09.15 WELCOME

09.30 A BETTER WORKFORCE CULTURE
Camilla Kingdom, Consultant Neonatologist and President RCPCH
Alex Gillespie, Associate Professor, department of Psychological and Behavioural Science, London School of Economics

10.00 SUPPORTING EACH OTHER
Dhruv Parekh, Consultant Intensivist, University Hospitals Birmingham
Hena Syed-Sabir, Psychologist, Birmingham Women's and Children's NHS FT

10.45 BREAK

11.45am BREAK

12.00 INSPIRATION AND JOY
Dr Glaucomflecken, comedian and Ophthalmologist
Frank Turner, musician

1.00pm BREAK

13.30 PUTTING AI INTO PRACTICE
Margaret Moore, Co-founder and chair of the Institute of Coaching
Lindsey Godwin, Robert P. Stiller Chair of Management & the Academic Director of the Cooperrider Center for Appreciative Inquiry at Champlain College
The "TREX" team, Thames Valley Reporting Excellence Team

15.00 BEING SAFER TOGETHER
Don Berwick, President Emeritus and Senior Fellow, Institute for Healthcare Improvement
Suzette Woodward, Patient Safety Advisor

2.45pm BREAK

16.30 CLOSE
2.1 Compassionism Our Staff Initiated Culture Change Programme to Embed Civility, Respect and Compassion Claire Knibb

2.2 ‘It’s the little things.’ Factors associated with job satisfaction in a UK major trauma centre ED. Samuel Moffatt

2.3 Play Nicely: Civility on the Children’s Ward Gemma Gough

2.4 ‘P.S.’ I Love You: Introduction of a Psychological Safety initiative to Temple Street ED Sean Casey

2.5 Thriving in BST: Introduction of a Health and Wellbeing Course for Basic Specialist Trainees in RCPI Sean Casey

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Kettering General Hospital NHS Foundation Trust

Compassionism Staff Initiated Culture Change Programme to Embed Civility

Our Inspiration

‘Working at Kettering General Hospital (KGH), gives its staff a sense of belonging’ and majority of its staff feel valued and respected. However, our staff survey results, formal and informal feedbacks from staff and service users highlighted that more needs to be done to make Compassion a common language of the organisation. Latest staff survey recorded 27% (White) & 30.7% (BME) staff experienced bullying, harassment, or abuse from other staff in the past year.

Workforce is the spine of any organisation. Similarly, in the KGH our workforce is our most valuable resource. Staff wellbeing and turnover is linked with civility an resect at workplace. A conducive, supportive & compassionate culture is the key to staff commitment and engagement with direct impact on quality and safety outcomes and efficiency.

#TheBestOfMe: The Individual

1. Start every interaction with a ‘Smile & Hello’/End with ‘Thank You’
2. Self-reflection: Asking at the end of every interaction ‘Was that the Best of Me?’

#TheBestOfUs: The Team

3. Calling it out with Compassion – The ‘Peer Messenger’
   Peer Messengers are trusted, objective approachable members of a department or team, calling it out with compassion and raising awareness of the impact of actions with kindness and respect. Supporting at times when we may not be able to speak up for ourselves.

Potential Challenges...

   COVID Restrictions on Marketing Approach  Restricted pace of implementation - soft launch hosted initially, including attending departmental meeting, team briefings, social media, virtual Special Events, screensavers, and internal Comms.
   Confusion with HR Process/ ‘Freedom to Speak Up’ Initiative overload – Keep interest/engagement alive
   Recruitment of Peer Messengers  Giving Teams and Departments ownership of the process, and the option to select who they choose.

The Dream...

