



# BREATH TAKING

THE STORY YOU HAVEN'T BEEN TOLD

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TELEVISION

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# Series Synopsis & Billings

This series follows NHS medics during the Covid-19 pandemic. Weeks before the UK's first national lockdown, acute medicine consultant Dr Abbey Henderson and her team struggle with the first wave of Covid-19 patients. Running out of PPE, staff, and beds, Abbey is forced to make difficult healthcare decisions as her colleagues begin to be infected with Covid-19. When lockdown is finally imposed, the pandemic stretches Abbey and the team to their limits as they confront government policy in relation to care home discharges and inadequate PPE.

They try their best to save patients but are forced to endure the trauma of loss and tragedy caused by Covid-19. As winter arrives, a new wave hits the hospital, this time with Covid-19 deniers surfacing too, which causes the team to reach their breaking point. Scarred and enraged, Abbey cannot maintain her silence any longer and decides to risk everything by speaking out.

## **90 character billing:**

3-part drama salutes frontline NHS staff working through the Covid-19 Pandemic.

## **180 character billing:**

Moving 3-part drama series pays tribute to sacrifices made by NHS staff during the Covid-19 pandemic, revealing the reality of hospital life in the face of momentous challenges.

# Episode Synopses

## Episode 1 – Containment

In the lead up to the UK's first Covid-19 national lockdown, acute medicine consultant Dr Abbey Henderson and NHS staff struggle to cope with the rising number of Covid-19 patients as the disease ravages the ward. Running out of tests, unable to use PPE, and with staff beginning to get sick, Abbey, registrar Ant, medical student Emma and the team must adapt quickly to try to stop the spread. However, unclear, everchanging government guidelines force them to make difficult healthcare decisions with devastating consequences.

## Episode 2 – Delay

During the first lockdown, Abbey moves away from her family to protect them. The team struggle between government policy and best patient care as Covid-19 patients - including a health care assistant on Abbey's team (Divina) - continue to deteriorate and a cancer patient (Sally) worries she won't survive. Abbey is forced to discharge a care home patient without proper testing. Despite best efforts, the team endures heartache and an emotional goodbye. But emotion and challenges only push staff to work harder to save patients and reduce Covid-19 spread, celebrating the small wins in the process.

## Episode 3 – Mitigation

Despite improved treatment and knowledge of the virus, the incoming winter wave overwhelms Abbey and staff. The life of Ellie, a patient with multiple sclerosis and Covid-19, hangs in the balance when ventilators are desperately scarce. The Christmas aftermath comes on hard, especially for Emma, now a junior doctor, struggling under immense pressure. Covid deniers surface, causing staff morale to plummet. Patients are denied emergency operations due to lack of ITU beds leading to a moving emotional finale as Abbey makes a final stand and the team are given a chance to come together through their trauma.

# Episode Billings

## Episode 1 – Containment

3-part drama reveals untold stories from inside the NHS during the Covid-19 Pandemic.

### **180 characters**

Moving 3-part drama series pays tribute to sacrifices made by NHS staff during the Covid-19 pandemic, revealing the reality of hospital life in the face of momentous challenges.

### **1000 Characters:**

In the lead up to the UK's first Covid-19 national lockdown, acute medicine consultant Dr Abbey Henderson and NHS staff struggle to cope with the rising number of Covid-19 patients as the disease ravishes the ward. Running out of tests, unable to use PPE, and with staff beginning to get sick, Abbey, registrar Ant, medical student Emma and the team must adapt quickly to try to stop the spread. However, unclear, everchanging government guidelines force them to make difficult healthcare decisions with devastating consequences.

## Episode 2 – Delay

As patients get sicker, Abbey and the team take on the first Covid-19 pandemic wave.

### **180 characters:**

As patients gets sicker, Abbey and the team take on the Covid-19 pandemic, stretching each of them to their limits

### **1000 characters:**

During the first lockdown, Abbey moves away from her family to protect them. The team struggle between government policy and best patient care as patients including Divina continue to deteriorate, Sally worries she won't survive, and Mr Williams is moved onto a CPAP machine. Abbey is forced to discharge a care home patient without proper testing. Despite best efforts, the team endures heartache and an emotional goodbye. But emotion and challenges only push staff to work harder to save patients and reduce Covid-19 spread, celebrating the small wins in the process.

# Episode Billings

## Episode 3 – Mitigation

A new winter wave becomes unmanageable pushing the team to question how they continue

### **180 characters:**

The team deal with a new Covid-19 winter wave. As pressure becomes unmanageable, Abbey takes action to voice the pandemic's full effect on the NHS.

### **1000 words:**

Improved treatment and knowledge of the virus doesn't negate the incoming winter wave on Abbey and staff. Ellie, a patient with MS, has Covid-19. Her life is contested as Abbey and Emma consider if using the limited resources is viable. The Christmas aftermath comes on hard, especially on Emma, now a junior doctor, struggling under immense pressure. Covid-19 deniers surface, plummeting staff morale. Patients are denied emergency operations due to lack of ITU beds leading to a moving emotional finale as Abbey makes a final stand and the team are given a chance to come together through their trauma.



**Dr Rachel Clarke – Writer and Executive Producer**

**Jed Mercurio – Writer and Executive Producer**

**Prasanna Puwanarajah – Writer and Executive Producer**

# Dr Rachel Clarke – Writer and Executive Producer

## What was your path to becoming a doctor?

I loved arts subjects at school and I loved medicine. I came from a medical family - my father was a GP - and found it all really fascinating. But I also loved writing and stories and I thought journalism was this incredible way to use words to try and do good, make change and speak up on behalf of people who didn't necessarily have a voice. I became a television journalist and produced and directed current affairs documentaries. Some of those were very hard hitting - stories about civil war in the Democratic Republic of Congo and so on.

But I never stopped having this nagging feeling that I should have been a doctor. That was the thing that I felt in my heart most represented me. So I did my science A-levels in the evenings while doing a day job as a journalist. And eventually went to medical school just before my 30th birthday and literally from day one loved it to bits. I felt like I was 'me' at medical school. That I was absolutely doing the thing I was meant to do. And strangely, I think there are lots of parallels between good journalists and good medicine. At the heart of both professions are people's stories. You cannot be a good journalist or a good doctor if you don't care about people and their stories. So I found that all my skills as a journalist actually came into play as a doctor. I just love working with patients in that sense, treating them as a human being in need of help.

My father was one of those incredible traditional family doctors that sadly are very rare these days. He knew everybody in his local community. Sometimes three or four generations of one family ranging from babies through to 98-year-olds. He adored being a doctor. I very definitely try to model myself on him as a doctor. Every time I saw a patient I wanted the patient to feel as though they were the only thing that matters to me in that moment. And my single job, my only job, was to try and help them. I think that's the doctor I still try to be to this day.

## You had already written two books before *Breathtaking* was published in 2021. Where were you working at the start of 2020 before the pandemic hit the UK?

I was working in a hospice as a palliative care doctor. As the pandemic unfolded I knew from very early on when those awful haunting images started to appear from China and then from Northern Italy that this virus was going to have a catastrophic effect in the UK and I wanted to be where the need was greatest. So I asked if I could move out of the hospice sector into a hospital setting where, sure enough, ward after ward after ward was filled with patients dying from Covid. So the need for palliative care doctors on hospital wards was absolutely immense and that's where I wanted to be. I wanted to help as best I possibly could with all of the skills I have. I've actually stayed in hospital palliative medicine ever since because I've realised I can't go back. I need to be where the need is greatest. And it really is in hospitals.

The book *Breathtaking* is about my own personal experiences and those of others I interviewed in my hospital trust. While this TV drama is based on much wider experiences. Dr Abbey Henderson, played by Joanne Froggatt is a fictional character and she is not me.



# Dr Rachel Clarke – Writer and Executive Producer

## **What drove you to write down daily notes about the experiences you and your colleagues were going through in the first wave of the pandemic?**

Like I think everybody in the NHS I found those first weeks of the pandemic incredibly stressful and when I'm stressed I tend to not sleep, like lots of people. I develop insomnia. So I was pacing up and down in the kitchen at night sometimes really overwhelmed by what I was witnessing. It was like nothing I had ever experienced in all my years as a doctor. It felt more like a wartime crisis situation than anything you would have expected in the NHS. I'm the kind of person who finds writing therapeutic. It's how I make sense of the world. So I used to sit up at 3am, 4am bashing out words on my laptop which were not intended for anyone else. They were just my own diary, my own attempt at therapeutic activity in the night. And gradually, as the pandemic continued through 2020, I started to realise that these words, albeit very emotional, very subjective...they were my raw experience of this pandemic as it unfolded inside a hospital. I felt as though that mattered. This was a kind of rough draft of history. My testimony of something extraordinary as it swept the country. And I felt it was valuable to try to share that with the public because I really wasn't confident the NHS experience inside hospitals was necessarily getting out there to a wider public audience.

I felt an enormous weight of responsibility when the book was published because I desperately wanted it to succeed in my intended aim of communicating to the public something real, honest and truthful about the NHS experience. But I was horribly conscious of the responsibility of that and I was worried about whether I would get it right. Would I successfully manage to communicate what it had really been like? Would it strike a chord with other health care professionals as well as the public? The book was based not just on my testimony. I interviewed many other members of staff in my hospital trust from lots of different areas of the hospital - intensive care, surgical wards, medical wards and so on. But I really cared so deeply to get it right. And tell the truth as I saw it in a way that accurately reflected reality. I was also very nervous when the book came out because by then there was already a huge backlash against health care professionals from many different quarters. From anti-vaxxers, who hated the Covid vaccine, from Covid deniers who use to run around social media claiming there wasn't a pandemic, it was a scamdemic and all made up. I was already by that stage getting relentless abuse on social media for trying to tell the public that vaccines were safe and incredibly important in preventing loss of life from Covid. So I was fearful of a lot of unpleasantness, trolling and abuse from social media and, sure enough, that all came in depressingly predictable ways.

## **How did this TV production originate?**

One of the other co-writers Prasanna Puwanarajah and I have known each other for nearly 20 years. When I was a medical student in Oxford he was a very junior doctor in his first year of training as a doctor. We met in the same little medical firm and he taught me how to give people injections. He was this incredibly kind, enthusiastic and very committed young doctor who I looked up to then and thought, 'Gosh, I hope I can be a doctor like Prasanna one day.' Ironically enough he left medicine soon afterwards but our paths crossed again with both of us having moved into more artistic areas of work as well as performing medicine in my case. So that was an absolutely wonderful surprise and it's been a real delight to meet him again.

