Date	Event
1-Apr-1985	Legionella outbreak. 101 affected, 28 deaths.
15-Jun-1985	Dr Brian Mawhinney, Minister of Health. "Stafford Newsletter" reports deficit
1-Jan-1999	Stafford Newsletter Reports Deficit October 1999 at RCN Conference Christine Hancock, General Secretary RCN condemned Stafford Hospital for cutting back on senior nurses to save money. Date 1999
13-Jun-2000	Organisation with a Memory published by DH.
1-Jan-2001	David Nicholson Director of Health and social Care 2001/02 (see Calum Paton exhibit CP1, para 7)
1-Apr-2001	In March/April 2001, Dr Daggett wrote to the Medical Director Dr Price and his successor Dr Elizabeth, expressing concern that the level of care available for emergency admissions was dangerously low, and that there were not enough doctors to deal with emergencies coming through casualty. (Daggett statement para 4)
3-Aug-2001	August: Report by the Staffordshire Primary Care Group raises concerns that leadership at Mid Staffordshire Hospitals Trust was not competent to carry out its duties and it was having an impact on patient care. Oral evidence William Price, CE SWS PCT, on 2 June 2011 and his Exhibit WP1: "Points to note": "The underlying issues are: "Lack of engagement and leadership of clinicians in the trust. "Lack of engagement with the whole health economy. "Failure to implement agreements." And then these are the then health authority's words: "Resolution will require: "Change of leadership at CEO and strategy director level. "Supported process of diagnosis of problems. "Supported development for the whole leadership team at the trust." Just to be clear, at this time the chief executive of the trust was David O'Neill? A. Yes. [to 2005]
14-Nov-2001	Inquiry Counsel written Closing Submission on 9 December 2011 page 495 "On the other hand, Ms Adams provided some evidence that there were concerns about understaffing at the Trust from at least 2001 and concerns that this *could* lead to poor care. She produced correspondence with Mr Kathuira dated November 2001 in which she documented her concerns relating to insufficient staffing on the day wards." Exhibit SA1
1-Jan-2002	Commission for heath care improvements (CHI) published its clinical governance report. Inquiry Counsel written Closing Submission on 9 December 2011 page 793: "Part of the evidence of understaffing prior to 2004 was the Commission for Health Improvement report from January 2002.115 The report, in a section entitled 'Staff Focus', found: "5.36 Concern over retention and sickness levels was frequently expressed to CHI, with staff citing stress at work and a lowering of job satisfaction combined with an increase in workload as significant factors. ... 5.39The Trust recognises that benchmarking against other organisations indicates that the number of qualified nursing staff employed is at the lower end of the spectrum...Throughout the review CHI received reports of nurse staffing shortfalls, which were perceived to directly influence the ability to provide quality care. It was unclear to the staff interviewed whether the apparent shortage of staff was due to inadequate workforce planning, inability to recruit, financial restraints, or a mixture of all three. However, it was clear that staff in some areas are under almost constant pressure." …The report

	went on to make recommendations, referred to in part above, including the following: “Urgent action is required to review skill mix in nursing areas and make appointments to vacant consultant medical posts. Urgent action is required to monitor levels of dependency in clinical areas and ensure a robust system for the redeployment of staff.” 120. These and other recommendations by the CHI report led to an action plan being drawn up by the Trust. The Trust’s proposed response to these recommendations in particular was that it should: “Develop an integrated workforce plan to support current & future service provision”118 121. The version of the action plan for December 2002 records this as having been done by Jan Harry and Norma Sadler, Director of Human Resources at the Trust. The bulk of the evidence suggests, however, that the Trust did not remedy the problem of nurse understaffing. The Inquiry tried to discover what, if anything, SASSHA had done to monitor the Trust’s response to this aspect of the CHI report." HCC0016000145, page 22 117 HCC0016000146, page 23. Page 795: "Despite relying extensively on the CHI report’s executive summary, Dr Myers’ briefing to the SASSHA Board made no reference to the passages in the body of that report dealing with staffing at the Trust, which had identified the need for ‘Urgent action ... to review skill mix in nursing areas and make appointments to vacant consultant medical posts.’ HCC0016000107, page 23 Dr Myers said in evidence that she did not, at this distance, know why that was."
