clear and extensive documentary evidence to demonstrate this.</p> <p>Under the NHS JES and the Trust's own agreed policy, posts need to be evaluated and matched to a national role profile by a Job Evaluation Panel. The Trust's Panel did not agree that our job description was aligned to a Band 2 role, because our knowledge, training, and experience was at a higher level. The Panel were then blocked from matching us to Band 3 by Trust managers and were not allowed to reconvene. This is a direct breach of the NHS Job Evaluation Scheme and local policy and procedure.</p> <p>The co-Chair of the NHS Staff Council and UNISON Head of Health has written to Trust to express serious concern. Our requests for information and transparency have been ignored.</p> <p>What responsibility do Board members hold for ensuring compliance with the Trusts contractual and legal obligations? Why will the Trust not allow the Job Evaluation panel to assess our jobs? Has the Board added the equal pay risks arising to its risk register?</p>	<p>description and person specification for the future, that can be assessed against organisational need.</p>
5	<p>Speaking to some of the Hospital Trust's @37 phlebotomists about their pay dispute it seems their ongoing grievance is that according to NHS rules, staff with their skills should be paid on a Band 3 salary, as in other Hospital Trusts, but they</p>	<p>Our phlebotomists have never been paid below the National Living Wage.</p> <p>As explained, the current Phlebotomist job description at GHFT remains aligned at a Band 2, in line with the Phlebotomist Band 2 National Profile.</p>

	are paid about £1 per hour less on Band 2, below the national living wage.	<p>Prior to the 1 April 2025, the National Living Wage was £11.44 per hour, and our phlebotomists were paid at £12.08 per hour.</p> <p>From 1 April 2025, the National Living Wage increased to £12.21 per hour.</p> <p>From 1 April 2025, in line with the National Living Wage uplift, our phlebotomists' hourly rate was increased to £12.36, which is above the National Living Wage.</p>
6	<p>Attempts to resolve this over the past 6 months have been unsuccessful and left them feeling undervalued and underpaid.</p> <p>I have recently had blood taken at our local surgery when both arms were tried and was left with a small bruise. While in no way decrying anybody this hasn't happened before. Phlebotomists are skilled and experienced, as it is their full-time job and have the soft skills to put patients, certainly me, at ease. It would be a loss if we lost their expertise because they could earn more in supermarkets.</p> <p>I am a member of our surgery's Patient Participation Group and waiting times are a concern. This current dispute is not helping. It needs to be resolved to everyone's mutual benefit. Our PPG has heard GP practices will soon be tasked blood samples 4 times a year from those patients 75 years and older as a preventative strategy. It is not a time for our NHS to make our phlebotomists feel undervalued and underpaid. Goodwill is a great asset.</p>	Statement was noted.
7	How much has the hospital trust spent on extra staffing brought in to cover the work of those on taking action?	<p>From 18 March 2025 to 9 May 2025, the cost of providing cover is £5,641.46, with cover being provided by nurses and health care support workers.</p> <p>The industrial action is currently projected to continue until 25 May 2025, so the total projected cost of providing cover between 18 March 2025 and 21 May 2025, is estimated at £6,497.55.</p> <p>These costs are off-set by the fact that the staff who are striking are not paid during this time.</p>
8	Will you and the Hospital Trust make renewed effort in good faith to resolve their concerns so we can keep a full complement of skilled and valued phlebotomists across our Cheltenham and Gloucester Hospitals?	As confirmed earlier, the Trust remains committed to working in partnership, and our request remains for the phlebotomists to work with their line manager to submit a new job description and person specification, for the Trust to consider in light of organisational need. We made this request in our letter of 11 April 2025.

		Over the last few days, we have also agreed on a meeting between the Deputy CEO, the Director for People, a phlebotomist colleague and their union representative, to explore ways forward. This meeting will take place in the next week. We asked the phlebotomists to pause their industrial action pending this meeting, but they have declined to do so.
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