



# Job Description and Person Specification



## Job Description

<b>Job Title</b>	Band 6 Rotational Occupational Therapist
<b>Band</b>	6
<b>Hours</b>	Full time
<b>Department</b>	Occupational Therapy
<b>Division</b>	Clinical Support Services
<b>Location / Hospital Site</b>	Royal Sussex County Hospital
<b>Responsible to</b>	Occupational Therapy Team Leader
<b>Accountable to</b>	Junior staff as directed
<b>DBS Level</b>	Enhanced
<b>DBS Barring</b>	Children and Adults
<b>DBS Workforce</b>	Children and Adults

## Role Summary

To provide specialist occupational therapy interventions using evidence based, flexible and patient-centred approach, working within a Multi-Disciplinary Team to meet the health and social care needs of people who are referred to our services.

To perform a specialist occupational therapy role for patients referred to the post holder's clinical team with complex health and social care needs.

To provide supervision and leadership for relevant junior members of occupational therapy staff in conjunction with the team leader.

To participate in the planning, development, and evaluation of Occupational Therapy services within a designated specialist team.

To provide supervision and training for students on practice placement

Current rotations cover a various specialties including vascular/amputee, palliative and neuro. Rotations may change according to the evolving nature of the integrated pathways across acute teams. A flexible and adaptable approach will be necessary to ensure delivery of an excellent OT service across all pathways.

## Key Working Relationships

- Patients, their families, and carers,
- Occupational Therapy colleagues,
- The Head of Occupational Therapy,
- Band 7 IDT Physiotherapist
- The multidisciplinary team,
- Trust service managers,
- Primary care service providers,
- Community services
- Social services,
- Local voluntary sector providers and
- Other relevant external agencies.

## Structure Chart



## Main Duties and Responsibilities

### Communication

To liaise with health and social care professionals, family, carers, and other related private, statutory, and voluntary organisations, providing written reports, recommendations, and referrals where appropriate.

To communicate effectively with patients, carers, colleagues, and other agencies, demonstrating developed verbal and non-verbal skills to communicate often complex concepts, managing barriers to communications such as dysphasia, learning difficulties, cognitive or sensory difficulties, other languages etc.

To ensure accurate and up to date documentation of all interventions complying with Trust, departmental and professional standards and provide Occupational Therapy reports when appropriate.

Ability to establish and maintain communication on complex, potentially stressful topics in a range of situations, with individuals or groups.

Ability to develop effective working and therapeutic relationships, team working.

### Service Delivery and Improvement

To participate in the Trust's, the department and team's clinical governance agenda and quality improvement projects and contribute to service level audit as advised by the team lead.

To contribute to healthy and safe working environment by adhering to Health and Safety regulations and departmental and Trust policies.

To comply with Equal Opportunities, Disability Discrimination and Data Protection legislation.

To comply with the recommendations of the Laming report on Child Protection.

To contribute positively to the effectiveness and efficiency of the team.

To adhere to the College of Occupational Therapist Code of Ethics and Professional Conduct, the Trust's Code of Conduct and all other relevant policies and procedures.

To respect the individuality, values, cultural and religious diversity of patients and all key relationships and contribute to the provision of a service sensitive to these needs.

To exercise effective personal time management and guidance to junior staff and assistants as necessary.

Report and record any accident or untoward incident using trust reporting mechanisms.

Adopt flexible working hours in conjunction with other team members, leading to a future seven day a week service, conforming to agenda for change terms and conditions.

To participate in the induction, training and education of students, new staff, Occupational Therapy colleagues, members of the MDT and other external agencies, including formal presentations when appropriate.

To participate in the promotion of the profession through involvement in informal and formal events, such as careers conventions, work experience or work observation placements.

To develop skills and knowledge required as a Fieldwork Educator in order to supervise and assess Occupational Therapy students on practice placements.

### **People Management and Development**

To support and assist the team leader in the planning and delivery of the Occupational Therapy service, including participation in the recruitment and selection of junior staff. To identify unmet needs and gaps in service provision and highlight these to team leader.

