

Minutes of Meeting of Staff Governance Committee held
on 3 July 2025 at 10am
virtually by MS Teams

Board Meeting
09.10.25
Open Session
Item 12.5

Present	Joyce Duncan	Chair
	Bert Donald	Non-Executive Board member/Whistleblowing Champion
	Alison Evison	Board Chair
	Steven Lindsay	Employee Director
	Dennis Robertson	Non-Executive Board member (observer)
Attending	Paul Bachoo	Medical Director, Acute Services (for item 9)
	Laura Binnie	RGU representative
	Roda Bird	Interim Equality and Diversity Manager (for item 11)
	June Brown	Executive Nurse Director
	Adam Coldwells	Interim Chief Executive (from 10.30am)
	Ian Cowe	Head of Health and Safety
	Faye Dale	Interim Head of People and Change
	Jamie Donaldson	Staff Side
	Jane Gibson	Staff Side
	Keith Grant	Partnership Representative (for item 6.1 and 6.2)
	Denise Johnson	Chief Nurse (for item 9)
	Gerry Lawrie	Head of Workforce
	Jill Matthew	Head of Occupational Health Services
	Ann Mudie	eRostering Programme Manager (item 7.2)
	Gavin Payne	General Manager (for item 6.1 and 6.2)
	Pauline Rae	Workforce Service Manager (item 7.2)
	Philip Shipman	Interim Director of People and Culture
	Elizabeth Wilson	Deputy for Gerry Lawrie
	Diane Annand	Staff Governance Manager (notetaker)
Apologies	Colette Backwell	Non-Executive Board member
	Mohamed S. Abdel-Fattah	Aberdeen University representative
	Kylie McDonnell	Staff Side
	Jason Nicol	Head of Wellbeing, Culture and Development

Item	Subject	Action
1	Apologies	
	Noted as above.	
2	Declarations of Interest	
	None raised.	

Item	Subject	Action
3	Chair's Welcome and Introduction	
4	Minutes of Meeting on 5 June 2025	
	The minutes were approved as an accurate record.	
5	Matters Arising	
5.1	Action Log 5 June 2025	
	The Chair noted that all actions were planned for future 2025 meetings.	
5.2	Outcomes from 5 June 2025	
	The Chair noted the summary, highlighting when updates will be provided at future meetings.	
6	Infrastructure, Sustainability & Support Services	
6.1	Staff Governance Standard Assurance	
6.2	Workforce Information	
	The General Manager referred to the Infrastructure, Sustainability & Support Service report, which provided an update from the last attendance at the Committee in December 2023, highlighting the following:	
	<ul style="list-style-type: none"> • A reasonable iMatter Employee Engagement Index was sustained, 74% in 2024 and 75% in 2025. Decision made to exclusively use iMatter as the voice of teams, due to an element of survey fatigue after undertaking two BPA surveys and annual iMatter. • Whilst many staff appreciated the effort to address cultural improvement they remained dissatisfied with the level and pace of change. The Committee asked if there were quick wins to demonstrate matters were being taken seriously and provide positive indicators. The General Manager responded that the merit of the BPA survey was the level of analysis and insight into the underlying reasons why staff feel as they do. When the BPA survey was run for the second time, two years after the first, it informed which interventions worked well or not however it was an additional survey for staff to complete. The Town Hall Talks was seen by staff as valuable to aid communication whilst the Time out for Wellbeing initiative was not seen as practical. The Partnership representative stated that the two tools had different sets of questions, with a lack of clarity in iMatter who the staff member was 	

answering about. The General Manager stated that there had been effort made to improve communication with staff informing they would rather have a conversation. The Committee welcomed the change of approach as it ensured staff were listened to and heard which other forms of communication did not do. The Partnership representative stated the local partnership forums were operated as having a conversation, encouraging individuals to have an opinion and also asking staff how they are.

