

# Ten minutes with Professor Marion Lynch, Covid 19 Technical Adviser, Tropical Health and Education Trust (THET)



## Biography

Marion is currently working as COVID-19 Technical Adviser with Tropical Health and Education Trust (THET). In this role, she brings together 38 years' experience of working in clinical, educational and leadership roles in the NHS and across the world. Marion has extensive experience of health systems development and partnership working. She is a Charity Trustee, Charity Director and has her own consultancy; Quality Education and Research. In 2018, Marion was an HEE Quality Improvement Fellow, working with the Ministry of Health in Zambia to develop the country's quality strategy. She holds a Visiting Professorship at the University of West London where she teaches health students from across the globe.

Marion holds a Professional Doctorate in Health Science, an MSc in Health Promotion and Health Education and an MSc in Primary Care Development.

## WHAT ARE THE KEY LEADERSHIP MESSAGES YOU WANT TO GET OUT TO THE BMJ LEADER READERSHIP?

The key message I want people to take from this is leadership is a behaviour not a position, and it's about the actions we choose to take.

I held a position as a senior leader in the National Health Service (NHS) up to 2020. I had a title and I had a team, but I walked away. Now I have a portfolio of roles where I demonstrate the leadership skills I learnt in the NHS in a different way.

I want to influence what is happening to improve the quality of care and equity in the system. I only have myself to rely on now, no title or tenure in a grand sounding job to open doors and trigger a timely email response. This is what I love doing. I love it because, and this is the message I want people to take away; I can now work to my values, authentically and compassionately. I wanted to be able to influence at the grass-roots and at WHO level, and I can do that now that I am outside of the NHS.

## TELL US A LITTLE BIT ABOUT YOUR LEADERSHIP ROLE AND HOW IT IS CHANGING AS A RESULT OF THE PANDEMIC?

In 2020 everything changed. 2000–2018 I had been in senior NHS strategic and educational roles and I decided to stop for a while to rethink my career (at 55 years old) and volunteer as a Health Education England Improving Global Health Fellow. I spent 6 months with the Ministry of Health in Zambia where I had realised I wanted to work in global health and not in the NHS.

Circumstances meant that I was in New Zealand when the COVID-19 pandemic was announced, I was in a camper van and without internet on Wharariki Beach on the West Coast of New Zealand. I had been seeking the location of the Windows 10 Screen Saver image I had been staring at on my NHS laptop. I gratefully accepted a German Embassy flight back to Europe in return for being their clinical cover in case anything went wrong. Another leadership role I thankfully did not need on the 24 hours no frills no moving about flight!

On my return to the UK I took an educational role in the Nightingale London with their get it up and 'build it as we go' education faculty. This required a completely different approach to leadership, and I watched and learnt and then offered my thoughts on the system and design.

These completely new roles with a completely new need showed me that leadership skills need to be transferable and you need to be adaptable, whether taking the lead to produce module content while on your own on the other side of the world or following instructions as part of a brand new faculty training 2000 people in 4 weeks.

It all changed again when I took a role as COVID-19 Technical Adviser with Tropical Health and Education Trust (THET). I am focusing on what is really needed, coproducing work with those who need it, supporting bidirectional learning so we gain the most from the COVID-19 expertise and experience from all countries.

I am able to bring a clinical skill set plus the knowledge and language of the NHS to THET while learning the ways of working and language of non-governmental organisations. It is rewarding to be able to explain why things happen in a certain NHS way and what the clinical issues are that will impact on a project. This is another leadership skill, the skills of connecting people and ideas.

THET focus on quality, equity and inclusiveness highlights the values and vision of the organisation and again, a moment of pride that I am now part of this team. I am now working with THET to expand the UK NHS links to global health so that more people may have the opportunities I had; to learn from and with others and contribute to improving care on a global level. This is not a full-time role and having a portfolio of roles is a challenge to manage. I am a Charity Trustee, a volunteer and have a website and company which is another level of leadership and self-belief. None of this would be possible if I had stayed where I was.

## WHAT EVENTS IN YOUR PAST EXPERIENCE ARE MOST INFORMING YOUR LEADERSHIP IN THIS PANDEMIC?

One which I really recall is the influenza pandemic in 2009 when I worked with the Porton Down and the Health Protection Agency to develop innovative disaster planning educational programmes. We had a team of general practitioner registrars testing out an evolving scenarios approach for pandemic influenza to enhance factual and attitudinal learning in general practice. I was recalling this at the Nightingale when we were examining the education approaches and looked up our 2009 publication. Another aspect of leadership is to find the evidence even if it is your own.

Something closer to my heart that I recall is my work introducing significant event analysis in the slums in Kenya. I remember this clearly because a baby had died, probably of cholera.

I remember the team being so utterly broken. Dealing with such sadness because of lack of access to rehydration salts, caused by a failed process. This scenario highlighted another important leadership skill, compassion. I remember sitting there with the review forms in front of me and we had to wait until everybody had told me their story and their memory of the baby. We worked with this then moved on. I have recently been informed that this training has led to a system change and that a significant event review process is in place and changes have occurred. This experience reminded me that people and loss are at the heart of this pandemic, it is not just about patient pathways, airflow and education.