# Dr Rachel Clarke – Writer and Executive Producer

Not as a medical student and a doctor but as two writers on this TV production. I never dreamed that would happen. While Jed Mercurio and I's paths had not crossed before this, aside from on social media. I obviously knew him from his incredible track record in TV but that was it. Prasanna got in touch with me about Breathtaking to say, 'I think this would be really powerful and important. It matters that the NHS experience is out there and I'd like to talk to Jed about it. What do you think?' And I wholeheartedly trusted Prasanna. I also knew that Jed had also been a doctor as well and I thought that was a tremendous idea. So I said, 'Yes, go ahead.' Not necessarily believing anything would come from it but thinking this was a wonderful idea. The three of us met up soon after.

## **Can you tell me about the differences between the book and the TV drama?**

The TV drama covers a much longer period than my book which was explicitly based on the experience of the hospital trust where I was working in a very brief time frame. It began on the first of January 2020 and finished as that horrible first wave of Covid started to abate in April 2020.

So it was a very compressed time frame. When I started to think about adapting the book into a television series it seemed to me to be incredibly important to prolong the time frame into 2021. And the reason for that was because the second wave of the pandemic which really smashed the NHS to bits in late 2020 and January 2021 was first of all the most traumatic experience that NHS staff lived through. Secondly it led to the most catastrophic loss of life. So we had the greatest single death toll in 24 hours in January 2021. But thirdly, and most importantly, I was very aware that the second wave had taken place in the teeth of fierce opposition on the part of the government to the advice the scientists were stating over and over again to lock down more quickly, more gravely, more significantly, in order to prevent avoidable deaths from Covid. And that seemed to me an incredibly important part of the story to tell because the only way in which a country successfully survives a pandemic is together. You have to act together collectively, not just as individuals doing things for ourselves, to survive and get through a pandemic. What we witnessed in the first wave in 2020, I would argue, to a great extent was a kind of unity of the population, the government, the press. We were all facing this unprecedented catastrophe and we were all muddling through trying to do the best we could together.

The TV drama is located in a fictional hospital with fictional characters. They do not directly map on to any individual doctor, nurse or other health care professional in the NHS. However, it was very important to me that we should have one underlying and unshakeable principle in the writing of this drama. And that was that everything that appears on screen has to have really happened in some shape or form to a real patient or member of staff in the NHS. So nothing you witness on screen has been exaggerated. Nothing has been fabricated. Everything you witness has come from exhaustive research, talking to members of staff and patients from a whole variety of different hospitals and settings across the country. And everything on screen is united by this fundamental underlying principle. It is real. It has happened somewhere to somebody. This is what it was truly like. What you are witnessing is true.

# Dr Rachel Clarke – Writer and Executive Producer

## **As with all things at the heart of the NHS, this is a story about people...**

One of the things I was desperate to try and convey when I was writing the scripts was the extraordinary humanity of patients and staff alike. Everybody was thrust into view in these horrible, unimaginably traumatic circumstances and yet they seemed so often to rise to the challenge and you would see the very best bits of human nature coming to the fore. People's strength, decency, courage and compassion over and over again. That was the most incredibly life-affirming and humbling counterpoint to the terrible statistics cited on the news every evening. This was a pandemic for staff and patients that was lived through human beings and the human cost of Covid.

## **Shining throughout - even in the darkest moments - is the good and humanity in people, how important was that to convey?**

It absolutely is a story about life as well as death. Because I work in palliative medicine I know perhaps better than many people how important our mortality is in making us appreciate how precious life is. And somehow I think the pandemic was an extreme example of that. More extreme than anything I had ever known as a palliative care doctor. I remember thinking one day, 'I have seen enough death and dying in the last few months to last anyone a lifetime. Even as a palliative care doctor. There has been too much of this.' But the flip side of all of that dying is the awareness that life is simple for all of us. None of us gets the time we want. And you never know when something will strike us down. So cherishing the time we have with the people we love should be the first thing we think of when we wake up every morning. And somehow in those awful days on the wards, every single opportunity we all had to help somebody feel human, to bring a little bit of humanity into somebody's final hours, to connect a grieving family with the patient they love so dearly but couldn't be with, that was so important. It almost felt as though we were fighting for everything that matters in life against these terrible barriers of PPE, of visors and masks separating you from the people you love.

There are some very moving moments in Breathtaking. I remember in the first week of the pandemic, when I saw my first ever patients with Covid, realising that one of the most horrific things about this disease was the fact it separated people from each other at the one time when they needed each other the most. I remember looking at my patients on this first day, all of whom were dying from Covid, all of whom died in the next 24 hours, and I realised that from the moment they had arrived at the hospital they were never ever going to see another unmasked human face again. That was the cruelty of Covid.

And therefore anything we NHS staff could possibly do to bring humanity back into patients' lives, despite everything the virus threw at us and at them, was critically important. So doing things like setting up video calls with families, reading out letters from family members, playing patients' favourite music, even sometimes moving two patients into the same room so they could literally hold hands as they both died from Covid. All little gestures. NHS staff did everything. And sometimes I wished the public could see that. Because they had no idea about the lengths we went to, to convey love, care and compassion at patients' bedsides. I would think to myself, 'If they could see this they might not feel so horrified. Because they would know how much we care about their loved ones inside the hospital.' I wanted to show that in this drama because it's an untold story. People just don't know about it.

# Dr Rachel Clarke – Writer and Executive Producer

## **How does *Breathtaking* pay tribute to health care workers who lost their lives in the pandemic?**

It's hard now to think back to just how frightening those first weeks of the pandemic were in 2020. This was a disease that was completely new. We had no treatments whatsoever, no guidelines, no protocols, no vaccines. We knew, every single one of us, that if we caught Covid it could kill us. And, in fact, a few weeks before Covid hit the UK I remember vividly seeing on social media the stories circulating of a young doctor called Li Wenliang in Wuhan, China, where the pandemic began, who had tried to alert the authorities to a pandemic and ended up dying from Covid. He was just 34. And we knew that could be us. So every single person who, gladly, walked forward into these virus filled wards and rooms inside our hospitals were doing so knowing that this could be the death of them. And you do it because you are trained to help and you couldn't live with yourself if you didn't. It's not that the NHS is filled with heroes at all. NHS staff are every bit as frail and vulnerable and full of strengths and weaknesses as anyone else. None of us were heroic. We were scared. But you just had to try and help. And I think when our PPE supplies ran down and when the very high level PPE was downgraded into a lower level of PPE for the majority of staff, myself included, that was terrifying. Because we knew it didn't make scientific sense. We knew that it had to be due to lack of supply. And all of a sudden we were facing a disease that we knew could kill us with nothing but a paper mask covering our faces.

Of course, sure enough, every hospital's intensive care unit started to fill up with one or two members of staff who had caught the disease. And we knew they had caught it at work. They were spending all of their time at work with nothing but a bit of paper between them and the virus. And suddenly there they were hooked up to a ventilator and staff found themselves trying to save the lives of their own colleagues and failing to do so. In circumstances that were absolutely devastating. I remember when the first individuals in my Trust died from Covid. I was walking along outside the hospital and I felt like I had been punched almost in the gut by the news and I just burst into tears. I didn't know them personally but they felt like part of our NHS family and they had died trying to do their best for patients. That is extraordinary. Sometimes I feel very angry because the politicians of this world will wriggle furiously and try to defend the indefensible and pretend there were no problems with lack of PPE in our hospitals. And all I can think is, 'I'm sorry. That behaviour when set against the behaviour of staff who stepped up and risked their lives, and some lost their lives because they cared so much about patients, is pretty dreadful.'

## ***Breathtaking* uses real archive footage of Boris Johnson, Matt Hancock and others at No 10 press conferences. Why?**

First and foremost, the use of archive footage in the series is to remind people of what this incredibly traumatic period of our national life was like. Secondly, it is a bridge between completely distinct and alien worlds. My world inside the hospital during Covid was so totally at odds with what I witnessed on the way home after the end of a shift. I couldn't make sense of the gorgeous unfolding beautiful sunny springtime of that first wave of Covid. My husband and kids would say, 'We've been on a lovely bike ride today and had a picnic in the garden.' And it was so completely alien to me because I inhabited this world where there was nothing but anxiety, stress, claustrophobia...and death and dying. So we needed to find a bridge to connect the public experience of Covid with the untold story of Covid as it unfolded behind those closed hospital doors. And the archive footage was a very valuable way of achieving that.

# Dr Rachel Clarke – Writer and Executive Producer

But also one of the main themes of the drama is truth telling and the matter of whose story, whose truth, is heard and whose story is silenced. So the entire unfolding of the story inside the hospital is one that has not been told very loudly on a public stage. I wanted to address that gulf between the government's public narrative of Covid and the unfolding reality within the NHS because partly that gulf has a huge human impact. When we got into the awful January 2021 wave, the very worse thing about that experience was not how many people were dying, although that was horrific. It was the absolutely sickening knowledge that these people's lives could have been saved if political decisions had been made differently. I found myself very close to having a complete and absolute breakdown during that period because I found that knowledge so unbearable. So I wanted the public to know about that. Because they don't.

I hope this drama will speak for itself. For me, I didn't ever want this to feel like a didactic drama. Rather I wanted it to be a humane drama grounded in real human experience. And in exactly the same way as my book tried simply to bear witness accurately and truthfully to the experiences of the hospital in which I worked during Covid, so I hope that this drama will accurately and truthfully bear witness to the collective NHS experience of Covid. I think it's very telling how many groups of individuals are devoting their energies into attempting to rewrite the history of 2020 and 2021 for whatever motives. This drama is not in the business of pointing fingers at all. But in simply trying to show the public what really happened and what it really felt like inside our hospitals during Covid, I think it is a very powerful hard-hitting and in many ways provocative series.

## **Who is Dr Abbey Henderson, played by Joanne Froggatt?**

A lot of my experiences of Covid are channelled into the writing of Abbey, her character, her journey. Although she is actually a fictional character. I wanted this drama to be located not primarily in intensive care but on the ordinary medical wards of the hospital. Because that is actually where the vast majority of people had died from Covid inside the NHS and it is a largely untold story. People are very familiar with the idea that the epicentre of Covid inside our hospitals was intensive care. I would argue it wasn't. There were many more patients with Covid on ordinary medical wards where they'd had very insubstantial PPE and often not the same degree of support that perhaps intensive care teams had. So I wanted Abbey to be plunged into this much less well known, much less talked about, part of the hospital. The ordinary medical wards where she actually had almost nothing with which to treat the patients. She had oxygen, a paper mask, a plastic pinny and a pair of gloves. That is not much to face a deadly virus.

