

**AGENDA FOR CHANGE
NHS JOB EVALUATION SCHEME**



JOB DESCRIPTION

1. JOB IDENTIFICATION

Job Title: Physiotherapy Team Lead

Reports to: Service Manager

Department, Ward, or Section: Physiotherapy

Operational Unit/Corporate Department: Mid Argyll Community Hospital and Integrated Care Centre, Argyll & Bute HSCP

Job Code: ARGLMAKIAHPSPHYS03

No of Job Holders: 1

Last Update: March 2026

2. JOB PURPOSE

1. Manage operationally and strategically the diverse range of specialist and non-specialist, outpatient and domiciliary physiotherapy services in the Mid Argyll locality, assessing the resource implications of policies and plans relating to Physiotherapy and contributing to the achievement of strategic goals of A&B CHP.
2. To ensure supervision of all grades of physiotherapy staff in Mid Argyll Hospital and Community providing a strong clinical focus.
3. Facilitates management of the physiotherapy clinical staff and staff area in Mid Argyll.
4. As an advanced practitioner is responsible for planning, coordinating, delivering and evaluation of the physiotherapy service in own clinical specialist area.
5. Supervise and promote evidence-based practice, clinical effectiveness and audit for all physiotherapy staff within the locality.
6. To facilitate implementation of NHS Highland and AHP National Delivery Plan strategy. This includes responsibility and accountability for Physiotherapy service strategy which includes quality, professional standards, workforce planning and development and research and education.
7. To support the Locality Management team in meeting operational and strategic targets and improving the quality of patient care and further development of the Physiotherapy service for the Highlands.
8. Participate in research and development activities.

9. Supervise trainee, newly qualified Physiotherapists and lower grades ensuring continuity of service delivery in own area of clinical practice.

3. DIMENSIONS

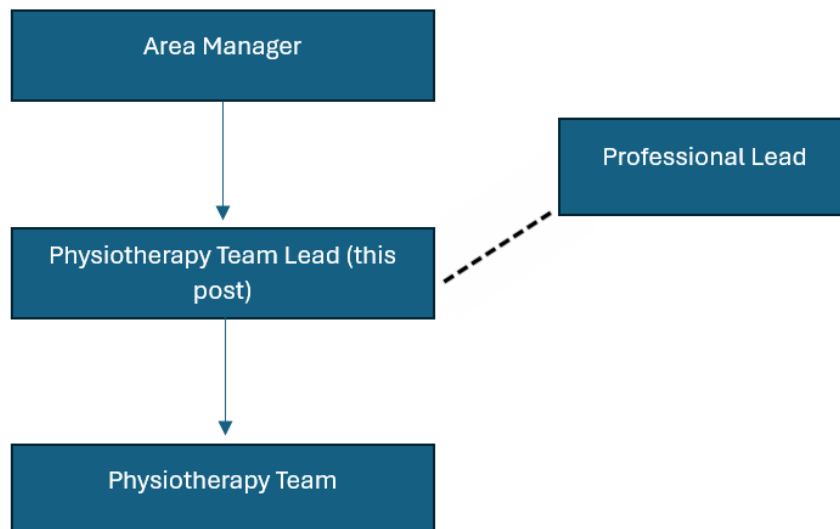
Clinical

The post holder will carry a clinical caseload and will be responsible for the Physiotherapy input to the local hospital as well as for community clinics and the health improvement work required by the locality. The post is 30% Leadership/managerial and 70% clinical. The post holder is responsible for the Mid Argyll Physiotherapy department's budget of staff and non-staff costs and has flexibility within the budget to meet the changing needs of the service.

Locality Team Leadership

The Mid Argyll Physiotherapy Service sits within the Argyll and Bute Health and Social Care Partnership. The post holder has overall responsibility for management, strategic planning and professional governance for physiotherapy services within Mid Argyll.

4. ORGANISATIONAL POSITION



5. ROLE OF DEPARTMENT OR SECTION

1. Chartered Physiotherapists use their expertise and skills in assessment, movement, exercise,
2. Electrotherapy, facilitation techniques and manipulation to effectively treat, rehabilitate, and advise clients with a wide range of health problems. They work with people of all ages who have lost some degree of movement or ability through injury, surgery, pathological change, or illness. Ultimately, the aim of Physiotherapy is to help patients resume as active and independent as a lifestyle as possible through individual intervention or as part of a multidisciplinary team.
3. The Mid Argyll Physiotherapy service exists to deliver a high quality, comprehensive range of inpatient, outpatient and community physiotherapy to patients and their carers.

