*SC06- 1488*

**NHS TAYSIDE – AGENDA FOR CHANGE**

**JOB DESCRIPTION**

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| 1. **JOB IDENTIFICATION**

 Job Title: Band 7 Team Lead OT / Rehabilitation co-ordinator / Major Trauma services  **Department(s)/Location: Ninewells Hospital/Royal Victoria Hospital/Community Rehabilitation** |
| **2. JOB PURPOSE**1. Work autonomously to manage a caseload of patients, assessing them in order to plan, implement and evaluate interventions, in order to meet their therapeutic needs
2. Initiate and assist with rehabilitation assessments of patients admitted with major trauma, many with complex rehabilitation needs, and will develop, coordinate and ensure the completion of rehabilitation plans for this patient group ensuring that the plan is forwarded on to the next location where the major trauma patient will be treated.
3. Be responsible for bringing together the relevant health and social services professionals to deliver care to patients admitted following major trauma across the East of Scotland. The post holder will have specialist knowledge of the contribution of the disciplines involved and service available across the pathway, to ensure an effective and realistic plan for future rehabilitation development, and return to maximal functional independence.
4. Responsible for providing professional leadership to OT staff within the team, including supervision and personal development.
5. Undertake a development role in planning, coordinating, delivering and evaluating the OT contribution within Tayside, their clinical area, making recommendations and implementing specific changes as agreed with the OT Service Manager.
6. Supervise and lead a team of OT staff, directing and providing advice, e.g. complex case management support, waiting lists.
7. Provide highly specialist OT advice to staff and other disciplines across all agencies.
8. Delegated responsibility for evaluating and developing clinical services and defined projects linked to strategic plans.
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| 1. **ORGANISATIONAL POSITION**

Qualified OT staff OT Support staffB7 Team Lead OT Integrated Manager AHP MT Lead  |
| **4. SCOPE AND RANGE**1. OT’s within NHS Tayside, work as part of a multi-professional team coordinating and contributing to patient care across the major trauma services.
2. OT’s offer a service to patients across acute and rehabilitation services and high dependency / intensive care areas to patient admitted following major trauma, meeting the key performance indicators for this group.
3. Initiate and assist with rehabilitation assessments of patients admitted with major trauma, many with complex rehabilitation needs, and will develop, coordinate and ensure the completion of rehabilitation plans for this patient group ensuring that the plan is forwarded on to the next location where the major trauma patient will be treated.
4. Support the community teams across the East of Scotland when required and develop and plan telehealth services, that will enhance major trauma patient’s access to rehabilitation services across the East of Scotland.
5. Work with the vocational rehabilitation service lead to meet the needs of people undergoing rehabilitation in the acute / rehabilitation settings across Tayside.
6. OT’s offer a service to patients and carers within the hospital settings, and in patient’s own homes.
7. Provide professional leadership for qualified and AHP support workers within the service.
8. Work autonomously with patients, to facilitate optimum level of independence through the provision of appropriate, interventions, in order to facilitate safe and effective management of the clinical and functional needs of the individual.
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| 1. **MAIN DUTIES/RESPONSIBILITIES**

 Clinical1. Work autonomously providing highly specialist expertise and advice to the patient and multidisciplinary team (MDT) in order to fully meet patient’s needs within the resources and policies of the service.
2. Apply highly specialist skills and knowledge of the OT process, consolidated through previous experience and training, to patients who may have complex and/or chronic presentation.
3. By applying highly specialist levels of clinical reasoning, demonstrate an ability to problem solve, monitor, evaluate and modify interventions and their outcomes for patients in order to measure progress and ensure effective intervention.
4. Contribute fully to OT decisions regarding patient care and prescribe interventions which ensure appropriate solutions are implemented.
5. Provide highly specialist advice and instruction to patients, carers, other health/social care professionals, and external agencies as appropriate on the principles of the intervention to ensure continuity of approach.
6. Enable patients to explore, achieve and maintain life balance in their activities of daily living in the areas of personal care, domestic tasks, leisure, education and work.
7. Manage clinical risk for own caseload and that of all staff in team.
8. Continued coordination of rehabilitation across the East of Scotland as patient’s progress on their trauma rehabilitation pathway.
9. Ensure that patients and their families are fully informed and educated about the concept of rehabilitation after trauma and are aware of the treatment processes, as well as of the long term management plans once back in their local communities. Act as the lead specialist point of contact for patients and families for any concerns while the patient is on their trauma rehabilitation pathway.
10. Support the community teams across the East of Scotland when required and help to develop and plan new telehealth services, that will enhance major trauma patient’s access to rehabilitation services across the East of Scotland.
11. Liaise with community hospitals and community teams across the East of Scotland to coordinate the patients discharge and what is required for their rehabilitation ensuring patients are repatriated to their local area as soon as possible as long as they can receive the rehabilitation they require to meet their needs and that the receiving team are aware of patients condition, their rehab needs and goals.
12. Provide support to discharge teams to ensure patients are successfully repatriated by liaising with the services by ensuring that the pathway staff have the correct knowledge, skills, staffing resource and facilities available e.g. specialist equipment to enable the rehab plan to proceed once the patient moves.