- Compassionism embedded firmly in our culture
- Softening of tones
- All staff confident to ‘Call it out with Compassion’
- Continued growth and support of our Peer Messenger Network
- Listening events with our Teams we will continue to evolve and be relevant to support out staffs needs
- Adding new chapters as we evolve
- Development of interactive virtual Peer Messengers
- Avoiding formal complaints and grievances
- Long term improvements reflected in NHS Staff Survey Results
- Attracting and retaining the ‘very best’ staff to KGH enabling the delivery of excellence in patient care.
- ALL Staff feel supported, valued and respected
- Extending Compassionism system wide
- Our dream is to make compassion our common language of choice

Start with Compassion...End with Respect

Discover Compassionism – The Highlights

- Avoiding formal complaints and grievances
- Long term improvements reflected in NHS Staff Survey Results
- Attracting and retaining the ‘very best’ staff to KGH enabling the delivery of excellence in patient care.
- ALL Staff feel supported, valued and respected
- Extending Compassionism system wide
- Our dream is to make compassion our common language of choice

Author: Dr Rabia Imtiaz, Interim Medical Director & Claire Knibb, CQI Project Manager
‘It’s the little things’

Circumstances and factors associated with job satisfaction in a UK major trauma centre ED

S Moffatt, I Lane, C Turner

University Hospitals Coventry & Warwickshire NHS Trust

Background

Previous research shows workplace interpersonal relationships to be highly associated with job satisfaction. There is little research into the smaller details that accumulate to increased job satisfaction.

Objectives

We set out to investigate staff views on small details and factors within the department that increased their job satisfaction levels.

Methods

We conducted a cross sectional study of staff in a UK major trauma centre ED to investigate factors that were associated with job satisfaction, current low-level details that improved satisfaction and staff ideas about small changes that could be made to improve satisfaction in the future.

Results

Forty-nine staff members responded – nurses (n=10) doctors (n=34) and other associated roles (n=5). Answers were grouped into common categories. Common small factors associated with satisfaction and areas for improvement were good manners/civility by other staff members, tea and coffee making facilities/provisions, stationary provided by the department, air conditioning, working IT equipment and efforts to ensure breaks were taken.

What are the little things about working in the ED at UHCW that you appreciate?

- Handover
- Good Teamwork
- Lockers
- Tea/Coffee/Squash
- Rota Flexibility
- Snacks
- Friendly/Supportive
- Break Room
- Pens
- Feedback
- Teaching

What other little things could we do to make work better so that you didn’t have to worry about them?

- Working IT resources
- Seating
- Air conditioning/fans
- Tea, coffee, drinks, snacks
- Social events
- Improving support and good manners
- Changing areas/showers
- Breaks/Continuing on time

Quotes

“Overall communication with all staff is respectful, I feel we’re all working towards common goals even when it gets busy.”

“It’s a big department, but everyone knows everyone’s names.”

“The amount of effort that goes into the rota made the rotation much easier to manage.”

“Rest facilities that are fit for purpose with tea/coffee/milk and snack station available”

Conclusion

Small interventions contribute to staff satisfaction and their impact on staff moral should not be underestimated. A friendly workplace and good departmental culture was the greatest factor in staff satisfaction.
What is it and why does it matter?

- Psychological Safety (PS) is the shared belief within a team that the workplace is a safe place to speak up - with ideas, questions, concerns or mistakes\(^1\).
- It has shown it to be the single most important factor in achieving excellence and patient safety\(^2\).
- We assembled a team of ‘PS Champions’ from all sectors of our department to develop PS initiatives
- A validated PS survey\(^3\) found an average score of 51%, indicating opportunity for improvement.

Our aim

To increase the staff Psychological Safety survey score to 75% within 6 months.

What have we done?

- **Awareness**
  - A ‘Psychological Safety Week’ was held. Twice daily workshops employing Liberating Structures’ helped to raise awareness, create discussion, and educate staff about Psychological Safety.

- **Appreciation**
  - A ‘Learning from Excellence’ initiative (and mascot!) was designed. Encourages and facilitates positive feedback and appreciation of colleagues.

- **Communication**
  - A board was displayed to communicate the project’s aims and interventions with staff. It also serves as a space to collect feedback and ideas.

- **Safety**
  - A ‘Psychological Safety Minute’ was introduced at the twice daily safety huddles. A pack of cards with ‘Psychological Safety Pearls’ was created to facilitate this.