6. MAIN TASKS, DUTIES AND RESPONSIBILITIES

Clinical

1. The Team Lead should aim to have a clinical caseload for no more than 70% of their work time.
2. Demonstrate in assessment and treatment of patients an advanced level of clinical reasoning, professional knowledge and judgement in at least one clinical speciality area. To interpret and analyse clinical and non- clinical facts and sensitive information to form accurate diagnosis and prognosis in a wide range of highly complex conditions, to provide specialist opinion to physiotherapy, medical and other MDT colleagues, patients and carers concerning the best course of intervention.
3. Apply and have up to date knowledge of the current evidence in your clinical speciality.
4. Liaise with patients and their families and use advanced practice skills to educate and advise.
5. A very high standard of goal setting which should involve the patient (if able) and the family and be based on a patient centred care model, ensuring patient's privacy, dignity and confidentiality.
6. Maintain accurate and timely patient records according to professional documentation standards.
7. Liaise regularly with other Health personnel in order to maximise the effectiveness of patient's contact with the Health Service including clinical meetings and conferences concerning patient progress and discharge planning, where necessary.
8. Liaise with other health professions to ensure a multidisciplinary approach to patient care.
9. Be able to self-evaluate work practises and recognise skills and limits in areas of competence and seeking and providing assistance or guidance where required.
10. To provide both spontaneous and planned specialist advice, teaching and instruction to other professionals, patients and carers, thus actively promoting an understanding of the aims and outcome of Physiotherapy, and to ensure a consistent approach to patient care.
11. To assess capability, gain valid informed consent and have the ability to work within a legal framework with patients who lack capacity to consent to treatment.
12. To maintain accurate patient documentation records and submit accurate statistical information to comply with professional standards and legal requirements.

13. To follow appropriate infection control policies especially in dealing with body fluids e.g. sputum, urine, blood, faeces.
14. To be up-to-date with manual handling legislation and to be responsible for ensuring best practice in moving and handling all patients within own area of practice.
15. To work as an autonomous practitioner, guided by occupational policies in the independent planning, implementing, evaluation, treatment and progression of specialist patient care to maximise rehabilitation potential.

Managerial

1. Operational Management – Ensure the delivery of a high quality, effective and efficient Physiotherapy Service through operational management (and strategic direction/leadership) of the physiotherapy team in Mid Argyll.
2. Monitor and account for all allocated service resources, providing appropriate analyses and reports of Physiotherapy service data.
3. Ensure Physiotherapy and Organisational Standards of practice are understood and integrated into the work of the physiotherapy team.
4. Develop and implement managerial policies to promote a fair, consistent and safe working environment in line with NHS Highland Pin Guidelines.
5. Ensure adequate clinical and administrative cover within the physiotherapy team e.g. co-ordinate annual leave, study leave, special leave and sick leave.
6. Organise and lead selection and recruitment of Mid Argyll Physiotherapy staff.
7. Advise the relevant managers of issues pertaining to professional service provision, ensuring the service is clinically effective in compliance with NHS Highland governance policies.
8. Organise and conduct staff meetings communicating management policy and other decisions to team members.
9. Implement quality assurance initiatives within the Mid Argyll physiotherapy services.
10. Ensure compliance of the service with Professional, Organisational and National guidelines, procedures and policies.
11. Liaise with a range of individuals internal and external to the organisation to ensure effective service delivery.

Managing Staff

1. Define, co-ordinate and monitor the workload of the physiotherapy staff.
2. Ensure that salaries and wages information is entered into the payroll system and is checked and signed off appropriately
3. Supervise the allocation and implementation of staff roles and rotational posts to ensure appropriate skill mix in all areas.