 Documentation1. Ensure accurate written and electronic records, and activity data are maintained in accordance with Service, professional and NHS Tayside standards.
2. Maintain patient documentation and provide specialist reports relevant to practice setting according to professional standards and local protocols and ensure this is adhered to across own area of responsibility.
3. Frequently required to devise and develop reports.

 Professional Ethics1. Comply with and ensure that all staff complies with professional Code of Conduct and Ethics, HCPC standards of proficiency, the NHS Tayside Code of Conduct for staff, National and local policies/procedures and in the event of non-compliance of staff report to line managers.
2. Respect individuality, values, culture and religious diversity of patients/carers/colleagues and embed these values within the service.
3. Be aware of current legislation relating to patient group with respect to the clinical considerations which advises on patients’ ability to make informed decisions.
4. Be aware of ethical issues relating to OT service and other professionals’ clinical practice and address issues in an appropriate and professional manner, ensuring that OT practice and patient care is not compromised, e.g. confidentiality, patient being asked to carry out an inappropriate activity contradictory to culture or diagnosis, etc.
5. Core values of the organisation

 Leadership, supervision and performance development review1. Review and reflect on own practice and performance through effective use of professional and operational supervision and performance development review system.
2. Ensure that performance development plans & reviews and supervision for OT team is carried out as required or delegated appropriately.
3. Contribute to the recruitment and retention of OT staff as required.
4. Promote a culture of MDT working at all times.
5. Demonstrate effective leadership skills and act as a role model for all members of the wider OT team.

 Professional Development1. Undertake relevant activities to meet learning objectives for self and staff.
2. Maintain a professional portfolio in line with requirements for HCPC registration, recording learning outcomes.
3. Continually improve and apply skills and knowledge in order to enhance professional competence to address complex clinical and management situations and support life long learning
4. Ensure that own practice and that of other OT staff under supervision, meet the required standard of professional practice.

 Training Staff and Students1. Initiate, plan and implement the induction, training and education of students, staff and other professionals within the OT Service.
2. Provide educational opportunities for a wide range of staff/groups.
3. Ensure compliance of OT Staff on mandatory training.
4. Plan and deliver specialist rehabilitations skills training for hospital and community teams across the East of Scotland

 Service Development and Delivery1. Plan, coordinate, evaluate and audit practice, clinical pathways and protocols within designated area/team.
2. Regularly participate in the MTC audit process and support the analysis and presentation of data.
3. Responsible for the operational planning and implementation of policy/service development within your team leading on delegated projects in collaboration with line manager.
4. Manage a designated OT work area in accordance with health and safety and infection control regulations.
5. Represent OT service on strategy and design.

 Clinical Governance, Quality and Standards1. Comply with all relevant NHS Tayside and National, Local and Departmental policies, procedures and guidelines.
2. Follow NHS Tayside policy when handling and learning from complaints in conjunction with senior staff contributing or leading in responses as agreed with management.
3. Contribute to local and departmental clinical governance and quality agenda.
4. Take a lead on specific clinical governance/clinical effectiveness topics.
5. Adhere to national guidelines and legislation relating to Health and Social Care.
6. Make recommendations to line manager in relation to service gaps and developments.
7. Represent the service in internal and external quality inspections.
8. Regularly participate in the major trauma audit process and support the analysis and presentation of data.

