**So we’re just recording the interview just so that it can be transcribed so it’s word for word rather than us trying to interpret it**

Yes that’s absolutely fine

**Also just to remind you I think Natalie has probably already mentioned this already about you giving consent so we can share the story with your name and organisation. Is that ok?**

Yes that’s fine

**Obviously if you mention any patients or anything like that or users we’ll be anonymising that information.**

Ok

**So to start off with could you tell us a little bit about yourself and your role?**

Yes so I am a physiotherapist and I’m the clinical specialist that runs the respiratory physiotherapy team at a DGH so we cover the intensive the critical care unit and some of the wards in the hospital where we provide chest physio as well as more traditional ……physio in terms of like mobilisation and rehabilitation but we have a role in treating patients when they’re acutely unwell with their chests and helping with breathing issues.

**So if you just think back over the last few months and think about any changes that have happened as a result of the coronavirus crisis. These can be good or bad, it could be a change to the life of someone you work with or yourself, the way you feel what you do has changed, the way the organisation works has changed or anything else really as well**

OK absolutely so I guess if I start on a personal level for what happened with several others is, I think it is fairly well heard as well amongst the UK that several people made changes several in my team, myself included, made changes to their personal circumstances because of the virus and the fact that we were going to be, while the rest of the country went into lockdown we weren’t going to be lockdown and we were going to be treating people with the virus. So several people of my team actually moved out of their own homes so that their family were protected so that their families could lockdown whilst they weren’t. I did things slightly differently, I live with I’m in a joint family, my husband, my kids and myself and my parents who are both elderly and they actually moved out, we stayed in the house. My mum and dad moved out into separate accommodation so that basically so that I could carry on going to work and not complying with lockdown cos I was still working and treating patients with the virus and coming into contact with people on a daily basis without worrying I was then potentially compromising their health cos they’re in that risk group and I think at one point, I added it up that a quarter of our team had done that, either moved out or changed their living arrangements somehow, so that was a big change for us on a personal level. Then on like a work level, my team is not the biggest team normally and actually we had quite a lot of vacancies in the team. We had from like static posts within the team and also just from general staffing shortages within physiotherapy, we’d been a little bit stretched for a while with vacancies in the team and it’s only a small team anyway. My team, we’re in, traditionally we work Monday to Friday and cover core hours of service 8.30 to 4.30 and outside of this time we covered by what we call the respiratory physio on-call service so 24/7 there’s somebody available to come in and treat an acutely unwell patient who needs chest physio and that service was also a bit stretched by the same vacancy problems. So we were trying to ……..the situation where we knew where the demand was going to rise and we had to figure out how we would address that given that we were already a bit stressed, stretched sorry and stressed to be fair. So what happened quite early on was we sat down with our Manager who I think was the person who nominated me for this, and we looked at the fact that some physiotherapy services were going to be shutting down during covid and there would actually be a few physiotherapy staff who could be freed up to move into the respiratory team and then trained up appropriately to help cover this. So basically pretty much all the physios who, we had physios who were on the on-call rota, so they didn’t necessarily work with our team during the week, that wasn’t their job, so in the week they might work on a stroke unit or in an outpatient department but at night