**So I’m just reminding you that I’m recording this conversation and it’s just so that we can type it up word for word so it’s an accurate representation of what you say.**

Yes

**So the first thing I’m going to do is just go over consent so just by taking part in this interview you’re consenting for us to share your story, are you happy for that to include your name and organisation?**

Yes

**Yes that’s fine, obviously if you mention any patients or anything like that we’ll be anonymising that information**

Yes

**So the first thing is is can you tell us a little bit about your background about yourself and your role?**

In work?

**Yes**

So I’m Acute Team Lead of the Speech and Language Therapy department based at a DGH. So we very much assess and diagnose and help manage patients who have communication and swallowing problems who are admitted to the general hospital acute wards and also the specialist stroke unit. Do you want more?

**I was just thinking, the notes I’ve got about you were that you were redeployed as well so I just wondered whether you wanted to just give us a little bit of information of where you were sent to**

Oh that was my colleague who was redeployed but as part of the covid19 work I helped set up the Speech and Language Therapy service in a field hospital. So I worked as part of the wider MDT in training in generic rehab assistants who were people who have been redeployed and working jointly with them. We helped to set up the service you know should we ever have to open up

**So I just want you to think back over these last months about all the changes that have happened around the coronavirus response really, good things and bad things that might have changed. It can include all sorts of things, it can be personal things, someone, a change in the life of someone that you work with or yourself, or the way that you feel about things. A change in the way that you work or your organisation works or changes in the way other people work in relation to you or something else that you can think of so we just want different changes that you can identify that have happened**

OK so we’ll start with the positives cos I tend to be a positive person. So as a result of the potential opening of the field hospital, we’ve developed a generic rehab assistant training programme so we worked very much with the physiotherapists, occupational therapists, dietitian and podiatrists in providing this training for the generic rehab assistants who were redeployed from other areas. So we had on the training we had some audiologists, podiatrists we had paediatric speech and language therapists who all did that training. So as a result of that training it’s made us look at how we can further improve things across therapies services as a whole in working together more to improve, what am I saying, to improve how efficiently and effectively we work but also how we can work closely together to improve patient care and the quality care that they receive. So that’s probably a big change, another change is not directly relating to the training we provided but working here on the acute ward, I feel that therapy services have come together as a whole, obviously we’ve been through a lot of challenging situations and it’s been nice to have that support. Not just from within our disciplines and not just within speech and language therapy but within where we’ve been working with mutual patients you know with the physiotherapists or the occupational therapists and as a result of that we’re hoping to we’ve set up, therapies like team leader meetings so we can look at having shared CPD in service training across all the staff that work on the wards. Another positive I would say is about in teletherapy, cos obviously we’ve had to look at working in more remote ways, so we’re obviously looking into different platforms at the moment, for example, attend anywhere but it’s about seeing what assessment we can complete with patients which aren’t face to face so we’ve kind of been pushed into having to develop that but actually it’s probably quite a good thing because it saves on unnecessary travel. We do alot of travelling especially getting to the more rural areas so it’s about having other means of assessing patients remotely. Let me think so other things. Trying to think what else there is. I think for members of my team as well, it’s obviously impacted upon some team members more than others, especially those who have had to be shielding, because if you can plan for shielding, you can plan to have equipment and means of continuing your work at home but when you’re kind of pushed into shielding i.e. imminently there’s obviously processes and procedures that you need to go through in order to get the necessary IT equipment (like VPN’s) and obviously for those members of staff, we’re quite mindful that we need to be looking after their wellbeing as well as it can be quite isolating for them working at home.

**Could you just clarify what VPN’s are?**

Oh it’s so you can access all the hospital systems from home. I don’t know what VPN stands for

**That’s fine**

So I think that they’re all positive and I see the way therapies and management have come together is they’ve come together so well. I’ve never spoken, for example, to the Head of Physiotherapy before just cos I’ve not needed to however now if I had a question about PPE and she was around I would go up and speak to her about it. Some of the difficulties or some of the challenges have obviously been the pressure of you know coming into work and being in PPE all day and that does have an impact on your work life on your work life balance. You have to really think about protecting your family, you know from when you’re going home from work, like about having a shower at work or as soon as you get through the door you know going upstairs for a shower and that’s hard when you’ve got children, especially young children who just want to give you a cuddle when you get home. I think another change which we happened was we made the decision to move, at our DGH we have a combined stroke unit, so it’s acute and rehab on one ward and we made the decision to move the rehab side off the main hospital site for the protection of patients but also to help free up some potential acute beds should they be needed for covid. And due to staffing, cos we didn’t have the staffing to fully support that service, that was really difficult. That was a difficult decision and challenging in its own way but we were supported by a number of redeployed staff who did support that service and I guess looking back now it’s we’ve kind of realised that we now need the, if we are going to have a separate acute and rehab unit then we need the uplifting staffing to support that, support that specialist unit. I think that’s it. Have I covered enough?