Acts as a role model to other members of the team, in regard to demonstrating professional behaviours and exemplary conduct.

To provide support, guidance, teaching, and clinical supervision to qualified and non-qualified Occupational Therapy staff.

To support and assist the team leader in appraisals for junior staff on an annual basis ensuring feedback on performance is given at regular intervals throughout the year.

To initiate, plan and implement the induction, training, and education for students on practice placement and other staff, within or external to the Trust, as delegated by senior staff.

To take responsibility for risk management and health and safety in the workplace by adhering to and promoting Health and Safety regulations, trust, and departmental policies.

To ensure that written and electronic records and activity data are maintained in accordance with professional and trust standards.

To have a good working knowledge of good resource management and budgetary constraints.

To maintain and advise on stock and resources necessary to carry out the work of the Occupational Therapy service, including responsibility of handling petty cash and money in the sale of small items of assistive equipment.

To deputise for the team leader by carrying out delegated tasks when required, seeking guidance and support from Head of Occupational Therapy or another appropriate senior.

### **Patient Care Delivery**

To independently manage a caseload of patients with complex health and social needs, using evidence-based principles to plan and implement effective assessments and treatment programmes.

To undertake comprehensive and timely assessments of patients utilising robust clinical reasoning and analytical skills, responding to changes in patients' clinical and functional needs, including assessing their ability to give informed consent for therapy and eliciting active patient participation in treatment.

To interpret and analyse clinical and non-clinical facts to inform accurate diagnoses and prognoses in a wide range of clinical conditions, to recommend the best course of intervention and to develop comprehensive goals and discharge plans.

To carry out specialist interventions and apply appropriate treatment approaches, such as splinting, and specialist seating, with both individual and groups of patients, on the wards, in the Occupational Therapy department and in community settings.

Assess and manage 24-hour postural management needs.

Assess cognition and mood using standardised assessment tools and in function.

Organise and carry out home visits, where appropriate, in accordance with the home visit guidelines. To report outcome formally and verbally to team members and external agencies

Be able to assess the impact of neurological impairment in the upper limb and use evidence-based treatment strategies to promote function.

Identify the impact of mood on participation and follow mood screening procedure to refer onto other services.

Change treatment plans and goals according to evaluation and discussion with the multidisciplinary team.

Participate in the smooth and effective discharge planning for patients.

To use specialist activity analysis techniques in conjunction with patient centred practice (patient choice and patient priorities), to select and grade activities in order to achieve therapeutic goals.

To empower patients to be actively involved in self-management, through advice, education, coping strategies and therapeutic procedures.

To monitor, evaluate and modify treatment in order to measure progress and ensure effectiveness of interventions.

To develop effective therapeutic relationships with patients who may have complex cognitive, perceptual, and behavioural presentations, demonstrating empathy and sensitivity to issues, which may arise in hostile and emotive situations.

To seek advice from other relevant professionals to inform analysis and reasoning where appropriate.

To apply a robust understanding of the effect of disability and provide training and advice on lifestyle changes and adaptations to patient environments.

To ensure accurate and up to date documentation of all interventions complying with Trust, departmental and professional standards and provide Occupational Therapy reports relevant to clinical speciality.

To delegate appropriate tasks to junior staff, taking into account their skills and competencies.

To demonstrate a good working knowledge of specialist disability equipment.

To arrange for the provision of appropriate standard and non-standard specialist disability equipment, obtaining authorisation where necessary.

To provide verbal and written advice, demonstration and teaching to patients and carers in the use of equipment and other techniques to optimise patients' functional ability, safety, and independence.

To demonstrate a robust understanding of the implications of manual handling legislation and current best practice, applying this knowledge to the practice of therapeutic manual handling.

Have a working knowledge of the mental capacity act and to be able to assess patient mental capacity for a range of decisions, as part of the multi-disciplinary team, and to have a working knowledge of best interest decisions.

To run group treatment sessions, such as cooking and upper limb group.

To undertake risk assessments in complex interventions including moving and handling situations where appropriate.

