

Be calm. Stay wise. Be kind

Pauline Downie shares the response of NHS Lanarkshire's speech and language therapy service to the start of the COVID-19 outbreak

ILLUSTRATION BY **Cat Finnie**

By mid-March, NHS Lanarkshire speech and language therapy service had received its first referral of a patient with suspected coronavirus, and our first member of staff was also off with symptoms.

Since then, we have been working at speed to make the service changes necessary to combat the spread of COVID-19, and to ensure all NHS staff and resources are used to best effect. To give you an idea of the pace of change, I have documented how the next few days in March played out:

- On Monday **16 March**, we were advised to cancel all non-essential meetings and training.
- On Wednesday **18 March**, we were told to cancel all routine patient activity and an announcement was made that schools were to close on Friday of the same week.
- By Thursday **19 March**, a decision was made to use some of our clinic rooms as Community Assessment Hubs. SLT staff spent Wednesday to Friday retrieving records and IT equipment from schools, and clearing out the clinic rooms. At the same time, we started carrying out clinical triage so that we could focus on high-risk patients and clients.
- On Monday **23 March**, the government announced a lockdown and everyone except

key workers was advised to stay at home (apart from to undertake food shopping and other essential activities).

As head of speech and language therapy, my role in this situation has been to provide leadership and co-ordination, to look after staff wellbeing, and to provide clear communication to staff, stakeholders and, via line management structures, to the AHP director and into the command structure.

At the time of writing on Thursday **26 March**, all routine management functions have been suspended: we are only dealing with issues around staff pay or absence. All our energy is going into caring for our high-risk patients and preparing our staff to move to new roles.



Leadership

It was clear from the outset that our current team and leadership structure would need to change in response to COVID-19. Each service already had a business continuity plan and a pandemic flu plan in place, but due to the severity and speed of this pandemic, it was clear that a radical restructure would be required.

In normal times, our structure comprises an adult service with three general hospitals and community services; the children and young people's service with 10 locality teams and a specialist pre-5 complex needs team; and a small board-wide adult learning disability team.

On Friday **13 March**, we started holding a daily speech and language therapy teleconference with our usual leadership team. By Monday we had pulled in other leads as back-up in case we were ill, as well as our union representative, to help with issues regarding staff mobilisation in particular. I am also taking part in a daily AHP conference call, and our AHP group is linked to strategic command via our AHP director.

Our new structure is now three teams (critical care, SLTs mobilised to the wider NHS workforce, and the working from home team) with oversight from the SLT critical leadership team, including the head of service, team leads and administrative support.

Critical care

This involves everyone currently providing speech and language therapy to urgent/high-risk adults, children and adults with a learning disability—either directly in our hospitals, or remotely through the 'Near Me' video consultation service. I have asked my adult team lead to temporarily oversee the clinical leadership of this team, particularly around clinical decision-making, safety, infection control and the use of personal protective equipment (PPE).

We have been advised by ear, nose and throat (ENT) colleagues to cease any nasendoscopy or valve changing procedures. So far, we have not seen any patients in the community directly as we have been able to meet their needs through Near Me. These are also our most vulnerable patients and are self-isolating at home.

SLTs mobilised

This involves all staff in the speech and language therapy service: SLTs, SLTAs and administrative staff (approximately 70 individuals who usually carry out routine functions). They will be taking on new roles

"Every single person is playing a vital part"



to help with the wider NHS response to COVID-19. Everyone was asked to volunteer for other roles and their response has been amazing—every single person is playing a vital part.

For the duration of the crisis, their new roles will be:

Health care support worker

Staff in this role are currently preparing themselves to be on the frontline of patient care. As well as completing some hastily arranged training, they are also busy making childcare plans, organising cover for other caring duties, and building their network of support for the months ahead.

A small group of our staff are already health care support workers (HCSWs) or have specific skills such as phlebotomy, or experience working as a NHS 24 call handler. They will be able to work wherever their skills are most needed in the COVID-19 response.

