LFE and Rotational working: A barrier to meaningful change in General Surgery?

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Introduction

The Gap:

Current training structures limits trainees to ***"meets expectations."***

Royal College of Surgeons (2024)[2] highlights excellence emerges despite challenges but is rarely acknowledged.

Aims:

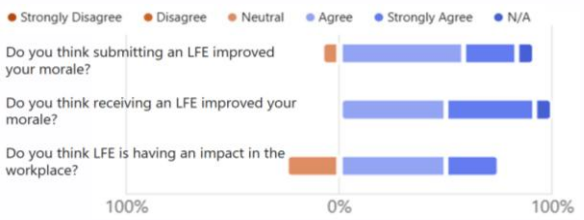
Recognise excellence when seen to:

1. Improve all staff experience
2. Encourage opportunities for positive learning
3. Strengthen interprofessional teamworking

Guiding Theories:

Person-centred approach to understand system elements using:

1. Model for Improvement & Human Factors[3,4]
2. Change management



PDSA 1: Sticker Charts

When: Aug to Dec '23
Plan: Improve junior medical colleague morale
Do: Implement sticker chart system, retrospective study
Study:

1. 88% felt that positive reinforcement boosted their morale.
2. 75% felt they would most like to receive the recognition via a virtual certificates

Act: Adapt method of delivery for multi-disciplinary use

PDSA 2: Streamlining Reporting

When: Oct to Dec '24
Plan: Improve professional delivery and establish Senior Stakeholder buy-in
Do:

1. Sign up to LfE Open Reporting
2. Ensure usability with 4-week trial period

Study: 5 submissions, 1 per week
Act: Adopt method on wider scale; reduce administrative burden

PDSA 3: Wider Implementation

When: Jan to April '25
Plan: Introduce open reporting across "the floor"
Do:

1. Creation of shared NHS inbox;
2. Present at local induction

Study: 19 submissions, 15 themes. Appreciative enquiry, 53% response rate. Perceived barriers:

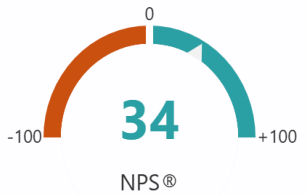
1. Time to submit (65%)
2. Visibility (15%)
3. **Rotational job** (15%)

Act: Adapt for sustainable change

Top 3 Themes	No. Aligning
Team working	14
Effective communication	11
Patient-centered care	7

"I felt seen on receipt, and I think it's a good way to say thank you to a colleague"
Anonymous, PDSA 3

"Fantastic initiative. Very worthwhile. Positive impact on workplace"
Anonymous, PDSA 3



PDSA 4: Local Ownership

When: Aug to Dec '25
Plan: Improve visibility of project
Do:

1. Establish LFE Champions
2. Create badges for lanyards

Study: (Ongoing) 1-2 per week. Preliminary observations:

1. Wider engagement
2. Cross disciplinary engagement

Team approached by other departments
Act: Adapt for collaboration

Discussion

Overall, LFE has been well received in General Surgery with cascade reporting patterns established.

Rotational working hindered sustained change. Staff turnover disrupted continuity, reduced ownership, and made it feel like the initiative had to be restarted repeatedly to gain traction.

Junior doctors struggled to balance clinical duties with QI work, particularly when working away from General Surgery.

This reflects broader issues in achieving meaningful change in dynamic settings.

Next Steps:

Systems need to be adaptive. Cycle 4 targets ward-level ownership, creates LFE Champions and improves induction processes to raise awareness.

"Culture is right at the heart of everything that matters... and, more than anything, it is something that we can all influence"

Dr Bob Klaber Imperial College, NHS Trust[5]

Sharing *is* Caring:

We've been approached to share our methods by:

1. Specialist Surgical Specialities
2. Hospital Palliative Care Team

Since starting, we've been recruited into a trust wide initiative, contributing data to influence policy.

References:

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