1-Apr-2002	Shropshire and Staffordshire SHA started
1-Apr-2002	David Nicholson 'Between 2002 and 2005 …CE of the Birmingham and Black Country SHA, which was his main base' (see Calum Paton exhibit CP1, para 7)
1-Jun-2002	Trust Board receives CHI action plan which was the Trust's strategic response to the CHI review
1-Jul-2002	2 star rating by CHI
1-Oct-2002	Inquiry Counsel written Closing Submission on 9 December 2011 page 760. "Functions of Strategic Health Authorities and Primary Care Trusts and Administration Arrangements)(England) Regulations 2002 The regulations delegate to SHAs (and to PCTs) many of the Secretary of State’s functions in relation to the NHS under the National Health Service Acts (1977 and 2006), including the following: • The duty to promote a comprehensive health service. • The power to give directions to NHS trusts about their exercise of any functions (limited to those trusts within the particular SHA’s area) . (This was a power explicitly not delegated to PCTs). 6. The Secretary of State’s core functions under the National Health Service Acts for the provision of NHS services, including ‘medical services’ and hospital accommodation were delegated by the regulations to PCTs. The same functions were delegated to the SHAs for the purpose of performance management of the PCTs only. 7. Under Regulation 3(5), ‘Every Strategic Health Authority shall exercise the [delegated] functions… for the benefit of its area or to secure the effective provision of services by Primary Care Trusts and NHS Trusts for which they are the appropriate Strategic Health Authority.’ 8. The overall scheme remained consistent through successive versions of the legislation."

1-Jan-2003	The Commission for Patient and Public Involvement in Health (CPPIH) was established in January 2003 to set up and support Patients' Forums.
1-May-2003	Peer review visits to the Trust – noting concerns
21-May-2003	Report of the critically ill or critically injured children in West Midlands peer review visit.
1-Jun-2003	Members of Staffordshire Borough Council OSC invited by the Trust Chairman to attend public meetings of the Trust Board
1-Jun-2003	Complaints no longer reported to the board [date needs confirmation]
1-Jul-2003	Visit for the critically ill or critically injured children in West Midlands peer review visit (Jane Eminson). From Transcript “The first bullet point on the page is: "An immediate risk identified was that there is no triage of children who arrive in A&E by their own transport." The third bullet point: "The system of bypassing A&E and taking children direct to was seen as a concern due to potential deskilling of staff in A&E (rarely seeing ill rather than injured children) and because the arrangements for resuscitating a child on arrival doesn't seem robust. "There was no clear procedure for alerting the team within the hospital to the imminent arrival of a critically ill child. "The equipment in the resuscitation area of the ward does not meet the standards expected." And also the fourth bullet point from bottom: "Staff had expressed concerns about feedback from critical incidents. The lack of confidence in system seemed to be resulting in forms not being filled in and separate systems being established."
1-Jul-2003	3 star rating by CHI
1-Dec-2003	Community Health Councils (established 1974) killed off after 30 years by Hazel Blears. Public and Patient Involvement Forums established
1-Apr-2004	HCC established to replace CHI
1-Apr-2004	SASHA End of Year Review re: Trust
1-Jul-2004	0 star rating by Health Care Commission
1-Jul-2004	Nicola Monte (NM) admitted to hospital with a bowel complaint. She described the wards as “chaotic” and claims stool samples weren’t collected. She also contracted MRSA, CDiff, E-coli during that first visit.
1-Jul-2004	NM’s sister-in-law makes first complaint about stool sample not being collected. It’s claimed the then CEO David O’Neill says “that sort of thing doesn’t happen in my hospital” and refuses to come down to ward. He also refused to take her phone-calls.
1-Aug-2004	August: NM is discharged “still in a bit of pain”, but was rushed back in with a ruptured bowel. She had an emergency operation and had a dirty tube inserted into her stomach and it became infected with blood born MRSA.

