

# Annual Members Meeting 2025 – Questions and Answers

The following four questions set out below were submitted in advance of the 2025 Annual Members' Meeting (AMM). Subsequent questions were submitted during the AMM which is also set out below. The responses are provided below each question.

## Submitted questions

### Question 1

All victims of sexual violence should be able to access appropriate support.

Female survivors of sexual violence often want and need single sex support. The fundamental importance of this has been demonstrated by recent cases in Edinburgh and Brighton.

Can Gloucestershire Hospitals NHS Trust confirm that they routinely provide single sex forensic and counselling support through their services at Hope House?

### Response

Hope House is delivered by Gloucestershire Health and Care NHS Foundation Trust.

### Question 2

“Women, especially those who are survivors of sexual violence, often want and need single sex services and support. Can Gloucestershire Hospitals NHS Trust confirm that they routinely provide single sex wards and intimate care?”

### Response

We follow the NHS England Guidance for NHS Trusts published in 2019

Link - [NHS England » Delivering same-sex accommodation](#). We try to meet the standards set for us within the NHS Constitution.

On the rare occasions that mixing does occur, every effort is made to put the situation right as soon as possible. Until that time, our staff take extra care to safeguard privacy (which includes intimate care). Protecting patients' privacy and dignity is integral to good quality patient care and is part of our overall ethos and approach.

We report our mixed sex accommodation breaches to Board as this is included in the Integrated Performance Report (IPR). This enables us to review the occasions that this has occurred so we can analyse the data and put in plans to prevent this in the future.

On NHS England's website there is a statement that this guidance is under review...

“Following the ruling from the Supreme Court in the [For Women Scotland Ltd \(Appellant\) v The Scottish Ministers \(Respondent\)](#) case published 16 April 2025, our Delivering same-sex accommodation guidance, published in 2019, is currently being reviewed. All providers of NHS-funded care continue to be expected to provide high quality care that meets all patients' clinical needs, safeguards them from the risk of harm and ensures their privacy and dignity

when they are admitted to hospital. Providers should continue to measure and report breaches of the NHS Constitution pledge on same sex accommodation. Revised guidance which supports privacy, dignity and safety for all patients in hospital accommodation will be published as soon as possible.”

When the national guidance is reviewed, we will review our approach.

Thank you for raising this question and we hope this answers your question.

### Question 3

As in previous years, will the Hospital Trust please provide an update of the numbers of different grades of permanent and agency staff in the Emergency Department across the two sites?

If possible, a breakdown of the numbers between the two sites between 8am and 8pm and between 8pm and 8am would be appreciated, although we understand staff do sometimes shift between the two sites. It is just to get a feel of the relative establishment staffing levels on the two sites.

**Response – the information will be published on the website after the AMM**

	<b>31st March 2020</b>	<b>31st March 2023</b>	<b>31st March 2024</b>	<b>31st March 2025</b>
Medical and Dental	56.00	67.18	68.70	
Associate Specialist (Closed to new entrants)	1.00	1.00	1.00	
Consultant	20.20	17.80	19.40	
Foundation Year 1	4.00	5.00	6.09	
Foundation Year 2	6.00	5.91	7.03	
Specialist Registrar	0.00	0.00	0.00	
Specialty Doctor	1.00	0.70	3.70	
Specialty Registrar	19.00	30.77	19.42	
Trust Grade Doctor - Career Grade level	1.00	1.00	10.06	
Trust Grade Doctor - Specialty Registrar	3.80	5.00	2.00	
Nursing and Midwifery Registered	109.30	104.01	164.92	
Advanced Practitioner	11.36	6.75	16.32	
Modern Matron	0.00	0.00		
Nurse - Advanced Practitioner	0.00	2.80	6.02	
Nurse Manager	0.00	0.00	12.54	
Sister/Charge Nurse	37.44	43.45		
Specialist Nurse Practitioner	0.61	0.00		
Staff Nurse	59.89	51.01	130.04	
Other ED Staff & Support Staff	6	9	13	
Physician Associates	6	9	13	
Grand Total	171.30	180.19	246.62	

#### **Question 4**

We understand the Hospital Trust is using HCAs on Band 3 and Nurses on Band 5 to cover for the Phlebotomists who are on strike and possibly some Agency Staff. What has been the cost of diverting staff from other duties, or employing Agency staff to do this during the strike to date?