and weekends they could deliver an on-call service with us. So the vast majority of those staff were then actually brought to just work with me in the team and then we had a certain number, the head of Physio, sent out like a questionnaire to all physiotherapy staff about the potential for redeployment and ask people what their skill set was where they felt they could potentially move to and there was a certain number of staff identified that we thought with appropriate training could come and work in the team for the when the first wave hit. So and then there was like risk assessments done as well to see who, cos obviously some staff members have health problems or issues with family members or poorly children etc. so that was all… basically we came up with a group of staff who, with the appropriate training, could then form the respiratory physiotherapy team for the pandemic crisis. We figured out then that what we would be able to do is change our cover so instead of doing just Monday to Friday daytime hours and then an on-call service separately to that we could actually provide 7 day cover so we could physically be in the hospital 7 days a week and that we could also cover longer hours of the day. SO what we did was we split ourselves into 2 shifts and between those 2 shifts we started doing 12hr shifts so 8am-8pm with days on days off opposite to each other so we could cover and physically be in the hospital from 8 in the morning until 8 in the evening 7 days a week and then we did have a plan in place that if things got really really bad that we could then split that further and split the shifts into from 2 shifts to 4 shifts and the way that we’d devised it was that we could cover physically be in the hospital from 6am until midnight and there was also a plan than what we were going to do then was keep an on-call service overnight but there was a plan if needed to double the number of staff available if needed from 1 to 2 people and potentially have somebody physically sleep on site so that they were here. In normal we’re at home and we get called from home to attend to a patient. So that was kind of how we set up the service so that was obviously a huge change to how the team worked. We had lots of people in the team who were from very different backgrounds in terms of their clinical experience and then we found ourselves from essentially doing core normal working week plus some on-call duties to then doing long days over 7 days a week and then I’m trying to think how else we went about it. So we had a training period before the staff, before we actually started the shift work. I think one of the things that we probably benefitted from in the region is how the geographical spread of the virus arriving into the UK and moving towards us was we probably had a little bit longer from when our peak hit. So I think right at the beginning we were predicted that our peak would hit in May which I think is roughly when it did so we had a kind of heads up from March time that we had some capacity to get prepared which I think perhaps some of the other NHS trusts in the UK didn’t know and perhaps were taken a bit more quickly by the virus. So we were able to bring the on-call staff and the redeployed staff in earlier before we actually had the patients to do some training, so the on-call staff already had a certain level of training but we then gave them extra sessions on actually teaching them, what did we go through, we taught them about the virus, what the virus was, how it was managed although that was very much an evolving picture but we had some rough ideas about how we’d be managing the virus clinically and also how the hospital would be set up what changes would be made to the hospital to cope with the virus and then the redeployed staff had a comprehensive training package so we did 4 half days at a time of teaching sessions and then practical sessions to get them trained up in the kind of assessment and treatment techniques they’d need to then be able to treat the patient and we managed to time that fairly well so that we got the training done then the shifts started and we managed to be up and running with the shifts in place before we actually hit our wave so I think as much as we could be prepared we did manage to do a fair bit of preparation.

**I’m just making a note of that one, so were there any other changes that you can think of**?

Yes so do you mind like on a broader level of the hospital. Obviously I guess from those 2 massive changes there was a huge amount of anxiety and worry. Some of the figures that we were preparing for if the worst hit were quite concerning and none of us really knew what we were going into. We had to obviously have training on the PPE and all that side of things as well so there was a lot of anxiety and concern. Purely from an individual point of view my sleep pattern in those first weeks well the first couple of months really was completely shot to pieces and I think because it was such a rapidly evolving picture not just in how the virus was spreading and what was going to, how many numbers we were going to face but also how the virus was going to be treated and what we should be doing to manage the patient. I’d wake up at 2 or 3 in the morning and I’d be on my ipad searching for the latest evidence that was coming out, it was quite it was extremely difficult to switch off from trying to prepare for it so even you know so throughout it all we all did, we were all working overtime hours over our normal hours but we all did have rest days and time off at home but it was, I think a lot of us found it very difficult to switch off and even when I was at home I was reading up on stuff and trying to keep abreast of things. Then the whole layout of the hospital changed at one point as well so when we made like big preparations to accommodate higher number of patients so the layout of our critical care unit dramatically changed with a spread into our theatres, so our intensive care kind of geographically next to theatres and we had the geographical capacity to move over into theatres obviously with a lot of elective surgery having stopped, non-urgent elective activity having stopped so the theatre demand was less. So we actually moved into out theatre recovery units one of our theatre recovery units which allowed us to expand our critical care capacity we then had capacity in place to further expand in other areas, other areas of the hospital. Then some levels of patients that would normally have come to critical care for a certain form of treatment ended up, we’d set up capacity for that to be done on our respiratory ward instead. So at the same time, I’m giving you an example of what we did from a physio point of view in training but that was replicated throughout pretty much every department in the hospital so critical care, the respiratory department, they all had the same concept of redeployed staff so staff who don’t work in that area normally, come in and being trained for example critical care had nurses that normally work in the eye hospital or work in theatres, then trained up to come and work on critical care, same up on the respiratory ward and then our wards at the hospital are normally split up by a speciality so there’s an orthopaedic ward, a surgical ward and medical ward. Surgical and medical wards have their own speciality so respiratory or urology ward for example. But then there was a change where wards became either covid wards or non-covid wards. We in physio had red or green wards so that we knew what was happening. So the whole set up of where our patients were became very different and wards became a little bit more of a generic mix of where the patients were dependant on their covid status some of the time and then that provided its own complexities in terms of because physios in a hospital we work from ward to ward whereas if you’re a nurse on the ward you go and work on that ward and that’s your ward that you stay on whereas physios work from ward to ward so we might have 2 patients on this ward and 10 patients on that ward and are moving around so we were really mindful of infection prevention and control and not contributing of the spread of the virus by moving from one ward to another so obviously we were really robust with our handwashing and PPE and all of that kind of thing but I think from memory, yes we did, we had a time where we split them into red and green so every shift whoever was on that shift we split into red and green physios so we had a group of physios who would keep to non-covid wards and the other physios who would treat the patients on the covid wards and if for some reason we had to swap between the two we’d go as far as to, if needed, we’d have a shower and change our uniform before going onto a green ward if we’d been on a red ward so yes, it was pretty much on every level we had to change our practice. Another huge thing with our documentation so obviously all of our patient contact has to be documented to complete standard of care and in this hospital we use an electronic system to document our notes so in usual circumstances we walk around with a laptop that we then take to the ward and take to the patient and we’re typing up information as we’re with them but we felt that that was a potential for spread of infection as well even if we were trying to wipe down the laptops and things effectively it was an item that was being carried all over the hospital, it didn’t need to be so we went onto paper notes for the duration so we came up with paper documentation and we came up with pandemic level documentation in case we hit that point where we were completely overstretched in terms of the demand of patients that we tried to work as hard as we could to whilst keeping within standards simplify our documentation as much as possible so that was a bit change, we went onto paper for a while. I think one of the biggest things which is working in PPE which is an enormous change from normal. There were parts of the hospital where you would have to be in full PPE just to be on that unit for example parts of the critical care unit or respiratory unit you couldn’t actually enter unless you were in full PPE so that would mean spending long periods of time, at a time, before you went out for a break in full PPE. So that led to huge, it was tiring, everything took longer to do, takes longer to do in PPE. Some of our techniques we were doing, that we do now, so even now there aren’t any units that are still in full PPE we call it but to actually do certain things with the patient we need to put the PPE on so we’re still spending a lot of the day taking it on and off. To work in it is hot and tiring and dehydrating but I think the hugest thing by far is the lack of ability to communicate when you’re in full PPE both with each other as healthcare professionals as physios and doctors and nurses and dieticians you know like making a phonecall when you’re in full PPE is nearly impossible, you’re literally shouting down the phone, you’re almost shouting at each other to understand what we’re saying but then really disturbingly was for the patients as well, the ability to communicate with the patients as well, you know we’re talking about very unwell patients who are struggling with their breathing and obviously very scared and usually you know you’d be able to kneel next to the patient, hold their hand, talk to them reassure them whereas all of a sudden we’re in all these layers of guards and materials and whopping big masks on our faces that means that even when shouting some of the time or talking very loudly it was difficult for the patient to understand us they were sometimes on breathing equipment that then caused extra noise so there was no calmly talking to a patient to try and reassure them, we’ve lost the ability to properly touch a patient to hold their hand because you have to have gloves on absolutely all of the time and I think that was one of the biggest things that I actually emotionally struggled to cope with was that we were presented with patients who were unwell and scared and some of them were dying or at risk of dying and I didn’t feel that I could offer them the same level of comfort that I would normally be able to offer them if that makes sense. Just you can talk to somebody or interact with somebody.