When learning from these experiences we need to hear the stories and validate the emotional distress before we start to solve the problems. I am working with a group of nurse academics across Europe to gather the experiences of nurses and analyse these to understand the impact on nurses and nursing and potentially help change how nurses are perceived. This will be my 'influencing the future' leadership contribution to the late but welcome Year of the Nurse.

## WHAT ARE YOU FINDING THE BIGGEST CHALLENGES?

Every system is perfectly designed to get the results it gets. This is what we learn from Deming's cycle in quality improvement; to change the outcome we need to change the system. The current system is designed to produce inequity.

In the NHS, we talk about patient safety all the time and consider system 1 and system 2 thinking. What I would really like to see a bit more system 2 thinking in what we're doing in relation to the pandemic. Let's go slow to go faster rather than this constant system 1 thinking of bouncing. We obviously need to adapt the approach as this is a complex situation, so let's be clear with the public on why this needs to be a changing approach and use the public health messages that have worked in the past.

## ANY PARTICULAR SURPRISES?

I'm in awe and bursting with pride for the younger workforce who I've seen step up to the plate. The 21-year-old newly qualified nurses in personal protective equipment and facing death on intensive therapy unit every day in their preceptorship, still going and still caring; I'm in awe of how they keep going and how we have put some systems in place to help with the emotional distress and moral injury that is coming. Much of this can be seen on the faces of those who have cared in this crisis.

I was surprised and thrilled by how arts and cultural organisations joined with health organisations to offer support.

Healthcare heroes imagery was celebrated through portraits in a project I was involved in with Google Arts and Culture. This showed the public the true face of the NHS and anchored our humanity through art. <https://artsandculture.google.com/project/healthcare-heroes>

## ARE YOU SEEING ANY BEHAVIOURS FROM COLLEAGUES THAT ENCOURAGE OR INSPIRE YOU?

I am inspired by the young workforce who have stepped up to the plate, only a few years ago they were still in school and thinking whether a career in healthcare was for them. Today, they are caring for the sickest of us and with the skills honed at speed. I am inspired by the older workforce who came back with the wisdom of experience knowing what to do and when to step back. When I was working at the Nightingale education faculty there was such a comradeship of people from a whole range of clinical roles and experience. A variety of expertise over years of experience, the 30-year difference all in the same room having to adapt. In an environment under pressure where the rules change every day, of course there were tensions, but none ever affected people's energy and willingness to come back every day and train another 500 people. Rolling your sleeves up, getting on with it, learning from mistakes and pivoting became the norm and people adapted to the role with grace.

What I've learnt from working with THET is to see how an organisation has been able to completely reframe what it does, respond to the COVID-19 need and continue to provide the same standard of support to health partnerships. Volunteers cannot go to low and middle-income countries anymore—but instead they are virtually volunteering. We are developing a virtual volunteering platform to build a community of people to support each other where people can still find the facts, a friendly face, a forum to contribute to and some fun to join in with. We are all working from home and supporting volunteers in a different way and there needs to be some joy and compassion in the system too.

## HOW ARE YOU MAINTAINING KINDNESS AND COMPASSION?

I have continued to work for 4 hours/week in Track and Trace and every call is a clinical kindness call. In the script it doesn't start with 'how are you?' at the beginning. I can't speak to someone who is sick or isolating and not ask them how they are. Not everyone is up for the offer of kindness and compassion but that doesn't mean they are not offered it.

I'm doing some theoretical work about how we can construct compassion and connection when we're working virtually. How to be therapeutically in the room when you're not in the room. You can actually model empathy and compassion even from a distance. I'm using this to build into my work with THET as one of the principles of working virtually.

## ARE THERE ANY IDEAS OR READINGS THAT YOU FIND HELPFUL, FOR INSPIRATION AND SUPPORT, WHICH YOU WOULD RECOMMEND TO OTHERS?

The Good immigrant—really showing the experiences many people have in their interaction with the state and healthcare system. It gives an alternative experiential lens on the impact of what we're doing in healthcare. As a leader, it's our job to have multiple perspectives on the issues. To do the right thing, you need to have more than one lens on it. This kind of literature gives an angle I would never know and gives information I would never get from a focus group. Having these kinds of

narratives to understand the equality, diversity and inclusion agenda is very important. That is the benefit of the arts in health.

### WHAT ARE YOU LOOKING FOR FROM YOUR LEADERS?

The opportunity to flourish in the role and autonomy to do that. The openness to discuss when you're wrong and the coaching to be able to pivot and go again; and to do it well.

The best type of leadership is when you've experienced someone opening the door for you and them being really proud of how you have progressed. I've been grateful to the leaders who opened the doors for me to progress through and am hopefully repaying this and opening the door for other people. If you would like to be involved in global health, please get in touch.

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