4. Prioritization of service and emergency cover. Recruitment and retention of staff. Maintenance of staff personnel records. Arrange a comprehensive orientation of new staff and new senior staff.
5. Undertake performance management of physiotherapy staff and delegate performance management to other senior staff.
6. Develop performance measures.
7. Counsel, coach, support, encourage, mentor, motivate and discipline staff (if indicated) to enable individuals to manage their own development and careers.
8. Negotiate and resolve issues of conflict and effective complaints management.
9. Participate in Student Education, providing undergraduate placements, and encouraging staff to undertake clinical educator training.

Service Development

1. (Strategically) Lead, develop, implement and review the range of physiotherapy services to optimise patient care and use of resources. This includes contributing to all aspects of Kintyre and Islay Physiotherapy service development and proposing new models of service delivery and/or redesign including formulating business cases for developments.

Clinical Governance

1. Develop and deliver audit, research and development and quality programmes embracing professional and organisational agenda for Evidence-Based Best Practice, and Clinical Effectiveness in accordance with current guidelines and standards.

Health and Safety

1. Deliver and maintain a safe and consistent working environment ensuring risk assessment and risk reduction in all relevant health and safety aspects of the Physiotherapy service.

7. EQUIPMENT AND MACHINERY USED

The following points require a very thorough knowledge of anatomy, physiology and physiological effects, pathology, kinesiology, contraindications and individual patients presenting symptoms, drugs and medical condition.

Types of equipment used, and frequency of use, will be dictated by the specialty the post holder is working in and patient needs within that specialty. To understand and ensure the safe use of electro medical equipment including:

1. **Ultrasound** – treatment of soft tissue inflammatory disorders - frequently.
2. **Interferential** –management of musculoskeletal pain, muscle stimulation/strengthening - frequently.
3. **Laser** – for pain relief and soft tissue healing.
4. **Short-wave Diathermy** – treatment of musculoskeletal inflammatory disorders - frequent.
5. **Transcutaneous Electrical Nerve Stimulation** – management of musculoskeletal pain - frequent.
6. **Mechanical traction table** – traction treatment of cervical and lumbar spinal pathology – frequent.

7. **Suction equipment** – open suction (oral or nasopharyngeal) for non-intubated patients, Airways, Suction catheters – occasionally (wards, on call).
8. **Electromyographic biofeedback units** – assessment, monitoring and rehabilitation of muscular recruitment/motor unit function in musculoskeletal disorder – occasionally.

To understand and ensure safe use of exercise equipment for patient rehabilitation (frequent) including:

1. Exercise bike
2. Rowing machine
3. Treadmill
4. Stair climber
5. Elliptical trainer
6. Parallel bars
7. Gym balls
8. Slings and pulleys
9. Theraband
10. Weight machines and free weights
11. Various balance equipment
12. Sliding boards
13. Therapeutic hand equipment
14. Wall bars

To understand and ensure the safe use of non-electrical patient treatment modalities and diagnostic tools including:

Manipulation/mobilisation of spinal and peripheral joints – for pain relief, to promote soft tissue healing and improved function (frequent).

Soft tissue massage – for pain relief and tissue healing (frequent).

Heat packs – for pain relief and improved function. Used before mobilisation to increase soft tissue extensibility (frequent).

Wax baths – as for heat packs (occasional).

Cryotherapy (ice) – for soft tissue/joint swelling and pain (frequent).

Acupuncture – for pain relief and to promote healing (frequent).

Goniometer – for measuring joint movement and angles (frequent).

Stethoscope – for use in auscultation of respiratory patients (occasional).

Tendon hammer – for checking reflexes in neurological conditions and sciatica (frequent).

Halter traction – traction treatment of cervical and lumbar spinal pathology (occasional).

Manual therapy belt – application of mobilisation forces/counter forces in the manual mobilisation of stiff/painful peripheral and spinal joints (frequent).

Barometric biofeedback unit – assessment and rehabilitation of cervical and lumbar muscle recruitment patterns in musculoskeletal disorder (occasional).

To understand and ensure safe use of additional patient rehabilitation and care equipment including:

Powered treatment plinths (frequent).

Specialist beds (frequent).

Hoists – standing, tracking and lifting (frequent).

Stand aids – tilt tables, standing frames (frequent).

Manual handling equipment – Slide sheets, pat slides, beds, trolleys (frequent).

Walking aids – Auxiliary, elbow, gutter crutches, zimmer, rollator, delta and uniscan frames, walking, tripod and fischer sticks – selection, adjustment, issue and instruction of appropriate walking aid (frequently).