Abbey starts out an incredibly principled, determined doctor who really wants to do her best for patients. But finds herself in a world that is alien, bewildering and at times doesn't even seem to make sense to her. She cannot understand why all of a sudden the PPE that staff had been given gets downgraded to something that was so inadequate. She cannot believe her own nurses on her ward are having to dress themselves with bin bags because they've not been given anything more substantial by the hospital. And crucially she has to, very early on in the series, contend with a member of her team becoming infected with Covid and becoming gravely unwell. So Abbey is thrown into this maelstrom of pressures and tensions and traumas. She is traumatised, frightened, she starts to become outspoken, she challenges authority, she is devastated at times, full of guilt and grief. But slowly she finds her convictions about what really matters to her as a doctor wrestling with the global pandemic. And she goes on an astonishing journey to places, actions and behaviours she would never have imagined for a millisecond she might have been capable of before Covid hit her hospital.

# Dr Rachel Clarke – Writer and Executive Producer

## **What does Joanne Froggatt bring to this role?**

Joanne is phenomenal. When I met her for the first time before filming she had taken it so seriously and done an incredible amount of research. Her questions were absolutely piercingly to the point. I sat there in that first conversation thinking to myself, 'I could be talking to a real NHS consultant.' She is absolutely convincing as an NHS doctor. That was really uncanny. I remember saying to her, 'I honestly feel as though you shouldn't act at all when you go on to the set. You should be exactly as you are now because you feel as though you're an NHS doctor.' She was thrilled with that. Joanne came across as NHS to her boots. And on screen even more so. She's got these incredibly expression-full eyes. So that even when her face is masked you can see all of the emotions flickering across her eyes. I don't know how she does that. It's really remarkable. She is perfect in the role. This incredible combination of fragility and strength.

Joanne and I have had lots of long conversations about Covid and in those she expressed how much this series meant to her. How determined she was to make a good job of it. Because she wants to do justice to the NHS experience and really wants the viewing public to feel what it was like for us in the NHS during Covid. All of the cast and crew are the same. They were sometimes incredibly emotional when I chatted to them about the series because, like everybody in Britain, they too have got their stories from Covid. Perhaps they have known someone who died from Covid or found the pandemic very traumatic. It's extraordinary to be part of a collective team of crew and cast, all of whom are so strongly motivated to celebrate the NHS unseen and display accurately what NHS staff tried to do for patients during Covid. It's very humbling.

## **What was your reaction when you first saw the hospital set?**

I visited the hospital set in Belfast during filming a number of times. Setting eyes on the set for the first time was mind-blowing. They created the most astonishingly realistic NHS hospital that I think we will have ever seen on television. I do not think the NHS has been portrayed this accurately or this realistically at any time on screen in its entire 75 year history. It's astonishing what they achieved. The level of detail - this loving, painstaking recreation of all the details of an authentically crumbling, tatty, true to life NHS hospital is extraordinary. Right down to the stains on the ceiling, the scuffs on the walls from the ambulance trolleys, the ancient yellow tape sticking up an important notice on the wall. The set is extraordinary and I think what the designer Ashleigh Jeffers has achieved is incredible. I felt a genuine shiver down my spine when I arrived for the first time because I felt like I was in a functioning hospital and that I ought to be getting to work.

## **Breathtaking depicts the mental and physical impact of the pandemic on NHS staff, tell us a bit more about that...**

I don't think it's possible to overstate the ongoing scale of traumatic feelings in NHS staff to this day provoked by Covid. I find if I talk to anyone in my hospital about Covid for more than a few minutes they will start to compulsively relive the traumas they witnessed and endured through the pandemic. Staff don't talk about this publicly. They don't typically talk to each other about it because we all went through the same thing. So why would you? You feel as if you just have to get on with it. But actually we have a frontline NHS workforce that remains deeply scarred by Covid and what we witnessed. I dearly wish that every member of NHS staff had the opportunity and the resources to talk to somebody about that if they so wished. Because it is buried trauma at the moment.

# Dr Rachel Clarke – Writer and Executive Producer

## **The drama also reflects the horrific abuse and threats faced by NHS staff, why was it important to include that element**

Many NHS staff, and most definitely myself, feel an enormous debt of gratitude to the British public who themselves stepped up in the most incredible way when Covid began to help everyone in society who was most vulnerable. And part of that stepping up involves this public outpouring of support for the NHS which we all found so moving and wonderful. It gave us such strength and hope and helped us keep going. So for most people that is all they will have seen.

However, as the months of the pandemic went by an increasingly hostile, aggressive and ultimately very abusive anti-NHS feeling developed. Anybody who spoke in public, whether on social media or mainstream media, about the need to lockdown, the need to wear masks, the need to have our precious Covid vaccines when they appeared, would be subjected to the most horrible tirades of abuse. I used to be relentlessly subjected to death threats, to rape threats. At one stage the threats were so relentless and so frightening I had to seek the support of the police who took the threats very, very seriously and acted upon them. I'm by no means alone in that. There are other NHS doctors who have equally been subjected to abuse and threats. And it really mattered to me to include that aspect of the pandemic in this drama because those threats all had one single aim and intention. That was to silence frontline NHS members of staff. To erase our voices, to make our voices go away.

We need to be aware of how powerful, unpleasant and relentless those trolls and abusive voices are. Because there will be another pandemic and this abuse will return and I think society needs to be better equipped to deal with it. It should not cause individual doctors to seek protection from the police because the abuse had got so out of hand. So it matters greatly to me that this was a part of the story.

## **You believe that despite all of that, people are fundamentally good?**

I do believe that people are fundamentally good. I look back now on the first weeks when this all began and everybody was frightened, everybody was fallible. Of course the government made mistakes. We all made mistakes because we were dealing with something unprecedented to the best of our abilities, which were not perfect. I don't think any of that matters. That's human. It's really important to learn from mistakes, not to castigate people for mistakes. In the NHS every mistake was an opportunity, as a way to make things safer for patients in the future. It's important to remember that. But crucially the one thing that is unforgivable is pretending that mistakes haven't happened. It is burying them and trying to rewrite history in a way that's not accurate.

When I look back today at the pandemic we experienced I see a time that was chaotic, dark, traumatic and frightening. But at the same time, literally every single day at work, I saw a patient or a colleague do something remarkable. Even in the midst of all that darkness and trauma they would go out of their way to be kind, to be decent, to support someone who was more frightened than them. Sometimes patients would even try to support staff in the pandemic. That's how incredible some of our patients were. In the NHS we witnessed people being absolutely amazing. On the one hand, what a horrible, horrible disease to infect people's lungs, to take away their ability to breathe. But I have never felt prouder to be a member of the NHS and a member of the human race than during the pandemic. And that was because of the extraordinary qualities of the people I was surrounded by at work. That's why I called the book 'Breathtaking'. It's the people who were breathtaking. They literally took my breath away by their goodness, strength and decency.





# Jed Mercurio – Writer and Executive Producer

## **Before working in TV drama as a writer, producer and director you had a job in the NHS?**

I was a junior hospital doctor from 1991 to 1994 and worked in acute medicine in the West Midlands. *Breathtaking* is a return to making medical drama for me. I've been involved in three before: *Cardiac Arrest*, *Bodies* and *Critical*. And having spent a lot of time in the thriller genre, with things like *Line of Duty* and *Bodyguard*, it's a bit of a homecoming for me. It's good that I'm working with people who have more recent experience of the NHS. But my own primary experience of working in the NHS in the 1990s has informed a lot of my writing.

At the start of the pandemic in 2020 I went to the NHS website to see what the needs were and what the requirement was to return. And someone who had been out of medicine as long as I had been was certainly not what they were looking for. But it was great that so many people did step up.

## **What story did you want to tell?**

It's really a story about the sacrifice the dedicated NHS staff made and we were very keen to use real events to inspire the drama. So it's meticulously researched and those real experiences have been dramatised so they are centred around our fictional characters in a fictional hospital which is all designed to represent, as much as possible, the overall NHS experience.

## **You use real life footage of government press conferences set against what is happening in the hospital at the same time. Why?**

The real life footage gives context. The story takes place over a period of time and when you are within a hospital environment it will certainly appear to the audience that every day and every night look the same. So placing the events within the context of outside developments across the pandemic story is, we think, really helpful for the audience to understand the evolving experience of the NHS during that time.

The main objective of the drama is to show the untold story. There have been accounts that have come out of the NHS experience, such as Rachel's book and others. But there hasn't been a TV drama that showed what was going on inside the hospitals at the time of the pandemic. So our goal was to lift the lid on that and show people the incredible sacrifice that NHS staff made during that time.

## **The drama reflects the impossible choices doctors had to make during the pandemic?**

In *Breathtaking* we don't shy away from showing the difficult dilemmas that ended up landing at the door of NHS staff. It was an unprecedented time of pressure on medical care in the UK and the NHS was facing an extraordinary challenge. *Breathtaking* shows how medical staff dedicated themselves to rising to that challenge.

# Jed Mercurio – Writer and Executive Producer

Breathtaking attempts to dramatise the real experiences of NHS staff during the pandemic. They faced the evolving issue of the infection and the developing understanding of what Covid-19 would mean for patients. There was also the question of the measures that existed in respect of pandemic preparedness.

What we show in the drama is the incredible dedication of the staff coping with some of the periods of time during the pandemic when policy was evolving and people were trying to catch up with the virus. There's a line in the first episode about the virus being ahead and that is something I think we portray very clearly in the drama. The audience will really feel for our hospital staff as they are struggling to figure out how best to cope with the situation as it snowballs.

## **What about the physical and mental impact on NHS staff?**

The drama portrays the mental and emotional stress on NHS staff during the pandemic. That contextualises their heroism. The sacrifices that staff made, the endeavours they continued to make and continue to make to this day are amply demonstrated in their actions during the drama. Some lost their lives while others now suffer from Long Covid.

NHS staff also faced abuse. For example, Rachel Clarke has commented on medical issues all through the pandemic and as a result of that she has experienced abuse via social media and sometimes through mainstream media. So it's really unfortunate and stressful for her to go through that.

## **We also see the the pandemic through the eyes of other characters, including final year medical student Emma, played by Donna Banya?**

Emma is a final year medical student who over the course of the three episodes takes on more medical responsibilities as she progresses into serving as a frontline NHS junior doctor. Her character represents the incredible sacrifice that medical students were called upon to make. The ones who were right at the end of their medical training were brought into the frontline and it was a real baptism of fire for those young people.