- After analysing both BPA and the iMatter outcomes decision made to substantially stick with current priorities of effective communication; one to one time for everyone; improving coaching skills for managers & supervisors and absence management. There had been measurable progress with an increase in the number of appraisals, with some staff having their first appraisal however the next step was to ensure a quality appraisal with meaningful goals for the forthcoming year. Implementation would widen to all staff, for all to have a sense of purpose. Due to current scepticism that plans change frequently, it was important to keep the same action plan. The Committee acknowledged the focus on the quality of the appraisal due to a concern that increasing compliance becomes only about the numbers and not the quality of the appraisal. The Committee noted the need for a progress update on these actions when the directorate returned to the Committee. The General Manager responded that the actions were high priority however they existed alongside other high priorities in an environment where service pressures exceeded capacity. A percentage of management time would be devoted to the actions in the context described to allow progress over the next two years. The Partnership representative stated that some of the conflicting demands resulted from having to react to those driven by other sectors, in addition to the initiatives of protected learning time, reduced working week and vacancy management.
- It was believed that there were many of the foundations of good team working, good team leadership with recognition on the road to improvement.

The General Manager raised with the Committee the impact of the reduced working week and the Protecting Vulnerable Groups (PVG) checks. It was explained that by the time the PVG check was completed i.e. completion of form and waiting for the outcome, the appointed individual may have obtained another job. This had the greatest impact in high turnover areas such as domestic services where there was significant recruitment activity. The General Manager to check if on the risk register. The Partnership Representative added that the PVG requirement came in addition to the introduction of ePayslips, an issue where staff do not have access to a NHS device or were not comfortable with IT. The Interim Director of People and Culture outlined that the new PVG requirement had resulted from a change in legislation therefore all

Boards were equally affected. The definition of regulated roles had changed resulting in additional roles being within scope. The three month timeline to implement for current staff had not been sufficient due to the numbers involved (2,000+ NHS Grampian staff) and due to guidance from Disclosure Scotland not being available at the beginning of the three month period. Once embedded the process would be reviewed however most steps dictated by legislation. A consequence of the change was that a risk assessment can no longer be undertaken to enable the individual to commence employment before the PVG check was complete thus increasing the time to hire. The General Manager stated that by raising the matter, there was no criticism of the organisation as there had been an extraordinary level of support to achieve implementation. The Committee acknowledged the increased cost of PVG when there is high turnover therefore it was important to understand why staff were not being retained, asking if this could be informed by exit strategies. The Interim Director of People and Culture responded that collation of exit information through interview or questionnaire was insufficient with the current process however a revised more user friendly exit questionnaire was being tested before rollout which should improve the collation of useful information. The Committee asked if movement between roles could be captured, for example domestic assistant to healthcare support worker. The Head of Workforce informed that work was underway involving the Head of Domestic and Support Services on the responsibilities of NHS Grampian as an anchor organisation. A pathway was being discussed as it was deemed difficult to move across to another role.

The General Manager confirmed that no action was required by the Committee in raising these points

The Committee commended the comprehensive informative report which gave an honest assessment for a directorate that played a significant part in the running of the organisation. The report detailed a proactive approach, which included whistleblowing.

The Committee asked if there was any pattern as to why absences were occurring as the Committee could support strategies to address. The General Manager responded that the absence rate was 8% which did not compare favourably against the NHS Scotland or NHS Grampian absence rates. The percentage was comparable to similar staff groups in other Boards however there was no contentment with that hence the continued focus, especially on long term absence. The Partnership representative commented that the highest percentage of absences were stress related.

The Interim Chief Executive joined the meeting

The Interim Director of People and Culture highlighted the success that 95% of trade apprentices trained move into full time posts on completion of their studies. The General Manager stated that the lead for apprentices had recently retired, who had made an impact increasing the number of modern apprentices to over 100 in the directorate and across NHS Grampian, an important element of workforce planning. The Head of Workforce added that graduate