What do we plan to do next?

- **Supportive Leadership**
  - We are designing a Psychological Safety training package that can form part of induction and promotion pathways for senior staff.

- **Team Building**
  - We are working on various team-building interventions to improve familiarity and flatten hierarchy within the department.

How will we know we’ve improved?

We will repeat the same Psychological Safety survey in 6 months time.

What then?

We will share our findings, and the tools we have found to be effective across CHI.

References:

Play Nicely – Civility on the Children’s Ward

Gemma Gough (Paediatric SAS) and Lynn Diskin (Paediatric Consultant)

The problem...

- Growing awareness of impact of incivility at work, including Civility Saves Lives campaign
- Regular anecdotal reports of incivility on the ward
- Results of children’s ward staff survey indicated a problem

What we’ve done.....

- Regular teaching and discussion sessions with SHOs and Registrars
- Departmental Paediatric Grand Round
- Induction session for the Trust’s new Foundation doctors
- Discussed and suggested intervention for bystanders
- Collecting ideas for individual and departmental action
- Poster of expected behaviour and bystander role
- Become vanguards for the Trustwide work on civility

What next...

- Sessions at ward nurse away days next month
- Recruiting civility champions
- ‘Tea-trolley’ ward teaching – brief, multidisciplinary, top-up sessions
- Spreading the word to other teams via lunchtime meetings and informally when visiting the ward

How often do you experience incivility on the Children’s Ward

- Daily
- At least once a week
- At least once a month
- Less than once a month
- I’ve not experienced incivility

“It was really affirming because I lost concentration last week when I was belittled and now I don’t feel bad about myself but understand it was because of the way I was spoken to.”
Feedback from F1 Induction 2021

We are aiming for cultural change that enhances both personal well-being and experience at work, and raises the standard of patient care
THRIVING IN BST
Introduction of a Health & Wellbeing Course for Basic Specialist Trainees (BST) in RCPI

S. Casey1, G. Haire2, V. Malone3, J. Yates2, N. Moriarty1, E. Porter2, H. Levy4, A. Sikowska3
1: RCPI Health & Wellbeing Committee | 2: RCPI Education Department

DISCOVERY
- RCPI is the largest Irish medical specialist training body.
- Increasing numbers of trainees are presenting to our Health & Wellbeing (H&W) department, particularly amongst BSTs.
- 6 NCHDs from the RCPI H&W Committee set out to design and deliver a H&W course for BSTs.
- A business case proposal and course curriculum were designed, and approved by each RCPI training faculty.
- The NCHDs themselves deliver the course, with supervision from the RCPI education department.
- The faculty draw upon their own lived experience to ensure relatability of content.
- 2 virtual pilots were delivered in May & June 2021, with positive feedback.
- The course has now been approved for inclusion on the RCPI BST curriculum.

DESIGN
- Further NCHDs are being trained to act as faculty.
- We aim to deliver a minimum of one course per month.
- Each course iteration will evolve based on feedback from participants and faculty.
- Challenges include:
  a. Securing enough faculty to provide adequate iterations of the course
  b. Ensuring psychological safety during course activities.
  c. Overcoming difficulties inherent in delivering courses via a virtual format (most notably participation in interactive activities)

DESTINY
- Following the success of the pilots, the course has now been listed as “desirable” for BSTs 2021-2022.
- It is hoped that it will become a ‘mandatory’ course next year if future editions are well-received.
- The model for the course has been shared with all Irish medical specialist training bodies through the Irish National Committee for Doctor’s H&W.
- It will be also be shared with training bodies for allied health, and with medical universities.