To identify and justify when a patient does not require Occupational Therapy intervention but needs other MDT input or referrals to other services.

To liaise with health and social care professionals and other related private, statutory, and voluntary organisations, providing comprehensive written reports, recommendations, and referrals where appropriate.

To provide specialist advice within own field of expertise to colleagues working within other clinical areas.

To be prepared to work on a short-term basis in other areas in the hospital as directed by the Head of Occupational Therapy in times of staff shortages and service need.

### **Learning and Development**

Undertake specialist and on-going training as necessary in line with the development of the post and as agreed with line manager as part of the personal development planning process.

To fully participate in the Trust's appraisal system review and personal development planning process on an annual basis.

To achieve and demonstrate agreed standards of personal and professional development within agreed timescales.

To review and reflect on own practice and performance through effective use of professional and operational supervision and appraisal.

To record learning outcomes and continuing professional development in a portfolio, in line with the requirements of the Health Professions Council.

To be actively involved in the critical evaluation of current research and evidence-based practice, apply to practice, disseminating findings at a local level.

To use specialist research and audit skills by participating or leading in local audit and research projects.

Attend mandatory training updates as required.

Undertake training as necessary in line with the development of the post and as agreed with the line manager as part of the personal development process.

Achieve and demonstrate agreed standards of personal and professional development within agreed timescales.

Identify own learning needs and jointly plan training requirements with your line manager

Participate in the Trust's appraisal process to discuss how your role will help deliver the best possible care to our patients and help to deliver any changes in service.

This job description is an outline of the role and responsibilities. From time to time due to the needs of the service, we may ask you to flexibly undertake other duties that are consistent with your role and banding, including project work, internal job rotation and absence cover.

The job description and person specification may be reviewed on an ongoing basis in accordance with the changing needs of the department and the organisation.

### **Registered Health Professional**

All staff who are members of a professional body must comply with standards of professional practice/conduct. It is the post holder's responsibility to ensure they are both familiar with and adhere to these requirements.

### **Mission and values**

The mission of University Hospitals Sussex – what we are striving to achieve – is to provide:

***‘Excellent care every time’***

All our efforts to do this put the interests of our patients first and foremost, and are underpinned by our values:

- Compassion
- Communication
- Teamwork
- Respect
- Professionalism
- Inclusion

These values were selected by our staff, patients and public when we were talking about the merger and the sort of organisation, we want University Hospitals Sussex to be.

Our mission and values are extremely important to us, and we expect everyone who works at University Hospitals Sussex in any capacity to share and uphold them.

### **Patient First**

Patient First is our Trust-wide approach to improving the quality of care for patients and to build and embed a culture where staff can be confident that their views matter and will be heard.

The aim is to empower all staff to lead change, raise issues, concerns, identify and implement areas for improvement within the workplace and find solutions collectively as part of a team.

Staff will be equipped with skills to identify improvement opportunities and supported to see those through

It encourages all staff to be innovative and drive forward quality improvement and positive changes in their areas.

The philosophy behind this is centred on:

- Standardisation, system redesign and the improvement of patient pathways to eliminate error and waste and improve quality
- The patient being at the heart of every element of change
- Embedding cultural change across the organisation, where everyone is passionate about delivering exceptional quality every time and “where better never stops”.
- Continuous improvement of our services through small steps of change
- Constantly testing the patient pathway to see how we can develop
- Encouraging frontline staff to lead the redesign processes
- Equal voices for all
- Engagement of staff is a big factor in job performance.
- Good engagement leads to improved quality, mortality and safety measures

### **Safeguarding Children and vulnerable adults**

UHSussex is committed to safeguarding and promoting the welfare of children and adults and to protecting them from the risks of harm. The Trust recognises its responsibility to ensure that safe working conditions and systems are in place for staff working with children, adults, and families in their care. Staff are required to comply with Trust policies on Safeguarding and to undertake the appropriate level of mandatory in-service training in this area.

### **Equality, Diversity, and Inclusion**

Inclusion and respect are core values at UHSussex, and we are committed to diversity and equality. This means treating colleagues and patients with professionalism, ensuring everyone feels welcome and included, valuing different backgrounds and experiences, and challenging inequalities.

