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| JOB IDENTIFICATION |
| Job Title: Band 7 TEAM LEAD OCCUPATIONAL THERAPIST (Planned care)    Responsible to : OCCUPATIONAL THERAPY MANAGER  Department(s): OCCUPATIONAL THERAPY  Directorate: WCCS  Operating Division: ACUTE DIVISION  Job Reference:  No of Job Holders: 1  Last Update September 2023 |

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| 2. JOB PURPOSE |
| Provide clinical leadership to the Occupational Therapy (OT) inpatient Planned care Team,  providing highly skilled expertise and advice to assist members of the multi professional team to deliver a high-quality service. To work as an advanced clinician with specialist knowledge in orthopaedics - both elective and trauma, and surgical specialty - including vascular, GI and Urology.  To deliver a clinically effective service through regular/ongoing audit, projects and research.  To be responsible for the day to day management of the planned care OT team including supervision and training to staff and students. To contribute to the planning, organisation and development of the wider occupational therapy service in conjunction with the OT Manager. To deputise for the OT Manager as required. |

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| **3. DIMENSIONS** |
| The postholder will assume clinical lead responsibility for all aspects of occupational therapy service within the OT Planned care team encompassing orthopaedics – trauma and elective, surgery – vascular, GI and Urology.  The post holder will provide formal and informal clinical and professional supervision, Turas reviews, training and co-ordination of workload to occupational therapy staff in the planned care team.  The post holder will develop collaborative working with Consultants, Nursing staff and AHP’s to ensure the OT service is responsive to changing demands within the Acute sector.  The post will require flexible working within standard working hours over 5 out of 7 days.  Location – inpatient wards, National Treatment Centre, other hospital premises, patient’s homes and other community settings. |
| 4. ORGANISATIONAL POSITION |
| **THIS POST**  Band 7 Team Lead  Therapies Service Manager  Acute Division  NHS Fife  OT Manager  Acute Services  Specialist Band 6  orthopaedics  Specialist Band 6  surgical  Rotational Band 5 Hands/NTC  Clinical Support Worker  Band 4  Rotational Band 5  Rotational band 5  Clinical Support Worker  Band 4 x 2  Band 7 Hand Specialist  Band 6 Hand Specialist |
| 5. ROLE OF DEPARTMENT |
| The Occupational Therapy Service is part of the Women’s, Children’s and Clinical Services Directorate within the Operational Division of NHS Fife.  The Occupational Therapy Service operates across the 2 hospital sites – Victoria Hospitals, Kirkcaldy and Queen Margaret Hospital, Dunfermline.  Responsibilities of Occupational Therapy Service :   * To provide a high quality, effective and equitable Occupational Therapy service to the population of Fife across acute and some community settings. * To assess and treat patients, work with other clinical specialties and across agencies to provide the most effective care to patients with a diverse range of clinical conditions. * Development, implementation and management of Clinical Governance Strategy. |

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| **6. KEY RESULT AREAS** |
| **6.1 Clinical 60%**   * Act as a specialist clinician to provide a client centred occupational therapy service to in patients and carers within the acute division. To include assessment, treatment, provision of equipment and education of patients and their carer’s. * Provide expert assessment and develop individual treatment programmes to address occupational performance deficits, including discharge destination environment safety concerns. * Following assessment provide discharge recommendations to enable safe and timely discharge. * Manage a caseload of patient with complex care needs – evaluating interventions appropriately to ensure clinical effectiveness. * Participate in multi-disciplinary assessments and external agency assessments as required. * Work as an independent practitioner within defined policies and procedures. * Demonstrate the ability, knowledge and skills in moving and handling patients safely and ensure manual handling competencies of occupational therapy staff within the medical team. * Share clinical expertise through joint working and teaching within occupational therapy, and partner teams. * Ensure professional skills delivered by the OT planned care team comply with clinical guidelines and standards. * Negotiate with all relevant disciplines of staff in a broad range of health, community and voluntary services to maximise patient care and promote multi disciplinary working (this includes knowledge and skills in appropriate referral pathways for patients’ assessed needs). * Maintain patient documentation, records and statistical information to reflect care provided and to meet professional standards, including IT systems. |