Transfer equipment - sliding boards, turntable transfer blocks – increase patients independence

during transfers and activities of daily living (occasional).

Orthotics and taping - Splints, AFO (ankle foot orthosis), Fem braces, Spinal braces, Knee braces, Collar and cuff, Neck collars, Shoulder immobilisers, Strapping, Taping and Tubigrip to reduce swelling, pain and pressure and to facilitate movement (frequent).

Wheelchairs – Correctly position patient in chair, assess, measure and order chairs for patients (regular).

Wood saw, metal saw, vice – for sizing and cutting of walking aids (occasional).

Administrative/ducation

Personal computer – daily use for e-mails, collation of physiotherapy patient activity data, intra and internet, producing exercise regimes for patients, clinical letters to GPs, Consultants and other healthcare professionals. Microsoft word, PowerPoint, Excel, Outlook express, Access (very frequent).

Laptop and digital projector – as above and for PowerPoint presentations (frequent).

Photocopier – daily use in copying clinical leaflets, exercise regimes, letters, administration and training materials (frequent).

Telephone – daily internal and external communication on clinical issues (constant).

Fax –sending/receiving non confidential information (occasional).

Overhead projector – Delivery of presentations during training, interviews, developments (occasional).

8. SYSTEMS

1. Patient Admin Systeme.g Trak care, SCI and Eclipse.
2. MiDIS (Multi Disciplinary Information System when it is implemented).
3. AWT – AHP Waiting times system.
4. Patient Records/Medical notes.
5. General office equipment including computers- email, NHS Highland intranet & internet
6. Computer software such as Word and Excel to create reports, spreadsheets, record R&D activity, research, quality assurance and audit etc.
7. Responsible for data entry on computer such as AWT, Trak (PMS), Excel & Word Documents etc.)
8. Access the Internet and Trust Intranet to acquire relevant information for personal and professional development.
9. Lead on development and design of profession specific data collection systems to meet local service needs.
10. Assist in the development of interagency shared IT systems pertinent to sharing of data.
11. Ensure effective systems which will inform professional need/development are in place.
12. Professionally advise on PDP&R, as required.
13. Yearly staff appraisal and development of personal development plan.
14. Utilise knowledge of the wider NHS organisation to influence the development of services.

9. ASSIGNMENT AND REVIEW OF WORK

1. There is no direct supervision or support for this post clinically.
2. The post holds professional accountability for the service delivered in Mid Argyll. Work is self-directed within National and NHS Highland policies and within professional standards.
3. Review of work is undertaken annually by performance appraisal using objectives agreed with the A&B CHP Professional Lead. The post holder is professionally accountable to the Professional Lead for Physiotherapy and works closely with the Argyll & Bute HSCP AHP Lead.
4. This post holder is operationally managed within the locality where they have their clinical commitment.
5. Clinical caseload will be generated by the specific service needs of the clinical area. The post holder will prioritise caseload with respect to known CSP standards of care within physiotherapy, identifying priorities for treatment and implementing appropriate care.
6. Identifying, prioritising and initiating team development needs and individual staff member training, support and mentorship needs to achieve the clinical governance agenda of NHS Highland.

7. The post holds professional accountability for the service delivered in Oban, Lorn and the Islands. Work is self- directed within National and NHS Highland policies and within professional standards.

10. DECISIONS AND JUDGEMENTS

1. Balance clinical and managerial demands to ensure quality of care in specialist area.
2. Delegate to other physiotherapy staff, non-clinical tasks as required by the service e.g. attending working groups, committees or interviewing.
3. Undertake risk assessments regarding patient condition and environment to ensure patient and staff safety.
4. This post makes decisions and judgements regarding the professional direction of the physiotherapy team in Mid Argyll, working with HSCP Professional and AHP Lead.
5. Contribute and influence own profession and AHP initiatives at local and Highland level.
6. Contribute to the development and implementation of shared professional policies and procedures across Argyll & Bute HSCP.
7. Help the HSCP Professional Lead to develop professional policies and procedures, which underpin service development and change.
8. Work with Professional Head of Physiotherapy and A&B CHP AHP Lead to ensure local monitoring of strategic deployment of resources in conjunction with the A&B Head of Human Resources
9. Prioritise work and delegate tasks to other staff when required, in agreement with local managers when appropriate.
10. Work on solutions in a collaborative basis with other disciplines and agencies.
11. Lead professional engagement with research and development at a local level.
12. Provide advice and report Professional issues to the CHP Professional Lead and the Argyll & Bute AHP Lead.

11. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

Achieve a professional infrastructure which supports the operational needs of the service in Oban, Lorn and the Islands.

Balance the competing professional priorities for service delivery and service developments within finite capacity both within this post and the overall service resource.

Ensure appropriate involvement of staff through Partnership Working with key stakeholders.

Meet the need for effective workforce planning and service continuity.

Ensure effective staff communication.

Undertake a mentally, emotionally and physically demanding job.

Communicating highly sensitive & extremely distressing information to patients in a sensitive way.

Pressure from time constraints to deal with distressing situations with discretion, empathy and sensitivity.

Responding to questions from patients, which may be difficult to be too precise, whilst not misleading.

Pressure from clinical demands with limited resources in a modality with ever increasing demands.

Managing the unpredictable nature of referrals and co-ordinating the various types of referrals into a workable day and adhering to that time schedule.

Dealing with frequent interruptions for enquiries and advice by patients etc.

Managing unrealistic expectations from staff and patients on a daily basis. (e.g. equipment down time, waiting times, emergency referrals and staffing levels).

Combining training in new techniques or newly procured equipment with normal patient workload

Maintaining and continually developing clinical knowledge and skills in appropriate specialist areas particularly with the lack of resources available.

12. COMMUNICATIONS AND RELATIONSHIPS

1. Utilise high level interpersonal skills including negotiation, influencing, facilitating, conflict resolution and ability to develop positive working relationships with a wide variety of personnel and agencies.
2. Communicate complex information on service evaluation, redesign, policy or professional interpretations to a range of stakeholders including the Local Authority and other strategic partners.
3. Communicate emotionally demanding information to staff and stakeholders in relation to staff issues and/or service changes.

4. Demonstrate high level formal presentation skills.
5. Demonstrate ability and confidence to promote effective leadership and assert self in difficult and contentious issues.
6. Manage conflict by assertive responses, listening to and guiding staff in the agreed course of action.
7. Understand organisational cultures, the nature and use of different approaches and be adaptable and sensitive in a range of communication skills to facilitate these differences.
8. Keep up to date with the activities of colleagues, and partners involved within and outwith Argyll & Bute and the issues which impact on the service.
9. Work with the Professional Lead for Physiotherapy to ensure effective interpretation of strategic information and organise this information in a way that all levels of staff understand the local priorities in the context of the wider agenda.
10. Develop strong and effective relationships with Professional Lead for Physiotherapy.

Clinical

1. Provide complex information by explanation of procedure and listening to patient's requirements in order to encourage compliance with physiotherapy policies and procedures
2. Provide and receive highly complex, sensitive information, where there may be barriers to understanding. (E.g. Young children / elderly / confused / physical or mental special needs / language differences) requiring highly developed interpersonal & communication skills.
3. Resistance to understanding. Communicating complicated information to the patient / relatives and other clinicians about their condition, which may be conflicting or inconsistent with expectations.
4. A high level of interpersonal, communication, empathy and reassurance skills are required, especially where there may be barriers to acceptance, which need to be overcome. Treat other members of staff, where a very high degree of sensitivity & discretion must be applied.
5. When requested, provide factual information regarding the risks associated with treatment
6. Observe confidentiality in accordance with Professional Body & NHS Highland policies.
7. Participate in the investigation of complaints and untoward incidents.
8. Ensure adequate consideration is given to the health and safety and welfare of self, other staff, patients and visitors at all times, including the reporting of accidents, violent incidents and complaints according to Hospital procedure.

13. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

Physical Skills / effort / environmental demands:

1. Driving, keyboard skills, manual handling skills, good level of physical health including vision and hearing.
2. Moving and carrying light equipment daily.

Working Conditions:

1. Contend with varying driving conditions and bad weather across Argyll & Bute CHP as well as the wider NHS Highland board area (often in excess of 300 miles)
2. Ability to work as part of a team and ability to be flexible.