Having all our staff feel safe, supported, included, and valued will lead to better care and outcomes for our patients – our True North Objective.

All staff have a duty to report any behaviours which contravene this to their managers.





## Workplace and Environmental Factors

Working Conditions	Yes	No	Details (including frequency, where appropriate)
Inclement weather	√		Home visits, car transfers outdoors, walking between buildings
Excessive temperatures	√		Summer heat, no aircon - sometimes
Unpleasant smells/odours	√		Daily – on wards, personal care, and toileting assessments. Patient's homes - occasionally
Noxious fumes	√		cleaning fluids - occasionally
Excessive noise &/or vibration		√	
Use of VDU more or less continuously		√	
Unpleasant substances/non-household waste	√		Daily – related to patient care
Infectious Material/Foul Linen	√		Daily/Weekly - Bed linen, Patients clothes, Equipment – related to patient care
Body fluids, faeces, vomit	√		Daily/Weekly – related to patient care
Dust/dirt	√		Daily – on home visits, on wards or treatment rooms in the dept
Humidity	√		In hot weather - rarely
Contaminated equipment or work areas	√		Daily – patients with infectious conditions and/or incontinence problems – doing personal care assessments, toilet or other transfers and home visits
Driving/being driven in normal situations	√		Home, Access, Follow up visits-weekly
Driving/being driven in emergency situations		√	
Fleas or lice	√		Occasional
Exposure to dangerous chemicals/ substances in/not in containers	√		Occasionally/Rarely
Exposure to aggressive verbal behaviour where there is little/no support	√		Varies (occasionally to more frequently)– home visits, dept – one to one work with patients who are confused, upset or with mental health difficulties or head injuries, upset relatives
Exposure to aggressive physical behaviour where there is little/no support	√		Varies - home visits, dept – with patients who are confused, with mental health difficulties, upset relatives

Emotional Effort	Yes	No	Details (including frequency, where appropriate)
Processing (e.g. typing/transmitting) news of highly distressing events	√		Occasionally – Recording in patient's notes and on referrals, info about diagnoses, severe functional changes, recommendations for placements rather than returning home.
Giving unwelcome news to patients/clients/carers/staff	√		Daily/ hourly - Recommending alternative care placements, informing patients/family that they are not functionally able to return home, may not regain functional ability lost etc
Caring for the terminally ill	√		Regularly
Dealing with difficult situations/circumstances	√		Daily – Multidisciplinary Team, Family meetings, Patient assessments, conflicts of opinion, other agencies
Designated to provide emotional support to front line staff	√		Daily – to team members
Communicating life changing events	√		Daily – Recommending placements to patients, outcomes of functional assessments, rehabilitation potential, how to manage with new disabilities and conditions
Dealing with people with challenging behaviour	√		Daily – people with Mental Health, Learning Difficulties, cognitive difficulties, head injuries, continence, and manual handling difficulties
Arriving at the scene of an accident	√		Occasionally – first on the scene of a patient falling, cardiac arrest etc
Physical Effort	Yes	No	Details (including frequency, where appropriate)
Working in uncomfortable/unpleasant physical conditions	√		On home visits – occasionally Crowded/hot offices – weekly. Treatment rooms not adequate for tasks being undertaken, not all have natural light/air.
Working in physically cramped conditions	√		Daily - Treatment areas, patient's bedsides, bathrooms, toilets, car transfers – in areas with large amounts of additional disability equipment
Lifting weights, equipment, or patients with mechanical aids	√		Daily - weekly – Therapeutic manual handling, using hoists etc

