

# Embedding the Learning from Excellence Ethos within the General Surgery Department of Ninewells Hospital

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"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<sup>3</sup>

## Introduction

Healthcare traditionally emphasizes adverse events and error reporting, with approximately 25,800 incidents reported annually in NHS Tayside. This approach can reinforce blame, negativity, and low morale, particularly in high-risk, complex settings like General Surgery where lone working is common.

Learning from Excellence (LFE) is a complementary approach that recognises episodes of good practice to foster reflective learning, teamwork, and resilience in alignment with Safety-II principles.<sup>1</sup>

## The Gap:

The Royal College of Surgeons (2024)<sup>2</sup> highlighted that excellence in surgical teams emerges despite challenges but is rarely recognised. Whilst there has been good uptake of this ethos across NHS Tayside in departments like the NICU, there have been difficulties implementing LFE in dynamic departments like General Surgery due to the size of department which covers multiple wards.

## Aims:

Our project aims to recognise excellence when seen to:

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

As organisations which foster, and support staff wellbeing reflects improved human performance and patient safety.

## Guiding Theories:

Person-centred approach to understand system elements using:

1. Model for Improvement & Human Factors<sup>3,4</sup>
2. Change management



### PDSA 1

Single ward sticker chart for recognising good practice, retrospective study  
**When:** Aug-Dec '23



### PDSA 2

Streamlining reporting systems  
**When:** Oct-Dec '24

### PDSA 3

Introduce open reporting across the floor  
**When:** Jan-April '25

### PDSA 4

Visibility through local ownership  
**When:** Aug-Dec '25

### PDSA 5

Integration into FY local induction  
**When:** Dec-April '26

### Top themes include:

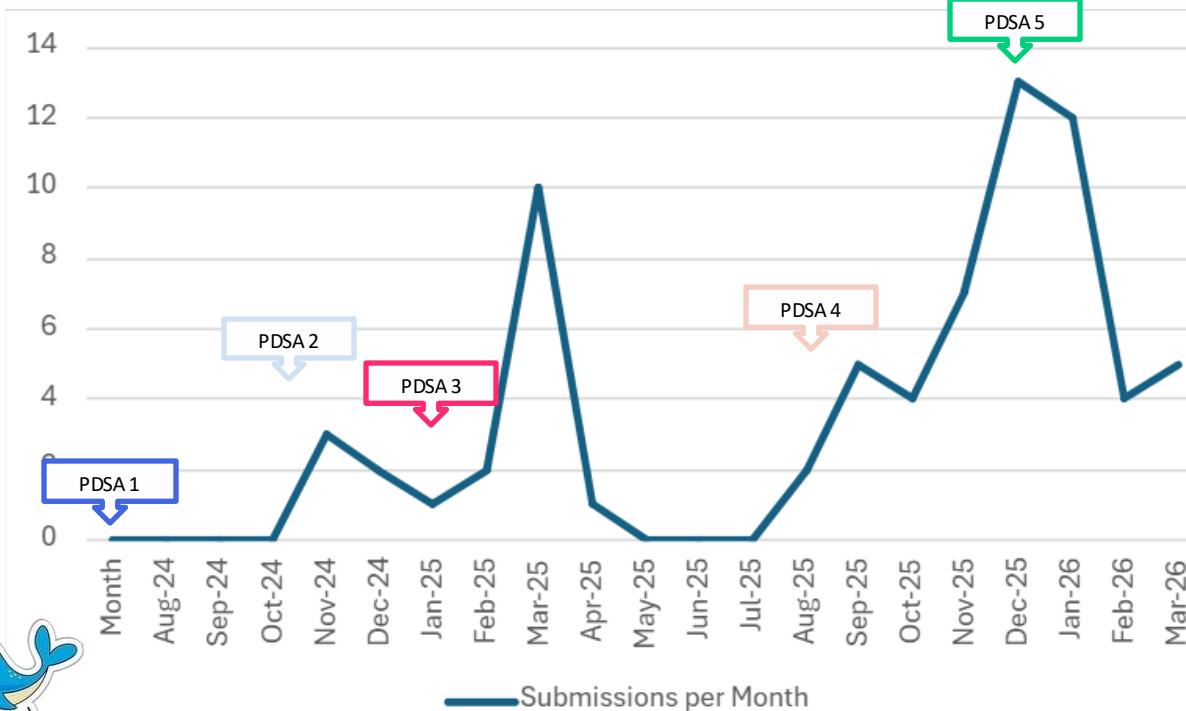
1. MDT Teaching
  2. Team working
  3. Patient-centre care
- 94% of submissions had multiple themes

### Top submission areas:

1. Ward 7/ASRU
2. Ward 11 – UGI
3. Ward 12 – Vascular

### Top receivers:

1. Foundation Doctors
2. Senior/Specialist Nurses
3. ST1-2 (or equivalent) Registrars



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

## Discussion

Overall, LFE has been well received in General Surgery with cascade reporting patterns established. Rotational working hindered sustained change between PDSA 3 and 4 as staff turnover disrupted continuity, reduced ownership, and made it feel like the initiative had to be restarted to gain traction. This reflects broader issues in achieving meaningful change in dynamic settings. Irrespective, LFE is a simplistic and scalable approach to improve morale, reflective practice, and excellence in surgical teams. Embedding recognition into daily practice requires iterative refinement, local champions, and inclusive engagement across all grades. This project has proven the power of a collaborative multidisciplinary team willing to develop a positive, learner-focused culture.

## Next Steps – Sharing is Caring:

Since starting, the project has been recruited into a trust wide initiative, contributing results to influence local policy. However, sharing the team have been approached to share our methods by the Hospital Palliative Care Team. Plans are in place to integrate LFE ethos into the Specialist Surgery teams within NHS Tayside, too.

## References:

1. Learning From Excellence. About [Internet]. [cited 2024 Sep 9]. Available from: <https://learningfromexcellence.com/about/>
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3. Institute for Healthcare Improvement. How to Improve: Model for Improvement [Internet]. [cited 2024 May 27]. Available from: [www.ihl.org/resources/how-to-improve](http://www.ihl.org/resources/how-to-improve)
4. Holden RJ, Carayon P, Gurses AP, Hoonakker P, Hundt AS, Ozok AA, et al. SEIPS 2.0: a human factors framework for studying and improving the work of healthcare professionals and patients. Vol. 56, Ergonomics. Taylor & Francis; 2013. p. 1669–86.
5. Why is culture important? NHS Improvement. London; 2017. Page 4

