ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Alpha Hospitals (referred to by staff as Alpha) is commissioned by NHS England to operate three psychiatric sites in England. The hospitals have: Paediatric Intensive Care Units (PICU); adolescent and adult Low and Medium Secure Units (L/MSU); both adolescent and adult deaf LSU services and; locked rehabilitation units. As Alpha are commissioned and contracted by NHS England, national governing guidelines and subsequent revalidation meet the service provider requirements of both NHS England and the Care and Quality Commission (CQC). The Royal College of Psychiatrists (RCPsych) peer review the units (Quality N I Colleges) and, whilst during my elective, one site was undergoing assessment to obtain the recently created RCPsych accreditation status.

In my exploration to identify the differences between similar private and NHS clinical operations I have used my 6 week medical school psychiatric placement in a mixed-ward NHS LSU as the benchmark. As Alpha staff meet the nationally set requirements for both training and competency and as their ward practice, likewise, follows national guidelines, I found the quality and delivery of care to equal, if not exceed, my NHS experience. The majority of ward-based staff (doctors, nurses and allied healthcare professionals including occupational therapists, psychologists, educationalists and social workers) have either been trained or worked in the NHS. The exception are Mental Health Support Workers (MHSW), whom usually join Alpha without prior healthcare employment.

One positive difference between Alpha and the NHS setting that I experience was that the ratio of staff to patients is higher. The consultant psychiatrist's caseload is often as low as 9; the NHS consultants on my Firm had caseloads numbering between 10 to 20. Alpha treat some of the most challenging patients; the NHS adolescent PICU service, for instance, accounts for approximately 30 of the 300 beds in England. The rest are contracted to private service providers such as The Priory, Cygnet Healthcare and Huntercombe, however, Alpha hold the majority of beds.

Whilst there was little difference in the clinical aspect, there was a significant difference in how Alpha is managed. The four key areas I identified were: relative number of ward-based staff; clinician-manager relationships; instigation and execution of change, and; managerial ethos.

The administration footprint is generally lighter. In one hospital the ward staff account for over 68% of the hospital's payroll whilst office-based staff total less than 15%. These figures correlate with the personal estimations of both managers and clinicians across the three sites; this weighting is viewed as positive. Clinicians comment that they have a more effective working relationship with managers and, therefore, their concerns are acted upon more swiftly than in a similar NHS unit. None of the ward staff spoke about frustration with management; the absence of clinicians describing management as the 'dark side', which I have found to be a stock NHS phrase, was notable.

With regards to implementing change, both clinicians and managers report that this is much swifter when compared to a NHS setting. A recent initiative is to have monthly meetings of ward managers with the EMT so that issues from the 'shop floor' can be heard and addressed. The catalyst to swifter implementation of change seems to lie with the managerial processes which approve and generate the necessary funding. As an example, due to traditional '9-to-5' shift times, nurses were the only staff on wards between 1700hrs-0900hrs and at the weekend. Nurses were in addition to their core role,

therefore, managing activities for the patients, some of whom have very challenging and specific requirements. This resulted in nurses becoming overwhelmed. To address this therapists and social workers were timetabled to be on the wards between 1700-2200hrs and also at weekends. This was a significant change for individuals including changes in shift patterns and underlying contractual alterations. Despite this, the initiative took only a handful of weeks to be fully implemented.

Alpha also carry out a full audit cycle on quality improvement which is then shared to the other sites. As stated by one member, implementing change is often not only in the best interest of both patients and staff but it is also best business practice too.

There seems to be a difference in ethos in the management within Alpha compared to the NHS. Those managers that have both state and private experience, and clinicians that have also held managerial positions, comment that there is more of a drive for efficiency. They comment that in the NHS, staff are detached from their organisation's money; the profits made by their hospitals does not affect personal financial remuneration nor is there a performance-based bonus system. This detachment from the financial aspect means that there is neither the same sensitivity nor wish to be financially efficient. Whilst financial efficiency is critical for the business aspect of Alpha, there was genuine feeling from the management that resources should be focussed on the clinical care and patient's safety should not be compromised.

The positive individual observations of their organisation may, in part, be due to successful engagement of the workforce. There has been much recent research into employee engagement in healthcare including the King's Fund's 2012 paper. Some of the key findings of this research which was positively replicated at Alpha included management's visibility and approachability. The disposition of three operational psychiatric units dislocated from a London-based headquarters could make workforce engagement challenging. Alpha's Chief Executive Officer (CEO) and Executive Management Team (EMT), however, visit all three locations on a weekly basis on set days of the week. This, using a military term, Tactical Headquarters allows for a rhythm of face-to-face meetings with staff at all three units that covers the routine to extraordinary. It is widely acknowledged that whilst telephone and video conferencing is a workable solution (and the CEO and EMT has the ability to do both with the three units) it does not match meetings conducted in-person. The Tactical Headquarters approach also makes the CEO and EMT visible and identifiable to the wider staff population, especially when they visit the wards. Engagement of staff is also promoted by large, colour posters in the majority of public spaces (including some clinical areas) illustrating the organisation's Vision and Values; some including a photograph of the CEO. There are also systems are in place for staff to raise concerns and issues. Staff can anonymously contact the CEO through the company's website to raise an issue that may have already been highlighted to their line manager but has yet to be resolved. There is also a whistleblowing policy for staff to contact the CQC direct.

Finally to address the divide between the UK's state and private sectors. Firstly, in this case at least, it should not be called a divide. Using Alpha as an example, it is an NHS service for NHS patients but is provided by a private company. There is neither a divide in the quality of care nor the patient group. It appears that NHS England has made a calculated decision that some services, such as those provided by Alpha, are not financially viable utilising their resources. If the NHS deems that care is better provided by a private company at a cost that is affordable and it is done ensuring that patients are not put at risk then it is difficult to argue against such an enterprise. There is a juxtaposition of perception upon the NHS; for some it holds a quasi-religious status that, when the status quo is questioned, can

provoke a severe emotional backlash whilst for others it holds the status of a failing British instiution with unacceptable waiting times and limited resources resulting in compromised care. In this current climate of a fast-approaching and unpredictable General Election, there is much rhetoric about the NHS as a part-private or entirely state affair. This undoubtedly fuels the cultural juxtaposition and is largely unhelpful; rarely are solutions binary. One of the enduring themes from staff at Alpha is that the NHS is an excellent organisation; it is a world leader in many aspects including training and the quality of care deliverd by its staff. It is, however, highly inefficient and the focus of this inefficiency is directed towards management and the clinical-management relationship. This is supported by the experience here; Alpha is able to run the same service as the NHS did, adhering to the same governance and care guidelines but at a cost that is affordable to NHS England (which their own service was not). If the overall clinical picture (including clinicinas, practise and patients) are as good as a similar NHS unit then the difference must lie with the organisational element. For the NHS to be able to meet both the demand of it's customers and stay within a decreasing or vulnerable budget, then aligning it's managerial structures and processes more closely to business, rather than proudly distancing itself from it, would surely help. I do not feel that the NHS and sound business practice are mutually exclusive; as stated before, often such acumen would go hand-in-hand with optimising clinical practice. This may, in some way, narrow the corrosive tribalism between managers and clinicians that, ultimately, impacts on the quality of patient safety and care.