#### 

#### **JOB DESCRIPTION**

|  |
| --- |
| JOB IDENTIFICATION |
| Job Title: Operational Occupational Therapy Manager  Responsible to: Therapy Services Manager  Department(s): Occupational Therapy  Directorate: Women’s Children’s & Clinical Support Services  Operating Division: Acute Services  Job Reference:  No of Job Holders: 1  Last Update (insert date): April 2023 |
|  |

|  |
| --- |
| 2. JOB PURPOSE |
| * To lead, develop and manage the Occupational Therapy service and staff within Fife Acute services * To manage departmental resources.      * To manage a small clinical caseload within a specialist area of Occupational Therapy practice. |

|  |
| --- |
| 3. DIMENSIONS |
| * 1 Operational Lead Occupational therapist position supported by the Therapy Services Manager.  1. May require flexible working within standard working hours. 2. Post holder Location – Victoria Hospital Kirkcaldy 3. Service location - Victoria Hospital Kirkcaldy with some outpatient activity at Queen Margaret Hospital, Dunfermline 4. Staff Responsibility – Independently manage and lead @30WTE 5. Occupational Therapy service delivery, governance and development. 6. Financial Responsibility - Have a delegated responsibility for the local Occupational Therapy training budget as well as monitoring the local budget to ensure effective use of resources. Authorised signatory for Occupational Therapy department. 7. To deputise for the Therapy Services Manager in his/her absence and represent Physiotherapy, Occupational Therapy and / Orthotics. 8. To manage a specialist clinical caseload. |

|  |
| --- |
| 4. ORGANISATIONAL POSITION |
| Admin Service Manager  Team Lead  Occupational Therapists  Experienced / Specialist  Occupational Therapists  Rotational  Occupational Therapists  Advanced Practitioner  Occupational Therapist  Therapy Services  Manager  **Operational**  **Occupational Therapy Manager**  Mobility & Technology Manager  Operational Physiotherapy Manager x2  OT HCSWs |

|  |
| --- |
| 5. ROLE OF DEPARTMENT |
| The NHS Fife Acute Occupational Therapy Service sits with some other Allied Health Professional Services in the Women’s’, Children’s’ & Clinical Support Services (WC&CSS) Directorate within NHS Fife Acute Services.  Key Responsibilities of the service are:   * Provision of Occupational Therapy care to a diverse range of clinical conditions and patient types in a variety of environments across acute settings. * Service management, planning and development within a defined budget and a multidisciplinary framework. * Continuous implementation, management and review of a Clinical Governance Strategy. |

