

NHS GRAMPIAN

Minutes of Meeting of Staff Governance Committee held
on 1 May 2025 at 10am
virtually by MS Teams

Present	Joyce Duncan	Chair
	Colette Backwell	Non-Executive Board member
	Bert Donald	Non-Executive Board member/Whistleblowing Champion
	Alison Evison	Board Chair
	Steven Lindsay	Employee Director
	Dennis Robertson	Non-Executive Board member
Attending	Louise Ballantyne	Head of Engagement (for items 10 and 11)
	Heather Binns	Head of Digital Transformation (for item 6)
	Roda Bird	Interim Equality and Diversity Manager (for items 7 and 12)
	June Brown	Executive Nurse Director
	Adam Coldwells	Interim Chief Executive
	Ian Cowe	Head of Health and Safety
	Faye Dale	Interim Head of People and Change
	Jamie Donaldson	Staff Side
	Luan Grugeon	Strategic Development Manager (for item 7)
	Stuart Humphreys	Director of Marketing and Corporate Communications (for items 6 and 12)
	Sarah Irvine	Deputy Director of Finance (for item 6)
	Gerry Lawrie	Head of Workforce (designated deputy for the Interim Director of People and Culture)
	Jill Matthew	Head of Occupational Health Services
	Jennifer Matthews	Corporate Risk Advisor (for item 9)
	Kylie McDonnell	Staff Side
	Zoe Morrison	Lead Specialist – Culture and Experience (for item 7)
	Jason Nicol	Head of Wellbeing, Culture and Development
	Alan Wilson	Head of Infrastructure and Sustainability (for item 11)
	Jennifer Yeomans	Head of Procurement (for item 6)
	Diane Annand	Staff Governance Manager (notetaker)
Apologies	Mohamed S. Abdel-Fattah	Aberdeen University representative
	Laura Binnie	RGU representative
	Philip Shipman	Interim Director of People and Culture

Item	Subject	Action
1	Apologies Noted as above.	
2	Declarations of Interest None raised.	
3	Chair's Welcome and Briefing	
4	Minutes of Meeting on 25 February 2025 The minutes were approved as an accurate record. The Committee asked if MUSC would be returning to brief on the unconcluded work outlined in the assurance report presented at the 25 February 2025. The Staff Governance Manager responded that they would be returning as part of the cycle of portfolios/directorates attending the Committee in approximately 18 months time. The Chair to decide if MUSC should attend an earlier meeting.	JD
5	Matters Arising 5.1 Action Log 25 February 2025 The Chair noted that the actions SGC62 and SGC65 were on the 1 May 2025 meeting agenda. All other actions were planned for future 2025 meetings.	
6	Corporate Services 6.1 Staff Governance Standard Assurance 6.2 Workforce Information People and Culture The Head of Workforce referred to the People and Culture Directorate report, which provided an update from the last attendance at the Committee in October 2023, highlighting the following: <ul style="list-style-type: none"> • The directorate had a headcount of 300, with a lower turnover than the overall rate for NHS Grampian, which aligned to high stability rates. • Directorate wide workshops continue to be held annually with the purpose covering further collective understanding and connections across the directorate; sharing information and learning from areas; and sharing problems using mechanisms such as failure demand to become more effective. 	

- Completed the third of the directorates' organisational changes which created a Wellbeing, Culture and Development Service.
- The directorate shaped NHS Grampian's approach to the reduced working week. Whilst providing this support the reduction was impacting on the directorate who adopted a person centred approach with a range of options to implement.
- Challenges in the directorate include national systems not interfacing as desired which significantly adds to capacity and workload pressures within the directorate.
- A corporate approach has been taken to the identification of savings with the requirement to make further efficiency savings being explored in detail, however continually demand was in excess of capacity. Protected (by legislation) Critical (as per Annual Delivery Plan) activities are being reviewed to ensure being done as efficiently as possible. Reviewing activities of which the directorate has control to stop, pause or slow down from the Expected, Desirable or Discontinued category of activities. Once risk assessed joint decisions will be made in order to release capacity to allow a further 1 hour reduced working week from 1 April 2026 and possibly contribute to further efficiency savings.
- Examples of compliance with the Standard through Operational HR Team and Directorate Leadership Team huddles.
- The Workforce team have been working together to identify how to become more effective and efficient, with workshops framed around failure demand and each team has an individual improvement project they have chosen. There has been the identification of single points of failure to manage capacity and the need to understand the diverse range of knowledge and skills in the team to have better cover and learn from one another.

