

## NHS GG&C Adequate Time Given to Clinical Leaders

(Time to Lead)

### Standard Operating Procedure

#### NHSGGC Dietetic Services

*Companion SOP to NHS GGC Board Time to Lead SOP*, in accordance with Health and Care (Scotland) Staffing Act (HCSSA) Duty 12IH

This Standard Operating Procedure (SOP) outlines the requirements for the Health and Care (Scotland) Staffing Act (HCSSA) Duty 12IH—ensuring adequate time is given to clinical leaders within the profession of Dietetics. This profession is covered by the HCSSA and requires the same leadership considerations outlined in the Board SOP. The Act stipulates, as a minimum, that three key leadership roles are considered:

- Supervise the meeting of clinical needs of patients in their care
- Manage and support the development of staff for whom they are responsible
- Lead the delivery of safe, high quality, and person-centred care

#### Identification of Clinical Leaders

It is mandatory to refer to the HCSSA “leadership considerations list” (Appendix 1) prior to designating individuals as Clinical Leaders within Dietitian services. Once identified, the organisation must ensure these leaders have adequate time and resources to fulfil their duties. The clinical leaders in these service areas are typically:

- Advanced Practitioner Dietitian
- Dietitian Clinical Team Lead
- Dietitian Clinical Lead (community, weight management, paediatrics)
- Dietitian Practice Development

#### Time and Resource Allocation

Allocation of time and resources for leadership activities is guided by NHS GGC job planning for Dietitian services, as well as yearly PDP&R through TURAS appraisal. All Clinical Leads are required to complete TURAS Skilled Level modules to ensure a comprehensive understanding of HCSSA requirements.

## Protecting and Evidencing Time to Lead

Annual completion rates of staff appraisals and job plan reviews serve as quantitative measures of leadership effectiveness. Systems for evidencing Time to Lead in Dietetic services include:

- Consider utilisation of 'Safe Care' (where tool is available) to capture Time to Lead mitigation requirements
- Annual TURAS appraisal capturing development activities
- Standardised templates for job planning tied to job descriptions
- Findings from iMatter surveys evidencing staff wellbeing and satisfaction

If a Clinical Leader cannot take their allocated Time to Lead, and this time is diverted to direct patient care or operational management, this must be identified, recorded, and escalated to a manager (who is responsible for considering mitigations and/or further escalation according to Acute AHP service real time staffing SOP. Options from escalation may include the use of red flags in 'SafeCare.'

## Risk Identification and Management

Severe and recurrent risks should be identified through monthly reviews of incidents where Time to Lead is not protected, carried out by relevant Clinical Team Leads, Clinical Lead, Advanced Practitioner Dietitians and Dietitian Practice Development.

DATIX should be used to record such incidents. Each month, the local Senior Management Team (SMT) must review incidents from the previous month to assess the likelihood and impact of staffing risks.

Controls should be reviewed and actions assigned, each with an owner and due date. Risks are discussed at every monthly SMT meeting, with additional assurance provided through quarterly reports commissioned by the Board for lead clinicians and made available to HIS. This process contributes to annual Board submissions to the Scottish Government.

## Risk Register Policy and Assurance

The Risk Register Policy and Guidance for Managers must be used to systematically identify, analyse, evaluate, and manage risks at an appropriate level. Risks are assessed on both impact and likelihood using a 5x5 impact matrix as detailed in the Policy.

## Reporting and Compliance

Assurance and reporting are performed quarterly at the Board level, with findings shared with HIS and incorporated into annual submissions to the Scottish Government. This ensures ongoing compliance and transparency regarding leadership time and resource allocation.

## Appendix 1: Leadership Considerations Specified by the Act

The following list must be consulted when defining Clinical Leader roles:

No.	Requirement	Yes/No
1	Oversight of care delivery including enhancing patient experience	Yes
2	Clinical supervision and observation of clinical practice	Yes
3	Supporting improvement and promoting reflective practice	Yes
4	Inspiring patient confidence by setting and maintaining high standards of care	Yes
5	Visible leadership	Yes
6	Direct management of staff (including rostering, appraisals, PDP, recruitment)	Yes
7	Budget management (rostering, procurement, effective resource use)	Yes
8	Investigation and management of adverse events, complaints, and staff performance	Yes
9	Leading quality improvement and change in clinical service	Yes
10	Act as a role model for colleagues, setting standards for care delivery	Yes
11	Promoting and maintaining psychological safety within the team	Yes
12	Using patient feedback to support improvement	Yes
13	Implementing real-time staffing assessment and risk escalation procedures	Yes
14	Running the common staffing method (where applicable)	n/a
15	Contributing to reporting compliance	Yes

This list is not exhaustive and should be considered alongside other duties of the Act, especially the duty to maintain real-time staffing assessment (Duty 12IC).