 Management1. Exercise and promote effective personal time management, punctuality and reliable attendance for self and team.
2. Responsible for organising and prioritising own and team workload.
3. Accountable for advising OT Head of Service on resources/facilities required to deliver the service, effectively, efficiently and safely.
4. Responsible for OT workforce planning within the Service.
5. Contribute to overall policy/procedure development for the OT Service, providing relevant information from own clinical area of expertise and feeding back information to team.
6. Promote attendance at work and workforce development.
7. Encourage innovative and evidenced based practice.

**Research and Practice Development**1. Critically evaluate current research and apply to practice within own clinical area.
2. Lead, undertake and promote research and/or audit projects, including quality indicators, relevant to OT and/or clinical area, correlating results as required.
3. Promote dissemination of audit/research outcomes at local/national level, implementing change.

Miscellaneous1. Undertake other duties which fall within the grade of the job after discussion with OT Head of Service.
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| **6. COMMUNICATIONS AND RELATIONSHIPS**1. Establish robust communication network with all relevant stakeholders, including Head of OT Service, AHP staff, the wider MDT, patients, carers/relatives, other professional staff across Health & Social Care, etc.
2. Establish, maintain and review networks/systems in OT Service to communicate effectively (written, electronic, verbal and non verbal) with staff, patients, family and carers, other health professionals and internal/external agencies on all matters in a way that respects their views, autonomy and culture.
3. Ensure accurate written and electronic records (as appropriate) and activity data (statistics) are maintained in accordance with OT Service, professional and NHS Tayside standards, in order that subsequent actions and accurate patient/client histories are maintained.
4. Ensure goals and specialised advice are communicated to patients, their families, carers and to all staff involved in their care.
5. Communicate highly complex clinical information with staff across Board areas and provide ongoing support as required e.g. lead the pragmatic decisions around about where patients are treated, closer to home or in a more specialist rehabilitation environment
6. Ensure effective communication strategies are utilised for staff, patients who have barriers to communication e.g. hearing impairment, dementia, dysphasia, etc.
7. Work as a member of the MDT contributing to decisions regarding patient assessment outcomes and support future input/planning e.g. case conferences and clinics.
8. Instruct, encourage and guide patients/carers regarding aspects of OT Service, e.g. equipment provision, training required, etc.
9. Responsible for establishing and maintaining two way communication channels that inform staff, patient and colleagues of changes to service delivery in a timely manner within own area, e.g. inform key stakeholders of planned/unplanned absences
10. Actively promote the benefits of OT Service in patient care negotiating priorities as appropriate e.g. waiting times.
11. Use empathy and understanding when dealing with distressed staff, patients and their family.
12. Occasionally provide and/or receive information of a contentious manner to/from service users in a manner which promotes constructive resolution of disputes, e.g. patient wishes to receive a particular item of equipment which has been assessed as being inappropriate or beyond the scope of the OT Service.
13. Ensure provision of accurate and relevant information, written and oral, for documents relating to patients progress.
14. Attend all relevant meetings including OT Seniors’ Team meeting, OT staff meeting, case conferences, and clinical meetings.
15. Represent OT/AHP Service at relevant local/national forums, as required, with a responsibility to inform OT Head of Service of attendance.
16. On occasion, may chair and attend meetings as agreed with OT Head of Service, which could include taking and dissemination minutes.
17. Liaise with schools, further and higher education establishments as required.
18. Deliver presentations using multi-media equipment to local and national audiences.
19. Promote the role of the OT Service with all service users.
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| **7. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB**1. Relevant diploma/degree in Occupational Therapy
2. HCPC Registration.
3. Previous post registration experience as an OT including in a relevant clinical speciality.
4. Post graduate management and/or leadership training/experience is desirable.
5. Specialist post graduate training relevant to post and specialist knowledge of current best practice within clinical area at a highly advanced level which is equivalent to MSC level, evidenced by on the job training and significant specialist post registration study in addition to short courses and experience relevant to advanced therapeutic reasoning within the relevant complex clinical area; and CPD portfolio.
6. Evidence of understanding and working knowledge of quality and clinical governance agenda.
7. Advanced specialist knowledge of OT.
8. Ability to contribute to the development of team skills within an MDT context.
9. Membership of a relevant professional body and OT specialist interest group is desirable.
10. Ability to reflect and critically appraise own performance in all aspects of the post and learn from it.
11. Ability to work autonomously and balance competing priorities of self and team.
12. Effective communication skills written, verbal and non-verbal (influencing and negotiating).
13. Effective decision making skills.
14. Ability to establish and maintain professional boundaries and resolve operational issues with relevant stakeholders.
15. Computer literacy e.g. reporting documents, e-mails, patient documentation and treatment media.
16. Understanding of professional ethics/standards and their application in OT practice.
17. A detailed knowledge and application of current legislation/policy e.g. Vulnerable Adults, Health and Safety, Risk Awareness/Management within a Clinical Governance Framework.
18. Effective time management skills.
19. Ability to travel within the range of the job.
20. Fieldwork education experience.
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| **8. SYSTEMS AND EQUIPMENT**1. Assess for and prescribe specialist equipment**/**materials to enhance patient’s ability to conduct activities of daily living and social participation e.g. feeding/dressing aids, splints and wheelchairs & seating, this may include the provision of specialist advice to the wards with regard to purchasing appropriate ward based equipment, e.g. specialist seating.
2. Understand, apply and teach safe use and care of specialist equipment to patients/carers and other staff as appropriate, adjusting as required and ensuring that it is fit for purpose in collaboration with other appropriate MDT members.
3. Record, collate and submit data information to contribute to service quality indicators e.g. waiting times.
4. Ensuring the maintenance of accurate patient records e.g. OT Service computer system.
5. Effectively utilise local services e.g. voluntary and statutory organisations, as required to support effective patient interventions.
6. Adherence to identified systems e.g. stock control, department security, etc.
7. Ensuring equipment is fit for purpose as per manufacturers’ guidelines prior to issue e.g. wheelchairs and seating applications.
8. Use of communication equipment e.g. patient communication aids, the ability to work with IT systems to generate reports, record statistics etc.