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| **6.2 Non-clinical Education & Professional Managerial 40%**   * Clinically lead the OT planned care team: * Leading performance management of team through departmental supervision and Turas to promote and manage personal and service developments. Refer to OT manager as appropriate. * Developing, implement and monitor clinical delivery systems including clinical priority, outcome measures and audit. * Implementing relevant national and professional clinical guidelines promoting and ensuring clinical effectiveness to optimise patient care. * Planning and implementing service evaluations by collecting, monitoring and interpreting relevant data in order to contribute to service developments. * Leading in clinical effectiveness activities within unscheduled care in line with the Divisional Clinical Governance strategy Acute AHP structures. * Developing, implementing and reviewing local protocols within medical team clinical delivery. * Attending and actively participating in relevant departmental, NHS Fife, internal and external and network meetings for medical/unscheduled care promoting the role of the Occupational Therapy Service and ensuring effective service delivery. * Involvement with recruitment and selection process ensuring appropriate appointments to the service, induction and retention of staff. * Chairing of interview panels. * Assisting Occupational Therapy Manager and other colleagues in prioritising resources to meet service demands. * Deputising for Occupational Therapy Manager. * Organising and advise on practice placement education for planned care team. * Contribute information to regular and specific stock/equipment reviews * Identify own and team’s learning needs and utilise opportunities to develop own and team’s skills and knowledge ensuring practice is evidence based and to the highest professional standard. * Demonstrate commitment to lifelong learning through study, own clinical supervision, active participation in performance review and maintaining a professional portfolio (CPD). * Identify training issues, plan and implement training initiatives, in-service programmes and internal/external education programmes to develop others skills and promote knowledge of occupational therapy. * Provide practice placement education for occupational therapy students ensuring quality placements within specialist area. * Actively contribute to local and national teaching programmes in areas related to occupational therapy in acute medical and medicine of elderly inpatient interventions. * Comply with Health Professions Council (HPCP) standards of proficiency. * Comply with the Royal College of Occupational Therapists Code of Ethics and Professional Conduct, national/local policies and procedures. |

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| 7a. EQUIPMENT AND MACHINERY |

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| 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. |

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| **7b. SYSTEMS** |
| * Patient Information systems e.g., Clinical Portal, TCES, Tiara, Occupational Therapy documentation and statistics. These are used to obtain and input clinical data, transfer/make referrals to other agencies and to analyse data as part of reviewing/developing services. * Microsoft packages e.g. Teams/Excel/Word/PowerPoint for clinical and admin use. * e-mail – to ensure timeous communication with colleagues. * Internet – to access national and international databases thus enhancing knowledge base of clinically effective care. * Stafflink – to access information within the division. * Computer based therapeutic system – e-link. |

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| 8. ASSIGNMENT AND REVIEW OF WORK |
| **Assignment**   * Work independently on a day-to-day basis within speciality area, as clinical lead and practitioner for designated team. * Work as a practitioner within a set of defined policies and guidelines (e.g. Royal College of Occupational Therapists Code of Ethics and Professional Standards, Departmental and Human Resource). * Undertake annual Turas appraisal reviews of delegated staff. * Clinical caseload will be generated by the specific service needs of each clinical area. * OT Manager may delegate other clinical tasks. * OT Manager may delegate non-clinical tasks e.g. Health & Safety/Fire to contribute to the safe and effective running of service.   **Review**   * Receive clinical and professional supervision minimum 4 times per year from OT Manager in addition to Turas appraisal review. |