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	<p>apprentices should be promoted as these were in addition to trade apprentices and from our existing staff.</p> <p>The Partnership representative informed that in conversations with staff regarding the Staff Governance Standard he asked staff to consider what their working life would be if the standard did not exist. The Committee acknowledged this approach.</p> <p>The Committee confirmed they were assured as significant progress had been made between reports, with the Staff Governance Standard appearing to be more understood and used within the directorate.</p>	
7	2024/25 Delivery Plan assurance for Objective 2: People	
7.1	<p>Flash reports from the following oversight groups:</p> <ul style="list-style-type: none"> • Health, Safety & Wellbeing • Colleagues and Culture (not available to date from the 23 June meeting) <p>The Interim Director of People and Culture referred to the Health, Safety & Wellbeing flash report following the 29 May 2025 meeting, acknowledging the support provided from the Head of Occupational Health Services and Head of Health & Safety, highlighting the following:</p> <ul style="list-style-type: none"> • Discussions on heat stress issues to take place. • H&S Monitoring programme has identified that most areas do not have stress risk assessments, to be discussed at the Health and Wellbeing Group. • Engagement with the H&S agenda in the MUSC and ISC Portfolios is a concern. MUSC to meet with aligned H&S Specialist to discuss agenda. • Assured after HSE visit to Grounds regarding safe use of pesticides. • Assured from the results of 'Gloves Off' campaign to prevent overuse of gloves. <p>The Committee asked how they would be informed that the actions identified had been completed. The Interim Director of People and Culture responded that they would be tracked through the Occupational, Health, Safety & Wellbeing Committee action tracker. The Interim Director of People and Culture committed to review if progress towards specific actions should be reported to the Committee alongside/instead of an overview.</p> <p>The Committee highlighted the decision to look at the 'so what?' question from the adverse events statistics report, asking what had prompted this. The Head of Health & Safety responded that there was a need for more specific recommendations for services to take forward.</p> <p>The Committee highlighted the discussion required on untrained Bank Workers taking shifts in areas where violence and aggression</p>	PS

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	<p>was an issue and the need to improve on practical PMVA training compliance training rates and a review of the control measures for untrained bank workers. The Head of Health & Safety responded that the situation would be improved as skills required had been added to Optima in addition to the restrictions in place in a selected number of areas but further review was required. It was crucial to prevent a bank worker from accepting a shift without the necessary skills as there may not be colleagues available with these skills to assist. The Committee acknowledged the organisation's duty of care for staff. The Staff Side commented that this concern had been discussed at other groups. There was the need to clarify accountability of ensuring staff are appropriately trained for the safety of all and to have a robust system to validate training in place before commencing a shift.</p> <p>The Committee commented that the responses raised a wider issue of bank workers having the right qualifications and experience to undertake their role for which they required awareness of the scale of the concern. The Interim Director of People and Culture responded that the Committee required assurance on the training of bank workers along with the process to request, book including skills assurance. The Committee agreed that there would be a discussion outwith the meeting to determine how this matter would be presented at a future meeting.</p> <p>The Committee was assured on the work of the Occupational, Health, Safety & Wellbeing Committee.</p>	
7.2	<p>In-depth – Sustainable Workforce</p> <p>In 2024/25 the following deliverables:</p> <ul style="list-style-type: none"> • Implement a medical staff bank to improve supply, governance and reduce costs of medical locums • Sustain the roll out of e-Rostering tool as far as progress with national integration to Payroll and financial position allows. • Commence implementation of the Health and Care (Staffing) (Scotland) Act across relevant areas of the workforce. • Implement, as far as practicable, a reduction in the working week to 37 hours for colleagues on Agenda for Change • Implement, as far as practicable, a review of Band 5 Nursing roles as part of Agenda for Change reforms. • Introduce Protected Learning Time component of Agenda for Change non-pay reform and adopt a Human Learning Systems approach in support of improving statutory and mandatory training compliance. • Implement Portfolio/ Directorate plans agreed in partnership for reshaping the workforce in support of sustainability. • Enhance working practice and confidence of staff by ensuring appraisal complete and recorded on Turas or SOAR for 50% of all staff 	PS/JD

The Interim Director of People and Culture referred to appendices 1 to 8 which provided an update on current progress of the above deliverables, highlighting the following:

- Implement a Medical Staff Bank – after an unsuccessful cost pressure bid locally, working with a Scottish Government national Medical Locum Task and Finish Group. It is expected that 2025/26 will see Boards expected to move to an agreed approach, either uniform across Scotland or from a menu of options. This would include NHS Grampian reviewing the resources required to have a central bank over a three year financial plan.
- Roll out of e-Rostering tool – rollout delivered as per the agreed plan and within the capacity of the eRostering and HRSC teams and which national integration to Payroll and financial position allows. Loop App and SafeCare rollout continues.
- Implementation of the Health & Care Staffing Act – delivery has been comprehensive with the submission of the first Annual report. Uncertainty of funding for the programme team beyond Autumn 2025 remained, with identification of sustainable sources of funding being taken forward.
- Reduction in the working week for colleagues on Agenda for Change - 100% of Agenda for Change staff have now reduced their working week to 37 hours or pro rata. The increased level of engagement, good governance and partnership working had been essential to progress. An identified risk was lost capacity in the system as a result of reducing the working week.
- Review of Band 5 nursing roles – the process was going well using the complex national process for which there was no end date. NHS Grampian had responded well to delivery challenges, with the RCN roadshows contributing to increased submissions.
- Protected Learning Time - the 9 national core modules are anticipated to be implemented in the 2025/26 financial year.
- Reshaping the workforce – Information Governance requirements had been met allowing implementation.
- Ensuring appraisal complete and recorded - inclusion of compliance with appraisal and statutory and mandatory training within the objectives of the Chief Executive Team. The template sectors will complete prior to attending the Committee will now include what action is being taken if the compliance rate is below the target.

