#### **JOB DESCRIPTION**

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| JOB IDENTIFICATION |
|  Job Title: Senior Occupational Therapist Responsible to: Occupational Therapy (Team) Service Lead Department(s): : Occupational Therapy Directorate: Integrated Health and Social care PartnershipsJob Reference:No of Job Holders: 6Last Update January 22 |

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| 2. JOB PURPOSE |
| The post holder will work in an agreed area of Occupational Therapy Services, ensuring provision of quality service to patients. The postholder will work in partnership with colleagues, as part of the interdisciplinary and Occupational Therapy team in order to deliver clinically effective services which encompass assessment, treatment and support of people within an agreed clinical area and community. The postholder will have responsibility for the line management and supervision of Occupational Therapy staff and studentsThe postholder may be required to deputise for the Team Leader and ensure continuity of service delivery. |

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| 3. DIMENSIONS |
| The Specialty Service accepts referrals from GPs, Consultants, and other Health and Social care Professionals throughout Ayrshire & Arran.* To work as a fully autonomous lone worker being professionally and legally responsible and accountable for all aspects of own work, including management of allocated patient load. Accountable to Occupational Therapy Service Lead.
* To support a clinical speciality, both in strategic development, and clinically at a local level.
* Patient referrals, encompassing an extensive variety of conditions, some of whom may have complex, or chronic presentation or multi-morbidities.
* To co-ordinate delegation of tasks, teach and directly supervise band 5 staff, support workers and under/post graduate Occupational Therapy students.
* To evaluate the effectiveness of service.
* Work closely with OT and interdisciplinary colleagues.
* Professional support is available to the postholder.
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| 4. ORGANISATIONAL POSITION |
| **AHP senior manager****OT Service Manager** **South****Service/Team Lead****OT Service Manager** **North****OT Service Manager** **East****Service/Team Lead****Service/Team Lead****Service/Team Lead****Service/Team Lead****Service/Team Lead****Service/Team Lead** **Service/Team Lead****Service/Team Lead****Service/Team Lead****Band 6 OT** **THIS POST****Band 6 OT** **THIS POST****Band 6 OT** **THIS POST** |

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| 5. ROLE OF DEPARTMENT |
| **Key Responsibilities of the service are;*** The provision of Occupational Therapy assessment and intervention for individuals in Ayrshire & Arran, addressing needs within the physical, psychological, environmental, cognitive, perceptual, sensory, social, self-care, domestic, communication and community living aspects of function.
* The planning, development and management of services which aim to enable individuals to achieve their maximum potential in relation to occupational performance. This approach will support the facilitation of safe and successful discharges from hospital, prevention of admission to hospital and/or enabling an individual to remain within their community environment.
* The development, implementation and management of a Clinical Governance plan to underpin the delivery of a high quality service.
* Plan, design, develop and manage Occupational Therapy Services to meet service user’s needs in line with local and national strategies and priorities.
* Facilitate meaningful design and redesign of services to improve experiences for service users.
* Ensure multi-disciplinary, intra-disciplinary and inter-agency workings to deliver seamless care for service users.
* Develop health promotion to deliver long term improvement of health.
* The provision of Practice Education to students from Glasgow Caledonian University, Queen Margaret University, Robert Gordon University and other national and international Higher Education Institutions.
* To ensure therapeutic practice is delivered in accordance with the Occupational Therapy code of practice, RCOT and HCPC standards

The service must be responsive to the overall health agenda. Professional leads and all staff grades actively participate in the implementation and management of clinical governance.   |

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| 6. KEY RESULT AREAS |
| 6.1 Clinical 1. The Occupational Therapist will be able to practice within the legal and ethical framework as established by the Royal College of Occupational Therapy, The Health & Care Professions Council and National Legislation, to ensure clients interests and well-being are met.
2. Be familiar with all pertinent local, regional and national policies, procedures and guidelines and comply with their contents in the pursuit of the highest standards of patient care.
3. Manage own caseload of patients effectively and efficiently. Act independently to assess and analyse individual patients to determine their need for Occupational Therapy intervention within a specialist area, prioritising patient needs to ensure individual people on own caseload receive intervention timeously and appropriately.
4. Establish and maintain therapeutic therapist/client relationships and act independently to plan, implement, evaluate, treat and progress care to maximise functional independence and rehabilitation potential within a specialist area.
5. Use behaviour change methods and goal setting to decide upon treatment plans with individuals.
6. Actively participate in the multi-disciplinary team to ensure integration of the occupational therapy treatment into the individual patient’s overall treatment programmes.
7. Use knowledge and skills of multi morbidities to support and promote self management in all service users.
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9. To have an in depth knowledge of lifestyle factors that influence health
10. Work as part of a team to ensure effective communication and delivery of care, communicating and making recommendations to all relevant disciplines of staff to maximise patient care and promote multi-disciplinary working.
11. Maintain documentation, records and accurate statistical information to reflect care provided and meet professional standards, including computerised systems.
12. Attend and report to relevant clinical reviews and case conferences ensuring effective communication and co-ordination of care.
13. Implement, develop and assess impact of appropriate clinical guidelines within own clinical area ensuring clinical effectiveness to optimise patient care.
14. To contribute to the process of planning and development of the Occupational Therapy Service and the wider division by making comment on relevant proposals/policies and participating in their implementation.
15. Responsible for care management/co-ordination of specific cases as required.