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| **9. DECISIONS AND JUDGEMENTS** |
| **Clinical**   * Providing clinically autonomous practice in planned care including orthopaedics and surgical. * Prioritise referrals for occupational therapy. * Specialist assessment of a range of complex conditions, assisting verification of diagnosis and identification of treatment options. * Plan and implement client-centred treatment programmes, evaluating and modifying these appropriately. * Utilise highly developed clinical reasoning to provide timely and appropriate interventions to patients with fluctuating and deteriorating conditions. * Provide highly specialist advice to other healthcare professionals and agencies including Medical consultants and specialist nurses. * Implement changes in clinical practice in relation to evidence. * Communicating clinical risk assessment outcomes.   **Management**   * Organise staff schedules to cover clinical priorities and area of service provision. * Identify needs of service and contribute to service development. * Prioritise clinical/non-clinical tasks – self and others. * Manage staff performance issues. * Delegate tasks to less experienced staff/support workers/clerical staff/students. * Manage and assist others or staff with student practice placements.   **Health & Safety**   * Respond to changing circumstances which require immediate action to prevent harm or damage to self, patient or other individuals e.g. aggressive/challenging behaviour, falls, infection control. * Carry out clear and concise documentation re manual handling/therapeutic handling.   **Guidance**   * Making decisions re when to deal with issues/when to request assistance from Occupational Therapy Manager. * Provide guidance and support to less experienced staff. * Intervene when appropriate in support of less experienced staff. |

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| 10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB |
| * Dealing with a consistently challenging and complex caseload, providing timely and appropriate interventions to patients with fluctuating and deteriorating conditions. * Dealing with distress, grief, death and bereavement (patients, carers, dependents). * Supporting staff in a constantly stressful work environment as above. * Ability to adapt to the variable and unpredictable demands of clinical workload, in addition to developing and supporting needs of the whole Occupational Therapy team. * Recommending needs for safe and effective discharge of vulnerable patients in an acute setting with limited resources and within tight deadlines. * Undertake a mentally and physically demanding job, whilst at the same time taking care to safeguard that of own health and safety as well as colleagues and patients. * Responding to existing and new NHS Fife agendas and related work streams whilst making a complex caseload and high quality team service. * Maintain and continually develop highly specialist clinical knowledge and the professional development of staff. |

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| **11. COMMUNICATIONS AND RELATIONSHIPS** |
| In keeping with policies and standards, maintain confidentiality regarding patient and staff information.  **Patients/service users**   * Provide and receive written and verbal information regarding assessment, diagnosis and treatment to engage patients in the treatment process. * Use specialist counselling skills to provide support to individual patients. * Use highly developed interpersonal skills to educate and negotiate with patients in relation to care needs. * Use diplomacy and tact to manage conflict and resolve verbal complaints. * Use specialist skills to communicate with patients where there are barriers to understanding e.g. cognitive, perceptual, mental health, learning disabilities or sensory impairment. * Use advocacy skills as appropriate within the multi-disciplinary team. * Provide and receive information regarding complex and sensitive issues. * Provide highly specialist information relevant to clinical area.  Relatives/Carers  * Provide and receive information regarding complex and sensitive issues. * Educate and negotiate with carers in relation to patient care needs. * Teach a range of patient management strategies. * Deal with complaints at local level, implementing Acute Division procedures as necessary.   **Occupational Therapy Staff (internal)**   * Communicate with and provide daily support to staff. * Provision of regular Clinical and Professional Supervision to designated staff within team. * Participate actively in Clinical Supervision, Turas and the implementation of Personal Development Plans. * Carry out Turas review and Personal Development Plans with delegated staff. * Deal with performance issues, including resolving conflict, referring on as appropriate. * Coach and develop staff within specialist area using motivational and facilitation skills. * Consult Occupational Therapy Manager for advice. * Liaise with Occupational Therapy Manager regarding service delivery and development. * Liaise with peer group to ensure service equity is maintained and resources optimised. * Communicate with staff via specialty team meetings and staff meetings. * Effectively delegate tasks to staff. * Provide specialist advice to enable effective patient management. * Transfer information (written/verbal/electronically) relating to patient transfers to internal colleagues. * Deliver effective teaching and demonstrate effective teaching skill.   **Occupational Therapy staff (external)**   * Communicate, negotiate and liaise with appropriate colleagues to ensure delivery of clinically effective care. * Network with appropriate AHP colleagues, when undertaking development work within area of specialism. * Involvement with appropriate professional groups within and outwith Fife. * Networking with clinical effectiveness and related groups.  Multidisciplinary Team within the specialty  * Negotiate with multidisciplinary team regarding patient and service needs to optimise care outcomes. * Provide and receive information (written, verbal and electronically) regarding patient progress and prognosis. * Plan for safe and effective patient rehabilitation/care with multidisciplinary colleagues. * Contribute to the training of other staff groups to enhance awareness of the value of role of OT and maximise effective patient care*.* * Awareness and respect for roles of individual members of multidisciplinary team  Other Agencies  * Negotiate, liaise and make appropriate referrals to a range of providers as agreed across agencies, including:   GP Practices including District Nurses  Community Equipment store Mobility centre/Astley Ainslie Hospital ICASS  Social Work Services  NHS Primary Care Occupational Therapy Service (Fife and beyond)  Fife Housing Dept  Voluntary agencies  Interpretation services  Education providers |