What would be the total cost to date of settling the Phlebotomist's claim, bearing in mind many of the Phlebotomists have not been employed since the original date the claim starts from and many of them only work part-time. One figure being quoted appears to be based on the assumption all 34 Phlebotomists employed on Band 2 have been employed full-time since the original date.

#### **Response**

Our priority is to keep patients safe during the industrial action. We also want to find a joint solution to resolve the dispute with our phlebotomists.

Clinical staff have taken routine bloods in their services and wards, including bloods taken by our night teams. This has meant samples are with the labs much faster and has meant that over the last few months we have achieved faster discharges and are now ranked first in the Southwest for our discharge rate.

There has been no additional cost to the Trust in how bloods are taken. There has in fact been an approximately £60,000 a month saving, on top of other patient experience improvements.

The cost to settle the phlebotomists claim is around £453,000, plus the additional annual cost for the increased banding which is £X

#### **Question 5**

A question was raised regarding the ongoing industrial action and concerns about pay and job evaluation. It was stated that the individual and their colleagues had been on strike for 174 days in pursuit of fair pay and had submitted a formal grievance to the Chief Executive one year earlier.

Frustration was expressed over the Trust's handling of the dispute, citing delays, lack of transparency, and broken promises.

Reference was made to the recent National Job Evaluation Group review, which supported the staff's claim and called for action to restore confidence. A question was asked about whether the Trust would uphold the internal panel's majority decision to pay staff at Band 3.

#### **Response**

Claire Radley acknowledged the concerns and confirmed that the Trust shared the desire to resolve the dispute. She stated that an offer for a meeting with herself, Kevin McNamara, and Matt Holdaway had been extended and was awaiting a response.

Claire clarified that the Trust was no longer requesting a pause in strike action as a condition for the meeting. She confirmed that the guidance from the Job Evaluation Group had been received but noted that the internal panel process had followed procedures requested by the unions, including Unison, and no steps had been missed. Additional areas for exploration had been identified.

Claire reiterated that the Trust had made several offers to proceed with an independent panel facilitated by the national team, which would provide an impartial review. However, Unison had not supported this approach. In response to the question regarding the internal panel's majority decision, Claire explained that the NHS Employers Job Evaluation Handbook requires a consensus decision, not a majority vote.

This requirement is supported by the NHS Staff Council and all national unions.

### **Question 6**

Why have you been included in the Secretary of State rapid review of maternity services?

### **Response**

Trusts were included in the review based on a range of factors. These include data and metrics designed to capture individual elements of a trust's outcomes and its patients' experiences, as well as ensuring a diverse mix of trusts, including:

- Trust type;
- Geographic coverage;
- Provision of care to individuals from diverse backgrounds, including consideration of social, economic and racial inequalities;
- Family feedback;

### **Question 7**

What has improved for black and brown woman and their babies when using your maternity services?

### **Response**

The Service is using a range of interventions with the aim of improving a range of factors associated with Equality Diversity and Inclusion. We are looking to address digital exclusion, health inequities, and improving maternity care outcomes.

In conjunction with the Local Maternity and Neonatal System, work is underway to create a digital hub that provides devices, SIM cards, and data to patients facing digital poverty, alongside multilingual support (10 languages) for the BadgerNotes app to improve accessibility for non-English speakers.

In the community, a transformation project is targeting health inequities through initiatives such as assessment via the MATDAT tool, which maps deprivation and social complexity to inform midwife deployment, continuity of care, and caseload management.

The Saving Babies' Lives programme has revealed disparities in tobacco dependency treatment (TTD) services, with in-house support showing significantly better outcomes than outsourced care. Concerns have been escalated to commissioners, and a new HOME BP project aims to reduce hospital visits for blood pressure monitoring, particularly benefiting socioeconomically disadvantaged women.