**Yes I’ve just got a couple of questions about it. So you’ve talked about the different allied health professional teams coming together, in what ways did you come together?**

I think it was because obviously we tried to only see patients face to face when it was deemed essential do to so, whereas previously perhaps we popped on the ward just to liaise with the nurses to check how the patient was managing. We would potentially ask the physio and say oh how’s this patient doing now, can you let me know when you go and see them. So we were relying on them to feedback and also helping support patient flow. So if a patient needed discharging we’d have stronger links with the MDT. What was the other part of the question did you say?

**It was just talk about what ways did you come together? But I think you’ve covered that**

I think the wellbeing side of things. The wellbeing side of things was a big thing about how we came together. The speech and language therapy were quite a small team so it was nice to have the physios and the OT’s to go to. One Friday afternoon one of the OT’s had arrange for an ice cream van to come you know so it was just little things like that and just knowing that when you’ve had a really challenging session with a patient that there’s someone who understands the challenges. So a big challenge within the speech and language therapy was all the PPE cos obviously when you’re in a visor and a mask, communicating with a patient with dementia or hearing difficulties is really challenging and then you’ve got the added heat, we were really lucky to had that nice weather end of March beginning of April but not nice to be in the full gown and PPE on the wards.

**So thinking about all those changes, would you like to tell us more about one that you think that is the most significant to you and why you consider that the most significant?**

I’d probably say the way therapies have come together. So in terms of the generic training for the field hospitals, I know the heads of therapy services have now come together and they are now going to run that training to all new staff so all new therapies staff so that everyone’s got an understanding and knowledge of all the disciplines and how they work and I think as the AHP team leads, obviously we’ve identified there’s going to be so many benefits of us all coming together in a more structured way to help develop the knowledge and skills of staff in different areas, so for example, you know in Speech and language therapists, we don’t necessarily need to know about all the different non-invasive respiratory things that are available but actually it would be good to know the difference between a C-pap and a P-pap for in terms of can the patient have the mask off to have their swallowing assessed and things like that. We’re quite lucky at our DGH that we all have a shared office space between physio, speech therapy and occupational therapy so we’ve got that shared office space where you can have those kind of office conversations about how patients are making progress and then you can target when your reviews are going to be more appropriate and indicated. So I’ve said about the training haven’t I and us coming together. I think it’s just having that shard understanding on wellbeing and I know that we have a wellbeing champion so she’s quite keen that we have wellbeing sessions for AHP’s to access cos I think the support service at the minute is quite stretched in their resources from what I believe.

**Yes, so thinking about that change, what was it like before?**

I think, what was it like before? So we did pretty much the same clinical work but it’s about having the shared goals for the patient and verbalising and working together as one, so I know physio and OT do work quite closely some of the time but not necessarily with speech and language therapy but if someone is having if someone has got communication problems then it can have an impact upon how the engage with physiotherapy session, how they can provide the occupational therapist with what their background’s like what their home environment is like. So hopefully that’ll have a big impact upon patient care. Not that the patient care was bad before but it’s just having the improved awareness and knowledge, where staff can adapt, for example communication styles or use strategies to support a patient’s communication.

**So other than covid, what do you think brought about the change. How did it happen that you’ve now started working together?**

I think having the leadership that we have in place, cos I know it’s quite recently been put in place especially in speech and language therapy, but having that leadership and being able to see almost like a helicopter view of how things could potentially work and it’s really pushing and driving that leadership so for example linking in with the other AHP lead on how we can drive the services forward. Is that what you mean?

**Yes is there a specific patient you’d like to describe where you can see the impact of those changes?**

Not on the top of my head. The only thing I’d say with covid is that a patient who you thought potentially might not survive were the ones that were actually surviving so it was quite a big learning curve for the MDT as a whole cos I know there was one patient who was admitted with covid, he was a new stroke patient and he had dementia and we weren’t sure whether he would survive or not but he did for quite a while. I think because covid was such a learning curve for everyone.

**Do you want to give your story a bit of snappy title that might get people’s attention, what would you call your story?**

I don’t have a clue

**There’s no pressure if you can’t think of anything. It’s just sometimes you think how would you sum this up as a story?**

I don’t know sorry!

**It is on the spot that one sorry trying to think creatively.**

No I don’t know

**Well that’s been great really helpful so what will happen I’ll send off this recording to be transcribed and we’ll send you over a copy so that you can see it written down and then if your story is included in any of the reports or if your feedback is as well we’ll send them over to you as well.**

Yes

**But thank you so much for taking the time to speak to us we really appreciate it. So interesting to hear all these different stories and it just sounds amazing what you’ve been doing.**