The following points were raised in discussion:

- The Committee asked if there were sufficient resources to carry out the protected and critical activities. The Head of Workforce responded yes for those categories alone however the expected activities were significant with no ability to consume more. In the main these were activities to help other services do what they need to do therefore if these activities were to stop the impact of doing would need to be risk assessed. The Committee noted this as concerning and raised the question how this situation could be changed.
- The Head of Wellbeing, Culture and Development stated that the directorate continues to seek balance and risk assess between protecting critical/protected activities and supporting change/transformation which is so important in the current strategic context.
- The Committee offered support to enable national systems to share data between Boards and between own systems. The

Head of Workforce responded that NHS Grampian had representatives on national groups to influence the outcomes of the Business Systems Transformation programme. In many cases current systems were legacy systems, not updated over their lifetime. As an example, Occupational Health Services had an upgraded system which was now allowing them to change how they work. The Head of Health and Safety informed that the lack of functionality in Turas Learn continued to create challenges around gauging compliance with training (particularly medical staff), creating additional work for the directorate to develop workarounds. Although representations had been made to NES the required system amendments had not been delivered.

- The Committee noted the iMatter outcome for Involved in Decisions had increased but had not changed significantly between 2023 and 2024, offering support to further improve. The Head of Workforce responded that the annual workshops gave staff the opportunity to be involved with a keenness to have staff at all levels involved in subsequent work.

Finance, Performance and Procurement

The Deputy Director of Finance referred to the Finance, Performance and Procurement Directorate report, which provided an update from the last attendance at the Committee in October 2023, highlighting the following:

- The Committee should be assured of the directorate's commitment to the Standard from the iMatter responses.
- An effect on the focus on financial targets had been that staff feel there is not time and resources for training including statutory and mandatory training. This will be addressed through a structured training needs assessment/training planning and supporting national work to create a finance academy.
- Plan to develop an integrated partnership meeting for the directorate, combining the current separate arrangements in Finance and Procurement.

The following points were raised in discussion:

- The Committee noted the lack of focus on statutory and mandatory training and other training due to lack of time, with consideration required as to how this can be addressed. The Head of Wellbeing, Culture and Development informed of discussion at the first meeting of the Colleagues and Culture Oversight Group leading to a Chief Executive Team (CET) paper asking for an objective for the CET and their direct reports to improve statutory and mandatory training compliance.
- The Committee asked about plans to create a corporate health and safety committee. The Director of Marketing and Corporate Communications responded that this action was

outstanding due to capacity challenges. It was planned that progress would be made over the next six months.

Planning, Innovation & Programmes (PIP), Digital Directorate and Communications (Comms)

The Director of Marketing and Corporate Communications referred to the PIP, Digital and Communications report, which provided an update from the last attendance at the Committee in October 2023, highlighting the following:

- As Digital was included in the report for the first time, the headcount the report covered had significantly increased by 200 members of staff. The inclusion had lowered the average iMatter scores however there were many similarities between the years being compared.
- Within a pressurised system the teams continually experienced more demand than capacity allowed.
- There was the need for forums to assist in monitoring the wellbeing of staff, workload management and completion of training and development, often compromised to support urgent organisational need.
- The reduction in the working week had been implemented, using different approaches across the teams. It was anticipated that the next reduction in the working week would be more challenging.
- A significant proportion of the savings currently identified for delivery in 2025/26 have been found from within Corporate Services. These include savings planned through a reduction in staff numbers in some settings, on top of existing vacancy management protocols, which have delivered savings during 2024/25 by continuing to carry staffing gaps and the use of fixed term roles/temporary contracts. This had an impact on already busy staff. The Committee was asked to remain curious as to the impact of planned and future savings upon the Corporate functions, both to ensure they are adequately resourced and capable of supporting NHS Grampian to meet its objectives and to avoid the need for clinical staff to undertake non-clinical duties in order to meet any shortfall in capacity.

The following points were raised in discussion:

- The Committee noted the point to remain curious stating that impact assessment of changes was part of that.
- The Committee stated that staff should not be asked to do more work if it cannot be undertaken in their contracted hours, asking if prioritisation was effective enough to avoid this. The Head of Workforce responded that the solution, along with prioritisation, was how things were done to ensure it was the most efficient. The Director of Marketing and Corporate Communications stated that it was about balancing the need of organisation and national requirements. In Digital there was the expectation to support

thirty national programmes with resistance experienced nationally if the provision of support is challenged.

