

Peer-to-peer networks

Dr Dave Henson MBE & JJ Chalmers- Episode 005

Emphasising the importance of a sense of belonging which can be drawn from networks.

We talk about teams, individual and collective strength with Dr Dave Henson and JJ Chalmers.

Michael: Dave, how do you use teamwork today?

Dave: So, at the minute, I'm employed at Imperial College London. I work in a research group that specialises in developing prosthetic products for low to middle income countries. There are four of us in this team, each with a complimentary skillset, and we're working incredibly closely together to solve some of the more complicated problems in prosthetic development. We have various types of mechanical engineers, biomechanical engineers, movement analysis specialists, within the team. And we're all closely knit, closely united – even over this Coronavirus period – to deliver on the end goal, which is to improve and enhance the delivery of prosthetics services worldwide.

Michael: And why is that work important?

Dave: The work is important because around the world there's a large majority of the amputee population that still don't have access to prosthetics equipment, clinical services, or clinical staff. So, in the UK, we can consider ourselves extremely lucky because we have a well-founded prosthetics provision policy funded by the NHS to a decent enough level that if you need some form of prosthetic product, you're pretty much going to get it. Whether it's the right prescription, or not, remains to be seen, but you get whatever you need, really. Now around the world, there just isn't enough. And it's founded upon the problem that globally there's a shortage of at least 40,000 trained prosthetists. And accordingly, we push out only around 400 fully trained professional staff per year, globally.

So, you've got an awful lot of people around the world who simply cannot access a clinician to get the necessary treatment. And this problem is compounded by the fact that, especially in developing countries, there's still a substantial amount of stigma attached to being disabled. So if you're a child, for example, who's been born with a limb deficiency, or a limb abnormality, and you require treatment through prosthetics or orthotics, there's a high chance your family are actually going to hide you away because of the shame of having a disabled person in your family. So, you've got a problem which is founded upon not enough clinical staff and

compounded by the fact that there's still this huge stigma attached to it. So, our work concentrates on many different areas, with the main priority the development and delivery of new technology, but solidly underpinned by the development of new educational programmes, new PR campaigns, and new networking to bring people in together.

Michael: Are there other military people in the team?

Dave: No. There's no military people in my team apart from myself. There's three other members of academic staff within our Imperial College team, and we're partnered with other research institutions around the world.

Michael: And what's the next stage after COVID with regards to this team?

Dave: So, the next stage is to get back into some shared physical space. Over the last four months, we've been working almost entirely remotely, with one or two of our team members pairing up to go and get some essential work done in our workshops. But, no, the next few months it's coming back together in person to develop and deliver our prototypes, and get our prototypes tested in the lab workshops in the UK, before reaching out to our overseas partners, particularly our research partners in Rwanda, Cambodia, and Tanzania, to develop the products in accordance with the people who will eventually use them.

So, the delays on our work have been caused by the restrictions on travel, especially internationally, and the developing pandemic in sub-Saharan, and Africa specifically, and resurgence of some Coronavirus hotspots in Southeast Asia. So those are the delays which have caused significant amount of problems. But, yeah, as soon as we can, we'll be getting back in and pushing the team further forward. Although we've got four researchers working on it in the UK, we've got several other teams around the world helping us to deliver this project, specifically on the PR and the anti-stigma campaigns as well as the educational campaigns to bring people up to speed in their professional clinical development.

THE
CONVERSATION
WITH THE NHS

Michael: JJ, how is being around, and within, a supportive team helped you to grow and develop?

JJ: Ultimately, it gives me the courage to be able to do whatever job it is I'm doing at the time. Now, obviously in the military, courage is at the forefront of putting yourself in the line of danger. As a TV presenter now, it's not as dangerous as my old job, but Twitter does say mean things about you sometimes. And the idea that I have this incredible team of people around me that give me the confidence, because they have this amazing skillset, and whilst I'm the person at the front, I'm at the pointy end of this, when you're in front of the camera, you have the confidence to do that because of this amazing team of people behind you.

I've always said that you can tell the strength of a team by how long the WhatsApp group lasts for after it's been disbanded physically. And so what I mean by that is, I'm very lucky, particularly in sport. I get to work all around the world on some things like the Commonwealth games or the Paralympics, but even on large major events here in the UK at Lord Mayor's Show, or the D-Day commemorations we had last year. And because of the freelance nature of television, people come in to fulfil certain roles within that team. Some of them you might know, some of them you meet for the first time. And I'm still early in my career, and in many ways when you're in front of the camera, trying to give that sense of confidence to the people around you that you know what you're doing, and they can trust you to be out front, but also being able to ask for help as and when you need it. It's a tricky balance at times, but it's better to make the mistakes or ask stupid questions, rather than make mistakes when it's live. So, as I say, the fact that I have the confidence to actually do my job, is because I completely rely on the people around me.