|  |
| --- |
| 6. KEY RESULT AREAS |
| * 1. **Managerial**   **Staff Management**   * To ensure effective and open communication with all staff through attendance at regular departmental and specific group meetings. This will include chairing and minute taking. * To lead performance management of senior clinicians through regular appraisal, and objective setting; this will include personal and career development. * To ensure that all staff participate in performance management, and lead on action for any issues raised. * To lead and implement divisional policy on any conduct and capability issues within the Occupational Therapy service. * To manage the recruitment process including completion of all paperwork and chairing of the panel. * Managing all planned and unplanned leave e.g. sickness absence, unpaid leave requests and annual leave. * To take a lead role in all staff induction and ensure the service induction policy is followed. * To provide and allocate placement for undergraduate and postgraduate students across several specialties.   **Service Delivery, Development and Strategic Planning**   * Ensure the service operates effectively and efficiently within resources by monitoring workload, allocating staff and auditing service against recognised standards. * Ensure that all staff are aware of and comply with current Health and Safety legislation e.g. attendance at mandatory training, completion of risk assessments, incident reporting etc. * Investigate and respond to formal complaints. * Implement divisional policies. * Develop, implement, and review Occupational Therapy service objectives, Standard Operating Procedures, risk assessments, business continuity plans and annual service plans * Propose policy changes within the Occupational Therapy service which may impact across other services e.g. prioritisation of services. * Work jointly with Therapy Service Manager to collate and produce Therapy business cases and service developments for submission to appropriate directorates and external funding bodies e.g. Scottish Executive. * Represent the Occupational Therapy service at appropriate working parties and at directorate meetings. * May represent Allied Health Professions (AHP’s) at appropriate working parties and directorate meetings. * To provide an expert Occupational Therapy opinion and/or overview to others within and out with the organisation around service development and planning.   **Financial Management**   * Authorised signatory e.g. for payroll, on-call, overtime payments and equipment purchase. (in excess of £1000 per month) * Delegated budget holder for Occupational Therapy training (@£3500) * Liaise with the Therapy Service Manager to monitor financial expenditure in relation to service budget.      * 1. **Professional/Clinical (20%)** * Maintain legally required registration under Health & Care Professions Council requirements. * Maintain RCOT standards of practice. * Adhere to RCOT Rules of Professional Conduct. * To ensure the Occupational Therapy Service supports the Operational Divisions Clinical Governance strategy by actively participating in research, audit etc. where appropriate * Act independently to assess, analyse and provide an accurate clinical diagnosis using advanced clinical reasoning skills and highly specialist knowledge for individual patients to determine their need for Occupational Therapy intervention. * Act independently using advanced clinical reasoning skills to appropriately plan, develop, implement, continually re-evaluate and progress highly specialist rehabilitation programmes. * To act independently to discharge patients from Occupational Therapy. * To independently prioritise and monitor own clinical activity. * To evaluate the effectiveness of own treatments. * To independently communicate with and work as part of the MDT involved with a patient at relevant clinics, meetings or case conferences to ensure effective treatment and patient care. * Maintain patient documentation records and statistical information to reflect the care provided and meet professional and departmental standards.   1. **Educational** * To ensure the staff have access to a regular departmental educational programme. * Present at and participate in departmental and team in-service training to regularly update own skills and alter practice in order to provide the most effective treatment. * To continue to develop current highly specialist knowledge of evidence based practice (eg critical appraisal, reflective practice) in the clinical specialist area to ensure the provision of up to date effective and efficient patient care. * Participate in appraisal and objective setting with the Therapy Services Manager. * To maintain an up-to-date continuous professional development portfolio.   1. **Health and Safety** * To ensure that practices and procedures are carried out within the regulations of the Health & Safety at Work Act and contribute towards the formulation of safe working practices. * To take reasonable care of own safety and that of other staff, patients and carers. * To independently complete the reporting of accidents, incidents or near misses. * To independently complete and act on the investigation of any accidents, incidents or near misses. * To ensure that all NHS Fife Acute Services Occupational Therapy equipment is safe to use and be responsible for the safe and competent use of all NHS Fife Acute Services Occupational Therapy equipment by patients and their carers. * To develop, implement and review service risk assessments and comply with health and safety inspections and actions. |

|  |
| --- |
| 7a. EQUIPMENT AND MACHINERY |
| Use and be able to provide advice on a wide range of equipment for therapeutic interventions, a sample of which is noted below. It should be noted that many interventions may be carried out at home or in local community venues and staff will therefore be using a wide range of equipment as expected to be found in these areas.  **Activities of daily living equipment (to promote safety and independence of patients)**   * Dressing, Feeding, Toileting, Kitchen * Transfers e.g. specialist seating and equipment, emergency lifting equipment (mangar), specialist beds and equipment. * Bathing e.g. specialist equipment. * Mobility e.g. rollators, delta walkers, banisters, rails, portable ramps, wheelchairs.   **Treatment/Rehabilitation (to promote recovery of function within treatment programme)**   * Hydraulic/electric plinths and varitables. * Domestic equipment including gas /electric cookers, microwaves, kettles, toasters. * Therapeutic activities, including therapeutic computer software. * Creative/art equipment and materials.   **Specialised Assessment Equipment**  **(To assess function and its component parts to inform the treatment planning process)**  e.g.   * Rivermead perceptual assessment battery * COTNAB * Biometrics E-Link system * Hand/Upper limb assessments including goniometry * Claudia Allen Cognitive Assessment * Stroke Drivers Assessment   **Appliances & Orthoses (to promote safety and independence of patients)**   * Awareness and knowledge of the range of equipment used in the specialty and appropriate ways to put on/take off e.g. Upper /lower limb splints, prostheses. * Awareness, knowledge and understanding of medical/nursing equipment e.g. catheters, IV lines, 02 equipment, stoma bags, PEG & NG tubes.   **Moving & Handling equipment**  **(To ensure safety of patient, colleagues and self and to use within the treatment programme**   * Glide sheets, wheelchairs, portering chairs, patient turning/transfer equipment e.g. turnmate. * Manual and electrical hoists, standaids. * Standard and profiling hospital beds.   **IT Equipment**   * Personal computer and laptops, mobile devices, apps and printer options.   General Office equipment   * PC’s, photocopier, fax machine, telephones, answering machines, mobile phones.   **Cars**   * Responsible for checking roadworthiness of vehicles used. * Ability to use car safely and navigate effectively around Fife in a timely manner. |
| **7b. Systems** |
| Computers Patient database/records. Audit purpose. Powerpoint presentations.  Service related information (overtime hours, absence recording)  Intranet access for organisational communication. Internet access for  external communication, networking and evidence-based practice.  Handwritten Patient Occupational Therapy record, integrated care pathway, multidisciplinary  Notes, nursing records and medical notes as appropriate.  IT Platforms Tiara / TURAS / EESS / PECOS / BLINK / Tableau / Trak / TEAMS / Sway |