The Committee was partly assured due to pressures across the system. The Committee highlighted a number of issues of concern, which prevented being fully assured, namely succession planning for the age profile; low statutory and mandatory training compliance; low appraisal rates; and values not embedded.

The Head of Wellbeing, Culture and Development stated that pressures across the system linked to the intentional decision to reduce the deliverables in the Annual Delivery Plan thus making it achievable.

The Committee stressed that there was no criticism of the staff involved however it was vital NHS Grampian set achievable goals along with clarity of actions being taken related to the intolerable risks in organisation.

7 **2024/25 Delivery Plan assurance for Objective 2: People**

7.1 Flash reports from the following oversight groups

Colleagues and Culture

The Head of Workforce summarised some key points from the flash report:

- Overall appraisal rate and completion rate for statutory fire safety training for NHS Grampian was provided. The Head of Wellbeing, Culture and Development explained that the data for appraisal now included medical and dental appraisals in the SOAR system.
- Recognition that iMatter could be used more as a tool for change. A letter will be sent to each line manager from the Interim Chief Executive and Employee Director to encourage iMatter action planning. This year it had been agreed that each team should put one action in their action plan that would make a difference.
- The Loop app is an update of part of the RLDatix suite of tools which allows bank staff to book shifts.

Health, Safety & Wellbeing

The Head of Workforce summarised the flash report:

- The level of staff not attending for OHS appointments was concerning with work underway to review by area.
- H&S Toolkit completed by 27% of managers since June 2024.
- Improvement required in compliance for mandatory e-Toolbox Talks across Health and Safety topics.

The Head of Health and Safety outlined that work was ongoing to improve health and safety governance.

The Head of Wellbeing, Culture and Development informed that the Health and Wellbeing Steering Group was taking forward work

commissioned by GAPF regarding access to secure storage, space to change and space to take breaks. There had been good interest from parties involved to take forward this tangible work to improve issues that matter to staff.

7.2 In-depth – Culture and Staff Experience

In 2024/25 the following deliverables:

- In support of promoting positive workplace behaviours, incorporate NHS Grampian values in key corporate policies and processes and support the adoption of these in day to day practice.
- Develop learning resources and opportunities that improve quality of leadership and people management practice
- Use BPA Survey outcomes to inform actions that support enhancing culture in participating areas and application for Magnet recognition
- Enhance workplace culture by targeting change support to those services where data and intelligence indicate improvement is a priority.
- Develop & deliver an engagement best practice programme to support staff to have a different conversation and relationship with the people of Grampian.
- Continue to extend our progressive work on Equality, Diversity & Inclusion to other protected characteristics building on progress made towards becoming an inclusive anti-racist and neurodiverse workplace.

The Head of Workforce referred to appendices 1 to 6 which provided an update on current progress of the above deliverables.

The following points were raised in discussion:

- The Committee stated that the comments made under agenda item 6.1, were also relevant to this agenda item.
- From the information provided in the appendices there should be consideration of doing one thing well, for example appraisal and triangulate with other information including that obtained from Non-Executive Board member visits. An appraisal with a manager was key and contributed to the visibility of managers. The Head of Workforce agreed that appraisal was a marvellous tool, where from a sit down conversation, manager and staff member had equal chance to complete the documentation. The Committee added whether the focus had been on the target rather than recognising the value of appraisal. Irrespective of the focus compliance had not increased.
- The need to attract individuals under the age of 30 given the current workforce demographics. The Head of Workforce acknowledged this and the need to develop initiatives such as work experience.
- Query regarding the membership of the Health and Wellbeing Steering Group as feedback had been received from the domestic team that they had not been included. The Head of

