**Our Response to the Francis Inquiry Report**

 In February 2013, the second report of the Mid Staffordshire NHS Foundation Trust Public Inquiry was published. The report called for action across six themes; *culture, compassionate care, leadership, standards, information and openness, transparency and candour.* The Government’s initial response *‘Patient First and Foremost’* focussed on five areas; preventing problems, detecting problems quickly, taking action promptly, ensuring robust accountability and ensuring staff are trained and motivated.

In November 2013, the Government published *‘Hard Truths – the journey to putting patients first’.* This report provided a detailed response to the 290 recommendations of the public inquiry report and the six independent reviews which the Government commissioned to consider some of the key issues identified by the Inquiry.

CHFT Board considered the findings of the inquiry at its Board meetings in the Spring and reflected on where key areas of work already in the main either responded to the inquiry findings or could be tailored to do so.

The key areas of focus were organisational culture, Board leadership and governance, quality and safety and nursing.

**Organisational Culture**

The Board has increased it visibility and now Non-Executive Directors regularly feature in leadership walkrounds – encouraging the connectivity between the Board and the ward. The Board encourages the organisation to respond openly and in a transparent way by its own action and the majority of Board business is now conducted in public.

The Board has specifically introduced a new Engagement Strategy encompassing four pillars;
*We put the patient first, We go see, We work together to get results and We do the must do’s.*This is being cascaded through the organisation and forms an integral part of the Trust’s approach.

**Board Leadership and Governance**

In the course of the year CHFT Board has been externally assessed to ensure its fitness to lead. This highlights some good practice, but also areas which could be strengthened. The assessment has resulted in a streamlining of governance processes which will allow a clear line of sight between the Board and the patient. The discussion of performance metrics allows for holding the organisation to account and the development of appropriate plans and ensuring remedial action is being followed through.

Regular meetings between the Board and the Membership Council have also strengthened leadership and engagement. The Members Council is specifically engaged in the development of the Trust’s Quality Account.

**Quality and Safety**

During the course of the year the Board has continued to develop its quality and safety metrics and will continue to do so to detect early any specific problem areas.

The Governance Review undertaken has also prompted a review of clinical safety and assurance structures so that there is a more rapid response to areas of concern.

Further work has been commissioned to review the responsiveness of the organisation to complaints and how the learning from complaints is shared beyond the immediate clinical area. In addition a plan is being developed to co-ordinate the findings of various patient surveys and to focus on specific areas of concern in the coming year.

‘The Care of the Acutely Ill Patient’ plan led by the Trust’s Medical Director is a key part of the Trust’s approach to quality and safety focussing on areas that effect patient outcomes and safety and reduces mortality.

The Trust will continue to provide inclusive care and act to safeguard the best interests of patients.

**Regulatory Assurance**

The Trust will continue to build and maintain effective relationships with regulators and with partner organisations. The Trust has fostered open relationships with regulators, being honest and endeavouring to have a ‘no surprises’ relationship and has encouraged joint meetings with both our main regulators, Monitor and the CQC

**Nursing**

CHFT has a track record of recruiting high calibre compassionate nursing staff and developing them. The Trust has continued to do this by investing again this year in the numbers and skills of nurses and in their education and development.

A robust methodology for determing the numbers and skills of nurses required on each shift on each acute ward is in place and this is closely monitored. During the course of 2014 the Board of Directors will begin to have sight of the percentage of time each ward has the planned staff on duty.

Nursing quality metrics are well established for each ward in the hospitals and are monitored monthly by the Senior Nursing Team and action taken if necessary.

Supervisory Ward Sisters will be introduced in 2014. Previously ward sisters had some time allocated to supervise care, but this initiative by the Trust will provide for a system where the ward sister, the clinical expert, will supervise all care for the patient in his/her care.

Towards the end of 2013, the Trust’s Nursing & Midwifery Strategy was revised to ensure all the elements from the Francis Report were introduced. The Strategy is being formally launched in the early part of 2014.

**Conclusion**

CHFT will, in its implementation of the Francis Report, continue to develop its services to ensure the most effective and compassionate care for its patients.