

Adapting to the COVID -19 Pandemic and the positive impact it had!

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Background:

The Adult Community Speech & Language Therapy Service provide input across neurological services, wards and outpatients. As a small team, with staff working across multiple sites and patient pathways, even small changes to staffing provision can affect patient care significantly. We were concerned how the pandemic would further impact upon the service we provide and the well-being of the team. The changes we made reduced any negative impact of the pandemic on patients and staff well-being. The result amazed us and we learnt how we can take these benefits forward, beyond Covid-19.

Objective: To reflect and learn from impact of Covid-19, maintaining positive outcomes

Changes:

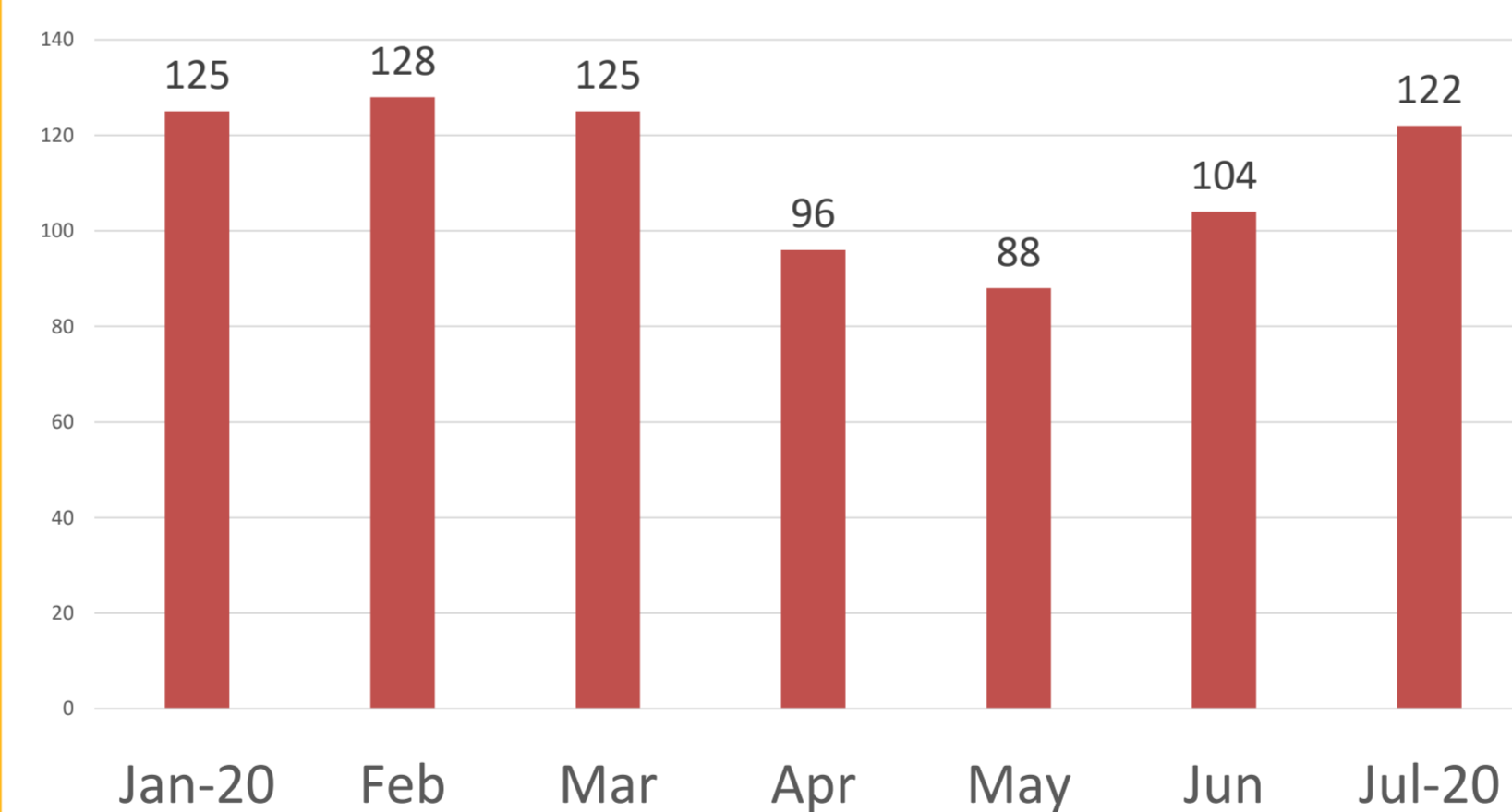
- **Staff redeployed** to provide increased resources to 'high-risk/need areas' and to reduce movement of staff between clinical areas.
- **Daily team meetings** to provide support to team, keep updated, ensure mental well-being, enable necessary changes to be made quickly.
- **Ratification of waiting lists**
 - patients were contacted to establish if required input/no input & discharged/input and risk reprioritisation.
- Increase in **Treatment options**
 - Video/telephone/in person
 - Triage calls extended to enable treatment
- Development of **Patient information resources**