Michael: Who do you work with now?

JJ: So, I am a freelance presenter, but I do most of my work for the BBC, whether that's BBC Sport or BBC Event, and I also work with Channel 4. It really just depends on who's covering the event. And again, those are the sort of umbrella channels, but most of these things are made by production companies. When you're watching the telly, if you watch the credits, that's the logo that pops up at the very end of a programme. Even though they are production companies, a lot of the people that end up working for them are freelance. And so you will end up seeing the same reliable faces along the way. And it's really nice to see a friendly face when you turn up on the other side of the world to work on something you've never been to.

Michael: Are there similarities between working the way you just described and being in the Marines? That 'getting the job done' mentality? Is that something you thrive on?

JJ: Completely. And thrive is the absolute right word. I've said since being injured, I didn't just want to survive, I wanted to thrive. And that idea that I can turn up in an environment with a new team of people, sometimes I've never met before, but again, we have that shared mission, that shared purpose, and that is to make the best programme that we can, cover the sport, shine a limelight on incredible athletes, great stories, whatever it might be. And so that mission, that purpose, is so much bigger than yourself. And that was exactly the same in the military - you turn up on the other side of the world. Don't get me wrong, telly is a lot more comfortable than it was in Afghanistan.

I worked with a really inexperienced broadcaster who'd come from the Parachute Regiment actually. And he said to me: "This is like being in the military, isn't it?" And we were kind of taken back and surprised by it. But, of course, it's not that surprising at all because the principals, particularly those of teamwork, and that shared mission and purpose, can translate into any walk of life.

Michael: Dave, tell me about the CASEVAC Club.

Dave: So, the CASEVAC club is a membership club. It's a private members club that consists of service men and women who were wounded during engagements in either Afghanistan or Iraq, to such a degree of severity that they required casevacating (evacuation of casualties) from the battlefield, and subsequently medivacating (medical evacuation) back to the UK. And some people, obviously, went through Germany, but mainly back to the UK, and began that rehab process. It tends to be through Headley Court. And the founding principles were based on the fact that actually when you go through this rehabilitation, yes, you've got a world class team in front of you - the clinical professionals that deliver your healthcare treatment: physiotherapists, prosthetists, doctors, GPs, nurses, occupational therapists, et cetera. You've got this world class team in front of you. But, actually, what made the difference for us was the people that you were undertaking your rehabilitation with.

THE
CONVERSATION
WITH THE NHS

So, for me, it was JJ, it was Scott, it was Spider. It was all these other guys that went through rehab at the same time as you that really drove you on and pushed you forward to get the best out of yourself. So, whilst we had this multidisciplinary team in front of us, providing us with our healthcare, actually we had this really solid and united team amongst ourselves delivering the rehabilitation work itself. And we're very aware of how much that peer support network improved our outcomes and pushed us on to bigger and better things. And you've seen, and indeed had on the podcast, examples of many different individuals who've gone off to do exceptional things. And the point in the CASEVAC Club was that just because our official period as inpatients in the rehabilitation environment had come to an end, there was absolutely no reason why we had to rescind that peer support network, why we had to give up that trust, and that faith, and that motivation that you can offer one another because of the personalities involved.

So, we wanted to create this format and this model by which that peer support network could continue long into the future. So primarily, it's there for social support to continue to monitor and be aware of each other and push each other forward, pick each other up when those inevitable down periods come about.

There's some other underpinning reasons why we wanted the club to exist. We wanted to contribute back into medical research. So, the degree of severity of wounding that we're talking about, by rights most of us should not really have made it back from the battlefield. And as a result, you've got this whole cohort of people who are still alive that really shouldn't be alive. And there's a lot which medical science can learn from that. So, we've offered ourselves up as a research cohort to the very best in research studies to see if we can tease out those lessons and ensure that there are more future survivors. And additionally, we feel that as a cohort of individuals, primarily through the likes of Blesma, and Help for Heroes, the British Legion, the British public have been incredibly supportive of us as a community of injured service men and women.

So, we wanted to have a vehicle by which we could give back to the community at large. So, we also have a benevolent face on the club, whereby we raise money and offer support to various different organisations each year. So last year, for example, we contributed some significant piece of medical equipment to Great Ormond Street Hospital to try and improve the outcomes of some of their heavily premature babies that were delivered in their neonatal unit there. And this year, we're supporting the Make a Wish Foundation both financially and through offering support and experiences through the various different things which members of the club have got going on amongst themselves. So primarily it's a social support network, and it's very active in that social support. But we also take part in high level medical research and support giving back to our communities.