The Committee stated that although improving statutory and mandatory training compliance had been discussed for some time, clarification was sought what statutory training meant and whether non-compliance was breaking the law. The Interim Director of People and Change clarified that fire was the only statutory training for all staff and technically if not at 100% there would be issues with complying with the law. This was the reason for the focus with

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	<p>services. The Head of Workforce added that other statutory training would be for specific staff such as within Estates, such as corgi.</p> <p>The Committee asked there would be a different compliance picture if appraisal compliance rates were broken down for full time staff, bank workers and agency workers. The Head of Health and Safety responded that it was possible to report statutory and mandatory training for bank workers, however there was a difficulty doing in distinguishing between those who exclusively work on the bank and those who also have substantive contracts elsewhere in NHS Grampian. The Head of Workforce stated that agency workers come with own training records.</p> <p>The Committee raised whether there was sufficient capacity within Information Governance to avoid their involvement impacting on progression. The Interim Director of People and Culture responded that insufficient capacity within the Information Governance team had already been recognised, with additional posts going through the vacancy management process. The Head of Workforce gave an example of the Power BI Dashboards not proceeding until there was support from Information Governance. The eRostering Programme Manager added that the security issue raised in NHS Grampian has been raised nationally to ensure secure and fit for purpose for all Boards.</p> <p>The Committee was assured by the actions taken to date and future action. Escalation was not required to another Board committee or the Board.</p>	

8 2024/24 Quarter 4 internal report The Health and Care (Staffing) (Scotland) Act

The Interim Director of People and Culture introduced the fourth quarterly internal report by NHS Grampian's Board Level Clinicians (Executive Nurse Director, Director of Public Health and Medical Director) to the Committee on behalf of the Board. The support provided by the HCSA Implementation Programme Manager was acknowledged. Due to national reporting deadlines Quarter 4 had not been included in the annual report. At the end of Quarter 4 NHS Grampian continued to have limited assurance of compliance across the Act.

The Committee highlighted that real-time monitoring was currently manual dependant on a limited clinical leaders resource, enquiring whether systems could be developed nationally or was it local, to support this. If local additional resource may be required to highlight the importance. The HCSA Implementation Programme Manager responded that the Interim Director of People and Culture and Head of Workforce were exploring funding to extend the HCSA programme team beyond the end of September 2025 in order to facilitate others to introduce the Act. The roll out of the suite of Optima applications continues, with a focus now on AHPs whereas previously it had been nursing and midwifery. Mechanisms are in place along with the limited programme team resource to assist with the competing demands of clinical and professional colleagues. The Committee

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expressed concern regarding the limited time and conflicting priorities, both areas to be worked on by the system. The Interim Director of People and Culture informed of a risk assessment undertaken by the People and Culture Directorate Leadership Team on the sustainability of the HCSA programme team going forward. The Committee commented that the matter be referred to the CET where a decision was required regarding resource.

The Interim Director of People and Culture informed that the template completed by a Sector, attending the Committee, was to be amended for the Sector to provide their own assurance on HCSA implementation.

The Committee reviewed and scrutinised the information provided and confirmed that it provided assurance that NHS Grampian's Board Level Clinicians have, in the context of being at the end of the first year of Health and Care (Scotland) (Staffing) Act implementation, appropriately considered the organisation's Act compliance with these views regarded as part of the broader assurance process.

The Committee acknowledged the current level of assurance with the HCSA duties was that of "limited assurance", noting that further assurance would be received through sector reporting, being informed if the challenge of capacity was being met and of the sustainability of the HCSA programme team going forward. Escalation was not required to another Board committee or the Board.