Lifting or weights/equipment without mechanical aids	√		Daily – lifting and installing disability equipment (commodes, perching stools etc), lifting equipment/wheelchairs into the back of the OT cars etc. Carrying equipment to/from Buffer store, wards, dept, outdoors to the cars etc.
Moving patients without mechanical aids	√		Daily - Therapeutic manual handling, patient transfer assessments etc
Making repetitive movements	√		Transfers, rehab.
Climbing or crawling	√		Daily to weekly – adjusting equipment, wheelchairs etc
Manipulating objects	√		Daily – throughout course of work
Manual digging		√	
Running	√		Occasionally- if responding to Emergency
Standing/sitting with limited scope for movement for long periods	√		On home visits with a long car journey. Rehab sessions
Kneeling, crouching, twisting, bending, or stretching	√		Daily – weekly - Manual Handling, adjusting equipment, wheelchairs etc. Getting equipment from Buffer store shelving, stacked equipment
Standing/walking for substantial periods of time	√		Daily
Heavy duty cleaning	√		Occasionally – cleaning equipment, wheelchairs
Pushing/pulling trolleys or similar	√		Daily – Wheelchairs/Equipment - with patients
Working at heights		√	
Controlled restraint i.e. jobs requiring training/certification		√	

## Person Specification

Requirements	Level required	How assessed	Level required	How assessed
	Essential		Desirable	
<b>Professional Registration</b>	Registration with the HCPC	<b>AF</b>	Membership of relevant RCOT special interest group.	<b>AF</b>
<b>Experience/ Qualifications</b>	Diploma or Degree in Occupational Therapy Evidence of recent and relevant CPD (CPD Portfolio) Proven experience as an Occupational Therapist Clinical experience in areas relating to speciality/post or able to demonstrate acceptable equivalent	<b>AF, I</b>	Speciality Specific Post registration training Experience of audit/research Experience of teaching in a clinical setting	<b>AF, I</b>
<b>Skills</b>	Knowledge of the OT role, relevant standardised OT assessments and interventions in conditions relating to various acute specialities. Knowledge of OT models of practice Working knowledge of current legislation, government initiatives and current practice affecting OT Understanding of OT outcome measures Knowledge of the principles of clinical governance and its application Basic knowledge of good resource management	<b>AF, I</b>	Presentation and training skills Ability to use Microsoft Excel and PowerPoint	<b>AF, I</b>

	<p>Basic Life support</p> <p>High level verbal and written communication skills</p> <p>Good command of English</p> <p>Ability to construct complex written reports, protocols, guidelines etc.</p> <p>Ability to establish and maintain communication on complex, potentially stressful topics in a range of situations, with individuals or groups.</p> <p>Ability to develop effective working and therapeutic relationships, team working.</p> <p>Computer literacy</p> <p>Ability to analyse complex assessment outcomes, identify problems and offer solutions.</p> <p>Ability to reflect and critically appraise own and other's performance.</p> <p>Organisational skills to enable prioritisation of caseloads.</p> <p>Ability to work alone and as a member of the team.</p> <p>Understanding of basic neuro assessments</p> <p>Assessment for and prescription of environmental adaptations and equipment provision; including skills in home visit assessment and function/ task analysis.</p> <p>Ability to organise and respond effectively to complex information.</p>			
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	Ability to plan, implement and evaluate OT treatment programmes. Evidence of having undertaken own development to improve understanding of equalities issues			
<b>People Management and Development</b>	Supervision and mentoring skills Experience of Multidisciplinary working and partnership working with other agencies	<b>AF, I</b>	Experience of Student and staff supervision Audit and research skills	<b>AF, I</b>
<b>Equality, Diversity, and Inclusion</b>	Evidence of having championed diversity in previous roles (as appropriate to role).	<b>I</b>		
<b>Specific Requirements</b>	Willingness to weekend working. Commitment to patient centred, non-discriminatory practice. High professional standards Commitment to lifelong learning Self-motivation Enthusiasm Ability to work under pressure and stay calm in a crisis. A good team player	<b>AF, I</b>	Own Transport and a current/valid license	<b>A</b>
<b>Freedom to Act</b>	Ability to prioritise clinical and non-clinical work. To work within boundaries and standards of practice laid out by professional bodies (RCOT and HCPC) Responsible for own professional actions and have sufficient autonomy for the delivery of the role.	<b>AF, I</b>		

	Able to interpret national and local guidance and to develop local policies to reflect these standard			
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