**Responsibility for Records Management**All records created in the course of the business of NHS Tayside are corporate records and are public records under the terms of the Public Records (Scotland) Act 2011. This includes email messages and other electronic records. It is your responsibility to ensure that you keep appropriate records of your work in NHS Tayside and manage those records in keeping with the NHS Tayside Records Management Policy and with any guidance produced by NHS Tayside specific to your employment. |
| **9. PHYSICAL DEMANDS OF THE JOB** **Physical Effort**1. Requires an above average and specific training or experience to attain the required level of dexterity, co-ordination and sensory skills, for example, for moving & handling patients or using specialist equipment, i.e. specialist seating and wheelchairs.
2. Occasional requirement for above average physical effort for several short periods during a shift, e.g. manual and therapeutic handling of patients with or without challenging behaviour or; with or without equipment, where error would result in injury to post holder/patient.
3. Exert daily physical effort to manoeuvre (lift, push, pull, carry) equipment (e.g. wheelchairs, hoists, assessment packages).
4. Working in confined spaces, including kneeling for substantial periods of time.
5. There will be an infrequent requirement to travel in community settings, and to patients own homes. This may be in any location within Tayside, Angus and Perth & Kinross.
6. Other skills required – keyboard skills (e-mail, recording information and treatment packages), manual handling training and CPR skills (updated annually), communication skills (with colleagues and patients/clients).

 Mental Effort1. Responding to unexpected changes in patient’s condition. This requires being alert and undertaking an advanced standard of clinical reasoning in relation to assessment and decisions regarding patient management, e.g. unexpected collapse, sudden illness, etc.
2. Frequent periods, on an ongoing and daily basis, of sustained concentration e.g. working with patients who have communication problems, addressing staffing issues.
3. Infrequent risk of exposure to verbal/physical aggression or disinhibited behaviour using acquired de-escalation skills to prevent situations from becoming volatile.
4. On a daily basis plan and initiate interventions encouraging and persuading patients to take an active part in their OT Service intervention.
5. On a daily basis manage own competing priorities and that of other staff and work to deadlines.
6. Frequent interruptions during working day from other staff/ patients/carers on an ongoing and daily basis, e.g. telephone or direct contact.
7. May be placed in the position, whereby there is an expectation by the Service that there will be intervention with patients as an urgency, which will require a need to be very flexible in the rescheduling appointments at short notice.
8. May occasionally be required to negotiate an agreed plan of provision with patients whose expectations are either beyond the scope of the service or significantly different to what is clinically appropriate.
9. Supporting poorly performing staff to achieve agreed objectives in partnership with OT Head of Service.
10. May be required to respond to unpredictable demand within the service, e.g. urgent situation which requires immediate intervention, e.g. cardiac arrest.