Item	Subject	Action
	<p>Workforce responded that it was correct that representatives from the domestic team were not a member of the Health and Wellbeing Steering Group however there was a separate piece of Anchor work taking place focusing on domestic services. This was reviewing, for example, what keeps individuals at work and what would they like to change. There was also consideration from an Anchor lens of internal employability rather than external recruitment. The Head of Wellbeing, Culture and Development stated that the Health and Wellbeing Steering group had mapped areas they wanted engagement from and it was hoped that the subject matter being discussed would attract engagement.</p> <ul style="list-style-type: none"> • Although a lot of work was outlined in the report there was a question if it was making a difference. • The information obtained from Non-Executive Board member visits and the information in papers did not equate, which may be due to a difference in views of what the culture is like. • Unsure how joined up the many working groups there were and the outcomes they were producing. • Unclear what BPA survey had achieved and queried whether the results should be used for wider culture work. The Lead Specialist – Culture and Experience shared the concerns regarding the BPA survey which they would not recommend the organisation doing again however there was a need to know what culture was. iMatter was only a tool to listen and there was not the ability to analyse the data as needed. • Unsure of the outcomes being seen from the Year of the manager work. • How important culture was could not be forgotten. • Communicate a set of shared values with engagement with staff to do so. <p>The Committee proposed a review of the direction of travel. In providing this feedback there was no criticism to anyone involved. The Committee asked for a diagrammatic representation of all the groups, detailing their main objectives for clarity and a list of initiatives detailing if mandatory or optional. There was a need to prioritise actions linking back to the Plan for the Future and the Annual Delivery Plan, not forgetting about the basics.</p> <p>The Head of Wellbeing, Culture and Development stated that the pressure in the system was causing an inability to engage in culture work, welcoming the pause. The Committee thanked the Head of Wellbeing, Culture and Development for their positive attitude to constructive criticism.</p> <p>The Committee requested an extraordinary Committee meeting as soon as possible to cover culture and whistleblowing.</p> <p>The Interim Chief Executive thanked the Committee for raising these key issues not dissimilar to conversations already taking place. A critical moment had been reached to decide what the next steps are to make an impact across the organisation. This consideration was in the context that there were teams operating with no concerns. In highlighting this context it was not for the organisation to be</p>	
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complacent as it was important to focus on the basics, simplify and concentrate on the right things, enabling and supporting all level of manager, at all levels of leadership, to do their role well. The Committee reassured the Interim Chief Executive that they did recognise parts of organisation was performing well, however it was important to understand why and share this.

The Strategic Development Manager suggested trying new approaches which may be better than having a number of groups. This had been practice in the engagement best practice programme.

The Committee confirmed partial assurance due to the comments above and the action to have an extraordinary committee meeting.

8 **Agenda for Change Reform Programme flash report**

The Employee Director referred to the flash report. Employers had received the desired lengthier lead in time to implement the final stage of the reduced working week, however national Staff Side had a different view on the decision made to implement from 1 April 2026.

The Head of Wellbeing, Culture and Development informed that the national work to implement protected learning time was currently standardising the contents of the 9 core modules and agree job specific mandatory training. Locally there was the identification of how currently protected learning time is being delivered and how effective they are. As was the case when the first phase of the reduced working week was implemented, a service will be able to choose from a list of standardised options to implement in their own area or specify another way to achieve protected learning time.

The Committee was assured by the information provided.

9 **Strategic risk on deteriorating Workforce engagement**

The Head of Wellbeing, Culture and Development referred to the distributed paper stating that a key issue impacting on the likelihood of the risk was system engagement. As referred to earlier an example of improving staff experience in a portfolio was access to secure storage, space to change and space to take breaks. There had been good interest from parties involved to take forward with the need to communicate this work to the system for awareness that it is a known issue.

The Committee determined that the Assurance Level assigned to the management of the risk of reasonable was appropriate.

Statutory Information, Reports and Returns

10 **Whistleblowing 2024/25 Quarter 4 report**

The Head of Engagement presented the 2024/25 Quarter 4 report to the Committee, highlighting the following:

- During the period 1 January to 31 March 2025 there were 10 new concerns raised through the whistleblowing route. 6 of the 10 met the

criteria for whistleblowing with the remainder routed and supported to other more appropriate routes.

- The type of issues raised had moved from patient safety to governance and management behaviour.
- Of the 5 cases closed during the quarter, the case partly upheld was related to management behaviour; the two cases upheld were related to patient safety and communication and two cases not upheld were related to management behaviour.
- Number of concerns still active/open at the end of Quarter 4 was 4; 2 of these had opened in January 2025 and 2 in March 2025.
- Average time to respond to concerns closed in Quarter 4 was 89 days, increasing from 55 days last quarter. The increase was as a result of increased activity and the limited resource to carry out the whistleblowing function.
- Yearly summary of whistleblowing concerns received 2021/22 14; 2022/23 8; 2023/24 18 and 2024/25 18.