28-Aug-2004	In 2004, a consultant podiatric surgeon wrote to Ms Adams voicing his concern about the level of nursing care on the day ward.. The surgeon, Mr Price, wrote: "We have concerns over the reduction in nursing staff on the Ward because it is compromising the ability of our team to provide safe and effective surgery." In addition, Ms Adams was aware of the large number of adverse incident reports being completed by nursing staff that indicated staff shortages as a key reason for the incident. She sometimes saw such reports when staff sought her advice as an RCN representative. Her concerns led her to produce graphs showing the scale of such reporting from September 2005 to February 2006. However, she said this: "Even though I raised concerns revealed by incident reports at JNCC meetings and these issues were raised at surgical directorate meetings, there was a general perception by the Executive team that the nursing staff were moaning, and it was clear to me that they were not listening to our concerns. At the time I was not the lead RCN steward so I could only report these issues to Denise Breeze and raise the issues at the JNCC, in the hope that these issues would be addressed. Unfortunately, when nurses raised issues about staffing levels not being safe, Jan Harry put pressure on them to not raise their complaints formally. I am aware that she would advise staff that if they considered staffing levels were unsafe that this was a breach of the NMC Code of Conduct for the nursing profession, and they should be very careful about what they put in a formal complaint as it might lead to them losing their job." Exhibit SA3 and Adams statement para 20-21
1-Sep-2004	Sept: Patient and Public Involvement Forum told about patients being discharged early
1-Oct-2004	October: Toni Brisby appointed Chair of Mid Staffordshire Trust. October: Former Cannock MP Tony Wright met with Health Minister John Hutton about financial issues at the trust. – tells Robert Francis Inquiry she was "told of problems"
18-Nov-2004	SASHA Board Meeting considers reports on emergency care and risk management and an overall SHA forecast deficit of £18m
20-Jan-2005	Minutes of the first JNCC meeting of 2005, on 20 January21, show that John Newsham, the Trust Director of Finance, gave a presentation on the Trust's financial recovery plan. The JNCC was told of the need to take 180 posts out of the Trust and that the Trust would start by examining vacancies before moving on to service provision. [Closing Submission
23-Mar-2005	Visit for the National cancer Review peer review visit.
1-Apr-2005	New chair appointed to Trust
1-Jun-2005	Chief Executive David O'Neill leaves
27-Jun-2005	Linda Riley currently Deputy Chief Executive of NHS North Staffordshire is part of a DH team which attempts but fails to enter Stafford Hospital to investigate standards of care
28-Jun-2005	Board begins to see complaints again
29-Jun-2005	HCC published patient survey report 2007
30-Jun-2005	Stafford Branch of Staffordshire LINK has initial meeting and refuses membership to Cure the NHS
1-Jul-2005	1 star rating by HC

1-Aug-2005	David Nicholson of Birmingham and Black Country SHA taken on as Chief Executive in addition to his roles as Chief Executive of Shropshire, Staffordshire SHA in August and interim CE of West Midlands South SHA in July.
9-Aug-2005	Report of the National cancer Review peer review visit.
1-Sep-2005	Martin Yeates appointed as interim CE at the Trust SASHA board, expressing serious concerns at the SHA financial performance and endorsed management action to intervene where appropriate to ensure break even position. Martin Yeates stated that on his arrival at the Trust in September 2005, the two fundamental problems as he saw it were (a) a lack of governance "governance simply did not exist in a corporate or clinical sense" and (b) a lack of managerial structures. Yeates statement para 9
1-Oct-2005	Autumn - Sir Andrew cash statement 13 Sep 2011 - application for FT status frozen for a year from Autumn 2005.
27-Oct-2005	Martin Yeates met with David Nicholson and Mike Brereton of Shropshire and Staffordshire SHA. The purpose of the meeting was to review the Trust's performance against "national performance indicators" and its progress in what SASSHA called its "Improvement Programme." The notes of this "Raising Standards" meeting deal with the Trust's business strategy, finances and performance against national targets. None of these areas served to identify quality of care as a concern [Closing Submission p 553, para 361]
7-Nov-2005	SoS widens criteria for FT applications to include two star trusts (Statement of Sir Andrew cash, paragraph 24.3)
15-Nov-2005	PPIS visits to hospital
22-Dec-2005	Board to board challenge with SHA. "The board-to-board for the Trust took place on 22 December 2005. Mr Brereton was present, as was David Nicholson, then Chief Executive of all three West Midlands SHAs, and Anthony Sumara, then SASSHA Managing Director." Inquiry Counsel written Closing Submission on 9 December 2011 page 777: "Whatever the impression gained of the Trust, Mr Sumara was clear that: "The assessment was a purely financial one, and would not, therefore, have picked up on any of the issues regarding quality of care that were later found at the Hospital. This, in hindsight, was a failing of the assessment. The SHA were too distant to be aware of patient experience issues." Sumara statement, paras 21- 2
1-Jan-2006	David Nicholson, WM SHA CE writes to Chairman setting out shortcomings. Trust told they were at least 2 years away from achieving FT, Foundation Trust, status
1-Jan-2006	SoS Patricia Hewitt visits UHNS at Stoke over deficit. Stafford with a deficit and "problems" not visited
11-Jan-2006	Visit for the critically ill or critically injured children in West Midlands peer review visit
11-Jan-2006	Peer review visits to the Trust
12-Jan-2006	Mrs Southall reported an inquest into the accidental death of a patient which had resulted in a possible prosecution under Health and Safety Legislation
30-Jan-2006	Martin Yeates becomes permanent CE of Mid Staffs. Antony Sumara becomes Chief Exec of UHNS.