Michael: It's just amazing to think that out of adversity and trauma such great impact, societally, is taking place. JJ, we mentioned Afghanistan a second ago. How were you injured, and what was the severity of the injury?

JJ: So, it was May, 2011. I was part of a team that was searching a bomb making factory. Basically, an improvised explosive device (IED) was detonated when we were in there. And Dave is no stranger to an improvised explosive device, that's how he lost his legs. But unlike Dave, who was on top of the device when it went off, I was still talking to the bloke that activated it. And so all the rubble that comes off of it because they're buried in the ground, that came my way really, and it just bludgeoned me. We talk about complex trauma, I kind of epitomise that in a sense, actually. I kept, pretty much, every part of my body, except for a couple of fingers. But every element of it had been damaged in some way.

And so, it took nine weeks in hospital, initially, to be able to get out of my hospital bed. And then it would take a year of rehabilitation after that in Headley Court, which Dave talked about earlier. But ultimately, I was in and out of hospital for five years and arguably I still have flare ups now and again that stick me back in hospital. Don't get me wrong, I am far more able than I was the day that I woke up from this. But what you learn is that – and Dave talked about it with the CASEVAC Club – basically the side effect of being alive is that you must accept that we'll never fully recover from these injuries, and you must learn to live with them.

THE
CONVERSATION
WITH THE NHS

Michael: But that doesn't mean that you can't grow and become a better person, and a better collective, does it?

JJ: No, no, of course not. And when I think about where my Plan A went out the window, Plan B went out the window, and I'm on about Plan Z for what life would look like now. But I'm in a far better place now. As simple as that. I have a career that I love. I've got an incredible family. I've got an amazing support network of friends. And I wouldn't have met so many of these people if it wasn't for the scenario that I find myself in. And, as Dave was talking about with that peer support network from the CASEVAC Club, I'm just honoured to be counted amongst their members because we were given this absolute golden ticket, which is survival. And when you're given that level of perspective as well, you're able to stop taking things for granted effectively.

I think lots of people are learning that right now, during COVID. Many of the things we took for granted have been taken away. And so, I really hope that whilst people try to get back to normal after this, you realise that first of all, you'll never go back to normal because you've changed as a person. But also, you shouldn't want to go back to normal.

I really hope that, for example with COVID, that we continue to appreciate the NHS, and the incredible work that it does. Obviously, I have my life, to this day, because of them. It's difficult that it's taken something as enormous as this to make people truly appreciate how wonderful it is.

Michael: And your sister has been working on the frontline since this all started. So you've got almost a foot in both camps. Dave, I just want to talk about frustration. Have you ever felt misunderstood along this journey?

Dave: Yes. I think it's fair to say that I've had that feeling of being misunderstood.

So, I took up sport like many others have done as an integral part of my rehabilitation. And I managed to get myself to a competitive level. Certainly, I pushed myself to qualify for the Rio 2016 Paralympic Games. I qualified, and I got out there, and I had managed to gain a bronze medal in the 200 metre sprints as a T42 bilateral limb amputee, which was an incredible moment. But the journey itself was reasonably complex. Track and field can be quite an isolating sport, certainly within my coaching group there was my coach, another military athlete, and myself who were all reasonably geographically separated. So, I'd say probably 90% of my training was conducted completely independently of anyone else.

In fact, most of the time I was usually the only person at the track, let alone people from other coaching groups. So, it was quite an isolating journey, which culminated in Rio, really. By the time I'd finished my event, I found myself in a position where I needed to celebrate this newfound identity, this newfound lease of life. But I didn't really feel like there was that many people around who understood the concept of the journey through recovery. I think the majority of other athletes there were civilian athletes who'd come through more mainstream routes to get to the Paralympics, and were all fantastic athletes, but didn't necessarily have the relatable experience which I was longing for. So, certainly in the first day or two days after I finished my events in Rio, I did find myself quite isolated again, and just not really having the right people to share that experience with.

And thankfully there was other military athletes there in Rio at those games. And, as their competitions came to an end, there were more and more people around who could share their experiences. And certainly, JJ and I, and the other military athletes that were there, got together to do a joint interview to discuss this recovery journey, and what it had taken to achieve what we'd achieved in getting to those games, and going through those games. So that alleviated itself before the end of the competition, but it was a very isolating experience. And I longed for that team, and that sense of belonging, and those people that had understood the complexities of the journey intimately, without necessarily having to be so explicit in the discussion of them.

Michael: JJ, Dave was injured on Feb, 11, you were injured in May, 11. You were in Rio as well. Are you just following Dave around?