The Committee stated that the length of time to conclude an issue was concerning and was contrary to the view expressed in visits that individuals were supportive of the standards.

The Committee noted the importance of learning from the issues raised relating to management behaviour. The Head of Engagement stated that in some cases there is already an awareness of the behaviour. Behaviours were being allowed to continue with a resultant negative impact on staff, therefore appropriate handling of these situations were required from the outset.

The Head of Wellbeing, Culture and Development stated that since the standards had been in place for a number of years, there was the opportunity to analyse the data for trends. There was also the opportunity for the Wellbeing Culture and Development Team to connect to the Whistleblowing service to use data from iMatter and BPA to predict potential areas for whistleblowing concerns to be raised from and intervene to prevent.

The Whistleblowing Champion stated that the whistleblowing papers for this agenda item and for item 11 contained information that the Committee required to pay attention to. There must be consideration of trends and learning from outcomes to improve on the linkages between different parts of the system. The concerns regarding management behaviour were concerning given how important the role of the manager was. The Head of Occupational Health Services stated that there was a correlation with the patterns of self-referrals to OHS and the most common reason for absence, stress and anxiety. Staff Side stated that it was important to consider how middle managers can be supported in their roles.

The Committee confirmed they were partly assured as the content of the paper for item 11 required to be taken into account.

11 Whistleblowing pause and reflect – update

The Head of Engagement presented an update following the June 2024 Whistleblowing Standards pause and reflect session. It was highlighted that the provision of a whistleblowing service was at crisis point due to:

- Lack of priority and urgency expressed by management teams to take forward a concern and not taking investigations seriously. An investigator had said that if there was no change they would need to take a step back from that role.
- Insufficient resource to manage whistleblowing thus causing distress to people by not acting quickly enough.
- The actions agreed at the pause and reflect session had not progressed due to lack of resource

The Whistleblowing Champion thanked the Head of Engagement for providing an honest paper, articulating the situation well, stating that they had escalated the situation. This had led to a discussion regarding an SBAR highlighting areas of concern around culture and whistleblowing handling between the Whistleblowing Champion, Whistleblowing Responsible Officer, Interim Chief Executive, Board Chair, Board Vice-Chair and the Chair of the Committee in April 2025. The Whistleblowing Champion stated that NHS Grampian was failing to meet the national standards and was able to collaborate the Head of Engagement's comment regarding the handling of investigations from their own observations, especially at a senior level where there was a reluctance to accept findings. The Committee was the correct governance route for this to be discussed however the situation required an in-depth discussion.

The Head of Wellbeing, Culture and Development highlighted the recommendation that the Speak-up Ambassadors move to being supported by the Wellbeing, Culture and Development Team. They were happy to have a conversation regarding this however it would be in the context of a diminishing resource and the impact it would have on other work.

The Interim Chief Executive stated that the meeting referred to had been helpful however the situation described had been difficult to hear. There was a definite need to have an urgent in-depth conversation to agree actions however there required to be balance within that discussion. The balance was needed as although there was the need for change, it was not the case organisation wide. They highlighted that none of the whistleblowing concerns raised in 2024/25 quarter 4 relating to management behaviour had been fully upheld.

The Committee noted that a healthy organisation recognised both its failings and strengths in equal measure.

The Committee stated that they were assured that those in the whistleblowing service were committed to move forward however there was a need to hold to account the organisation on behalf of the Board to see progress on the actions committed to last year. A sense of urgency was recognised as whistleblowing was a consequence of issues discussed at the Committee for example culture and behaviours. If there was improvement then the amount of whistleblowing concerns being raised should diminish.

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Dedicated time for discussion will be provided at the extraordinary committee meeting requested under item 7.2.

The Committee urged staff involved not to be demoralised by the constructive feedback provided at the meeting. The Committee's aim was to achieve action as staff are NHS Grampian's most important resource.

Interim Head of People and Change, Interim Chief Executive, Staff Side and Executive Nurse Director left the meeting.

12 Statutory Equality & Diversity Reporting

Mainstreaming Report and Equality Outcomes Update

Equality Outcomes Report 2025-2029

The Director of Marketing and Corporate Communications outlined that two of the statutory reports were being presented to the Committee, namely Equality Outcomes 2025-2029 and Mainstreaming report and Equality Outcomes 2021-2025 (update report as April 2025). 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. Thanks were given to the data providers to allow the Interim Equality and Diversity Manager to analyse and produce reports.

