**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) |