

RECRUITMENT INFORMATION PACK

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Job particulars

| Job Title | Highly Specialist Occupational Therapist/Physiotherapist in Hand Therapy |
|----------------|--|
| Pay Band | Band 7 |
| Location | Newham University Hospital – Outpatient Therapies |
| Reports to | 8a Clinical Specialist Hand Therapist 8a MSK Clinical Lead |
| Responsible to | Newham Head of Therapies |

Job purpose

To provide client centered Hand Therapy for clients referred to the Hand therapy Service. The service accepts referrals for clients who have hand or upper limb dysfunction due to injury or illness, particularly in the areas of trauma, plastic and orthopaedics and acquired conditions rheumatology and GP referrals, and some neurology. This highly specialised service is provided to clients mainly in a hospital setting but may have a community focus. The service adopts a holistic approach offering assessment and treatment to reduce disability and the impact of the disability arising from physical illness and injury. The service also provides advice and education, precautionary measures and highly specialist treatments e.g. splinting. This is done in accordance with the priorities of the client and, where applicable, his/her carer.

The post holder also has the opportunity to provide a service to other clients referred direct from the community.

Key working relationships

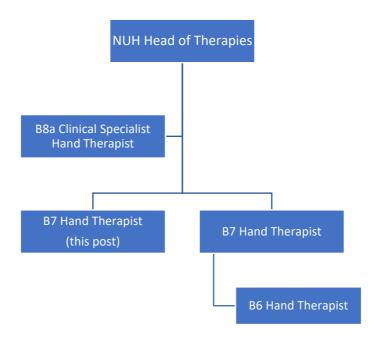
Professional relationships with key partners, employees and boards.

| Internal | External | |
|----------------------------------|---|--|
| Newham Outpatient MSK Therapists | Barts Health Consultants (T&O and Plastics) | |
| MSK administrative team | Clinical Nurse Specialists | |
| Wider NUH Therapies Team | General Practitioners | |
| | Community Teams | |
| | | |

Structure chart







Main duties, responsibilities, and results areas

To provide client centered Hand Therapy/Occupational Therapy for clients referred to the Occupational Therapy Hand Service. The service accepts referrals for clients who have hand or upper limb dysfunction due to injury or illness, particularly in the areas of rheumatology, orthopaedics, plastics, GP and neurology. This highly specialised service is provided to clients both in the community and hospital settings as appropriate. The service adopts a holistic approach offering assessment and treatment to reduce disability and the impact of the disability arising from physical illness and injury. The service also provides advice and education, precautionary measures and highly specialist treatments e.g. splinting. This is done in accordance with the priorities of the client and, where applicable, his/her carer.

The post holder also has the opportunity to provide a service to other clients referred direct from the community.

General

- To work with the clinical specialist for hand therapy team and the musculoskeletal lead at NUH in taking responsibility for the establishment, development, and monitoring of the hand service in line with service needs and highly specialised knowledge and skills in this area. To work/liaise with Whipps cross and Royal London Hospital Hand Therapist's as part of the hand therapy team.
- 2. To work as an autonomous practitioner in providing a highly specialised, client centered Hand Therapy/ occupational therapy service to people with hand and upper limb dysfunction. To assess the client's needs, then from the assessment, to formulate





- a diagnosis and treatment plan designed to reduce disability and promote independence.
- 3. To manage a defined caseload of highly complex cases independently, evidencing high level problem solving and clinical reasoning skills in line with evidence based/client centered principles
- 4. To provide supervision, education, support and monitoring of rehabilitation support workers carrying out rehabilitation care plans for clients
- 5. To take a lead role in the supervision, teaching and appraisal of junior occupational therapists, assistants, students and other members of the multidisciplinary team
- **6.** To participate in the planning, development, and evaluation of the Hand Therapy / Occupational Therapy Service and to contribute to the maintenance and development of the Trust's Occupational Therapy Service, taking a lead in specific change projects as required.