COURSE AIMS
- Identify existing trainee supports and advise how best to utilize them
- Encourage trainee insight into areas of personal strength and weakness
- Provide strategies for setting personal objectives and how to plan accordingly
- Establish organizational skills applicable to both personal and professional challenges
- Provide strategies and ways to manage stress and promote emotional wellbeing
- Troubleshoot and provide potential solutions on how to manage common BST wellness hazards

Thriving in BST: Course Timetable

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:15 - 09:30</td>
<td>Meet &amp; Greet</td>
<td>Dr X</td>
</tr>
<tr>
<td>09:30 - 09:35</td>
<td>Course Introduction – Background, Course Objectives, Housekeeping</td>
<td>Dr X</td>
</tr>
<tr>
<td>09:35 - 09:55</td>
<td>Statistics and Resources</td>
<td>Dr Y</td>
</tr>
<tr>
<td>09:55 - 10:05</td>
<td>Open Discussion: How can a trainee thrive in their BST?</td>
<td>Dr Z</td>
</tr>
<tr>
<td>10:05 - 10:45</td>
<td>Relationships: Personal and Professional</td>
<td>Dr X</td>
</tr>
<tr>
<td>10:45 - 11:00</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>11:00 - 11:45</td>
<td>Civility and Collegiality</td>
<td>Dr Y</td>
</tr>
<tr>
<td>11:45 - 12:30</td>
<td>Mental Health &amp; Leading from the Middle</td>
<td>Dr Z</td>
</tr>
<tr>
<td>12:30 - 13:00</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>13:00 - 13:45</td>
<td>Burnout</td>
<td>Dr Y</td>
</tr>
<tr>
<td>13:45 - 14:30</td>
<td>Case Studies</td>
<td>Dr Z</td>
</tr>
<tr>
<td>14:30 - 15:00</td>
<td>Closing Comments</td>
<td>Dr X</td>
</tr>
</tbody>
</table>

PILOT COURSE FEEDBACK
1. 100% of respondents (n=11) felt the course content was relevant to their role
2. 100% of respondents felt the course was well administered
3. Examples of the qualitative freetext comments:
   - "This was a great and informative module."
   - "It is encouraging that someone cares about our welfare."
   - "Should be made compulsory for RCPI trainees."
   - "It would really help candidates who are finding the training programme difficult"
Supporting Doctors’ Wellbeing in the Emergency Department through a Buddy Scheme
Dr Georgie Foster-Thornton, Dr Wis Wang-Koh, Dr Adele Cowper
Emergency Department, Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT)

Key points
Lack of support was identified as a recurring issue amongst junior doctors in the Emergency Department at BHRUT. Implementing a ‘Buddy scheme’ where FY2 doctors were buddied with RCEM higher trainees improved the average wellbeing scores of Emergency Department junior doctors by 13.7% and the proportion reporting low wellbeing fell from 40% to 25%.

Introduction
Patient safety depends on doctors’ wellbeing (1)(2), however 45% of doctors reported low wellbeing during the COVID-19 pandemic (3), with doctors working in the Emergency Department (ED) experiencing higher levels of burnout (4). Peer support mentoring to improve wellbeing is encouraged by the BMA and the Royal College of Emergency Medicine (4,5). This project aimed to improve doctors’ wellbeing and hence patient safety.

Method

Week 1
- FY2 ED doctors completed Warwick-Edinburgh Mental Wellbeing Scale (6)
- Pre-intervention focus group
- Peer support framework provided

Weeks 2-9
- Allocation of FY2/RCEM Higher Trainee buddies
- Weekly contact encouraged

Week 10
- Warwick-Edinburgh Mental Wellbeing Scale (6) recompleted by FY2 doctors
- Feedback collected

Warwick-Edinburgh Mental Wellbeing Scale:
14 Item Warwick-Edinburgh Mental Wellbeing Scale(6) scores:
Low wellbeing <43
Moderate wellbeing 43-60
High wellbeing score >60

Before intervention:
- Mean wellbeing score 42
After intervention:
- Mean wellbeing score 47.8

Results
8 FY2 Emergency Department doctors participated.

