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# Delegation and caseload management in Occupational Therapy: team perspectives from the acute wards at Royal Devon University Healthcare NHS Foundation Trust Northern Services

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#400WORDS: DELIVERING A RESEARCH SKILLED WORKFORCE SPECIAL EDITION

## Delegation and caseload management in Occupational Therapy: team perspectives from the acute wards at Royal Devon University Healthcare NHS Foundation Trust Northern Services

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### Background

Caseload delegation should be based on the patient's clinical need and staff competency (OTA, 2015). Delegating caseload to non-registered occupational therapy (OT) staff is important, given staff shortages (RCOT, 2022). How caseloads are managed within NHS hospitals needs further exploration.

### Aim

To explore staff delegation and caseload management perspectives within the North Devon inpatient OT service.

### Method

A paper-based survey developed by two OTs and a therapy support worker (TSW) was distributed to OTs, apprentices (OTA), assistant practitioners (AP) and TSWs across medical, surgical, orthopaedic and neurology acute teams. Data was analysed using Microsoft Excel<sup>®</sup>.

### Results

Thirty-four questionnaires were distributed (response rate 74%). Data analysis is presented in Table 1.

**Table 1: Results from questionnaires**

<b>Staff members completing triage of referrals (frequency)</b>					
OT	Physio-therapist	OTA	AP	TSW	Non-therapy staff
20	14	7	6	7	3
<b>Staff members usually completing first contact with patients referred for Occupational Therapy (frequency)</b>					
OT	Physio-therapist	OTA	AP	TSW	
20	2	11	10	8	
<b>Main factors affecting decision making when delegating the OT caseload (grouped by theme)</b>					
Complexity of patient needs				21	
Complexity of social circumstances				11	
Staffing availability				10	
Stage of inpatient journey				8	
Specialist needs				6	
Prior input				4	
Patient pathway				3	
Size of caseload				3	
Patient flow pressures				2	
Staff competency				1	

In neurology, 5/5 reported first contact was by a registered OT. In orthopaedics 3/5 reported first contact was with any team member; the other 2/5 reported any team member other than a TSW.

Forty-four percent (n=11) felt all patients referred should be seen face-to-face by an OT at some point. 56%(n=14) felt patients can be seen solely by OTAs or APs: 16%(n=4) thought it appropriate to be seen only by TSWs.

Adequate supervision (n=10), patient complexity (n=7) and staff experience (n=6) were highlighted as important considerations when delegating. Three respondents noted their responses did not accurately reflect their experiences. Staff raised concerns regarding support of non-registered staff.

## **Discussion**

Reliance on other professions for triage may result in inappropriate referrals due to misunderstanding the OT role.

Established clinical pathways may account for delegation differences between neurology and orthopaedic teams compared with medical and surgical.

78% (54/69) of factors influencing delegation were clinically based. Staffing availability was the greatest non-clinical factor. Adequate supervision by an OT was believed to be necessary if non-registered staff complete the entire OT process, which is compromised without sufficient OTs available. This was a recurring theme across staff groups,

highlighted by the following comment:

*“Lack of OT support can cause increased anxiety/ stress/ fatigue for support staff and concerns regarding accountability with patients only being seen by unregistered staff, what if something goes wrong?” (Assistant Practitioner)*

There is a lack of consensus regarding appropriate delegation both between and within teams and staff groups. Additionally, there are discrepancies between the staff surveyed and the current literature regarding whether OTs should see all referred patients. This may reflect inconsistencies in role utilisation at a national/international level, or the impact of OT shortages on clinical practice.

## Conclusion

There are challenges with caseload delegation which are reflected nationally and unlikely to be quickly rectified. Guidelines for delegation would likely benefit teams struggling to provide safe services with staff shortages.

## References

Occupational Therapy Australia (2015) *Position paper: The role of allied health assistants in supporting occupational therapy practice*, Available at: <https://www.otaus.com.au/practice-support/position-statements> (Accessed 11 December 2022).

Royal College of Occupational Therapists (2022) *Tackling the workforce crisis across social care and the NHS in England*. Available at: <https://www.rcot.co.uk/news/tackling-workforce-crisis-across-social-care-and-nhs-england> (Accessed 27 June 2023).

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