We also reflect the diverse nature of the NHS which, like a lot of medical services all over the world, is multinational and multicultural. Medicine has always been a profession with a very strong component of internationalism in terms of developing your skills and training. And the NHS is no different. We are very clear on depicting that in Breathtaking. We see the huge diversity of NHS medical staff in contemporary Britain and we are really grateful to our brilliant diverse cast for helping us portray that.

## **Where did you film?**

We were lucky to have access to a disused block of Ulster University in Belfast which has been the shell in which we built our hospital sets. Our emergency department, intensive care unit, wards, corridors and so on. It looks absolutely fabulous and our production designer Ashleigh Jeffers has done an incredible job with his team in creating a totally authentic environment for the drama to take place.

# Jed Mercurio – Writer and Executive Producer

It is challenging and emotional material to film. But it's a tribute to the incredible dedication of the NHS staff. We felt we needed to go on that journey with these characters so the audience would appreciate what had actually happened in the NHS. Most people in this country have a very high opinion of our NHS staff and they are incredibly grateful for the service they gave. We are extremely hopeful that this drama will cement that position in the audience's mind. That the British people will see close up what NHS staff went through during the Covid-19 pandemic.

## **You took a decision to film medical procedures in real time as they would happen. Why?**

We want to represent as far as possible the authentic experience of NHS staff. That also entails being as accurate as possible in terms of the depiction of medical procedures. It's not a gory show. But it's important that any NHS staff watching will recognise the reality of their own world as it's being portrayed in this drama.

We've got a brilliant team of medical advisors who have made an extraordinary contribution to helping us achieve that level of authenticity that is so important to the look and feel of the drama. So the watching audience should be reassured that what they are seeing is representative of real life experience in the NHS during the Covid-19 pandemic. Our ambition with *Breathaking* is to make things feel as authentic as possible so that the audience has an immersive journey through the experience of NHS staff, patients and their families during the Covid-19 pandemic. We really feel that's the only way the mass audience might gain an insight into the incredible sacrifices and dedication of NHS staff during that period.

## **Some people may say the last thing they want to see on TV is a reminder of the pandemic. Why should they watch *Breathaking*?**

*Breathaking* is a drama about the incredible dedication and sacrifices that NHS staff made during the Covid-19 pandemic. It's part of our recent history and our relationship with one of our most treasured institutions. I would hope that the mass audience would want to find out more about how NHS staff dedicated themselves to saving lives and bringing kindness and humanity into patient care during the biggest public health challenge this country has experienced in our lifetimes.

It's a very involving story. We know the audience will engage with these characters who are at the frontline facing up to incredible challenges during the pandemic. And that is something that is both heroic and incredibly stressful for those characters. So it's a really emotional journey for the audience.

There are still ongoing ramifications from the Covid-19 pandemic in our health service and the fact is that Covid is still active in our health care system and has to be part of our experience still. It's only four years since the pandemic hit and it still feels very fresh and relevant.



# Prasanna Puwanarajah – Writer and Executive Producer

## **What is your medical background?**

I trained as a hospital doctor between 1999 and 2005 and worked in the NHS between 2005 and 2009. In that time I worked all over the south of England. Predominantly in Oxford and then in a number of London hospitals, south coast hospitals and I spent some time at the children's hospital in Bristol and at St Michael's Hospital there. And in places like Frimley Park Hospital. So I was a doctor living out of their car for a time. Looking back, I was running from the dread of hospital medicine that I felt in the first two years. I just felt less and less familiar to myself over that time.

And so when I took some time away, in the third and fourth years of those four years, I had little periods of doing other things. Sleeping on my sister's sofa in London and going to see fringe plays and things like that. I recognised more the person I was in those times and just allowed that drift to happen. So here I am, almost 15 years later, on that different road.

In the last few years I've worked as a writer in television and in the past I've written plays. My first play was performed at the National Theatre about 10 years ago. I've written a couple of screenplays that for various reasons are unmakeable. I also work as an actor in TV and theatre and I direct in theatre and films.

## **What was your own pandemic experience?**

I volunteered early on to go back into the NHS and had my General Medical Council registration reactivated. So, I went through the re-joining process but in the end wasn't redeployed.

## **You had worked with co-writer Jed Mercurio before?**

We met at an audition for his TV medical drama series Critical which was screened in 2015. We shot it all in a studio outside of London so we were all kettled there for nine months with lots of conversations off camera. We also ended up working together on a science fiction TV show that became a graphic novel.

# Prasanna Puwanarajah – Writer and Executive Producer

## **Breathtaking is based, in part, on third co-writer Rachel Clarke's book of the same name. How did this screen production originate?**

I have known Rachel Clarke for nearly 20 years. She was a medical student of mine when I was a junior doctor in Oxford. She was brilliant even back then. Rachel was a graduate entry medic having previously worked as a documentary maker for 10 years. We stayed in touch infrequently over the years. And when she started writing her books, which I read, we talked about those. At that time I was considering material, possibly in the medical space, for television. It was a thing I wanted to try and explore. We were talking about other books of hers and then the pandemic happened.

She wrote her book *Breathtaking* early on in the pandemic. I read it in manuscript form and it was clear that was the piece of work that was pressing in terms of its need to be out in the world. I got in touch with Jed and said I thought we had something here that we could really collaborate on. Jed, along with a lot of medical people who work in writing, the creative sector, documentary and in journalism, were already thinking about the representation of those times and Jed was interested in *Breathtaking* too.

We worked almost like a team of people in the health service. There were specific roles. Rachel and I broke the story down into three episodes and we were taking to Jed about the particular details within that. Then Rachel and I wrote a 40-page outline of how things were going to go. Really drawing on Rachel's experiences and experiences I had come across in terms of testimony. It's very important that all of the medical events presented on screen were things that had actually happened to the people we had spoken to. Then we took it to ITV who were immediately brilliant at provoking in all of the right directions of what we were doing and encouraging us to depict all of the fears and horrors and strange moments of beauty.

So then it was just a case of laying down the script. For me that's not the most challenging bit. It's the bit that is most like performing, in a way. So that happened quite quickly. Rachel and I laid down passes of the script and Rachel would work into them with specific medical detailing. And then Jed would look at it at the end and we would put it all together. We then passed the script on to a group of 20 or so medical advisors. A mixture of health care professionals of all denominations and got them to give it not only a sense check but a sense of how much it felt like the NHS to them. So we incorporated those thoughts and then moved into production.

## **Breathtaking is a story about life...as well as death?**

It's a story about survival. And it's about how people get through and how they get each other through. That's incredibly realistic, I think, to a lot of people's experiences in the health service. Even though it depicts desperate times and tragic occurrences the hope is that the drama is fundamentally a powerful voice for the positivity of that time. And the cherishing of the memory of the people who lost their lives looking after us. As well as the people who lost their lives despite that care. All of which is something I think we can try and take the first steps towards honouring. We did absolutely want this to feel like a drama that looked at the ways in which people tried to survive.

# Prasanna Puwanarajah – Writer and Executive Producer

## **Is everything in Breathtaking based on fact?**

The medicine depicted in the show is based on experiences of health care professionals as reported to us or as experienced by us. We have been very careful. Wanting to depict it in its reality but also wanting to depict it in its honesty and its candour. We've tried to portray the most tragic occurrences in the series with precision, care and unsensationalism. Mainly because the material demands that respect and it needs very little inflection because it is so horrendous. We've worked very carefully on the medicine to make sure it is as carefully and realistically depicted as possible. We've taken great pains to ensure those scenes reflect a kind of reality. But after that it's the actors in the room who depict those scenes, the emotional truth of those scenes and they do that incredibly potently. It's a combination of different things. But it's mainly care and precision and a desire to be clear and honest and to let the material be its own truth.

The knowledge that people did this for real is the main thing that just gets the heads down on set to get the job done. There is a big unexpressed traumatic legacy in a lot of us around the pandemic. That's been something to hold on set and make sure that people are able to work safely.

## **Abbey and the hospital staff are faced with impossible choices?**

The depiction of that sense of the air being sucked out of the room, literally, is the image at the heart of Rachel's book. Medics are very particular about measurement and understanding things that are happening in front of them. But there was a huge unknown with Coronavirus when it first arrived because people just didn't know what its behaviour was. And it didn't behave like things that rank and file NHS workers had seen before. So the processes were being made on the fly by people doing their best. Some of the things they were seeing in patients felt like an alien physiology at work.

You ended up in situations where hospitals were suddenly questioning whether they were able to deliver oxygen to patients at adequate flow rates. There were these quite existential questions coming in that you would never think hospital management or staff would ever have to concern themselves with. So you were outside of the realms of a known universe in a way. Plus your colleagues are getting sick and some of them are dying.

Before the pandemic wave hit the UK, medical staff here were talking to their colleagues in Italy where patients were being treated in corridors and they were giving explicit warnings about what to expect. I was speaking to friends who were consultants who were going, 'If this really hits the fan, just jump in the car and come down because we're definitely going to need an extra pair of hands.' Which is a bewilderingly frightening thing for an NHS consultant to say on the phone. That's the kind of thing we were trying to bottle in episode one.

In the hospitals that had relatively small intensive care units the scaling up orders were not about adding a few beds but multiplying the number of beds they had by 10 or whatever. Hospitals were turning operating theatres into ventilation spaces. They were procuring ventilators. There was all that stuff early on about a national project to produce ventilators. And due to lack of resources, doctors also had to ration care and, essentially, make decisions about who would live and who would die. The drama will speak for itself on that.

# Prasanna Puwanarajah – Writer and Executive Producer

**Breathtaking contrasts the words spoken at No 10 press conferences with the reality of what was actually happening inside hospitals at the exact same time?**

Early on there were statements being made by the government about the amount of PPE available to hospital staff that really did diverge from the clinical reality. And that divergence continued in a number of areas as the pandemic developed. That felt like a very important thing for the drama to address. It's a choice to finesse the truth whenever that choice is made. There is a difference between the response and the presentation of that response. That's what the drama is interested in. In the timeline specific to the medical reality alongside the timeline specific to the political reality. We have taken great pains to match those two things together forensically to the day. So that the drama depicts how occasionally divergent those two things were. Those things are important for people to understand and to learn. The audience will make its own mind up. All we want to do is make sure we have been as robust as possible in our processes of depiction.

We are just presenting things that happened to people. It's clear from looking at the observable timeline of the two streams of narratives that there is divergence. I think that is going to be clear to viewers. That there was a reality that was not being spoken about in the pandemic. And that really does need to come to light. The Covid Inquiry is now delving into these things in a much more systemic way as we look at it through the eyes of a Abbey and her team.

