**Appendix 1:**  **NHS Golden Jubilee reported level of assurance with each duty**

*13 clinical professions at NHS Golden Jubilee that Safe Staffing legislation is relevant to. Returns on progress received from* ***13*** *clinical professions.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| duty | topic | Comp % (Q1 24/5) | Comp%(Q2 24/5) | Comp % (Q3 24/5) | Comp % (Q4 24/5) | Compliance Q1 25/6  | Assurance Level  | Evidence  |
| 12IA | Ensure appropriate staffing  | 100 | 100 | 100 | 100 | 100 | Substantial  | * Workforce planning/ development;
* Recruitment/ retention initiatives;
* Real time staffing (RTS)
* Escalation processes
* Quality/safety metrics
* Patient/staff feedback
* Effective roster management/ job planning.
 |
| 12IC | Real time staffing in place | 100 | 100 | 100 | 92 | 100 | Substantial  | * Identify/communicate risks in relation to staffing
* Mitigation/escalation - huddle/decision support/processes
* Route for risks that cannot be mitigated – Datix/escalation processes
* Generic RTS – CC areas
* Severe and / or recurrent risks via Datix at present
* Adverse event reporting/review
 |
| 12ID | Risk escalation process in place | 88 | 100 | 92 | 92 | 100 | Substantial  | * Clinical advice currently recorded on escalation document when used (used by exception)
* Escalation doc can record feedback to individuals re decisions made/space to record disagreement
 |
| 12IE | Arrangements to address severe and recurrent risks | 77 | 82 | 92 | 92 | 100 | Substantial  | * Severe and / or recurrent risks via Datix. And review (triumvirate)
* RTS and adverse event process
 |
| 12IF | Seek clinical advice on staffing | 83 | 72 | 67 | 69 | 92 | Reasonable | * Clear communication re who can give clinical advice (clinical structures)
* Escalation processes – record – escalation doc
* Record of any conflict - escalation doc
* Mitigation of risk
* Quarterly internal reports – submitted by lead professionals, submitted to the Board
 |
| 12IH | Adequate time given to clinical leaders | 50 | 45 | 50 | 61 | 62 | Reasonable | * Lead clinical professional responsibility;
* how is sufficient time determined via job planning/PDP
* Identify any potential risks e.g. SCN taking case load – frequency of same
* Review of time/resource - annual job plan/PDP
 |
| 12II | Appropriate training of staff | 100 | 100 | 92 | 92 | 92  | Reasonable | * Training strategy/ governance re those professions within the scope of the Act;
* Monitoring cancellation / postponement of training (escalation doc, staffing level tool run)
* Assurance re mandatory / essential training – L&OD
* PDPs
* Record of training activity.
 |
| 12IJ | Follow common staffing method (nursing only) | 100 | 100 | 100 | 100 | 100 | Substantial  | * Draft SOP for CSM under review
* Digital process testing July 2025
* Reporting/governance via NWAG
* Governance via NWAG
* Risk/mitigation/ escalation re Staffing requirements after CSM –draft SOP
* Arrangements for seeking staff views/ feeding back to staff – SOP
* Time/training to apply the CSM (sessions commence 03/07/25)
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