6.2 Managerial1. Deputise for Senior Staff to maintain continuity of service delivery in their absence.
2. Decide priorities for own service area, balancing other patient related and professional demands ensuring that these remain in accordance with those of the department.
3. Supervise clinical workload of Band 5, Support Workers and students to maximise efficiency and achieve desired quality of care.
4. Participate in and undertake the departmental Personal Development and Performance Review System to promote personal and service developments.
5. Assist Senior Leadership team in recruitment and selection processes.
6. Participate in clinical audit and evaluation activities to support the Occupational Therapy Service Clinical Governance strategy.
7. Expected to contribute information and health and safety practice associated with regular and specific stock/equipment processes; and may have responsibility for ordering agreed stock/equipment.

6.3 Educational1. Develop and update clinical knowledge to ensure delivery of evidence based care.
2. Be responsible for maintaining and improving own competency to practice through Continuing Professional Development activities and maintain a portfolio, which reflects personal development, ensuring that this is incorporated into work.
3. Participate in Service training programme, tutorials, individual training sessions, external courses and peer review.
4. Support Occupational Therapy in-service and contribute to in-service training to promote personal development. Attend, plan and present multi-disciplinary/ in service training.
5. Assist in the education of nursing, medical, other multidisciplinary team members, educational staff and others, e.g. care provider agencies / secondary schools, to promote knowledge of Occupational Therapy to enhance service delivery / promote the profession.
6. Promote and participate in student education ensuring quality placements within designated area.
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| 7a. EQUIPMENT AND MACHINERY |
| Use a wide range of equipment during 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 or required to be brought to these areas by the practitioner.Activities of Daily Living Equipment List* Dressing – Assistive equipment to enable people to dress
* Eating and Drinking – Assistive equipment such as adaptive cutlery, cups
* Toileting – Raised Toilet seats, frames, fixed rails
* Bathing/Showering – Manual and Powered equipment
* Specialised seating
* Moving and Handling equipment – Hoists
* Wheelchairs

**Other Equipment - Treatment/Rehabilitation*** Cooking facilities / equipment / domestic appliances
* Sensory equipment, e.g., bubble tube, projector, fibre optics
* Standardised assessments

**Creative*** General art equipment
* Craft materials

**Miscellaneous*** e.g., Digital camera, Overhead Projectors, TV, Video, Flipchart, easels, PC / lap top, various software packages, photocopier, shredder.
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| **7b. SYSTEMS** |
| **Daily involvement / input into:*** Electronic patient information systems, e.g. ADERS
* Electronic patient records, e.g. CAREFIRST, EMIS, FACE,
* Patient Records
* Email / intranet / internet
* Occupational Therapy shared information, Athena, G Drive
* Attendance /HR Systems
* Lone working
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| 8. ASSIGNMENT AND REVIEW OF WORK |
| Autonomously manage own caseload, accepting referrals from other professionals. The postholder will be expected to plan and prioritise their own workload.  Work independently/alone on a day-to-day basis with available Team Leader /Senior Occupational Therapist support.The postholder will also make clinical judgements and act on them, e.g. a decision to refer on to the GP, Care Manager or Psychiatrist if the patient’s condition indicates.Performance will be reviewed by the Team Leader Occupational Therapist on an ongoing basis. Additionally there will be a yearly appraisal and performance review carried out by the Team Leader Occupational therapist. Senior Occupational Therapist will provide ongoing regular supervision on a monthly basis or as agreed between post holder and supervisor. The OT Team Leader Occupational Therapist will delegate additional non-clinical duties.The post holder will assign work as appropriate to junior staff and colleagues.Undertake supervision and annual performance review of junior staff. |