Focus group pre buddy scheme:
Inadequate senior support (7 mentions)
Work related exhaustion (5 mentions)

Focus group post buddy scheme:

GREAT initiative
SUPPORTIVE registrars
SUPPORTIVE BUDDIES
FANTASTIC
Someone to LISTEN TO MY CONCERNS
GOOD scheme really HELPFUL
REALLY GOOD IDEA

Conclusion
The buddy scheme saw an improvement in junior doctor’s wellbeing, with many positive comments. These results may be more marked than usual, as the project occurred during the second wave of the pandemic when conditions were very tough. However the challenge of how to survive and thrive during busy and tiring ED shifts remains, regardless of the pandemic. The buddy scheme will continue for the next rotation of FY2 doctors, with the aim to ensure good wellbeing amongst doctors and improve patient safety. We hope this scheme can expand across all departments at BHRUT.

References
Excellence Reporting: the effect of including a prompt in structured theatre debrief

Katy Nicholson, Consultant Anaesthetist
Nathan Elegunde, Clinical Governance Facilitator

Introduction

• The 5 steps for Safer Surgery were introduced to the NHS in 2010.
• This involves a pre-list team brief & post list debrief.
• At Evelina London we introduced a structured proforma for debriefing in November 2018
• In December 2020 we incorporated a prompt into the structured theatre debrief to complete excellence or incident reports
• Here we assess the impact of that change on excellence reporting rates.

Methods

Excellence Reporting system reviewed for:
- Total number of excellence reports per month
- Number of excellence reports made by staff who attend theatre debrief as part of their role
- This was then expressed as % of total reports made

Results & Discussion

Unfortunately introducing the structured debrief prompt did not have the anticipated positive effect:
- The total number of reports made was on average 17/month before it’s introduction vs 21/month after
- The percentage made by staff exposed to theatre debrief remained relatively constant too (29% pre-prompt vs 31% after)

However, the team perceive the prompt to be a useful addition to team brief so have elected to retain it.
Title
An interpretive phenomenological analysis of Registered Nurses experiences of psychological safety by Mel Newton

Methods
A systematic review explored literature across healthcare services globally (Boland et al 2017). Semi-structured interviews were carried out and interpretive phenomenological analysis was used to identify themes (Smith et al 2012).

Introduction
This was part of a Doctorate study to explore the use of voice and silence by RNs. It is recognised that psychological safety helps staff to speak up with promotive voice and fosters creativity, but patient safety concerns require staff to use prohibitive voice too (Edmondson 2009, Clark 2020). The impact of effective leadership is significant, but what does this look like in reality? (Rosenberg 2015)

Results
The clinical climate is significant, and the leader has a responsibility in helping to create this climate (West 2021). Communication between work team members reflects the effectiveness of the team (Edmonson 2017).

Conclusions
Culture has significant impact on the effectiveness of healthcare contexts (West 2021). Ethical and compassionate leadership is essential and must be role modelled (Western 2013). Psychological safety can be difficult to establish and easy to lose, it needs treating as fragile
USING A GROUP VOCAL FORUM TO PRIORITISE TRAINEE WELLBEING AMIDST CLINICAL SERVICE PROVISION, REDEPLOYMENT AND COVID-19

PANDEMIC

Dr. Qasim Malik ST1 Paediatric Trainee/Clinical Education Fellow
Dr. Justina Rweyemamu Consultant Paediatrician
University Hospitals Birmingham

RESULTS

The positive themes included an emphasis on the novelty of gaining new experiences and skills including personal care, 1:1 nursing and team working in a friendly environment.

Challenging themes explored the difficulty in communication with the medical team in a nursing capacity and the poor communication observed between these teams. Other difficult tasks included undertaking personal cares and the emotional demand of caring for patients.

INTRODUCTION/METHODS

COVID-19 has led to widespread ramifications on the delivery of healthcare across the globe. There has been little coverage in both scientific papers and media about the redeployment of healthcare professionals with no prior exposure or training in adult medicine or adult ITU.

The RCPCH survey of COVID 19 health services report records that up to 20% of Tier 1 staff had been redeployed during the COVID 19 pandemic to undertake unfamiliar roles. The immediate and long term impact on psychological wellbeing are yet to be measured.