Breathtaking has a positive energy around it. That is around handing a truth back to the people who didn't get a chance to say it. In general there is overwhelming support for the NHS and for its staff. There has been an amplification of negative energy towards the NHS, which is a tough thing for staff members to experience, especially with what they've been through. But by and large I think we all feel incredibly fortunate to live in a country where we have this extraordinary instrument of health care free at the point of delivery. I think it's going to be a really positive thing for us to all come together and share in these kinds of experiences so that we can work out a way to cherish the NHS better.

**Where did you film?**

We filmed at the former University of Ulster Jordanstown campus in Belfast. In a now unused early 1970s' building that is a dead ringer for a large NHS hospital. We gutted out three floors and installed an Emergency Department, a ward and an intensive care unit with Ashleigh Jeffers, our brilliant production designer, and Thom Petty, our amazing lead medical advisor. Working together to get all of those layers of authenticity into the set. From ventilators through to old bits of Blu-Tack that haven't been removed from the walls. Our director Craig Viveiros has been forensic about those details physically being present.

This is the clearest and most realistic depiction of the NHS that I have ever seen. I've worked on medical shows before where the aims of those shows have been really quite different. Working on those didn't come with quite the same internal, visceral, trigger reaction. Walking on to our set I was immediately feeling a sensory dissonance; that somewhere in my sense memory the temperature should be 10 degrees higher and all of the smells of the NHS should be there. There was an internal thing happening with me that felt like the visual stimulus I was receiving was not being matched by the other things. So my body didn't know where it was.



# Prasanna Puwanarajah – Writer and Executive Producer

## **Breathtaking depicts the reality of Covid, including filming some medical procedures as they would be done in real time?**

A lot of CPR (Cardiopulmonary Resuscitation) shown in TV dramas is a surface level thing. That actually doesn't involve what CPR should involve which is the compression of the chest to squeeze blood out of the top of the heart and round the body. Also to generate a bit of gas exchange through the lungs which physically pushes air in and out. And the truth is it's a fairly brutal process. To participate in, to watch and certainly to have done to you. There's often the breaking of ribs and so on. So it's a very different thing to how it is usually depicted on screen. We have worked out ways to make sure the way we do it is how it would be if you witnessed it on a ward. We've gone to particular lengths to get those practical aspects of the medicine right.

## **You also depict what overstretched hospital intensive care units looked like?**

The scenes of what essentially looks like a warehouse of patients on ventilators is a very powerful image. We have been very particular about building spaces that feel like they have been overpopulated in this moment. To depict the reality of intensive care units being essentially asked to take a number of patients they would never be asked to take normally. It's very moving, actually. It feels intense and it feels busy. It is its own kind of tragedy. Hopefully that will give people a real insight into how those things felt in those units.

What was also important to us was to depict what was happening just on regular wards that were not as well prepared or well stocked with PPE and so on and were a different type of front line. In some ways those are things are just as harrowing. And differently harrowing.

Plus we show how hospital staff had to treat patients in a store room cupboard even before the pandemic arrived. That was a pre-pandemic reality for the NHS. A service stretched to breaking point even prior to the pandemic. After many years of cuts, under investment, staff leaving and so on. The NHS had already had a tough 10 years financially in terms of investment. For a pandemic to happen at the end of that was particularly savage. Because the NHS was pushed into this space of operation frailty. That is even more of a testament to the efforts by the people working within the NHS to get the nation through.

We've written the show to feel fluidic. Scenes flow into each other. You follow characters in and out of spaces. So the world happens to them in quite a seamless way. Our director Craig Viveiros has taken that and run with it. We worked with production designer Ashleigh Jeffers to build environments that allowed that fluidity. We wanted it to feel like a living, breathing hospital that cameras had just got into to witness events unfolding. Craig found a way to do that and has executed it amazingly. This story required no embellishment. What we were doing was fine tuning things to make sure there was clarity around what was happening. So the audience has the clearest window into it. Because there are a lot of technical things going on in the hospital. It should feel like your local hospital in a way.

# Prasanna Puwanarajah – Writer and Executive Producer

**The drama shows the abuse NHS faced from Covid deniers who claimed the pandemic was a hoax. Both via social media and in confrontations when they were going to work?**

There was a lot of fear at that time and there still is. Fear and misinformation are close companions in a way. They don't reflect people necessarily. They reflect responses. Fundamentally people were frightened. They were frightened for themselves and their families. There are ways to manipulate and cash in on that fear, which is deeply venal. But I don't think that's about the people who experience the fear. That's about the people who set up a turnstile beside it. NHS staff dealing with a large number of patients dying from Covid felt anger, frustration, bewilderment and fear in the face of all of that. There is video footage online of those sorts of things happening. You can also see the kind of things that people have said and say on social media. NHS staff had to navigate these kinds of things coming into work in the stresses that were already present in the pandemic.

**The impact of the pandemic on NHS staff is still being felt today?**

There's enormous emotional, psychological injury that has happened in the health service. It's devastating that what we've subsequently had to deal with is health care professionals having to strike in order to make that point. There is a lot of work to be done to tell this story properly and honestly and add it to the national narrative around the NHS. The long term support of health care professionals post-pandemic is going to be vital. Many NHS staff have also seen their lives profoundly changed because of Long Covid. So it's important for us to depict as many kind of realities as possible to bring them all to bear in this drama.

Health care professionals did not have a choice. They ran into the burning building. And they did it at huge personal cost and sacrifice. I spoke to people who couldn't see their families for months on end. Who couldn't physically contact their young children who were shielding and vulnerable for various reasons. They made the choice to care for their patients. Which is just what health care professionals do. And they do it every day. Even in the absence of a pandemic. It's a choice to be there and to serve it that way. Many viewers will also probably not know about the extra lengths hospital staff went in their care for patients. A lot of those things pre-date the pandemic and we include them in this drama.

**On a personal level, what does it mean to you to have been involved in bringing *Breathtaking* to the screen?**

It's an absolute honour and a privilege for me to work on *Breathtaking*. There is such a need for the story of the pandemic to be told through the eyes of the health care professionals. It makes me feel quite emotional to think that a lot of suffering happened in silence. And that that continues now as people struggle to be paid adequately for doing these incredibly important jobs. It's extremely important to hold the real story up to the light.



# Joanne Froggatt is Dr Abbey Henderson

## Why did you want to be involved in Breathtaking?

I had worked with our director Craig Viveiros before on Angela Black and he approached me about Breathtaking. It sounded an incredibly important project to be a part of. Then I was sent the scripts and they just blew me away. They are some of the best scripts I've ever read. Definitely in the top percentage of great scripts I have read in my time. So that obviously was a huge factor. Just from a dramatic point of view.

Reading the scripts I was very moved and shocked. Also moved to be involved in telling this story. I was shocked by what was really going on behind the closed doors of the hospitals here in the UK. We'd had little insights, bits and pieces we were told. But the story the public was fed by the government through the media is very different from what was actually happening. And so I was really shocked. I actually cried just reading the scripts. I don't think that's happened to me before. So it was a no-brainer for me to be involved.

I've played roles that have tackled sensitive subject matters before, such as sexual assault and domestic abuse. It's important to tell stories about sensitive subject matters and things people may not have thought about or understood. It's a different way to get people to view certain issues.

But what's very different about this is, this is a lived experience for the entire world. Rather than it being a lived experience for a group of people who have lived it or who have had loved ones that have lived it. We've all had experience of this pandemic. The weight of that responsibility does feel great. But I don't shy away from that either. Because it is such an incredibly important story to tell and I really wanted to be a part of telling it.

## How did you prepare before filming started?

I did a lot of preparation. I started with reading the scripts and looking up all of the medical terms so I could get a broader sense of what was what. Then I read Rachel Clarke's book Breathtaking and also her previous book called Dear Life which was about her experience as a palliative care doctor before Covid. Rachel Clarke is an extremely inspiring human being.

Her book Breathtaking just moved me in a way that I can't really explain. It's beyond words. The way Rachel writes in both Breathtaking and Dear Life is just so beautiful. Dear Life reframed the way I thought about death and how I thought about life and death. She writes about how you can make those very last moments filled with so much, even if it seems like the worst of circumstances. And she speaks with such grace, knowledge and gratitude for life.

I wanted to bring that into Abbey who is a fictionalised character. She's not Rachel. But it was really helpful to listen to Rachel's experiences with patients in their last few days of their lives. How that feels for a doctor, what her responsibilities are and what her emotional connection to that is. How much she cared for her patients. How much she really cares for each human being that she looked after and their families and loved ones. And how linking those things together was really helpful.

# Joanne Froggatt is Dr Abbey Henderson

To think you're dealing with that on a day to day basis. But then the pandemic hits. So from seeing death maybe on a daily or every couple of days basis, you're seeing four or five deaths a day.

I spent an afternoon with Rachel and had conversations with her about her experiences during the pandemic. And I did a lot of research online, watched documentaries and some of Rachel's TED talks. Then we had two days of medical boot camp with our medical advisors followed by a five day rehearsal period which turned into more trying to drill the Resus scenes than an acting rehearsal.

Our medical advisors Thom and Andrew filled our brains with so much knowledge in such a short space of time. We couldn't have coped without them. They were incredible. They talked us through the basics of hospital care and what you would be dealing with during Covid. Plus everything that comes up in the script. But also teaching us how to look like we know how to do the procedures. That gave us a great base understanding. So when we were saying the lines and using the medical terms we knew what we were talking about. And it sounds obvious and simple but it is really important. Because if you don't believe what you are saying then no-one else is going to believe it.

Thom and Andrew were on set during filming for most of the time but if they weren't we could message at any time. So I'd be going through the next scene and texting, 'Do you think Abbey should say this?' And they were like, 'Oh my goodness, you're thinking like a consultant. We're so proud of you!' They were like proud parents that I'd acquired so much knowledge. And obviously I don't know anywhere near enough to do any medical procedures on anybody. It was an intensive learning process but incredibly important. We really did learn so much.

Rachel, Thom and Andrew - all of us in the team - wanted to make sure everything was as perfect as we could get it. That this wasn't like a medical drama. That it was as real and realistic as we could make it. We also had a team of other medical experts on set, including another doctor and three intensive care nurses for when we were doing scenes in the ITU (Intensive Therapy Unit). It was fantastic to be able to speak to all of those NHS professionals and to chat so openly about their experiences. Not just for the technical side. Andrew and Thom especially were brilliant at explaining to us the emotional side of what they went through.