|  |
| --- |
| 8. ASSIGNMENT AND REVIEW OF WORK |
| * 1. **Allocation of Work** * Work is allocated by the Therapy Services Manager in relation to operational responsibility and line management of staff. * The post holder will be responsible as line manager for the Occupational Therapy department. * The post holder has authority to interpret organisational policies and protocols in collaboration with peers to ensure equity across the division. * The post holder will interpret a wide range of professional policies, protocols and guidelines and influence practice accordingly. * The Therapy Services Manager will delegate responsibility for specific tasks or projects   1. **Review of Work** * The post holder will undertake an annual review with the Therapy Services Manager. * The post holder will feedback to the Therapy Services Manager, on progress on specific projects and/or complex staff issues |
| **9. DECISIONS AND JUDGEMENTS** |
| * 1. **Advice, Guidance, Supervision** * The post holder is expected to work on own initiative and decision making but should seek guidance & advice from the Therapy Services Manager as required. * The post holder is expected to seek guidance and support from Therapy peers (Therapy Management Team TMT) * The post holder will seek advice from the HR Department when dealing with highly complex personnel issues. * The post holder is an autonomous practitioner. * The postholder will engage in professional supervision   1. **Decision Making – Post holder** * The post holder will decide how to implement organisational policies and protocols. * The post holder will decide how to implement a wide range of professional policies, protocols and guidelines. * The post holder will decide the day-to-day clinical priorities in the Occupational Therapy service, and the allocation of staff accordingly. * The post holder will make decisions around staff management issues e.g. referral to OHSAS, leave requests etc. * The post holder will make decisions on clinical diagnosis, prognosis and management of complex patient presentations * Authorising stock purchase, signatory for on-call, additional hours, pay sheets etc.   1. **Decision Making – Refer to Therapy Services Manager** * Withdrawal of Occupational Therapy services * Major changes to Occupational Therapy service policy, procedure or delivery * Changes to staffing establishment * Major equipment purchases * Strategic objectives for the Occupational Therapy service |

|  |
| --- |
| 10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB |
| * Dealing with complex staff management issues e.g. conduct and capability etc. * Dealing sensitively with staff and patient information. * Providing highly complex reports e.g. business cases, complaints, medico-legal report etc. * Communicate and/or present highly complex and contentious information to staff e.g. relocation of services, implementation of new service where there is an alteration to work practices etc. * Deputising in the absence of the Therapy Services Manager * Balancing the management of the Occupational Therapy service whilst maintaining a clinical caseload. * Balancing the needs of the service whilst maintaining staff harmony e.g. managing organisational change * Dealing with continual unpredictable events and/or interruptions e.g. requests for advice from staff, reallocation of staffing and workload because unplanned absence, requests for information/business cases with short deadlines. These often require an alteration to planned workload. * Representing the Occupational Therapy service and giving an opinion out with your recognised clinical speciality * Handling conflict situations both internal and external e.g. cross boundary working * Delivering unwelcome news to patients/carers regarding prognosis or new diagnosis with potential life altering effects e.g. unable to resume previous employment etc. |

|  |
| --- |
| **11. COMMUNICATIONS AND RELATIONSHIPS** |
| The post holder communicates on an on-going and daily basis, accurately and effectively, verbally and non-verbally as appropriate, face to face, by e-mail and by telephone with:  Occupational Therapy Staff   * Day to day service issues, service changes and service developments that impact on staff using motivation, coaching negotiating and persuasive skills * Performance issues e.g. appraisal, supervision * Relocation of services, implementation of new services * Consult Therapy Services Manager for advice, and to discuss service needs and developments. * Liaise with peer group to ensure service equity is maintained and resources optimised. * Network with appropriate Therapy colleagues and others, in undertaking development work to ensure delivery of clinically effective care. * Written patient transfer reports   Other Health Professionals   * Negotiate with multidisciplinary team regarding service needs. * Teach patient Occupational Therapy strategies to optimise patient care. * Report patient assessment findings, patient progress with treatment and suggest other professional input requirements. * Liaise with and advise medical staff to increase their knowledge relating to individual patients and specialist area; ensuring patient management is maximised   Other Agencies (Local Authority, voluntary sector, university etc)   * Negotiate and liaise with other agencies to optimise patient care and ensure efficient service delivery e.g. community equipment store * Written reports for medico-legal and/or disability claims * Negotiate with the university around availability of student placements * Discuss with the university the opportunities for clinical research   Patients   * Provide and receive complex information regarding assessment, diagnosis, prognosis and treatment to encourage compliance. * Patients will have a range of medical problems and require the Occupational Therapist to utilise developed motivation and persuasion skills to facilitate rehabilitation both in an individual and group setting. * Patients will predominantly have complex medical problems and require highly developed interpersonal skills.   Carers/relatives   * Provide and receive information regarding complex and sensitive issues. * Teach a range of patient management strategies. |