The purpose of this study was to enable a group forum for vocal reflection on the experiences of redeployment to ITU (in a nursing capacity), document learning and building on experiences.

Co-ordinated meeting junior paediatric trainees sharing prepared reflection of their redeployed experiences in the format of:
1. Positive
2. Challenging
3. Learning and development

Learning and development themes documented and analysed.

Learning themes recognised the importance of valuing different team members’ and benefit of team work with a flatter hierarchy.

Other learning themes included the merit of understanding and compassion in workplace interactions especially towards nursing staff.

CONCLUSION

- Themes that emerged highlighted the psychological impact of redeployment on the junior trainee group.
- The use of vocal reflective sessions can be a welcome addition to the resources already provided by organisations such as RCPCH/BMA providing a platform for openness and leading to support and awareness within local teams and Trusts. This can be opportunity for leadership and learning for both trainees and trainers.
- Whilst there is research on the effect of short term workplace trauma. There has been little research on the short and long term impact of redeployment on junior doctor’s wellbeing.
A garden to embed wellbeing into the Emergency Department

By Dr Ursula Edirisinghe – Emergency Medicine Consultant

WHY? During the pandemic, staff members reported a lack of space to relax and allow for social distancing. At Charing Cross Emergency Department, we had an accessible but tired outside space next to the department.

HOW? Forming a team called the ED Garden Group and branding the area ‘E-DEN’ – Emergency-Den, a logo was designed and fundraising for renovation was begun. The project gathered much interest. Liaising with companies for discounts and donations, the initial design came to life. A local art society created an art competition of which two staff members were judges. They donated proceedings, adding to the buzz around the project. The total amount raised from all sources was £4,025.

Together we all worked hard to transform the area into a beautiful venue for rest, relaxation and gardening. Many staff members came in on their own personal time to undertake the project. The maintenance of plants, growth of tomatoes and raspberries and even daily watering really inspired a team spirit and became a source of much enjoyment. The E-DEN outside space allowed for staff to feel a sense of achievement in turning a disused piece of land into a lush, thriving garden space. Spending time in a green and outside area with natural light can benefit staff mental wellbeing. Attractive sights and fragrances can also bring calm. Fun design items such as gnomes and a peacock also added a fun element.

Now complete, the area is used daily by staff not only for breaks but also as a meeting venue. Feedback has been immensely positive and has resulted in enhanced team morale. E-DEN has been host to parts of induction and also to well-being events such as Halloween pumpkin carving, a Christmas tree decorating competition, an Easter Egg hunt and a Valentine’s day crafts event. Furthermore, E-DEN has been vital in integrating social distancing. On a personal note, leading this project has been an absolute joy. It has allowed me to be creative, bond with colleagues and see tangible results I am genuinely proud of. We believe that any space outside, no matter what size, can be reinvigorated in this way to replicate the fantastic results we have had.
The Festival of Light brings joy to the workplace: team building and improving communication.

Marisa Seepersaud*, Sean Smith^, Andrea Kissoon*

*Georgetown Public Hospital Corporation, Guyana; ^Critical-care Professionals International, North Carolina; *Corresponding Author: marisa_seep@yahoo.com

Interpersonal conflict was a major concern in the development of Paediatric services at the Georgetown Public Hospital Corporation, the only tertiary care facility in Guyana. Despite redefined roles, improved management structure and skills training of team members, interpersonal conflict persisted among team members.

A team building exercise during the Hindu Festival of Lights, Diwali, aimed at building trust and improving teamwork was implemented. A Rangoli competition, i.e. design and creation of folk art led to significantly improved team work, collaboration, cooperation, communication respect among team members.

The activity was so well received that it has now expanded to include other departments and sponsorship by the hospital administration. We will encourage hospital wider participation and share our experience with other similar health facilities in the country. We also intend to attract corporate sponsorship for equipment for the units of the winning teams.
POSTER SESSION TWO: Mid Morning & Lunch Breaks

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