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

There are 13 clinical professions at NHS Golden Jubilee that Safe Staffing legislation is relevant to. Returns on progress received from 12 clinical professions. **Q3 December 2025.**

duty	topic	Comp % (Q1 24/5)	Comp % (Q2 24/5)	Comp % (Q3 24/5)	Comp % (Q4 24/5)	Comp Q1 25/6	Comp Q2 25/26	Comp Q3 25/26	Assurance Level	Evidence
12IA/B	Ensure appropriate staffing	100	100	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. - Planned transfer to eroster is in place across hospital - Dynamic oversight from clinical managers and inclusion of all relevant professions at the x 2 daily Huddle

									<td style="background:#00a550;"></td>	• Pharmacy allocation of senior staff to manage rotas
12IC	Real time staffing in place	100	100	100	92	100	100	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 • Escalation document and actions (nursing) • Current timetable to move to eroster across the hospital is on track. • Planned transfer to Safe Care in 2026. • Spiritual care are currently in discussions with neighbouring Health Board to formalise cross cover for urgent calls and are working towards a chaplain on bank contract for flexible support to the small team.
12ID	Risk	88	100	92	92	100	100	100	Substantial	• Clinical advice currently recorded on escalation document when used (used by

	escalation process in place								Substantial	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	100	100	Substantial	• Severe and / or recurrent risks via Datix. And review (triumvirate) • RTS and adverse event process • Pharmacy has a traffic light system to record these risks
12IF	Seek clinical advice on staffing	83	72	67	69	92	92	75	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 • Clearer tracking will be available with Safecare • SCPs record advice on the SCP drive • Some smaller and/ or specialist professions (CSPD, Psychology, Spiritual care) have not required to seek further clinical advice on staffing; this is reflected in percentage

										compliance for transparency resulting in reduced percentage.
12IH	Adequate time given to clinical leaders	50	45	50	61	62	70	67	Reasonable	• Lead clinical professional responsibility; • Review of time/resource - annual job plan/PDP • Pharmacy now has a process in place to ensure protected leadership time • Most clinical professions plan in protected time. If protected time cannot be honoured due to clinical needs this will be recorded and ongoing monitoring. • SCN workload review within nursing dept planned for Q4.
12II	Appropriate training of staff	100	100	92	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. • Cardiac SCPs and the

										• Perfusion team are in the process of implementing an etraining record • Pharmacy dept are working towards facilitating protected learning time for all team members. They have scheduled protected time, and this will be monitored going forward
12IJ	Follow common staffing method (nursing only)	100	100	100	100	100		100	Substantial	• Draft SOP for CSM under review • Participated in national review group for CSM led by HIS. • Digital process tested July 2025 • November tool runs used paper documentation with planned support to CNMs. • CNS and ANP planned tool run in Q4. Training dates pre staffing level tool run planned.

										• Governance via NWAG • Risk/mitigation/ escalation re Staffing requirements after CSM –draft SOP to be approved in Q4
12IL	Training and Consultation of Staff					100	100	100		• Pre SLT runs training sessions are planned for refresher training and any new staff to this process. • Planned discussions with staff on outputs gathered from SLT runs and Common Staffing Method documentation.