8-Feb-2006	Complaint by Terrence Deighton former member of Trust PPI Forum about standards of cleanliness in A & E and other related issues
20-Feb-2006	Trust started using Dr Foster Real Time Monitoring Service
1-Mar-2006	Trust Medical Director retires
3-Mar-2006	Report on CPPIH and Mid Staffs Trust written by Terrence Deighton relates to challenges to Trust statements about compliance with Core Standard C2 on CRB checks and C20 and 21 on cleanliness
29-Mar-2006	On 1 August 2006, Deborah Shaw of WMSHA wrote to Toni Brisby in the following terms: *"Dear Toni, I understand that a letter has not been sent following the MSGH board to board meeting held on 5th June… Can I first thank you and your team for the progress you have made with developing the FT action plan since the B2B meeting in March [presumably a reference to the meeting on 29 March to discuss the trust action plan]. Inquiry Counsel written Closing Submission on 9 December 2011 page 783 "On 29 March 2006 SASSHA and Trust representatives met to discuss the Trust's action plan. The meeting was clearly considered a success, because on 27 April 2006, Moira Dumma, who had replaced Anthony Sumara as Managing Director of SASSHA, wrote to Toni Brisby in the following terms: "… it is clear from the Action Plan submitted and your presentation at the meeting, that the Trust have made significant progress since our review in December. The SHA is keen to support you in your ambition to achieve fitness for purpose for foundation status to be ready to enter the twelve month application process later this year. Mike Brereton exhibit MB9*
31-Mar-2006	Trust to shed 150 jobs at hospitals in Cannock and Stafford to save £10m next year
1-Apr-2006	Trust overall hospital mortality rate 1.9% for 2005/06, below national average but not adjusted for age, emergency admission etc. Although not discussed at the meeting, the crude death rate for non-elective admissions (maily emergencies) was 4.5% for 2006/7 compared with England value of 3.4% (ie Mid Staffs was above national value). Exhibit BJ40 and Jarman statement para 155.
5-Apr-2006	Comments in a SASHA Board Meeting from a member of public about the way ward cleaners worked at the Trust, this was followed up by Mike Deakin
7-Apr-2006	On 7 April 2006, there was an extraordinary meeting of the JNCC to discuss the Trust's workforce reduction programme and any redundancies it entailed. The number of posts being proposed for removal was 150. Mark Young of Unite told the Inquiry that there was a staff- side meeting in advance of the JNCC meeting at which it was decided that because of his experience he would lead the union response on the issue. 38. The minutes of the meeting31 are consistent with Mr Young's evidence about it. On behalf of the Trust, Chief Executive Martin Yeates proposed a consultation period of 30 days [Closing Submission]
19-Apr-2006	Dr C S Ralston, Chairman of Care and Critically Ill and Injured Children Standards Group wrote to Martin Yeates at the Trust expressing concerns in relation to a particular incident
27-Apr-2006	SASSHA letter to trust encouraging application for FT status (exhibit Mike Brereton MB9). "The SHA is keen to support you in your ambition to achieve fitness for purpose for foundation status to be ready to enter the

	twelve month application process later this year."
1-May-2006	Report of the critically ill or critically injured children in West Midlands peer review visit.
1-May-2006	Martin Yeates at Board meeting noted £5m shortfall and Workforce Reduction Programme agreed (evidence, 1 March 2011, page 124).
1-May-2006	Andy Burnham Minister of State for Delivery and Reform at the Department of Health (to June 2007)
4-May-2006	Martin Yates informed members that management of complaints function had transferred to Ms Harry who had the lead for governance within the Trust. He referred to the complaints report and noted that the Trust was underachieving in respect of response times
1-Jun-2006	David Nicholson attends last SASHA/EDC, SHA Board. Cynthia Bower appointed interim Chief Executive. David Nicholson appointed Chief Executive of the new London SHA.