 Emotional Effort1. In-directly dealing with distressingand emotional circumstances on a frequent basis, e.g. knowledge of distressing patient details which can be accessed through the medical notes, e.g. children with recently diagnosed terminal illness, patients with very severe disfiguring disability.
2. Directly dealing with highly distressingand emotional circumstances on a frequent basis which may include dealing with severely challenging behaviour, transference of anger/grief from the patient and carers when coming to terms with their diagnosis e.g. with terminal or progressive diseases.
3. Frequently receive, analyse and convey information of a sensitive and emotive nature, which can be contradictory to senior management/staff/patient and carer expectations and desires e.g. explain to patient/carer that their expectations regarding equipment do not meet the criteria or giving critical feedback on performance to staff.
4. Responsibility to support other OT service staff with particular issues relating to staff and/or patient care, which may prove distressing or challenging, e.g. staff member experiences bereavement struggling to cope with patient care.

 Working Conditions1. The job involves occasional exposure to unpleasant working conditions on an occasional basis eg body fluids (i.e. urine, vomit, faeces), verbal/physical aggression etc.
2. This job may involve moderate risk when lone working.
3. May be exposed to malodorous circumstances when working alone outside the centre.

 **Miscellaneous**1. Exercise effective time management punctuality and consistent reliable attendance.
2. Undertake other duties which fall within the grade of the job in agreement with head of service.
3. Seven day working (i.e. 37.5 hours may be worked over any 5-day period) in order to meet service delivery expectations.
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| **10. DECISIONS AND JUDGEMENTS**1. Act with autonomy, making clinical, supervisory and managerial decisions within the agreed management structure on a daily basis, e.g. making specialist decisions relating to clinical speciality and the AHP staff working within it.
2. Line and professionally managed by Head of OT Service.
3. Responsible for deployment, management, supervision and coordination of staff within designated area/team.
4. Makes decisions on a daily basis, which ensures that all aspects of service delivery, is risk managed.
5. Responsible for ensuring that input is guided by national, local and professional standards, guidelines, principles, policies and procedures which are interpreted, developed and applied to normal working practice.
6. Accountable for own actions/decisions that lie out with agreement with line manager.
7. Frequently make judgements on a daily basis which incorporates highly complex facts including the disease process and its affect on the patient’s function, prognosis and the requirements to facilitate safe and effective discharge.
8. Frequently make risk management decisions relating to patients home, e.g. environment.
9. May need to make decisions regarding discharge which are against the expectations of others and which may compromise professional judgement.
10. Need to use own initiative and ability to react in a timely fashion and appropriately to crises.

 Initiate the contribution of professional opinion nationally and locally in relation to policy and guidelines that effect OT practice and facilitate the implementation of local systems to support same, in partnership with line manager |
| **11. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB**1. Fairly predictable pattern of work but may suddenly change if required to support another area because of vacancy, sick leave etc., when the patient interventions do not go to plan (e.g. patient illness, clinical tests, etc.), regular attendance at meetings deputising for other team leaders/Head of Service or regular interruptions during working day from other staff, telephone calls, etc.
2. Be available for staff needing immediate support and advice on personal/clinical/managerial issues, which may be contrary to their expectations.
3. Deputise for senior staff in their absence taking responsibility for operational management of a defined area out with own clinical team.
4. There will be a regular requirement for high levels of concentration and prioritisation especially when managing a caseload and a group of staff, due to the nature of the job. This may be because of unpredictability when working with patients/staff and the demands of deadlines imposed through the discharge planning processes whilst undertaking a physically and mentally demanding job, taking care to safeguard own health and safety as well as that of patients and colleagues.
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