A comprehensive health needs assessment of maternity care is also in progress. Interpretation and communication are being improved through initiatives like the 'Wordski on Wheels' video interpreting service and a QI project focused on early engagement for non-English speaking women. Equity, diversity, and inclusion (EDI) have been embedded

throughout the division, with workshops, and supported via training programmes such as Black Maternity Matters.

Clinical training has been enhanced to integrate health inequality data, cultural competency, and clinical awareness, especially relating to Black and brown patients, including updated guidance on jaundice diagnosis in darker skin tones. A new dashboard tracks outcomes by ethnicity and deprivation, allowing real-time monitoring of the Saving Babies Lives elements. Finally, a divisional culture plan is being developed to address staff feedback and support a more inclusive, responsive workplace aligned with the organisation's wider EDI strategy.

However, we know there is more work we need to do and we will continue that as part of our improvement journey.

### **Question 8**

How do you listen to the voices of black and brown women from Stroud?

### **Response**

The Trust works with a wide range of communities on a wide range of issues, including maternity. In relation to Stroud specifically, Juwairiyia Motala, Community Engagement Manager, has been attending meetings with Stroud Against Racism so that we can listen and understand more about the experiences of black and brown women and ensure we understand what matters most to them and that this helps shape services.

Our Non-Executive Director Verata Bryan is our Maternity Safety champion and I am sure she would be happy to also work with the Stroud community groups to listen to their experiences.

### **Question 9**

We have had a question about our processes in the recruitment of senior executives to ensure transparency and confidence in appointments.

There have been numerous reports of complaints made about the Trust CEO, including bullying. Were these taken into account before and on his appointment?

What actions are now in place to ensure the trust has a no-bullying policy? And that it's actually enacted?

### **Response**

This is not true. There have been no reports or complaints made about the CEO.

As part of the appointment process for senior roles, candidates are asked to declare any issues that may be relevant. The Trust completes all checks required for senior roles, including the Chief Exec, which is part of our statutory and regulatory obligations, commonly referred to as the 'Fit and Proper Person Test checks.

The Trust has a number of policies and procedures in place to support all staff from bullying and inappropriate behaviour and has recently introduced our Report, Support and Learn system to strengthen the support available, as well as the continued work of our Freedom to Speak Up guardians.

### **Question 10**

A question was raised regarding the Trust's culture. Reference was made to past reports of bullying and recent NHS staff survey results, which indicated poor scores for compassionate culture and staff confidence in speaking up.

A BBC report involving allegations against a senior leader was also cited. The question asked what impact perceived inaction in these areas had had on staff morale within the Trust

### **Response**

The Chair responded by stating that questions targeting individuals would not be addressed. However, it was confirmed that the Trust follows the Fit and Proper Person process for all senior appointments, which includes checks on references, track records, and any evidence of misconduct.

The Chair is accountable to regulators for this process and confirmed it had been carried out in all relevant cases.

### **Question 11**

An attendee asked why the Trust had removed live A&E waiting times from its website, noting that this information is often used by patients to make decisions about where to seek urgent care.

They also queried whether there were any plans to close Cheltenham A&E, expressing concern about the future of emergency services in that area.

Additionally, questions were raised about ambulances frequently seen queuing outside Gloucestershire Royal Hospital, and what actions the Trust was taking to address potential delays in patient handovers.

### **Response**

Alan Sheward, responded that the waiting times were removed following an IT outage in July, which caused inaccurate data to be displayed. At one point, the system incorrectly showed over 500 patients at Gloucester Hospital, and this misinformation was shared on social media. The Trust was working with system partners to improve data accuracy and planned to publish system-wide information once agreements were finalised.

It was confirmed that there were no plans to close Cheltenham Accident and Emergency Department. Regarding ambulance queuing, the Trust was operating within required handover times, and queuing was rare. Images shared on social media often did not reflect actual delays, as ambulances may have already handed over patients and crews could be on breaks.