## **Who is Dr Abbey Henderson?**

Dr Abbey Henderson is an NHS consultant in acute medicine. From the little knowledge I've gained - I'm not pretending I'm an expert - she seems to be a good representation of an acute medicine doctor. Abbey is very caring with a husband and two children at home. A family she loves. She cares about her patients. She cares about the fact the NHS is already overstretched and is then catapulted into this horror that was the pandemic.

# Joanne Froggatt is Dr Abbey Henderson

Abbey is based on both Rachel's experiences during the pandemic but also those of many other doctors and nurses. She is a fictional character with many different stories incorporated into one person. But every scenario in the script is based on reality. Every patient's story is based on something that happened somewhere in the UK. That was an incredibly grounding experience.

Once the pandemic hits, Abbey is trying not to drown emotionally. Because she knows she can only help people if she stays afloat herself. I think what drives her in her core is to serve her patients and do the best she possibly can for them. She just wants to do the best. Which was made extremely difficult for her, to say the least. Abbey is trapped between following the rules of the NHS Trust she works for, which are coming from the government, and the reality of what is actually happening.

Most of the doctors I've spoken to for my research say the same as Rachel. You're used to organised chaos. But you have the steps you go through. Your ABC - airwaves, breathing, circulation - and so on in an emergency situation. Once those things are OK, you find out the root cause and then take action. It's a list of steps always in a doctor's mind. But Covid was completely unknown. Not just in terms of their patients but also in how safe they are themselves. And as we know, many of them weren't. How much they were putting themselves and their families at risk. What are they taking home to their families? I see it as more like fighting a war with something you can't see. And our NHS front line workers were the people fighting that war.

**You can, of course, in no way compare it to the real life experience but some of the scenes must have been challenging for the cast and crew to film?**

I'm always the first to say we're recreating, telling the story, pretending, putting it in crude terms. Obviously we haven't lived these experiences. We just do our absolute best to recreate them as believably as possible. But we've all lived through this and many of the cast and crew had their own personal experiences of loss from Covid. Many people, including myself, had moments where it was very emotional to film. It was very real and there were moments where it just hit you.

It was never out of my mind that every scenario we were filming was based on a real scenario. Every patient character is based on a real person and their real family and their real loved ones. It was an incredibly unique experience because of that. I don't think there was anybody on the set that didn't have a moment where they felt slightly overwhelmed by it during filming.

# Joanne Froggatt is Dr Abbey Henderson

Having worked with our director Craig Viveiros on Angela Black we had a shorthand. I trust his instincts implicitly. He had such a strong vision for how he wanted to shoot this. Some people have said it's like you're watching a war film. Our story starts in full action and carries on in full action for the whole first episode. Because Abbey is so active and it's literally one thing after another after another.

We shot it for real as much as we could. Craig linked so many sections together so we had these big sections rather than scenes we were filming. Which worked well for keeping the energy flow and showing this organised chaos on the NHS frontline that people are used to but then moving into just chaos. Craig also filmed a lot of close shots. As the story unfolds we are wearing PPE a lot and sometimes you can only see our eyes. That's obviously a challenge in terms of getting the audience to connect with you emotionally. So Craig did a lot of really close shots on eyes.

All of the actors and crew were constantly asking the real doctors and nurses, 'How did you do this?' People were doing four hours at a time in ITU in full PPE which is hot. And proning patients - moving patients very carefully from their back to their front - which is hard work. In real life you can't go to the loo, you can't sip water or have a snack. Once you're in that PPE you can't let anything in. They were working in incredibly difficult circumstances physically as well as emotionally and medically. It was an added challenge just acting that so I can't really comprehend how difficult it must have been to do it for real.

We also show how our NHS workers were left completely vulnerable at the beginning. With little or no PPE. We see Abbey angry and upset. And it made me so angry on their behalf. But they carried on. They put their own lives at risk and the lives of their loved ones to care for us as a nation. And with not just inadequate but sometimes no PPE. It's amazing. They really are heroes to me. They carried on and did their job and put their patients first above everything else.

We first meet Abbey and her colleagues when they are already overstretched and seeing very vulnerable patients who should be in ITU coming in to the Emergency Department and having to put them in a store cupboard area because there's nowhere for them to go. And that's before the pandemic hit. So you imagine being that stretched and then somehow having to deal with not just tripling but quadrupling - and some - your capacity and the number of ITU beds. How do you do that?

**The drama reflects the fact that some NHS workers paid the ultimate price in the pandemic...**

Breathtaking is dedicated to the health care workers who lost their lives in the pandemic. I saw someone on TV recently who had lost her husband. He was a paramedic and she said their daughter had begged him not to go work. He said, 'The guidelines are that I should be safe so I'm going to follow the guidelines.' And he passed away from Covid. That says it all to me. 'They told us we were going to be OK and we weren't.' They were put in the most dangerous of situations.

# Joanne Froggatt is Dr Abbey Henderson

## **We see the personal sacrifices NHS staff made in relation to their own families?**

Abbey's daughter has asthma and she is very concerned about her welfare. So Abbey realises it's not safe for her to go home. She moves to doctors' accommodation on site and then to a cheap hotel. I read one piece written by a nurse about her experiences of going to work every day. She was doing a 10 hour shift and would leave the hospital knowing there was one ITU bed that had become available with four patients on her ward that needed it. She'd come back in the morning and know one of those patients will have got the bed, probably two of them would have died and one would still be there. And that was just a daily occurrence. Imagine dealing with that emotionally every day and also being away from your family and being alone in poor quality accommodation where you don't want to be. All you're doing is living, breathing, eating and sleeping this horror. That's the sacrifice NHS staff made which is astonishing. Nothing less than heroic to me.

## **How would you describe the emotional impact on Abbey and how she changes as time goes by?**

We meet Abbey at the very beginning just before the pandemic hits the hospital. Then very early on in episode one we see them receive 'Patient One' and things snowball rapidly from there. During the first episode we see how capable and competent Abbey is and how she deals with the pressures on the NHS, including having to deal with patients in a store cupboard. It's frustrating and difficult but she does the absolute best she can and so does everybody else.

Then as the pandemic unfolds Abbey becomes more and more aware about the lack of planning from above and the difference in the rules and regulations they are being told to follow and the confusion about PPE and who should wear it and how much you should wear and during what procedures. No-one was actually telling the truth that they had a PPE shortage and that's why they put the stipulations that you should only wear full PPE if you're doing aerosol generating procedures.

Abbey sees this horror unfold. She starts off following the guidance that she has been told from above because that's her job. She is a consultant with a team of people to protect. With rules she and her team are supposed to follow. But as things develop Abbey realises the rules are completely inadequate, out of date and ridiculous. So we see her follow that horror unfold during the first episode and trying to hold it together. Trying not to drown in it. Then as time goes by in the pandemic she has a new sense of, 'OK, this is what we're dealing with so let's deal with it the best we can.' With a renewed strength to stride forward and do the best she can for her staff, patients and family.

And then as we get towards the end of 2020 it is a tougher Abbey we see at that point. But also an Abbey who has become so angry at the fact that no-one is telling the public what is really happening. And how can people possibly understand? With some denying Covid is real. She's reading all sorts of things online, including on social media. This anger inside her grows and grows and she decides she can't just sit back.



# Joanne Froggatt is Dr Abbey Henderson

## **You filmed scenes where Abbey faces abuse from people who say Covid is a hoax?**

That really did shock me. If you think of what these NHS staff go through on a day to day basis. In November and December 2020 they were seeing an influx of patients and much younger patients than before. Suffering and dying from Covid. Having to deal with death on that level every day and be so overstretched that you're making impossible decisions. Then walking out of the hospital having to face abuse from Covid deniers who maintained it was all a hoax. Going back to a grim hotel room, going to bed, getting up and doing it all again in extreme circumstances. It doesn't take much to imagine what that would do to your mental health. The fury that would ignite in you.

Filming those scenes of Abbey facing abuse, people calling you a liar, makes you feel so angry and betrayed on behalf of the NHS workers. I feel the government betrayed our NHS workers. But they carried on, fought through it and they are still doing that today. And, of course, the impact of what they went through during the pandemic still lives with them today.

## **Every patient in this drama is a human being, not a number or statistic?**

Exactly. Every patient we focus on has their own story and emotional journey. That was very important because they're not just numbers, they're people.

It also shows how the NHS staff went that extra mile to make patients, including those who were dying, feel comfortable and not alone. They sat with them and held their hand and tried to give them as much as they could of what was important to them in their final days and hours. It's that emotional care and respect for life and love of life and humans that is what's so poignant and special about *Breathtaking*.

## **What does it mean to you to have been involved in *Breathtaking*?**

It has changed my views on death...and life. It's not something that I'd never thought of or had never crossed my mind before but I came away from filming *Breathtaking* feeling incredibly grateful for my life and for life in general. For every morning we wake up and get to have another day. And how you just never know what's around the corner. Good or bad. The great moments in life we have to absolutely make the most of. There will be difficult moments in life for every single human being. Nobody lives a life without pain or difficulty, no matter what their situation.

It did give me a great belief in people's humanity. Yes, there are people who are selfish and do bad things. But there are also people that are unselfish and do incredibly great things for other humans all of the time. That is really beautiful and something to be celebrated.

I'm filled with gratitude to have been involved with *Breathtaking*. That I was trusted to play Abbey. I feel really honoured to be able to be a small part of telling this story that I think is so important. It has given me a real renewed sense of gratitude for life.



# Craig Viveiros - Director

## **Why did you want to be involved in Brehtaking?**

I found the scripts extremely compelling and gripping. The way the writers Rachel Clarke, Prasanna Puwanarajah and Jed Mercurio have constructed the show, it really does veer away from any kind of tropes or devices of storytelling that we have in film or television. It was all very concise and clear and felt very real. A lot of the scenes are written sequentially, so there are sometimes 20 pages of scenes that run one after the other. And as gripping and compelling as the story was, the way in which it was executed on the page was also massively respectful of what these characters were going through. They weren't trying to trivialise it to make it entertaining. It was just real. So approaching it meant I could try and do something different with it artistically as well.

What grabbed me the most was the level of sacrifice from all of the people who worked in the NHS at that time. Obviously, there was a collective consciousness with regard to providing support or being in admiration of people who were doing that. But I feel like the reality of what they were facing has never really been described or detailed. There were the news interviews and various documentaries. But an in-depth look at what it meant to be working on the frontline at that time hasn't really been produced in a way that spoke realistically about the challenges they were facing and the realities of working at that time.