Clinical

- 1. To be professionally and legally responsible for all aspects of own professional activities. To adhere to and apply the Code of Ethics and Professional Conduct for Occupational Therapists (College of Occupational Therapists 2000)
- 2. To independently manage a caseload of highly complex cases providing highly specialist occupational therapy assessment and intervention to clients with hand and upper limb dysfunction. To provide this service in the most appropriate setting to the client e.g. ward, occupational therapy department or in the clients' homes. To work closely with the client, his/her family/carers and other professionals in doing this
- 3. To be responsible for prioritising the occupational therapy referrals within the hand service and to ensure that clients are seen within the team's standards on response times
- 4. To establish a therapeutic relationship with the client and his/her family and/or carers to gain their participation in the therapeutic process by employing advanced interpersonal skills (e.g. communication, reasoning, negotiation skills, motivational tactics) and managing any barriers to communication (e.g. different languages, lack of understanding of the spoken word, visual or hearing impairments, fear, anxiety)
- 5. To participate in the initial multidisciplinary assessment of clients within service priorities, carrying out and recording the highly specialist occupational therapy assessment
- 6. To assess for and diagnose any functional or physical deficits using functional assessments together with specialised standardised and non-standardised assessment batteries





- 7. Based on the analysis of the assessment and a risk analysis, to determine occupational therapy aims and treatment goals as part of the overall care plan, and then to formulate intervention options which reduce disability and its impact, and promote independence
- 8. To work closely with the client, his/her family and/or carers to encourage participation in the therapeutic process. To negotiate and agree decisions relevant to the client's management whilst respecting their diversity. To identify and select with the client his/her family/carers, the most appropriate intervention options which balance the highly complex interactions of risk, safety, client choice, independence, areas of conflict, eligibility for services and cost effectiveness.
- 9. To develop highly specialised occupational therapy treatment programmes in collaboration with clients, carers and other involved professionals (e.g. consultants, physiotherapists, occupational therapy assistants,).
- 10. To plan, coordinate and deliver client centered interventions on an individual or group basis, using the principles of graded activity and a wide range of treatment techniques e.g. remedial treatments, functional rehabilitation, joint protection, education groups, splinting.
- 11. To prescribe and coordinate intervention to be carried out by others, such as occupational therapy assistants or family/carers, and to train them to carry out the therapeutic programmes as appropriate to the home or community environment.
- 12. To use highly specialist knowledge and skills in assessing the need for a splint to maintain or improve range of movement, reduce pain and the development of deformity, and to improve function. To diagnose which splints are required, and then manufacture and/or provided splints to meet individual needs.
- 13. To educate the client in the safe use, wearing and care of the splint, providing written instruction where possible
- 14. When treating in-patients, to promote safe discharge from hospital by conducting functional assessments and home assessments to determine the client's ability to cope at home after discharge. To provide verbal and written information to support the client's discharge which informs health and social care providers of the outcomes of interventions and of ongoing health and social care requirements
- 15. To provide rehabilitation programmes in the community for clients after discharge from hospital to maximise the client's independence and thus prevent readmission to hospital
- 16. To use advanced clinical reasoning, critical thinking and reflection to monitor, evaluate and modify treatment, evaluate outcomes and thus ensure effectiveness of intervention





- 17. To provide highly specialist advice on lifestyles, role, functional abilities, self-care and the physical environment after taking account of the effects of the hand and/or upper limb dysfunction on the individual and his/her family/carers e.g. joint protection, energy conservation
- 18. To work with clients and their carers in stressful circumstances, providing emotional support e.g. in coming to terms with the impact of a new or on-going diagnosis and its implications for their daily lives e.g. where the client is unlikely to recover use in their hand after suffering a major traumatic hand injury.
- 19. To use comprehensive knowledge of other multidisciplinary roles and external agencies to determine the need for referral to other disciplines/agencies and to initiate such referrals
- 20. To participate in client related meetings as required e.g. preparation of written reports and verbal presentation of information to referring consultants
- 21. To provide and/or contribute to verbal and written information to support the client's discharge from the service, to inform health and social care providers of outcomes of interventions and of on-going health and social care requirements
- 22. To act as a clinical expert to staff within the department and to other health care professionals outside the multidisciplinary team, in relation to area of highly specialist knowledge and skills in relation to hand and upper limb dysfunction
- 23. To identify and manage the potential difficulties and risks involved in working alone in the client's home (e.g. verbal or physical aggression, challenging behaviour, working in unhygienic environments) and to do this for staff to whom work is delegated. To complete incident forms as necessary
- 24. To ensure confidentiality of clients notes and of any information revealed within treatment sessions or interactions with the client
- 25. To ensure that services offered are responsive to the needs of all users, including their cultural, religious and linguistic needs, and the needs of users with disabilities

Management/Administration

- 1 To ensure that services are provided in accordance with the policies and procedures of
 - Newham University Hospital and the Royal London Hospital (main source of referrals)
 - Barts health NHS Trust
 - The College of Occupational Therapists Code of Ethics and Professional Conduct