### **Question 12**

A community member asked whether an action plan was already in place in response to the ongoing maternity services review, or if the Trust was waiting for the review to conclude before implementing changes.

The question was prompted by a recent poor experience shared by a friend, which raised concerns about the urgency of improvements. The member also emphasised the importance of transparency and asked how the Trust intended to communicate the action plan and its progress to the wider community, suggesting that updates should be shared ahead of the next Annual General Meeting to demonstrate meaningful progress.

Matt Holdaway confirmed that action plans were already in place in response to recent maternity reviews and national improvement schemes. These plans were presented at Board meetings and were publicly available. The Trust also committed to complying with any national plan resulting from the ongoing review.

In terms of community engagement, the Trust expressed willingness to share these action plans and progress updates with the public. They also offered to follow up on individual cases offline to ensure concerns are addressed and communication remains open.

### **Question 13**

A community volunteer asked for an update on the Trust's culture and how progress was being measured.

### **Response**

Kevin McNamara described organisational culture as a "work in progress." He acknowledged past defensiveness in responding to challenges and highlighted initiatives such as the "Report, Support and Learn" programme, which allows staff to raise concerns anonymously. Improvements in complaints handling were also noted, with a shift towards early resolution through direct conversations.

The Trust was using a combination of staff surveys, feedback from the Freedom to Speak Up Guardian, and a developing cultural heat map to assess progress. Leadership behaviours, responsiveness, and openness to challenge were key areas of focus.

### **Question 14**

A question was raised about the Trust's financial governance, specifically when the external auditors were last changed and whether a competitive review had been conducted.

The speaker also queried the reported £20 million expenditure on the Clinical Negligence Scheme, asking whether this figure represented insurance premiums or actual compensation payments. These questions aimed to clarify the Trust's approach to financial accountability and risk management.

### **Response**

Karen Johnson confirmed that Deloitte had been the Trust's external auditor for approximately four years. The contract was extended once due to a national shortage of audit providers, but a new procurement process would be required soon due to NHS rules on auditor rotation.

Regarding the £20 million figure for the Clinical Negligence Scheme, it was clarified that this represented an insurance premium paid by all NHS trusts. The amount varied based on assessed risk and was not a direct payout.

### **Question 15**

A representative working with children and young people with special educational needs asked whether the Trust could confirm and publicise that parents and guardians have the right to request same-sex intimate personal care for their children.

The question reflected concerns about safeguarding and dignity, particularly for vulnerable girls. It also addressed confusion and discomfort among families regarding trans inclusion

policies and requested that the Trust provide clearer guidance to ensure families feel confident in making such requests without fear of judgement or misunderstanding.

### **Response**

Matt Holdaway acknowledged the importance of safeguarding and dignity in patient care. Matt confirmed that families have the right to request same-sex intimate personal care for children with learning disabilities. While national guidance is currently under review following a Supreme Court ruling, the Trust continues to follow existing protocols and will honour such requests on the ward.

The Trust recognised the need to improve communication around trans inclusion policies and committed to reviewing how these rights and options are conveyed to families to ensure clarity and confidence.

### **Question 16**

A question was raised regarding the estimated backpay figure of £500,000 for striking phlebotomists. The speaker challenged the accuracy of this estimate, suggesting that based on tenure and working patterns, the actual figure may be closer to £125,000.

They asked how the original figure had been calculated and whether the Trust would consider reviewing it using more precise data. This question aimed to ensure fairness and transparency in the resolution of the dispute.

### **Response**

Mark Pietroni clarified that the estimated backpay figure of £500,000 for striking phlebotomists was a ballpark figure provided by colleagues. It was not based on detailed personnel file analysis. The Trust acknowledged that a more accurate calculation would require agreement and access to individual employment records.

Karen Johnson added that the estimate was based on whole-time equivalents and the difference between Band 2 and Band 3 over the relevant period. The Trust did not rule out reviewing the figure if more precise data becomes available.