Everything you see on screen in Brehtaking is based on real events. Everything that happens in the story did happen. Obviously, we had to create fictional identities to give anonymity to the people who actually experienced them. But they all happened. It's about celebrating union, partnership and camaraderie. Out of all of the negative things that happened with Covid it really did show people coming together to beat a common enemy. And that is admirable again. You really want to know what happens to these characters. You understand and want to follow their stories. It's hard to believe that, for them, it was just a job. Many are not aware of the level of sacrifice they were giving.

## **How did you approach realising the scripts for the screen?**

After they asked me to do it, it was then a question of how would I execute it. I had to engage visually in the way that I saw it as soon as I read it. I wanted everything to be seamless, fluid and run in real time. My plan or design was always to find a location where I could have a 360-degree field of vision at all times and the camera could go anywhere and I made a very distinct decision not to have any marks for the actors or any kind of artifice with regard to film-making. I didn't want to fabricate anything.

I wanted to have a working landscape that was always operational, a 360 set, the hospital always full of extras, everybody had an action. Everything was going at all times to maximise the realism of it. And I wanted to move from scene to scene to scene, so we would often spend the first half of the day blocking everything and then the second half shooting it. I didn't want it to be filmed in a very conventional way, I wanted it to feel real, so you will see how I tried to limit the number of edits.

# Craig Viveiros - Director

Quite often some scenes will be one shot and it's just panning between the actors. It was a responsive camera. I wanted the camera to be like an individual in that space, so when you heard someone speaking or you heard someone coming towards you then you would pan. You would never be at that person for the beginning of their line but you might get there for the end. I was going for this almost anti-aesthetic feel to the show, we opted to go for a very distinctive look for *Breathhtaking*.

I worked with colourist Andrew Daniel, a long-time collaborator of mine who also worked on the Oscar winning *All Quiet On The Western Front*. He's done everything I've done since the early days. We looked at various different films and shows together and wanted to move away from this common aesthetic of a low contrast, low saturation, digital look. So we put together a different look. My frames are all very composed photographically. The way I design my scenes is all through very specific cinematic grammar.

This approach was more tailored to finding a unique realism and a believability in terms of placing our audience in the space. So that meant coming off the eyeline and capturing it as an observer. Sometimes shooting things three-quarters over the back of someone's head. Not cutting around on the dialogue. Just all of these interesting choices that feel accidental and like you really have captured it. And because you were there and that's all you could capture, that's all you're going to get. We're not going to come round and get a perfectly composed close up because that serves the drama. And this all goes back to making sure that it involves the maximum amount of authenticity possible.

## **Can you tell us about the hospital sets in Belfast where you filmed?**

We had three main sets - three different departments of the hospital. The emergency department, ITU (Intensive Therapy Unit) and Dr Abbey Henderson's ward. We had three floors of a wing of a former university building. We did an extensive search throughout Belfast and once I'd seen that location, I could see how it would work. When you're making film or television there's always a temptation to try and design the space or add your own identity to it, but the point of this is that it is a municipal building. It's very uniform and the floors look the same, so it becomes a much harder job from a design perspective to create that realism because it's all in the detail. It's in the texture on the walls, the scuffs and bumps in the space. It's how you build up all of these minute details to make it feel really lived in.

What you end up doing is looking on a really micro level about what the fine tuning is in these spaces. Even though architecturally they look the same, you definitely know you're in a distinctively different space. It's not that you're painting one floor blue and another one green. They are just slightly different shades of off white. But the accents of the space are different. So it becomes a much more nuanced and delicate job and one that required a sharp eye. Our production designer Ashleigh Jeffers had that and we worked together closely. He is an amazing talent. My direction to him and to most of the crew was, 'I have faith in you. This has to be based in realism. That is my fundamental key note. And that's how we're going proceed.' I would obviously steer them in the direction I wanted to go in terms of colours, tone, shape and patterns. And then everyone would present their ideas to me and I would say yes or no.

# Craig Viveiros - Director

The detail even went down to old bits of Blu-Tack on a wall. That came from a visit to Rachel Clarke's hospital. When I went into her office, I started taking photos of absolutely everything, including Blu-Tack on the walls. She said, 'Why are you taking pictures of Blu-Tack on the wall? I should have tidied the office before you got here.' And I said, 'No, this is exactly what we need. I need to see how this space is lived in, how it is real.' For me, it's those details of old Blu-Tack on the wall or the paint coming off the wall where the Blu-Tack was that really helps to provide this level of detail that is necessary to achieve something to the level we wanted.

## **There is a mention in the scripts of a 'dystopian' scene with rows of very ill patients on ventilators. How do you approach translating that for the screen?**

The approach I'm going for is all based in realism so I need to find an image of that. And that's when the research begins from my end. That's my prep. Finding those key images that I want to preserve in my head and usually I'll start with hundreds if not thousands and then they'll just get whittled down to something that becomes the one key image in my head. And that will be the source for everything.

When those descriptions come up it's then a case of how do I articulate what I want from someone? And that's by finding the true reference. It's not always like that, obviously some shows are built on design and that's great. That comes from lots of references you've built over your artistic career. But this was very specific in terms of finding an exact key image of an exact date in an exact location dealing with the exact medical procedure or type of staff or type of institution. Once you have all of those elements in place then you can get the key image.

## **Some of the scenes must have been challenging for the cast and crew to film?**

You can, of course, in no way compare the experience of filming this to the real events, but everybody was triggered in some way at some point during the shoot if not multiple times. We were working to a level of realism so running scenes at length. In some of the scenes we would have an intimate discussion with someone walking into the hospital from home and then somebody being faced with an issue with a patient and then having to go to see a different patient, having to deal with a personal problem and so on.

## **Medical procedures were filmed as they would be done in real time. Why?**

We decided to do that because we have to pay respect to the story. We're all very keen for people to understand this is a real story. Covid is such a polarising subject and we were all very clear that we wanted everyone to know that this was done with the most authentic processes all the way through.

So regardless of what people think about the content of the story, everything boils down to the authenticity of its execution and the truth of the story itself. But everything has to be on an equal playing field. Which, again, is why I approached it in that particular way of shooting it. I don't want any artifice. I don't want people to look at it and say, 'OK, well that was done for dramatic purposes.' It wasn't. Everything we did is real, genuine and true. All done with the intention of being the most believable story.

# Craig Viveiros - Director

## **What was the thinking behind the juxtaposition of archive footage from the daily No 10 press conferences with the reality of what was happening in the hospital at the same time?**

It's for the audience to make its own mind up, it's about just presenting the facts and letting the audience take what they will from it. But just by presenting the facts it is quite clear what you will take from it. There's a sense from the government of wanting to keep the public calm. And I get that, I respect that, but also people are not stupid. They understand the problems they are facing.

There are also issues like health rationing where due to lack of resources doctors faced impossible choices about who should live and who should die. I think there is a slight public awareness about that having happened. But the level in which we detail it in the drama, that hasn't been seen. It should be a real eye-opening experience for the audience.

## **You had worked with Joanne Froggatt before on Angela Black. What did she bring to the role of Dr Abbey Henderson?**

Joanne Froggatt brings humanity and accessibility. She is an amazing actor, able to convey a sense of realism and approachability. It's believable. That, for me, was always something that we had to go for. When we're looking for authenticity, we wanted someone who people can relate to and that is what Joanne has. She has a warmth and a huge capacity for empathy. People love her and love what she does. She's not trying to be a showy, flashy actress. Joanne is a really beautiful performer.

## **You highlight the abuse faced by NHS staff...**

It's crazy when you start to really understand that level of abuse. There's a certain level of accountability that exists beyond anybody who may have abused staff. We're talking more about how the government approach the public. If you are asking people to not see relatives, to be locked down, for certain people in power it's OK for them. They have a big country pile or they have large houses and gardens. But what about the single mum stuck with three kids on a council estate? Someone who is dealing with an abusive partner? Somebody who is having mental health issues? What about them? Who takes accountability for that?

This story is not about labelling people who were disbelievers in Covid, objecting to the vaccine or whatever. It's not about trying to call them out at all. This is about holding the government accountable. They had the task to calm this, to keep these people informed and trusting the authorities in what was being done. And because of misinformation, the flip-flopping, the nonsensical regulations and everything else that was going on, because there was no clear definitive line on what to do and how to do it...people began to look for alternatives. That's the catalyst for it. Those are the real people who are accountable for this. Not people who spit in someone's face at a protest. It's that lack of information, foresight and leadership that ended up creating this landscape of mistrust and mistruth.

# Craig Viveiros - Director

## **Breathtaking reflects the diverse nature of NHS staff and the way they went above and beyond in their care of patients?**

We wanted it to feel like a London hospital. One of the most diverse cities in the world. It was really important to show the tapestry of the United Kingdom and a sense of the real identity of the nation in all its forms. NHS staff went way above and beyond what many people may think their normal jobs are. And they continue to do so today. It is part of the duty they feel. That's why it's so admirable. They are underpaid and overworked. They are constantly working overtime without pay because they care for their patients. The current state of the NHS is a real problem in terms of understaffing and lack of funding. Staff are being taken advantage of because others understand they have this loyalty. So instead of providing the right amount of support so that people can do their jobs properly they are relying on their good nature and goodwill to get the job done. They are being taken for granted.

## **What does it mean to you to have been involved in bringing Breathtaking to the screen?**

It means everything. I'm honoured that they asked me to be involved. To come on this journey with them. It was a really compelling script. As soon as I read it, I wanted to be involved. But in terms of what it means to me, it's just a chance to contribute. To find a way to give something back. If I can be involved in bringing their story to the masses and shed some light on the grave situation that the NHS is facing, it's a contribution to public service television.

I could go away and do a big sci-fi movie, but I'd rather be running around the hospital with the camera on my shoulder trying to find the truth of the story. It was a really rewarding process. Every day I went to work feeling like I was doing a job that meant something. That was important.





# Dr Thom Petty – Lead Medical Advisor

## **What is your background?**

I trained as a doctor and specialised in anaesthesia/ITU. After working in the NHS for 8 years I stepped away from clinical practice and worked for a medical defence organisation. Suddenly finding myself in a nine to five job was the catalyst to start thinking about other things in life. I trained as an actor and I've juggled a portfolio career ever since- acting, directing and writing alongside working as an anaesthetist in the NHS.

I was at drama school when the pandemic struck. On the Friday I was doing a clown workshop, then on the Sunday I was working a hospital shift in anaesthetics and had to put my hospital's first Covid patient onto a ventilator in ITU. It was a strange dichotomy. After lockdown, I went back to the NHS full time for a few months and worked in ITU and anaesthetics for the first wave.