- The Occupational Therapy Department's policies and procedures
- To be responsible for the day to day management and provision of the Occupational Therapy Hand Service at Newham University Hospital e.g. reviewing the appropriateness of referrals and prioritising referrals in line with the service's criteria
- To work with the Hand Therapy Clinical specialist and MSK Clinical Lead in contributing to the development of the strategic and operational management of hand service and to take a lead responsibility for some of the tasks involved e.g. drafting, reviewing, and updating policies and procedures (such as Criteria for Prioritising Referrals)
- To be responsible for the day to day management of stock related to the hand service. To regularly undertake a stock take to establish the need for materials e.g. splinting materials. To identify goods to be ordered, receive goods and check goods received against the original order, identifying and acting on any discrepancies
- To work with the Clinical specialist in contributing to the development of the strategic and operational management of hand therapy service to take a lead responsibility for some of the tasks involved e.g. identify areas of unmet need in relation to clients with hand and upper limb dysfunction and outline plans as to how these needs might be best met.
- To promote team working by actively encouraging all staff to be involved in, and to take joint responsibility for, the development of the service
- 7 To contribute to the evaluation of the Hand Therapy / Occupational Therapy Service e.g. through the use of audit and the development and use of outcome measures. To take a lead responsibility for some of these tasks e.g. record keeping audit
- To use highly knowledge and skills to actively influence policies, procedures and service developments within the therapy service by working with the Clinical lead in the planning and development of the service to ensure that the service meets the needs of the clients and also meets national and local priorities e.g. by identifying unmet need and service pressures, by identifying and applying evidence based practice
- 9 To support senior staff in the development and implementation of the Trust's clinical governance strategy, participating in multidisciplinary audits, investigation of complaints, use involvement activity, and other mechanisms of service evaluation and monitoring
- 10 To develop occupational therapy care protocols relating to the knowledge and skills of the highly specialist area in liaison with the Clinical Lead to improve client care





- To ensure that the agreed quality standards of service, based on departmental, professional (College of Occupational Therapists) and national guidelines (e.g. National Service Frameworks) are maintained by self and designated junior staff
- To ensure that working practices across the Occupational Therapy Service for Adults are in line with the available evidence base by keeping up to date with research finding in this field and reviewing practices accordingly
- 13 To collect relevant statistical information and activity data in accordance with Trust, professional and departmental requirements. To ensure that designated junior staff do likewise
- 14 To maintain accurate and up to date documentation (e.g. including comprehensive progress and discharge reports) in occupational therapy, medical and multidisciplinary records which is consistent with legal, professional, organisational and departmental requirements. To be responsible for ensuring that designated staff maintain record keeping standards
- To attend and participate in a range of Therapy Service Meetings on a monthly basis e.g. Clinical Effectiveness, undertaking tasks which come out of these meetings e.g. risk assessments relevant to clinical/non-clinical duties,
- 16 To deputise for the clinical lead by carrying out agreed delegated tasks e.g. attendance at and participation in meetings, especially those where the area of highly specialist knowledge and skills is relevant
- To prioritise and manage the clinical and non-clinical responsibilities of the post on a daily basis. To assist junior staff and students in prioritising and managing their clinical and non-clinical responsibilities. To delegate and oversee tasks as appropriate (e.g. routine treatments to occupational therapy students).
- To be involved in the recruitment of junior staff and assistants in occupational therapy, taking an active role in the short listing and interviewing process
- 19 To manage and supervise the work of designated junior staff and students
- 20 To deal sensitively with initial complaints from client's or their family/carers in line with the Trust's complaints procedure
- To be responsible for the security, care and maintenance of any equipment being used with clients, ensuring standards of infection control and safety are maintained