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| **9. DECISIONS AND JUDGEMENTS** |
| Responsible for their own caseload of people and are expected to make decisions around when they may require further support from other team members.Examples as follows:Referrals* Is referral appropriate? i.e. does the person need Occupational Therapy?
* Prioritisation of referral
* Skill level required to carry out assessment / intervention
* Collate background information/complete risk assessment
* Is referral to other agencies required/appropriate

Clinical Care* Make collaborative decisions around assessment and treatment of people that meets personalised outcomes
* When is it appropriate and safe to discharge
* Is it safe for this person NOT to have treatment
* Is treatment effective and timeous
* What care package will someone will require
* Occupational Therapists work closely with people who have significant change associated with their health and wellbeing: onset of acute illness, psychological change, social and environmental needs, and may have to make immediate decisions on patient’s safety to self or others, including whether or not to involve medical staff as necessary.
* Dealing with people who wish to self discharge during a home visit or community treatment.
* Dealing with people who are displaying self-harming, substance misuse or aggressive and violent behaviours

Delegation* What can I delegate to a Band 5 Occupational Therapist, Technical Instructor, team member or and third sector?

Seek Guidance* Making decisions when to deal with issues or request assistance from other team member/ Senior/Team Leader Occupational Therapist.
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| 10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB |
| Working for the majority of time as lone worker, away from base, often in difficult/challenging conditions with limited access to support. Most spaces and environments are not designated treatment areas.Effective management of a complex caseload making decisions on prioritisation, diagnosis, treatment and managing waiting list.Managing and prioritising referrals and utilising guidelines regarding waiting lists where appropriate.Providing needs led intervention to patient/clients with a variety of complex and challenging physical, mental, cognitive, emotional, behaviour and social needs.Dealing sensitively with the unpredictable nature of people. Some may have challenging behaviour or avoidance behaviours or experience pain,which lead to frustration and anxiety.Dealing with clients and relatives in distressing circumstances or with unrealistic expectations and motivating them to participate in treatment to diminish future problems.Regular therapeutic moving and handling. Needs vary from minimal assistance for some, to people requiring maximal assistance, e.g. clients with profound and complex needs / plus size/ non-ambulant.Occasional intense physical effort when moving people and/or equipment without mechanical assistance, being mindful of risk assessment to ensure health and safety of person, self and others.Undertaking a mentally and physically demanding job whilst at the same time taking care to safeguard their own health and safety as well as colleagues and patients.Ability to adapt to the variable and unpredictable demands of both clinical and managerial workload. |

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| **11. COMMUNICATIONS AND RELATIONSHIPS** |
| Use a range of verbal and non-verbal communication tools to communicate effectively with people/patients/carers/other professionals to progress rehabilitation/treatment programmes. **Service Users / Patients / Relatives / Carers / Service Providers*** Communicate effectively and appropriately with individuals, families, carers, the public and all members of the extended health services, social services and education teams. This involves using a range of verbal, non-verbal, written and presentation skills as required.
* Use verbal and non-verbal skills to communicate effectively with people and their families including those with complex needs, cognitive impairment or terminal illness to gain consent and to maximise potential.
* Utilise developed motivation and persuasion skills to facilitate rehabilitation both in an individual and group setting.
* Communicate condition related information to patients/people/relatives which is frequently of a sensitive or complex nature e.g. prognosis and rehabilitation prospects in chronic or progressive conditions.
* Empathise with and support people and their families in difficult or distressing circumstances.
* Deal with verbal complaints.

**Occupational Therapy Staff (internal)*** Provision of regular clinical and professional supervision to delegated staff.
* Carry out annual appraisal and Performance Development Plan and review with delegated staff.
* Deal with performance issues under direction of Senior/Team Leader Occupational Therapist.
* Coach and develop junior staff in specialist area.
* Consult Senior Occupational Therapists/Principal OT as required.

**Occupational Therapy Staff (external)*** Network with appropriate Occupational Therapy colleagues to ensure delivery of clinically effective care.

**Interdisciplinary team within the specialty** * To attend and contribute to ward meetings, case conferences, clinics and clinical meetings as required in order to represent the service users needs.
* Negotiate with interdisciplinary team regarding service needs.
* Represent and promote the Occupational Therapy profession, educating others.