9 Strategic risk 3065

- Inability to meet population demand for Planned Care as presented to the Clinical Governance Committee
- Staff Governance perspective

The Medical Director, Acute Services referred to the paper provided to give assurance that staff governance principles remain a high priority of focus as the Inability to meet population demand for Planned Care strategic risk is mitigated. The provided presentation gave Staff Governance Standard examples.

The Committee raised the increased frequency of unplanned CDU down time, acknowledging it from the staff perspective and limited availability within NHS Scotland. The Committee asked what they could do in response. The Medical Director, Acute Services responded they were confident the plan will deliver the planned trajectories because of the workforce involved. All staff are important however there are specific groups behind the patient bed which are key to support the system deliver performance and productivity. It was explained that the CDU staff repeatedly go over and above what would be expected of them. An example was the recent system downtime when staff undertook night shift work in NHS Tayside premises to maintain NHS Grampian equipment. As these staff are part of the planning they feel part of the clinical team that delivers the trajectory. The Chief Nurse stated that raising the CDU contribution at the Committee gave a key message of how much the service valued them. The Medical Director, Acute Services agreed that acknowledgement goes along way; helping the development and

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	<p>recruitment of the CDU team by sharing the vision of CDU being a great place to work; and giving confidence of modern infrastructure in future planning. The Committee was assured that the future planning was paying attention to the impact on staff.</p> <p>The Medical Director, Acute Services provided assurance that the Staff Governance Standard was being applied to the staff currently in devising rota and rest.</p> <p>The Committee stated that the presentation of the Staff Governance Standard aspect of the strategic risk was highlighted well and useful. The Committee was assured by the work done. Staff Side asked if the Committee was assured that the Staff Governance Standard was being upheld or not, asking specifically if staff are working beyond 48 hours a week. The Chief Nurse responded that monitoring of the implementation on staff gave the assurance that the Staff Governance Standard was being adhered to. This included monitoring of taking breaks, compliance with the roster policy to improve roster planning. The Medical Director, Acute Services added that action was being taken with the appropriate controls, for example taking travel into account; rearrangement of lists; disposable kits to assist with maintaining rest periods whilst continuing to undertake Scottish Government reporting.</p> <p>The Committee commented that it was hoped the current arrangement for CDU was not a long term solution.</p> <p>The Committee confirmed that the staff governance principles are embedded in the management of the Inability to meet population demand for Planned Care strategic risk and endorsed the continued focus on workforce wellbeing, planning, and engagement. Escalation was not required to another Board committee or the Board.</p>	
10	<p>Update on NHS Grampian's response to the new sexual harassment legislation</p> <p>The Interim Director of People and Culture briefed the Committee on the 2023 Worker Protection Act, an amendment to the 2010 Equality Act, which placed a legal duty on employers to proactively take reasonable steps to prevent sexual harassment of their employees, which came into force at end October 2024.</p> <p>The latest suite of policies within the Once for Scotland Programme included the Equality, Diversity and Inclusion Policy and the Sexual Harassment Guide, with the launch currently delayed. Meantime, the ACAS Guide provided examples of steps that organisations could take to prevent sexual harassment include. Local action meantime was to provide support to staff through the Speak Up Ambassadors and the HR Team.</p> <p>As NHS Grampian was awaiting the national guidance to support the consistent implementation of actions to ensure compliance with the Worker Protection Act, the Interim Director of People and Culture proposed that another report on this subject be brought back to the Committee at a future date upon publication of the national Sexual Harassment Guidance.</p>	PS

The Committee noted the work in progress, asking for assurance that there was an understanding of what was meant by sexual harassment, specifically if low level verbal comments were in scope and how much staff had been involved. The Interim Director of People and Culture responded that within the Once for Scotland Bullying and Harassment policy there was a clear definition of harassment, confirming making sexually suggestive comments or gestures, innuendoes or lewd comments were included. The Sexual Harassment Guidance would be in addition to that definition and this guidance was awaited before involvement of staff.

The Employee Director, involved in the national Once for Scotland programme, reassured that the Sexual Harassment Guidance covered all aspects being raised, would not use outdated terms and would provide assurance to the Committee.

The Committee was assured by the work done and agreed to future reporting once the national guidance was launched. Escalation was not required to another Board committee or the Board.