Results:

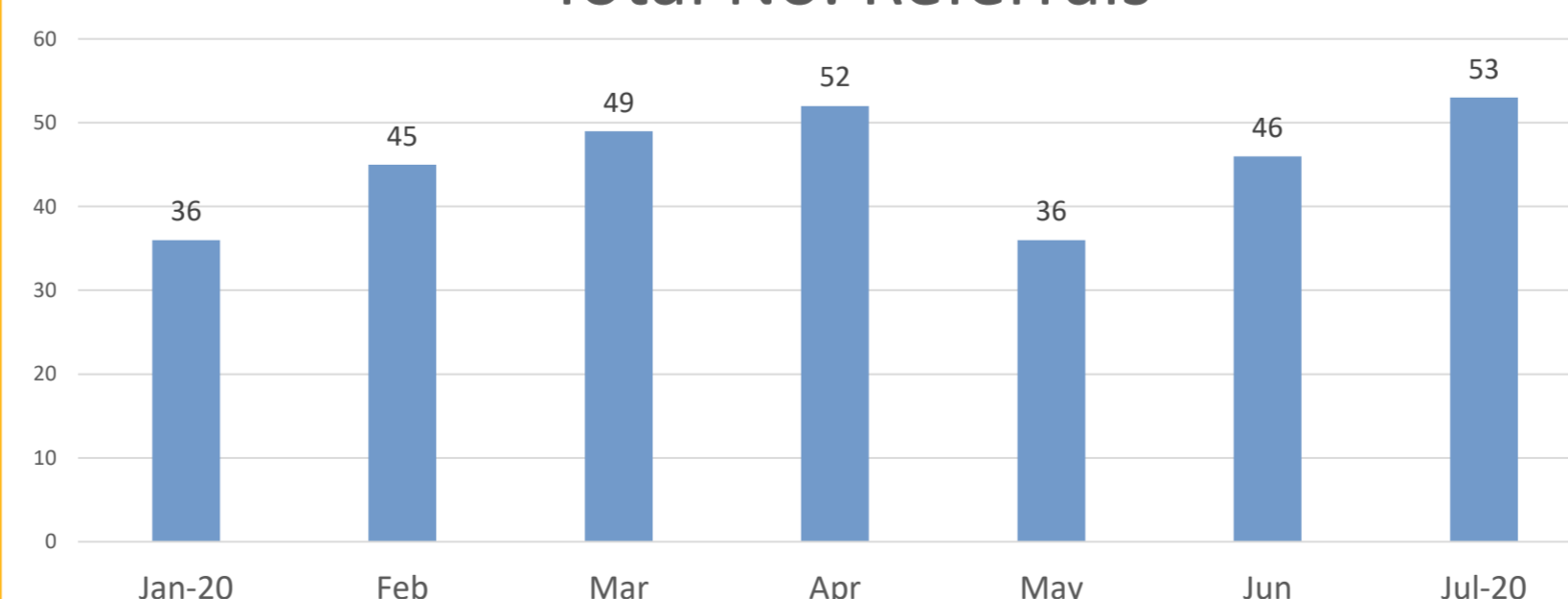
Staff Satisfaction

Using the Experience Based Design survey we found a 'shift' from negative, or neutral comments before lockdown, to more neutral and positive comments *during* lockdown. Staff commented; having more time to think; being able to focus on one particular service area and being better able to make service improvements.

Waiting list



Total No. Referrals



Outcome:

Staff Satisfaction

Service structure reviewed and now each SLT will cover fewer clinical caseloads.

Waiting list

The waiting list had been increasing for over a year, prior to Jan 2020. In **April** 2020, 1 month after lockdown, it had reduced by 30 patients and continued for May. The number of referrals had reduced slightly, but not until **May**. This is only a small part of the waiting list reduction. Regular ratification of the waiting list and triage calls remain an essential part of caseload management now.

Patient information resources:

Written and video resources continue to be created to support triage & advice calls as well as therapy.

Learning:

The well-being of the team is fundamental in ensuring patient care remains at a high standard. Regular team meetings and social interaction, virtually, has to be a priority. Knowing our waiting lists and being able to provide advice at point of triage has been invaluable and reassuring to both the patients and clinicians.