Education and training

- To maintain and develop own professional knowledge and be conversant with professional developments, evidencing critical appraisal skills, continuing professional development and a sound understanding of clinical governance
- To develop and maintain an agreed area of highly specialist knowledge and skills and to act as an expert resource to other team members for this subject area (occupational therapy in relation to hand and upper limb dysfunction).
- 3 To participate in staff and service development through attendance at service meetings and in-service training sessions, including taking a lead responsibility for some of the sessions
- 4 To participate in educational courses and seminars relevant to the service needs and to own individual area of highly specialist knowledge and skills. To provide feedback to the Adult Therapies Team.
- To undertake management and leadership training as required to meet needs of the post e.g. appraisal, supervision skills, time management, audit, financial management
- To participate in mandatory training (fire training, CPR, basic food hygiene and movement and handling training)
- 7 To actively participate in regular supervision and appraisals with the Clinical Lead using reflection and analysis to inform practice, develop skills and identify training needs in relation to the needs of the service
- 8 To attend Practice Placement Education Forums on a monthly basis, contributing to the meetings and leading sessions as delegated
- 9 To provide leadership, support, guidance, teaching, clinical supervision and appraisal to junior occupational therapists and rehabilitation support workers and other junior staff within the team.
- To be responsible for providing leadership, advice, support and training to other staff groups with regard to highly specialist area of hand and upper limb dysfunction
- 11 To act as a Professional Practice Educator (supervisor) providing highly specialist training and education for occupational therapy students on professional practice placements within the team and to provide written reports for the relevant academic institution regarding the student's performance
- To be involved in and sometimes lead training initiatives for other professions (e.g. nursing) particularly in relation to the role of the occupational therapist.





Communication

- To communicate effectively and work collaboratively with medical, nursing and therapy colleagues as well as outside agencies (e.g. Social Services, home care agencies, voluntary sector) to ensure the delivery of a coordinated multidisciplinary service e.g. providing written reports and recommendations or reporting highly complex and sensitive information in case conferences, annual reviews of clients, multidisciplinary client discussion meetings
- 2 To communicate verbally and non-verbally with the client and /or their carers during assessment and treatment sessions in order to fully understand their needs, to motivate, train and teach them
- To communicate highly information regarding the assessment and treatment to client and their family/carers, ensuring that this information is understood (e.g. where the client does not speak English, has a hearing impairment, altered emotional state, cognitive/learning/emotional disability, or where the client does not understand or accept a clinical decision)
- 4 To work with advocacy and interpreting services for families where English is not the first language in order to ensure effective communication and sensitivity to religious and cultural needs
- To liaise closely with Newham Social Services Occupational Therapy Team by presenting a case of need when clients require equipment and adaptations.
- To adhere to Trust, professional and departmental policies and standards in relation to confidentiality

The job description is not intended to be exhaustive and it is likely that duties may be altered from time to time in the light of changing circumstances and after consultation with the post holder.

The post holder might be required to work across the Trust at any time throughout the duration of his/her contract, which may entail travel and working at different hospital

Working conditions

| Criteria | Description |
|----------|---|
| Physical | To frequently cope with the physical demands of the post e.g. therapeutic and manual handling, prolonged standing, bending, lifting of equipment and awkward loads complying with the Trust |





| | manual handling regulations at all times and ensuring the staff you supervise do likewise. Use of splinting materials, scissors, heat guns, splint pans (fixed and mobile) |
|-----------------------|---|
| Emotional | To be able to manage situations where a patient/family member or carer may become verbally or physically aggressive in the hospital environment. To ensure staff and patient safety and to comply with trust policy related to this situation. |
| Working Conditions | To work effectively and manage frequent and unpredictable interruptions during clinical work, such as urgent referrals and/or requests for work, telephone calls, requests for advice and information demonstrating an advanced ability to multi task on a daily basis |
| | To manage and cope with frequent exposure to communicable diseases and unpleasant conditions on a daily basis such as bodily fluids including open wounds, abiding by the Trust's infection control policy at all times |
| | To very occasionally be alone with patients in the working environment. To comply with the lone worker policy and to utilise telephone support from senior team members as required. To ensure that the staff you supervise comply with the policy |
| Mental | To frequently interact sensitively with patients who have a life altering condition and who have been traumatically injured or are experiencing chronic pain, their carers and significant others, in an empathetic manner and to acknowledge and deal with the emotional impact and stress on self through supervision and peer support. |
| | To cope physically, emotionally and mentally with a complex daily patient caseload, involving therapeutic handling and support other team members in doing likewise |
| | To maintain a high level of mental focus frequently throughout the day when writing reports, using clinical reasoning and problem solving, conducting standardised cognitive assessment and retraining or when using dangerous tools (i.e. knives, heat guns). |
| | To frequently convey information of a sensitive and sometimes distressing nature to patients/carers/family members about their condition or poor prognosis for improvement, taking into consideration the emotional, psychological and physical status and impact on the patient. Support junior staff in doing likewise. |
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Code of Conduct for NHS Managers

As an NHS Manager, you are expected to follow the Code of Conduct for NHS Managers (October 2002). www.nhsemployers.org/. This supports us to develop a sustainable workforce and bring the very best out in people.