Mental, Emotional and Environmental Demands

1. Being continually creative and innovative to develop strategic approaches to service change and delivery.
2. Influence the impact of diverse competing priorities and cope with a wide-ranging variety of demands from within and out with the profession.
3. Job requires a very flexible approach to meet changing and variable agendas, often within a tight deadline.
4. Prioritising referrals and managing waiting lists – daily.
5. Prioritising competing budget demands.
6. Working with many stakeholders, within and outwith the profession requiring openness, honesty and sensitivity.
7. Frequent exposure to hostility and resistance requires skilled interpersonal aptitude.
8. Advises on staff issues and patient complaints and escalates to the CHP Professional Lead and A&B CHP AHP Lead for advice.
9. Frequently conveys difficult or unwelcome news on strategic issues as well as departmental issues.
10. Exposure to contentious and hostile atmosphere on one to one and large group setting.

14. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

General

1. The post holder will have at least 4 years post graduate experience in the NHS together with evidence of experience of leadership and some evidence of leadership training/development.
2. The post holder will hold a first level degree or equivalent relevant to the profession and be licensed to practice within the profession.

Professional

1. Membership of the Health Professions Council and registered with the CSP or have own professional indemnity insurance and meet the continuous professional development required to remain on the register.
2. Complies with the rules of professional conduct for the profession.
3. Demonstrates ongoing personal development through participation in internal and external development opportunities, recording learning outcomes in portfolio.
4. Reviews and reflects on own practice and performance through effective use of professional and operational supervision in line with local guidelines.
5. Maintains and applies specialist skills and knowledge in order to establish professional competence and fitness to practise as a Leader in the profession.
6. Can identify, facilitate and engage actively in practice development, evaluation, and audit and research activities relevant to profession.
7. Evidence of CPD including an up to date portfolio. Participation in in-service and other available training courses to ensure that working knowledge is kept up to date and that duties are performed within the requirements of relevant legislation, policies and procedures
8. To maintain a high standard of professional administrative and technical work within area of responsibility, ensuring a high degree of professional autonomy
9. Team worker, with the ability to work independently
10. IT skills email, basic word processing & excel, spreadsheets, ability to search Intra & Internet.
11. Car driver.

Strategic

1. Knowledge of the evolving health and local authority agendas.
2. Ability to work with Service manager, CHP Professional Lead for Physiotherapy and A&B CHP AHP Lead to interpret national and local policies, identify implications for the local service and lead on local service redesign and modernisation as appropriate.
3. Able to advise and influence Physiotherapy research priorities.

Leadership

1. Demonstrates strong leadership at team level
2. Highly developed negotiating and influencing skills relative to Kintyre and Islay Physiotherapy service.
3. Ability to work with locality managers, Professional Lead and AHP Lead in order to establish and maintain an effective supervision framework for own team.
4. Ability and knowledge to lead the clinical governance and quality agenda for the team
5. Experienced in redesign and development of high-quality services in accordance with NHS Highland objectives and cost pressures.
6. Ability to demonstrate established problem-solving skills and manage conflict.
7. Demonstrate proven ability to promote multidisciplinary and interagency liaison and collaborative practice.

Communication

1. Ability to communicate highly complex, sensitive information about the local service to staff and senior managers, AHP Lead and the Professional Lead.
2. Able to demonstrate use of effective communication mechanisms, facilitating and initiating communications on professional and wider issues.

Organisational

1. Strong organisational skills with experience in taking projects from development stage to implementation.
2. Knowledge of professional and organisational policies and procedures
3. Knowledge of the learning needs of the team related to the professional requirements of the service.
4. Ability to prepare reports, briefings, etc for CHP management team, AHP lead and Professional Lead.
5. Able to advise other colleagues on the management of a range of clinical and service issues.
6. Proven ability to work across relevant agencies to facilitate the provision of a seamless service and to agree partnership arrangements.
7. Evidence of ability to provide and design effective professional reporting systems.
8. Able to advise and influence the Argyll & Bute and Highland training and development programme.

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15. JOB DESCRIPTION AGREEMENT

I agree that the above Job Description is an accurate reflection of my duties and responsibilities at the date of signing.	
Job Holder's Signature:	Date:
Manager's Signature:	Date: