

Jat Harchowal transcript

I remember quite early on our chief exec and chief operating officers, chief nurse, medical directors, every day we'd have a thing at 4 o'clock called a clinical forum where everyone would get together and we would discuss what's gone well, what do we need to improve. And we were always reminded that our aim was to save as many lives as possible.

But we also had real difficulties in, you know, not having enough medicines and, the amount of times we had to make rapid changes like that [clicks fingers] within hours because we ran out of certain medicines and had to switch to another one but the other thing we tried to do in all of this was make you use your medicines safely, make sure the governance and the control and the auditing and all is really tight and suddenly you were in an environment that's new in a new set-up and you're treating patients who needed ITU specialist and expert intensive care and you, you know, had people some of whom who are absolutely very specialist and others who perhaps have never really worked in an ITU so how do you make that safe from a medicines perspective and one of the things we realised early on the nature of some of the medicines if we could get those ready-made so that they could be put up in syringes or in bags then it would take a really big step out in terms of responsibility for what our nurses might need to do and so every one of those key drugs in intensive care settings we had ready-made for them. And that was something I think was carried on in a lot of ITUs now but we knew in that environment it had to be trying to do everything we can to make it safe for our colleagues.

it's showed as a profession how we are complementary to meds safety how we can work in places like critical care and still have still have a, direct input into training others but also in making sure systems are safe.

We developed really quick ways of getting people trained but also have carried that on post-pandemic and I think we just began having a really good multi-disciplinary approach managing new patients but I think that helped it even more post-pandemic.

There were other bits I found really important we so every day I would have there was a huddle with a feedback from the operations team overnight I would use that as a handover for the staff and then again midday check in and then the end of the day was another huddle to make sure people who were going to be leaving and the night shift coming on, making sure those handovers what's gone

well, what we need to improve and I suppose what we began to do was to almost have this kind of, you know, almost daily improvement approach and I think that's really that's carried on the importance of compassion, teamwork and improving to deliver safe patient care in very tricky and challenging environments and I think that's really important and I think there's a huge amount of respect for what pharmacy teams have done.

Um there was there was no down time, and you were tired and some people helping me who were doing their day jobs in the hospital, and then coming in during the day to help the last few hours of the day, people were going above and beyond and I'll never forget how amazing those those staff were.

Sometimes people have said to me 'oh it's only 6 weeks, you know, 50, 60 patients and you think, 'ha'. We were being told to prepare for hundreds and hundreds if not, you know, up to 1000, 2000 maybe more and so we didn't know. And thank god we didn't have to have more patients.

It was by far and away the most challenging, demanding experience of my life but I will say probably the most rewarding as well. One of the proudest things in my whole life.

You know, whilst I lived six weeks away from my family, so did others lots of people did. But I did think you're only part of the team and so we when you get those plaudits and the MBE, of course, I'm proud. That's more that's more for my family I'd say and it was definitely on behalf of everybody who I worked with in that first response to the pandemic.

I always remember my chief exec of Royal Marsden who reached out and said take a couple of weeks off before you come back and that was really wise because I realised I hadn't unpacked anything I I just hadn't unpacked while I just been through and um I did come back and I think it felt really strange coming back to work in a very different pace and focus um and, you know, whilst you can say, you know, how do you feel about that part of me was grateful really grateful for that calmness but as you know by the end of that year and the early 2021 it came back with a vengeance.

Rapidly moved towards a vaccination programme and then that second wave of pandemic. I think we were better prepared in hospitals but it was as intensive if not worse I think.

So when it got to the end 2020 and early '21 when the vaccination programme first kicked off there was a sense of hope then and of course it was then it was, you know, this huge logistical challenge to try and get so many people vaccinated and then get the second vaccination organised and you went from one huge challenge of the first pandemic and the intensive care pressures to an even bigger one I think the second time using intensive care pressures and you're trying to vaccinate lots of people and that was another really challenging, challenging process I think um and, you know, I think for a lot of people it was probably harder I think the second time because you were not seeing so many of your loved ones.

But then there was a sense of optimism as well, you know, that vaccination programme was for a lot of people a passport to live a bit more of a normal life again.

I hope when people listen to this and hopefully other peoples' stories they will hear and be proud about how the pharmacy profession really stood up both in the first wave and second wave and since then for those programmes and this is something I think yeah, I I'm incredibly proud of my colleagues in that more than anything else.