Safeguarding adults and children

Employees must be aware of their responsibility to maintain the wellbeing and protection of vulnerable children and adults. If employees have reason for concern that a patient is 'at risk' they should escalate this to an appropriate person i.e. line manager, safeguarding children's lead, matron, ward sister/change nurse, site manager or consultant (October 2002). www.nmc-uk.org/

Person specification

| Domain | Essential Criteria | Desirable Criteria |
|----------------|---|---|
| Qualifications | Diploma or Degree in Occupational therapy or Physiotherapy HPC registration Evidence of CPD maintained in a portfolio including attendance at post graduate course/training relevant to clinical specialty | CSP (Chartered Society of Physiotherapy) or COT (College of Occupational Therapy) Membership BAHT membership Post-graduate study |
| Experience | Minimum of 5 years post registration experience, at least 2 years of which must be in hand therapy (plastics and orthopaedic trauma, MSK and rheumatology) Experience in supervision of junior staff, students and assistants. | Supervision Training Fieldwork educators training Post graduate formal qualification relevant to clinical specialty Leadership training Involvement in relevant COT, CSP or Hand Therapy special interest group |





| | | Working towards BAHT accreditation |
|-----------|--|--|
| | | Recruitment and selection experience |
| Knowledge | Knowledge of a range of clinical conditions, particularly in relating to Hand Therapy assessment and treatment in an acute hospital. | Knowledge of current and emerging NHS strategy and policy Understanding and rising to the challenges in service improvement |
| | | Knowledge of current and emerging NHS strategy and policy |
| | | Understanding and rising to the challenges in service improvement |
| | | Understanding of Equal Opportunity policies and procedures Knowledge of local community services and agencies (ie intermediate care, reablement) |
| Skills | Ability to offer constructive suggestions for service improvement | Ability to lead the occupational therapy team in service improvement |
| | Effectively carries out tasks related to evaluating services. | Ability to monitor the quality of own and others work |
| | Ability to work within set timeframes working to priorities and deadlines | Ability to use and maintain resources efficiently and effectively and encourage others to do so |
| | Ability to work autonomously, acting decisively on behalf of self and others, setting own priorities | Ability to identify and take action when own or other's undermines equality and diversity |
| | Able to recognise own limits and work within those limits of competence | Ability to provide formal teaching development to staff/colleagues. |





Ability to treat everyone with whom s/he comes into contact with dignity and respect

Ability to work autonomously, acting decisively on behalf of self and others, setting own priorities

Can show a non-judgemental approach to patient care Ability to record and report back accurately and fully on patient assessments undertaken and risks identified Ability to assess for/review medical devices and other rehabilitative equipment for patients, carers and other. This includes safe handling, fitting and demonstration.

Ability to evaluate patient progress, reassess and provide modified treatment programmes as required through the monitoring of clients medical and rehabilitation needs.

Ability to identify patients deteriorating function and take appropriate action

Ability to carry out essential and appropriate occupational therapy interventions and procedures

Comprehensive splinting experience and skills. Ability to prescribe and fabricate thermoplastic splint

Wound management skills

Ability to assess, advise and

Ability to evaluate effectiveness of learning activities and identifies how it could be improved

Ability to assess the work of the team, provide clear constructive feedback to the team in order to maintain and improve performance





| | educate clients and carers about safe manual handling techniques (including use of equipment and adaptations) Ability to plan allocate and supervise the work of a team Ability to support staff during the NHS KSF development review process Evidence based clinical reasoning skills | |
|-------|--|--|
| Other | Ability to demonstrate enthusiasm towards teaching and sharing knowledge Understanding of own Knowledge and Skills Framework and ability to identify learning needs and interests | Ability to work flexible hours to meet service requirements Involvement in COT special clinical interest group |
| | Ability to prioritise, organise and delegate. | |
| | Ability to self-reflect, carry out tasks of own job and identify what s/he needs to learn to able to do current job better | |
| | Ability to take an active role in agreed learning activities and keeps a record of them | |
| | Ability to work as part of a multi-disciplinary team Ability to communicate effectively at all levels across the Department and Directorate | |





The ability to communicate with patients in an empathetic manner regarding their treatment and procedures.

Can demonstrate an enthusiastic, approachable and friendly manner

Ability to communicate and present information, orally and in writing in a clear and logical manner.

Effective presentation skills Participation in weekend discharge team rota.

Sufficient to perform the duties of the post with any aids and adaptations

