

Rapid Response:

Poor star ratings will have demoralising effects on staff AND patients

Congratulations to those trusts who managed to jump through all of the hoops in the Commission for Health Improvement's circus ring and secure three stars this year. I hope that staff in these trusts will proudly display a full complement of three glowing stars on their identification badges when they return to work on Monday. Staff at all levels should be proud of their efforts in successfully meeting the required political and performance targets, however this is not the time for the safety net under their tightrope to be removed.

What about those of us who are not lucky enough to work in trusts with three stars? How should staff in these trusts change their practise over the forthcoming year so that they too can strive to achieve the heralded status of a high performing trust?

My fear is that there is very little most trust staff can do. Many of the targets set are political and achievement of them may be difficult for some trusts no matter how hard their staff members work and how dedicated they are to their jobs. Failure to achieve three stars should not necessarily be seen as poor performance but seen more as an indication of the problems politically set targets create.

These targets do not take into enough account the enormous dedication to patient care that the vast majority of NHS staff have, nor their efforts to improve the treatment offered to patients across all disciplines within a trust, often with limited and over stretched finance and resources.

The socioeconomic background of the area surrounding each trust, together with the locality-specific epidemiology of diseases will affect many of the performances, and in some cases may mean targets are not able to be achieved regardless of the efforts of the trust managers and clinicians. In future years consideration should be given to the standardisation of CHI results according to criteria such as the affluence of the geographical area surrounding each trust's catchment area.

Staff in the 44 trusts who failed to achieve any stars this year will feel totally demoralised by the results. Patient confidence in these trusts and their staff is at serious risk of being severely undermined. This has the potential to adversely affect patient-staff interaction and could be detrimental to both staff and patients in such an environment.

The Secretary of State for Health has indicated his disappointment that more acute hospital trusts achieved no stars this year (1). I hope that he will be informing the public of the resources and assistance that will be given to such trusts as a matter of urgency to ensure that such a performance is not repeated in future years.

Perhaps at the same time Dr Reid could let us all know how many stars his, and other government, departments achieved this year and how many of their own targets and promises have been carried through to fruition? I suspect he will not be able to proudly display three stars on his own badge next week.

References

(1) Kmietowicz Z. Hospital ratings rise, but ambulance ratings fall. BMJ 2003;327:119 (19 July 2003)

Competing interests:

AR is doctor who will be wearing TWO stars on his identification badge on Monday to reflect the overall performance of his trust, and FIVE stars to reflect the dedication towards patient care that staff within the NHS have.