**Medical Staff** * Liaise and advise medical staff to increase knowledge relating to individual patients and specialist area; ensuring patient management is maximised.

**Other Agencies** (Local Authority, voluntary sector, etc)* Make referrals to other agencies
* Negotiate with other agencies in relation to patient care needs.

**Miscellaneous*** To provide input to local training and development activities for OT and MDT colleagues/students and external agencies within the private and social work sector.
* Frequent use of emails to facilitate multi-site working is necessary.
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| **12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB** |
| The post holder will be required to maintain knowledge and skills in order to meet the following, which may form duties on either a regular or less frequent basis. **Physical Skills / demands:** * Occupational Therapy assessments and interventions require a high degree of precision, observation, dexterity and sensory perception.
* A high degree of physical effort and skill is required to facilitate therapeutic movement and mobility.
* Moving and handling skills/ ability to use mechanical lifting equipment/wheelchairs etc.
* Moving and handling of people with differing physical abilities, e.g. assist transfer in/out car, push wheelchair.
* Moving and lifting awkward and heavy pieces of equipment in and out car, also carrying equipment to clients homes/department.
* The unpredictability of patients either from medical/behaviour influences, can result in sudden and explosive efforts being required to ensure safety of all / utilise Breakaway skills.
* The post includes working within community/clients homes, resulting in occasional exposure to highly unpleasant conditions/environmental issues, and working in confined spaces.
* Working in confined spaces with limited equipment and support.
* Driving skills, daily driving.

Mental Demands:* Sustained concentration is required to continuously clinically reason, analyse and interpret presentation whilst simultaneously reassuring, motivating and supporting person centred outcomes
* Constant awareness of risk, continuously risk assessing.
* Often have to make quick on the spot judgements, with outcome affecting safety of self, clients and significant others
* Using acquired skills to prevent situations from becoming volatile.
* Considerable mental effort is expended in planning and designing treatment programs to engage people in order to develop / maintain functional independence.
* Full concentration is required in preparing written reports and individual programmes, which will be read/used by people/carers as well as other professionals. Information has to be accessible to all and sensitively conveyed. Frequent interruptions are the norm within a busy departmental base.
* Evaluate and act on request/questions from other MDT members, junior staff and peers, often requiring on the spot decisions/judgements, fairly and in a timely manner.
* Need to work alone for part/majority of the working week.
* Dealing with complaints from OT staff, MDT members, clients and carers.
* Balancing / prioritising the unpredictable demands of both clinical and managerial workload.
* Supporting other members of staff on a daily basis as well as formal supervision.
* Focused attention is required when driving a vehicle.

Emotional Demands:* May be expected to impart unwelcome news, e.g., limited expectation from intervention / length of intervention / limited resources.
* May require to work with bereaved people/carers.
* May require to work with Child Protection and dealing with people disclosing abuse.
* Dealing with challenging behaviours including working with people demonstrating verbal and/or physical aggression and potential for self-harm and substance misuse.
* Discussing sensitive issues with people/carers.
* Working with people who are at end of life and those adjusting to traumatic life events
* May require to support people with deteriorating/distressing family family dynamics.

Environmental conditions* Working daily in isolation in unpredictable home environments with exposure to possible aggression from patients, carers and domestic animals.
* Frequent exposure to health hazards within patient’s homes, including passive smoking, dirt, dust, unpleasant odours, illegal drug use, etc.
* Frequent exposure to highly unpleasant working conditions, which involves direct contact with body fluids – nasal secretions, urine, faeces, vomit and occasionally parasites.
* Often working in toilets when working specifically and intimately on personal care regime.
* Exposure to inclement weather conditions when carrying out treatment sessions and home/community visits.
* Daily driving hazardous conditions with increasing volumes of traffic, and covering wide geographical area
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| 13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB |
| Essential * Diploma / Degree in Occupational Therapy and will be a State Registered Occupational Therapist with the HCPC.
* The postholder will have worked within the profession, for a minimum of 18 months and be able to demonstrate a sound understanding of Occupational Therapy, through CPD Post Graduate training, evidence of additional knowledge and experience
* Varied range of clinical experience and ability to demonstrate good clinical reasoning and effective caseload management.
* Experience of and evidence of commitment to multidisciplinary team working.
* Excellent Communication Skills, both oral and written.
* Ability to work autonomously.
* Supervisory skills – expectation to undertake appropriate supervision training
* A current full driving license
* IT skills
* A mature, responsible, empathic outlook on health and social care delivery that respects people’s dignity and human rights.
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