As well as being medical adviser I also play Neil in episode one. Breathtaking was a collision of my two worlds in a way that I doubt will ever happen again.

## **Did you know Dr Rachel Clarke and her book Breathtaking before this came along?**

I was aware of Rachel and knew about her social media presence and wider advocacy work but I hadn't read her books. I don't tend to read medical memoirs and similar- it's the same with medical TV dramas, they're not particularly on my radar. I think it's the same for a lot of medics.

I fed into some of the early Breathtaking scripts- Rachel, Prasanna Puwanarajah and Jed Mercurio consulted a lot of people in different specialities. They were very authentic which of course reflects the writers' experiences of working in healthcare. I've certainly looked at it all and thought, 'Well, this has either happened to me or I've heard about these events happening to colleagues elsewhere'. It's all there.

# Dr Thom Petty – Lead Medical Advisor

## **What did your role as lead medical advisor entail?**

Essentially the job was to oversee the day-to-day implementation of the scripts in a medical context. I worked with a junior doctor, Dr Andrew Cinnamond, and an ITU nurse to ensure that the machines, the supporting artists, the various bits of medical paraphernalia and the environment were as accurate and realistic as possible. We liaised extensively with the the art department, costume, and hair and make-up.

On top of this we also worked with the cast to get the culture and tone right, because the NHS is so much more than buildings and equipment. We dug deep into the scenes to understand the types of people that work in the NHS, the interactions, the hierarchies between different departments and status. The fine behavioural details are what I hope will make Breathtaking come alive, particularly for the NHS staff watching.

As we moved in post-production, I was involved in advising on the medical elements of the edits, and in the visual effects and sound design. We didn't leave any element to chance- every bleep sound, telephone ring tone and oxygen hissing was carefully considered and placed.

## **How did you work with the actors?**

We held a medical boot camp before we started filming to do some crash course medicine, clinical skills, patient examinations and to rehearse the complex medical sequences. The cast were sponge-like in wanting to understand all nuances, the hospital environment, the hierarchies and the way people communicate. They were so open to work with and to the tiny tweaks, even on-the-fly between takes where there's just a few seconds to adjust something. Joanne Froggatt fully immersed herself in the process and towards the end of the shoot was even coming up with bits of ad hoc medical dialogue herself.

There were very few hard and fast “this is how it was” situations. Medicine is like that- there are often a variety of options and nuances in the way a situation might be handled or how a medical sequence might play out.

We had to be careful not to tread on the acting itself or on the director's notes, but found a space in which to fine tune the medical behaviours, the tone of communication between colleagues or with patients, the way somebody takes off PPE, how they might handle a piece of equipment, how they might make physical contact with a patient. Being an actor myself gave me some shortcuts to finesse these elements. Standing at the monitors, I had moments of looking at the cast and thinking, ‘These people have been doing this a long time.’ They are just fantastic.

# Dr Thom Petty – Lead Medical Advisor

## Can you tell us about the hospital set and the medical equipment?

Ashleigh Jeffer's brilliant set was constructed in an old university building in Belfast over three floors, so that we had an Emergency Department, a medical ward and an ITU. We shot almost chronologically, and so construction and design of the ITU was ongoing whilst we were shooting scenes downstairs in the ED. The level of detail was astonishing- scuffed walls, posters, clutter- it was an immersive experience and this allowed the director to shoot long sequences and follow the action through the clinical areas.

We had to source a large amount of technical equipment- ventilators, CPAP machines and monitors- especially for the ITU. And then we had to consider how the actors and supporting artists interacted with that environment in an authentic way. The props department were hugely inventive, for example cutting off tubes and laryngoscopes in order to appear that they were fully inserted, or cutting discreet holes in the tight-fitting CPAP masks so that the actors could breath normally.

The ITU was particularly challenging as it has a huge amount of technical equipment and we needed to allow room for the number of beds and patients to expand over the timeline. Ventilators require pipes, supplies of oxygen, medical air- they are intelligent machines and need a patient to be attached to look like they are working. Of course we couldn't do this so our medical equipment supplier devised some clever work arounds with hidden make-shift lungs underneath the set.

In Breathtaking the medicine really drives the story and so the monitors have to display some very specific physiology in terms of blood oxygen saturations and waveforms on screens etc. The actors and supporting artists playing patients thankfully weren't unwell with Covid, but this meant that when attached to our live machines they weren't going to display the physiology we needed. We brought in the visual effects team to finesse these elements in post production. We were also able to tweak the colour grading to ensure that cyanosed patients (those with low oxygen levels) had the right skin tones.

We wanted the CPR (Cardiopulmonary Resuscitation) sequences to be visceral. In-hospital cardiac arrests can be quite fraught and chest compressions are often not depicted accurately on television. We used a "chest rig" which comprised a sunken bed to allow the actor to lie beneath a protective prosthetic chest and allow us to do CPR. It was very affecting to see it in action.

# Dr Thom Petty – Lead Medical Advisor

## **Did filming bring back memories for you?**

The thing that most took me back to the pandemic was putting on PPE (Personal Protective Equipment) again. I play an emergency doctor called Neil in episode one who is involved in the resuscitation of the first Covid patient. It'd been a while since I'd had to put on the full gown, visor and tight-fitting mask- the sensation and the smell of the material was very evocative.

It was really useful to be able to step into the acting side and sense the set and the story in an immersive way. It helped me discover what the cast would need in order to feel in the moment, because it's never quite the same going through the motions of something medical when fundamentally you know it's not real.

## **We see the impact on staff having to wear tight fitting masks for long periods...**

Rachel Clarke was keen that the skin damage caused by masks was represented accurately on screen. She liaised in advance with Maria Moore, our hair and make-up designer. There were different levels of PPE skin markings from light pressure and redness, moving on to the more serious damage and skin breakdown. Part of our role was to be very specific about how this translated into the storyline as we moved through the script and people were wearing PPE for longer periods of time.

## **Breathtaking pays tribute to health care staff who lost their lives. People who went to work knowing Covid could kill them?**

Many healthcare staff lost their lives and sadly it was no exception at my hospital. This affected staff greatly- caring for your own adds an additional layer of complexity and responsibility. It's hard now to cast our minds back to how it felt- we didn't understand the disease and we were unvaccinated. People dealt with that in different ways and there was a huge amount of anxiety. I think Breathtaking also shows the domestic side of this in both Abbey's and Ant's storylines- the stress on family dynamics.

## **The cast reflects the diverse nature of the NHS...**

Breathtaking reflects the very diverse nature of the NHS throughout the country and it's brilliant to see global majority characters at the forefront of the stories both staff and patients. That's really important to reflect. We have a huge number of incredibly skilled and passionate people from overseas who come to work in the NHS and have made the UK their home. Whilst the story is set in London, it's something that we benefit from throughout the country.

# Dr Thom Petty – Lead Medical Advisor

## **Breathtaking reveals the many acts of kindness by NHS staff when dealing with seriously ill and dying patients?**

The small acts of kindness are a way of getting some control back in an NHS where it can often feel difficult to influence your day-to-day. They are very beautifully laid out in the script. Those things really do happen in the NHS- it's often said that the system runs on goodwill and over the years I've come to realise that the personalities working within it are the essential glue. We cannot underestimate that- the more it is undermined, eroded or taken for granted I think we are at real risk of losing it.

We got very statistical during the pandemic but Breathtaking distils the numbers into individual stories which illustrate the wider context.

A lot of people found it very challenging after Covid and have since left the NHS. The emotional and mental impact is still here today. The concentration of cases, of very severe clinical situations in a very short space of time, was unprecedented. I'd been a doctor for 15 years at the beginning of the pandemic and I'd seen my fair share of stuff, but it was something else to experience that sudden influx of seriously ill cases, some of which remain with me now and I think about often.

## **What does it mean to you to have been involved in bringing Breathtaking to the screen?**

I'm incredibly grateful to Jed, Prasanna and Rachel for bringing me on board- it's been a very personally relevant and important project. There's a huge power in television drama and I've just wanted to reflect everything as accurately as possible to do the script and the wider story justice.

# CHARACTER CREDITS

JOANNE FROGGATT  
BHAV JOSHI  
DONNA BANYA  
PHILIP ARDITI  
MARK DEXTER  
STEPHANIE STREET  
NAOMI DENNY  
GEORGIE GOODMAN  
LUCY MONTGOMERY  
GEORGE GEORGIU  
CHRISOPHER HATHERALL  
CAT MCKEEVER  
JODIE MCNEE  
MARY WOODVINE  
ANGELA BAIN  
DAVIND GANLY  
JOSEPH CHARLES  
TAMMY HEATH  
TAMER DOGHEM  
ROXANNE SCRIMSHAW  
THOM PETTY  
TADGH SNODGRASS  
AFRO PARISE

ABBEY HENDERSON  
ANT  
EMMA  
METIN OZKUL  
MIKE  
JO  
CHANTELLE  
DIVINA  
CLARE  
HUW  
NICK  
TRACEY  
JULES  
FROST  
SALLY  
RICHARD  
ARCHIE  
ALISON  
YUSSUF AHMED  
MRS AHMED  
NEIL  
ITU JUNIOR DOCTOR  
DR ROSSI

STACEY GREGG  
MARK WEINMAN  
AMBER MULDON  
GERARD GILROY  
ALICE MCCARTHY  
EDWARD CROOK  
CLIODHNA MCCORLEY  
COCO PRADA §  
ANTOINETTE MORELLI  
PATRICIA JONES  
FREDDIE STABB  
HARRY LONG  
ADAM RASHED  
DANIEL TUIE  
MICHAEL CARNER  
EDWIN NWACHUKWU JR  
MAEVE ELMORE  
LAVRENTII TARASEVYCH  
TONY BROWN  
SARAH MALIN  
MOLLY MERCURIO  
NORMA DIXIT  
COLIN MURRAY

JUNE  
ED NURSE  
FIT TESTER  
PARAMEDIC 1  
PARAMEDIC 2  
JAKE  
HEATHER  
ENRICO  
DAUGHTER  
ABBEY'S MUM  
ELLIE BRIDGES  
SIMON  
KHALID  
SAM  
MR ROGERS  
NIGEL  
COVID DENIER  
TAXI DRIVER  
COVID DENIER VIDEO  
MRS SMITH  
RUNNER  
ANT'S MUM  
PRESENTER





**If you use any material from this press pack, please include the transmission date:**

***Breathtaking airs on Monday 19<sup>th</sup>, Tuesday 20<sup>th</sup> & Wednesday 21<sup>st</sup> February on ITV1 and ITVX or STV and STV Player***

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