Statutory Information, Reports and Returns

11 Statutory Equality & Diversity Reporting: Gender Pay Gap Report 2024 Equality and Diversity Workforce Monitoring Report 2024

The Interim Equality and Diversity Manager outlined that two of the statutory reports were being presented to the Committee, namely Equality and Diversity Workforce Monitoring Report 2024 and Gender Pay Gap Report 2024. These had been published by end April 2025 as required with an accompanying narrative explaining they have yet to be formally received and accepted by the Staff Governance Committee as part of NHS Grampian's assurance and governance process.

Equality and Diversity Workforce Monitoring Report 2024

The Interim Equality and Diversity Manager highlighted the following:

- The report covered 16,544 staff who held substantive posts, of which 81.54% were woman. The distribution of female and male staff had been generally consistent over the last 5 years.
- The Act sets a "gender representation objective" that a board has 50% of non-executive members who are women. The gender representation is not a cap and does not require board non-executive membership to be precisely 50:50 men and women. This objective had been achieved a few years ago. The aim was to encourage women to be part of public sector boards.
- A proportion of the workforce took the "prefer not to say" option when being asked about sexual orientation, which was their right.
- Only 90 (0.54%) staff declared a disability however this number is likely to be higher in reality as the data is collected when staff join NHS Grampian and is self-defined. There was no ability to change the declaration when in employment however due to referrals to OHS, accommodating reasonable adjustments, application to Access to

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Work there was evidence that there was a higher number of employees who may consider themselves disabled.

- The data illustrated that employment was encouraged at all different ages, which would assist with succession planning.
- The data supported the position that the workforce was diverse and represented different ethnic communities in Grampian and is religion and belief diverse. The work of the Inclusion Manager was highlighted which included working with the catering team to provide a celebrate festivals menu.
- 98.6% of those on maternity leave returned to work in 2024.
- The training data showed provision of training across diverse groups.
- In conclusion there was evidence to support that NHS Grampian had due regard to the Public Equality Duty defined in the Equality Act 2010 and was a diverse, fair and equitable employer.

Gender Pay Gap Report 2024

The Interim Equality and Diversity Manager highlighted the following:

- Public authorities, including Health Boards, must publish the percentage difference between men and women's average hourly pay every two years. Every 4 years Public authorities must also publish an equal pay statement, which has been incorporated within the Report. The statement has been produced by the NHS Scotland Equality Leads, given terms and conditions were determined nationally, for adoption locally.
- The finding that the mean gender pay gap for NHS Grampian is 14.74 per cent - a figure showing that men are earning more than women. Whilst the median pay gap for NHS Grampian is -0.06 per cent – a figure showing that median hourly rate paid to women is 1p more than men.
- NHS Grampian staff are employed under three distinct contract groupings, each with a separate set of pay, terms and conditions of employment namely Agenda for Change; Medical and Dental (including doctors in training) and Executive and Senior Managers, with separate reporting of the pay gap.
- The monetary variance and percentage pay gap for Agenda for Change staff is -£0.94 and -5.21% with female staff earning more than males.
- The monetary variance and percentage pay gap for Medical and Dental staff is £3.73 and 9.5% with male staff earning more than female staff.
- The monetary variance and percentage pay gap for Senior Managers is £0.07 and 0.2%, with male staff earning more than female staff.
- The disability pay gap is 5.85%. This figure shows that staff with a disability are paid less than staff without a disability. This was based on the 0.54% who had self-declared as disabled.
- Findings from the Scottish Government publication of "Analysis of Labour Market Outcomes of Scotland's Minority Ethnic Population" was included. It included a comparison against white employees however the definition of this group was unknown.

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	<p>Thanks were given to the data providers to allow the Interim Equality and Diversity Manager to analyse and produce reports.</p> <p>The Committee noted that the April publication deadline had been met and endorsed both reports. Escalation was not required to another Board committee or the Board.</p>	
12	Remuneration Committee 18 June 2025 agenda and assurance statement	
	Noted by the Committee.	
13	Items for Noting	
	The Committee noted the following approved minutes/report:	
13.1	BMA Joint Negotiating Committee Minutes – no approved minute available	
13.2	Colleagues and Culture Oversight Group minutes – no new approved minute	
13.3	Occupational Health, Wellbeing and Safety Committee – 13 February 2025	
13.4	GAPF Board report – covering March, April and May 2025 meeting	
13.5	Area Clinical Forum – 5 March and 7 May 2025	
14	Any Other Competent Business	
	None raised	
15	Date of Next Meeting	
	Thursday 28 August 2025 10am to 12.30pm via Teams	