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| **12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB** |
| **Physical Skills**   * Skills necessary to implement a variety of Occupational Therapy treatment interventions.   **Physical Demands**   * Moving and handling patients in a controlled environment – using specialist and rehabilitation equipment, frequently on a daily basis. * Moving and handling equipment in a controlled environment, frequently on a daily basis. * Moving and handling (patient and equipment) in a range of unknown environments in the community e.g. on home assessment. * Therapeutic handling – frequently supporting patients. * Working in confined spaces e.g. by bedside, bathrooms, toilets, frequently on a daily basis * Working in restricted areas e.g. on plinth with patient and second therapist, frequently on a daily basis. * Pushing wheelchairs and moving furniture e.g. beds/chairs, frequently on a daily basis. * Standing/walking for the majority of shift, frequently on a daily basis. * Kneeling and bending, frequently on a daily basis. * Working with/moving and handling bariatric patients. * Working with/moving and handling very frail and vulnerable patients, frequently on a daily basis. * Working across a variety of geographically different bases in a limited time frame.   **Mental Demands**   * Concentration required when assessing and treating patients in busy environments, frequently on a daily basis. * Pressure of work to enable recommendations to facilitate timeous discharge, frequently on a daily basis. * Making rapid unpredictable judgements, affecting safety of self, patients and others, frequently on a daily basis. * 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 on a daily basis. * 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 daily 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/non clinical 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. * Direct exposure to MRSA, C. Difficile, communicable diseases, on a daily basis. * Fleas and head lice. * Working in unpleasant conditions   + dirty houses, regular basis   + close contact with patients with poor personal hygiene (dressing/toileting/bathing assessment etc), several times a day   + cigarette smoke whilst on community visits, regular basis   + aggressive pets – home assessments etc. * Geographically separate clinic and office conditions. |

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| 13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB |
| * Degree or equivalent in Occupational Therapy leading to State Registration with the Health Care Professions Council (HCPC). * Significant post graduate experience which will include general medical and progressive/deteriorating conditions, including cognitive impairment/dementia. * Experience at a specialist level in Occupational Therapy (Band 6 or above). * MSc in Occupational Therapy or related qualification/working towards this qualification. * Membership of Professional Body – RCOT/BAOT. * Practice Placement Educator. * Clinical Leadership Training – e.g. NHS Fife Clinical Leadership Course. * Relevant Post Grad Training at least 5 of following:   + Communication and counselling skills – COSCA or equivalent   + Skilled level of dementia education   + Specific specialism education modules (e.g. orthopaedic/surgical)   + Moving and handling facilitator   + Supervision training   + Recruitment and selection training   + Clinical audit/research training * Experience of/evidence of commitment to MDT working. * Excellent communication skills. * English language competency. * Ability to work independently. * Staff supervision and appraisal training/experience. * Effective use of personal support structure for own stress management. * Teaching and presentation skills. * Audit and research experience. * Proficient computer skills (Microsoft, e-mail, intranet, PowerPoint). * Commitment to CPD demonstrated by current evidence. * Effective time management. * Up to date mandatory training. |

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| **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:  Head of Department Signature: | Date:  Date: |