Many other AHPS will take on the role of HCSW. In the interim period, many of them are also taking on these duties:

- Patient care; ie the provision of personal care for patients in our hospitals.
- Domestic services: these staff will be working in challenging conditions, perhaps using unfamiliar PPE and following Control of Substances Hazardous to Health (COSHH) guidance. They will be on the frontline too, and will be vital to ensuring the hospital environment is clean and safe.

Staff support

This service is usually staffed by our spiritual care and wellbeing colleagues and has a

24-hour helpline. It has now been expanded to include staff from the psychological service, SLTs and other AHP staff. This service will be very much needed by all of us working in the NHS. Many of our SLT staff are trained counsellors already or have excellent counselling skills. They have also had training in trauma and possess excellent communication skills when it comes to helping people in distress. Training is being provided wherever it is needed.

Wellbeing

Our wonderful psychological service colleagues have produced guidance for staff on coping with the coronavirus, which was shared by one of our other health boards in Scotland. Here in the speech and language therapy service we have adopted the mantra 'Be calm. Stay wise. Be kind.' (from the organisation Action for Happiness: www.actionforhappiness.org). Our staff care and wellbeing team is there for us, and soon our staff will be part of that team.

In my daily updates to staff, I have started to share information about my network of support and this has resulted in colleagues sharing their funny stories with me, too. One of them has now started a blog, which is very private and offline, and the humour in that is helping most of us through. It is incredible how humour can be used to support others, even in a situation such as this.

We have expanded our team communication to include stories from the frontline, and to hear about the experience of staff working in other jobs, as well as from home. There is no pressure to contribute or read these, as we realise that some people

are in a different headspace. But we hope in doing this that it will help to relieve some staff anxieties and uncertainties, and that it will help us to stay together as an SLT family—until we can all be together again.

We plan to keep in light touch with speech and language therapy staff as their focus has to be on their new roles and teams, but we want them to know they are still ‘ours’. When we have come through this, all of them will be coming back to us—certainly with new skills but also, possibly, needing support.

The working from home team

Our third and by no means final team is made up of staff from all care groups within our service who MUST stay safe at home for medical reasons. Their function is to assist with staff mobilisation and to support the critical speech and language therapy clinical and leadership teams. These staff have compiled a list of our IT resources, (eg tablets and laptops) and are organising remote access for anyone who needs it. Once staff are mobilised, the working from home team, with the leadership team, will be responsible for supporting the SLT critical leadership and clinical functions. They will also support people who are in crisis due to their communication needs, and where our intervention can reduce impact for that person, their family and on other services.

This team will also start to look at recovery of the speech and language therapy service once this unprecedented situation is over.

Communication

As SLTs, we are naturally thinking about what this situation is like for our service users. What is it like for parents trying to explain to their children the need for hand washing, physical distancing, or why they cannot visit their grandparents?

What is it like for people with communication difficulties trying to understand all the information they are being told about what to do if they become unwell? How are they handling being tested and treated by people who are (quite rightly) wearing masks? How is someone with comprehension difficulties, or someone who relies on lip reading, going to cope?

And what is it like for people in our hospitals who are ill and dying and trying to express their fears and love to their families?

I have seen an amazing amount of communication supports being shared by SLTs and others all around the world in an attempt to help people with communication problems in this situation.

I also know that the RCSLT is collating resources to help with this as well as generate professional guidance in response to COVID-19 (www.rcslt.org/learning/covid-19).

I have been trying to make my own communication as clear as possible. As well as taking part in daily teleconferences with AHP and SLT leadership, I am writing a daily update for our staff as part of the NHS Lanarkshire daily briefing. This is also part of caring for the wellbeing of our staff—in this time of uncertainty, they too share the same worries of everyone else in this country, as well as those that come with an NHS role.

I am sure a lot of speech and language therapy services are having similar experiences to us. And while we haven’t got it all sorted yet, and are certainly not calm all of the time, I do hope we continue to remain wise and kind. We have all had our tears and wobbles these last few weeks, and I am sure there are more to come, but everyone is pulling together and supporting one another so that we can give the best help to the people who need us. ■

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