Mainstreaming report and Equality Outcomes 2021-2025 (update report as April 2025)

The Interim Equality and Diversity Manager stated that the report detailed the work done during 2023 to 2025 to make the equality duty an integral part of the way NHS Grampian functions as an organisation, highlighting the following:

- The report included activities reported by departments, with more projects to be captured in future reports.
- 2419 staff had completed equality and diversity level 2 training during 2024/25, a significant increase from the previous year. The provision of Teams sessions has widened access to training across the NHS Grampian workforce.
- NHS Grampian has developed an Integrated Impact Assessment which will shortly be launched.
- Continued to make telephone interpreting "Language Line" widely available to non-English speaking patients. There were 23,753 calls during 2024.
- Continued to make "face to face" interpreters available and maintain the number of trained "face to face" interpreters, utilised in over 500 appointments.
- 72 different languages accommodated.
- Antiracism plan 2023-2028 launched, with further work to be done using Scottish Government guidance.

The Committee gave thanks for the report considered to be well written, positive and easily read.

The following points were raised in discussion:

- Whether use of “mainstreaming” in the title of the report was accurate as this should mean the activities detailed within were core business. For example the Health Café was a successful single event however to be classed as mainstreamed it would require to be part of the programme of health cafes.
- The Interim Equality and Diversity Manager clarified that the detailed activities had come from service providers rather than those in the protected groups however it was planned that the lived experience of individuals would be obtained in the future.
- The increase in those completing equality and diversity training was acknowledged. The Interim Equality and Diversity Manager clarified that those who had completed the training was approximately 10% of those who were expected to undertake it, with participants expected to refresh their training every five years. As the courses were run regularly by Teams, 250 staff were attending every month. There was work ongoing with other Health Boards to develop eLearning. The Head of Workforce provided the accumulative data over four years - 6,500 staff had completed level 2 and 4,500 level 4 training. The Head of Wellbeing, Culture and Development stated that this was 30% of staff who had completed level 2 and 4 training over the 5 years.
- The Head of Workforce clarified that NHS Grampian was the third largest Board in NHS Scotland.

Equality Outcomes 2025-2029

The Interim Equality and Diversity Manager stated that the report detailed the equality outcomes which NHS Grampian considers will enable it to better meet the general equality duty, highlighting the following:

- The development of the equality outcomes considered the national context, policy environment and gaps in workforce or service provision to meet equality duties. The outcomes do not cover all the nine protected characteristic instead have a focus on the most relevant characteristic(s) to NHS Grampian, where gaps have been identified.
- The aim of the outcomes was to create a change and mainstream it.
- Emphasis on services developing own equality outcomes to support the aim. The equality and diversity team would support these initiatives.
- Evidence has been gathered for the five equality outcomes, over the last two years, of what practical changes have been achieved for a group with a particular protected characteristic(s).

The following points were raised in discussion:

- The Committee commended the report as it gave a sense of priority for NHS Grampian.
- The Committee asked how the organisation persuades individuals to achieve the equality outcomes and how the Committee can assist increasing confidence in them. The Interim Equality and Diversity Manager responded that there is liaison with service provides, for example gender identity clinic or women’s health, as the service leads will progress. The equality and diversity team provide support and there are regular meetings to obtain updates.

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	<ul style="list-style-type: none"> As a result of the engagement as to whether an outcome was clear or not, the Committee stated it would be helpful to split the results between service users, staff surveys, and third sector organisations in order to understand where the route of lack of confidence was to direct support. <p>The Committee endorsed both reports.</p>	
13	Remuneration Committee 28 February 2025 agenda and assurance statement	
	Noted by the Committee.	
14	Items for Noting	
	The Committee noted the following approved minutes/report:	
14.1	BMA Joint Negotiating Committee Minutes – 14 February 2025	
14.2	Colleagues and Culture Oversight Group minutes – no new approved minute	
14.3	Occupational Health, Wellbeing and Safety Committee – no new approved minute	
14.4	GAPF Board report – covering February 2025 meeting	
14.5	Area Clinical Forum – 15 January 2025	
15	Any Other Competent Business	
	None raised	
16	Date of Next Meeting	
	Extraordinary meeting on Thursday 5 June 2025 11am to 1pm via Teams	
	Next scheduled meeting on Thursday 3 July 2025 10am to 12.30pm via Teams	