**Aw that’s pretty sad that**

It is, it was the one thing that I really struggled with. We use in normal practice we use PPE to a certain level so doing things with patients we’ll often be in pinnies and gloves anyway even pre covid but there are times where you will with your hand hold a patient’s hand skin to skin contact with the patient to reassure them and then you wash your hands afterwards. But in covid if you were in full PPE that wasn’t an option all you could offer was a gloved hand and a raised voice through a mask trying to comfort them. I found that really difficult and some of our patients were confused as well, they had low oxygen levels or they’d just woken up after being on a ventilator for a couple of weeks and we’d been giving them lots of medication to sedate them and keep them alive basically and they’d wake up confused, hallucinating, I mean if you could imagine hallucinating and not having a clue where you are and people in a room standing over you with masks and visors and gowns, when you’ve got lines and things coming out of your body. It must have been petrifying for them, it must be petrifying anyway but to have that level of PPE on I think made it worse which made it difficult. I haven’t given you many positives but genuinely though it was genuinely a positive that I felt that we did have, well not enough preparation time anybody would always have liked more, but I do think that we managed to gauge it ok in terms of having the capacity to teach staff to get them up and running and get them on the shifts before the patient numbers hit and I think as well within the shifts we developed such a close camaraderie in friendship that we don’t think will ever be replicated and although it was in incredibly emotional time, people were literally living away from their husbands or their parents, a very emotional and very tiring it was also a very happy time and there’s lots of happy memories, lots of sad memories and lots of stressful memories, but a huge amount of happy memories of how within a space of a few weeks, things that you would never thought were achievable, I think sometimes within the confines of a huge organisation like the NHS where often there’s layers of policies and procedures to get changes done and because all of that changed and it was basically a we must do this let’s get it done attitude we achieved things that if you’d told me a couple of years ago that that’s what we would have done in the space of 4 or 5 weeks I’d of thought it was impossible and it wasn’t it happened and actually a lot of the staff that were redeployed have commented on how much they’ve enjoyed the work and loads of happy memories, and genuinely happy patient memories as well of how they were at death’s door to were on ventilators for weeks who then woke up and we got to see them wake up and get off the ventilator and get walking and talking again and eventually go home and also a sense of genuinely feeling that you did something, I remember being really stressed one day at home and quite tearful and tired I think, I’m tearing up now thinking about it, I remember my husband trying to reassure me and say imagine not being able to do anything, imagine knowing that this was happening and just having to watch and he said you at the end of all of this will get to go away knowing that you did your bit and what you did managed to help people and I thought yeah you’re right actually if you made me sit at home for the last few months I’d have gone crazy so overall I would actually say it’s been quite a positive experience and it’s also offered us the ability to think through just what we were doing cos we were struggling a bit with staffing, just……… when you do something, you end up doing something because that’s the way that you’ve always done it and there’s not much impetus to change whereas here we had a huge impetus to say right we need to stop doing that, we need to start doing this, we can’t do that like that anymore how are we going to do it, right we’re going to do it like that and then a few weeks in going oh that’s not working very well we need to change it to this now and I think now we’re coming out of the other end of it and if we do potentially hit a second wave we’re at the point now where we’re looking at how we did everything and trying to figure out whether we could have done things differently or whether what we actually did was correct. I’ve got this thing my head, I saw it on Twitter I think it was on actually, 4 questions, what did you start doing because of the pandemic that needs to stop now that only happened because of the pandemic that needs to stop, what did you start doing because of the pandemic that has really worked and could carry on working in the future, what have you stopped doing because of the pandemic that actually you don’t need to start doing again or what did you stop doing because of the pandemic that now needs to restart, so I’m just in the early kind of stages of going through that a) with a plan of how we get back to however the new normal is and b) if there is a second wave is there anything we need to change the second time round? That’s where we’re up to now basically yes.

With work but for example, in what’s happened with the virus, I can now access my GP electronically, so I can send my GP, there’s an electronic system I can go on to tell them my symptoms and sort it electronically if appropriate. So I’ve suffered from a bad neck and a couple of weeks into everything my neck went, and I’m a physio by background, I know what’s wrong with my neck and I also know what’s needed. In normal circumstances I would have had to take some time off work to go to the GP and actually literally went on this electronic thing app. I think it was 10.40 at night, put all the details in put what was going on and what was needed and there was a message at 8.30 the following morning and there was a prescription waiting for me and I was like oh well that’s an improvement. Save everybody a lot of time.

**So thinking about all the changes that you’ve talked about, which one is most significant to you and why?**

I think it was the bringing in of staff from other areas and working together as a bigger team. I think going forward, if we do hit a second wave or if we have a pandemic in the future or if we hit a horrible flu or something like that, we now know that we have this much wider group of staff, who will go back to their own roles, some of them already have gone back to their usual roles but I’ve still got some of them with me now, who will go back to their usual roles but actually we have an opportunity now to maintain their skills, so if this happens again, basically the biggest thing for me is that we never have to do this from scratch again. This is the first time something of this level has happened you know we’ve dealt with flu seasons etc before and things getting quite bad but this is the first time obviously the country gone into this kind of situation but if this happens next year or in 3 years’ time we’ll never have to start from scratch again, we’ll always have the knowledge we did the first time round but also the plan is that all these staff that we keep their skills up so that although they go back to working in their normal areas they’ll carry on doing some shifts or some work with us so that, at a drop of a hat, if anything goes wrong again they can come back and it’s having that knowledge and the background that for me, as a clinical lead of an area, to know that there’s that potential constantly in the background is just an enormous change to where we were at the beginning, from the very beginning, that we didn’t know that deployment was going to happen and I genuinely had no concept of how we were going to cope and also just the team working that we gained from it and the emotional impact of that both professionally and personally, I don’t think I’ll ever experience anything like that again really.

**So thinking about that change, what was it like before, what is it like now, so has it gone back to, you’ve sort of covered that a little bit already to be honest and what do you think brought about the change?**

So before it was smaller numbers of people and probably working more in, what’s the phrase, like in silo more so this is my job, this is your job, I will pass this onto you, you will pass this onto me but we wouldn’t really consider cross-working on that kind of a level so these are all people, all the staff that ended up coming to work with me, these are all people that I know mainly or at least have interacted with previously, yes we did work much more an individual right that’s my role and that’s your role etc. How it is now is that we’re kind of in a weird half way between whatever the new normal is going to be and how it was then so some of the redeployed staff have gone back, some of the staff have come off shifts, some are still on shifts and some of the redeployed staff are still with us for complex reasons not actually to do with, cos we don’t actually have that many covid patients, it’s the clinical demand that just from lots of different factors of non-urgent services re-starting, I still have some of the redeployed staff with me until the end of the month so we’re kind of in a weird half way where there is still some shift work and some 12hour working going on but not certainly as much as beforehand and then was the last part going forward was it?

**No it was what do you think brought about the change**

Obviously there was an actual, there was going to be a clinical demand so on a national level in Wales they had managed to come up with, I don’t know how some very clever scientific people, had managed to come with numbers of what we thought the patient numbers that we were going to be and how many critical care beds we thought we were going to need and how many acute hospital beds we were going to need so there was an obvious like demand from the health board right this is what we think is going to happen but honestly, it was staff willingness, it was those people who when the questionnaire went out to all physiotherapy staff who, I can’t remember the exact questions but it was what experience do you have, something like what experience do you have working in different areas to your current area and basically questions along the lines of if we were to look to redeploy you where and how would you be happy in that happening and it’s those staff who said yep I will come from my musculoskeletal outpatient department or from my paediatric physio department that I have worked in for years and years and I will come from there I’ll do some training and then I’ll work on an acute site in critical care, treating patients on ventilators, no problems I’ll do it and then we said to them ok that’s really great, we’ll train you up come and do it also would you do it 12hrs a day over 7 days a week and they all said yes. Then we said would you do it starting from 6am potentially covering until midnight potentially sleeping on site overnight and they all just said yes, yes let’s just figure out how to do it. So for me it was the people’s willingness to do it.

**Yes, so that brings us almost to the end so do you have a name for your story a snappy title that you can think of that you might call your story.**

Can I ask where the story’s going, does that make sense, like what’s happening with the story

**Well Welsh Government asked us to gather up stories and to gather information about changes due to covid, lessons learnt**

Is that happening outside Healthcare or is it just Healthcare stories or

**No it’s Social Care and Healthcare, even some patient stories, not necessarily by us but that is going on aswell, it will be shared with Welsh Government but also like selected, they’re going to discuss the selected stories and choose some that are really significant that they might want to share wider, then they’d become more mainstream then**

Yes, I can’t, oh I don’t know we referred to it as a for a while as a tour like a tour of duty so we called it the covid tour for a while, I’m trying to think, but whatever you want really I don’t really mind.

**It’s hard to think on the spot isn’t it**

If I do think of something can I email it to you?

**Yes that’s fine. It’s just sometimes in your own words oh this is what I’d sum it up as**

Yes but if you want to call it something then that’s fine

**So that’s it over with really, we’ll be getting it transcribed and then we’ll send you over a copy so that you can see what you said and if there’s anything you want to add into it you can add any additional comments and if you’re feedback is included in any reports or anything like that, we’ll send you those reports as well.**

Wonderful, great

**So we’re all done, thanks so much for taking the time for speaking to us………..**