|  |
| --- |
| **12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB** |
| **Physical Skills**   * Skills necessary to implement a variety of Occupational Therapy treatment interventions. e.g., therapeutic handling; positioning hemiplegic arm for functional activities; manipulation/positioning of hand for splinting; sensory assessment and treatment.   **Physical Demands 20% clinical**   * Moving and handling patients in a controlled environment – using specialist and rehabilitation equipment * Therapeutic handling – frequently supporting patients. * Working in confined spaces e.g., by bedside, bathrooms, toilets, * Working in restricted areas e.g., on plinth with patient and second therapist, * Pushing wheelchairs and moving furniture e.g., beds/chairs, * Standing/walking / Kneeling and bending during clinical shifts, * Working with/moving and handling bariatric patients. * Working with/moving and handling very frail and vulnerable patients * Working across a variety of geographically different bases in a limited time frame. * Nonclinical 80%, sitting & working at VDU, sitting at meetings which can be prolonged; 3 hours at a time   **Mental Demands**   * Concentration required when assessing and treating patients in busy environments, frequently. * Pressure of work to enable recommendations to facilitate timeous discharge, frequently * Making rapid unpredictable judgements, affecting safety of self, patients, and others, frequently * Constant awareness of risk, continuously risk assessing. * Working with cognitively and perceptually impaired patients. * Using acquired skills to prevent situations from becoming volatile, frequently on a daily basis. * Balancing clinical vs. non-clinical priorities, frequently * Providing support and dealing with demands of other staff, frequently on a daily basis. * Dealing with work patterns which are unpredictable and dealing with regular interruptions, frequently on a daily basis. * Dealing with complaints and the impact of complaints on colleagues.   **Emotional Demands**   * Working frequently with patients/carers/relatives who have a high level of emotional distress due to recent awareness of diagnosis or poor prognosis. * Conveying unwelcome news to patient/carers and facilitating adjustment to progressive loss of function. * Dealing sensitively with patients/carers who have a high level of anxiety or aggression due to e.g., pain or fear. * Dealing with grief, death, and bereavement. * Discussing sensitive issues and providing supportive care to patients using counselling skills * Dealing with a consistently complex caseload. * Supporting other staff and students working in a constantly stressful environment. * Balancing clinical/nonclinical priorities with often unpredictable caseloads.   **Working Conditions**   * Working in close contact with patients during self-care activities, who may have personal hygiene deficits (dressing/toileting/feeding/bathing assessments – frequently. * Direct exposure to body fluids (urine, faeces, vomit etc) – frequently. * Exposure to cytoxic drugs. * Unclean and unsafe houses often unsuitable to carry out assessments in and possible infestations- occasional. * Direct exposure to MRSA, C. Difficile, communicable diseases. * Fleas and head lice. * Working in unpleasant conditions, occasional   + dirty houses,   + close contact with patients with poor personal hygiene (dressing/toileting/bathing assessment etc),   + aggressive pets – home assessments etc. * Geographically separate clinic and office conditions. |

|  |
| --- |
| 13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB |
| * Degree in Occupational Therapy or equivalent with HCPC registration * Skills and competencies expected from notable post graduate Occupational Therapy experience. * Skills and competencies expected from a notable period as a lead clinician within specialist field with completion of relevant & recognised specialist clinical courses * Possess a specific management qualification or have equivalent experience * High level of interpersonal skills * Leadership * Team Working * Excellent organisational skills * Report writing |

|  |  |
| --- | --- |
| **14. JOB DESCRIPTION AGREEMENT** | |
| A separate job description will need to be signed off by each jobholder to whom the job description applies.  Job Holder’s Signature:  Therapy Services Manager Signature: | Date:  Date: |