JJ: You know what? Effectively. There was a time where we came out the back of the Invictus Games, and we'd won our medals, and in some ways, I sort of pictured myself riding off into the sunset because I'd achieved, in a sporting field, something beyond what I'd ever dreamt of. But I still had an itch to be part of that sporting community. And I was looking at guys like Dave, Joe Townsend, these great athletes that were heading to Rio to compete. And having been involved with the media side of things from Invictus, what I really wanted to do was tell their story. I wanted to shine a light on the inspiration that I'd taken from these guys along the way.

And I kind of joked about it initially, "I'm going to go to Rio to be a pundit or something." And it wasn't until Dave basically said, "Yeah, you should do that." That I suddenly believed in

THE
CONVERSATION
WITH THE NHS

myself because somebody else believed in me. And then my wife, as she always does, really gave me a kick up the bum and said, "Stop talking about it, go out there and do it." So I made some phone calls, I linked up with the teams that had produced the Invictus Games coverage when I was a competitor. And I got myself into the key position of being a presenter for the Channel 4 coverage. And the big moment came, Dave mentioned the interview that we did there with the cohort of military athletes, but also I had Dave, live in the studio, after he just won his bronze medal, and I'm sat there interviewing my best mate. And that was the culmination, that was it. I basically set out to make that moment happen. And there I was. And I actually said it live on telly, "I've achieved my dream. I'm going to need a new one." And that's the interesting thing about the environment that we come from is that we never rest on our laurels. If you achieve something – great, and you learn from it. Same if you fail at it – you can learn from that experience. But essentially, it's about looking for the next key goal. And that's how I've launched into a career as a broadcaster, because I found the new meaning and purpose.

Michael: Dave, what do you think makes a good team?

Dave: Yeah. So, for me, I think the essentials of a team are the vision, or the strategy, or the mission upon which that team is built or based. So you need to have that shared vision, that shared understanding of what it is that you're going out there to achieve. And if you don't have a clear mission or clear vision, actually achieving that cohesiveness, that team cohesion is incredibly complex. In the military, it's very straightforward. Whereas I find it a little bit more complicated in civilian life. But the key underpinning is you've got this vision upon which you can base your purpose. Then I think it's a case of having the right composition of the team. So everyone understands that specific individuals have great strengths, but they also have weaknesses as well. If you get your team composition right, your collective strengths balance out those collective weaknesses. Therefore, you can present this united front in accordance with the mission that you're trying to achieve.

I think people always try and build a team based solely on the strengths of particular individuals. Too often, they forget about the shared weaknesses. Everybody has weaknesses, it's completely normal to have weaknesses. But the art of true leadership, I think, is identifying those weaknesses, so that you can draw the most out of your team, as and when possible. Within my team at Imperial College now, we've got exceptional individuals which, when combined, lead to an all-round strong team for delivering on our collective mission. And we're all

aware of who's better at what, so we can allocate the tasks accordingly, which take us one step closer to achieving that long-term vision.

I think it's that underpinning of mission strategy, or vision, or whatever you want to call it, that's the absolute key point you need. Then, as a leader, you can get your team to buy into that vision. And you can push forward from there.

Michael: JJ, I want you to answer this next question, although either of you could have quite happily answered. Do you think that you'd be here today doing what you do, and in the way that you're doing it, if it wasn't for a supportive network around you?

JJ: The simple answer is: I wouldn't be alive if it wasn't for the supportive network around me to begin with. My boss in Afghanistan, who sadly lost his life in the incident, was a young leader, 23 years old. His greatest strength, I thought, was the fact that... you hear that terrible phrase, which is a leader will never ask someone to do something that he can't... well, that's nonsense because at the end of the day that's the point of a team – bringing people together with a skillset. And that's what he did so well. He brought us together. He knew that we could do things that he couldn't. And collectively, ultimately the processes, and the values, and how we trained and readied ourselves, saved my life in that instant.

And then beyond that, my life was in the hands of other teams. I was picked up by a helicopter with a crew that knew what their mission was, knew what their job was. I went to a hospital that did the same thing. They flew me back to the UK and then into a hospital with this incredible network of people working so interdependently. And as I say, my life was saved, but also just the life I have today, the career I have, the family I have. I am able to do that because of the unbelievable people that I'm surrounded by. And even during this COVID period, where I haven't physically been able to see them, my morale has been kept up by great little WhatsApp groups that are silly on the surface, but are actually underpinned by the fact that these guys, they keep an eye on me and I keep an eye on them, and that gives me a reason to get out of bed in the morning and better myself.

Michael: Gentlemen, it's been a real privilege to spend this time with you. Thank you so much, Dave. Thanks so much, JJ. And we will leave it there.