1-Jun-2006	Trust Chief Operating Officer appointed and Trust Director of Nursing removed
8-Jun-2006	Hammerton requests a more detailed breakdown of complaints received
28-Jun-2006	BJ re use of Dr Foster Real Time Monitoring analyses: Janice Lyons: "I met with Martin [Yeates], Mike and Karen on 28th June 2006 to review the tools, discuss the use of the information and highlighted how it could support the trust's objectives."
4-Jul-2006	"In July-August 2006, two SHAs (Birmingham and the Black Country and West Midlands South) merged with SASSHA to become West Midlands Strategic Health Authority." First meeting of WM SHA Board
1-Aug-2006	On 1 August 2006, Deborah Shaw of WMSHA wrote to Toni Brisby in the following terms: *"Dear Toni, I understand that a letter has not been sent following the MSGH board to board meeting held on 5th June… Can I first thank you and your team for the progress you have made with developing the FT action plan since the B2B meeting in March [presumably a reference to the meeting on 29 March to discuss the trust action plan]*.
3-Aug-2006	NHS LA CNST level 3 accreditation
15-Aug-2006	Inquiry Counsel written Closing Submission on 9 December 2011 page 470: "• In August 2006, Dr Daggett complained to Jan Harry and her associate Christopher Maggs about nurse staffing levels. He was told it was nothing to do with him and sent away with a flea in his ear, he said. In a letter to the manager of A&E and the EAU that month (which mentioned this incident), Dr Daggett stated that it was his usual practice to do his ward round without a nurse as there were seldom nurses free to accompany him. • In December 2006, Dr Daggett raised the lack of secretarial staff with his Clinical Director. He stated that the hospital had progressively reduced the facilities available to allow him to do the job safely. . There were four or five consultants who persistently raised complaints, Dr Daggett said. However, there were seen as "naughty boys" for complaining. He did not feel, until around 2007/8, that anyone was reacting to the consultants' concerns. The message was always the same: "There is no money. There is going to be less and it's just going to

	get worse." As a result, the consultants lost heart." Daggett statement paras 3 and 12-14
30-Aug-2006	Closing Submission p 946: "The Healthcare Commission publishes today (August 30, 2006) its first review of children's services in hospital. I regret to inform you that Mid Staffordshire General Hospitals NHS Trust has been graded with the lowest score of 1, out of a possible 4, for this. ..."
1-Sep-2006	Trust new Medical Director appointed
1-Sep-2006	David Nicholson appointed as Chief Executive of the National Health Service (NHS) in England
6-Sep-2006	BJ: [properties of file dated 06 Sep 2006.] " DrF implementation plan for Mid Staffs" " There was nothing attached but I have attached the plan I pulled together and made comment about the uptake in the trust. The initial period was spent in heated debates with informatics who were not fans of Dr Foster and took every opportunity to not use us. However, Martin Yeates was more open and committed (he sacked the informatics person) and was keen to make it work, the clinician culture made it difficult"
15-Sep-2006	BJ: Janice Lyons: "After the meeting they wanted to have a plan for implementation and the final one was delivered by the Dr Foster Customer support manager Bernie Mc Bride in September 2006."
1-Oct-2006	South Staffordshire PCT is formed following the reconfiguration of Burntwood, Lichfield, Tamworth, Cannock Chase, East Staffordshire and South Western Staffordshire PCTs
1-Oct-2006	Trust awarded "fair" by HCC (barely adequate and in need of improvement)
1-Oct-2006	Bentley Jennison report to Monitor DH36. Standards for Better Health - review of the Process for Continual Monitoring of Performance (11.2006/7)
1-Nov-2006	In November 2006 the level of senior staffing was noted to be sub-optimal at a Board meeting (evidence, 1 March 2011, page 34).
15-Nov-2006	Meeting of Staffordshire OSC noted receipt of correspondence re: an apparent rise in the number of cases of clostridium difficile at the Trust. The Trust's PPI Forum recently made an inspection of the A & E Department to assess its state
20-Nov-2006	Letter from Sir Andrew Cash at DH to all SHA CEs re new wave of FT applications (see AC statement para 49, exhibit AC13). 30 April 2007 was the formal date for SoS support for FT applications.
1-Dec-2006	Trust new nursing director Helen Moss.
23-Jan-2007	WMSHA Board consider a report on quality and patient safety from RS and

	PB
1-Feb-2007	Trust told that its HSMR was 114 (provisional value before rebasing of all HSMRs in order to make England value 100: this rebasing results in an increase in each trust's HSMRs)
1-Mar-2007	HCC National Staffs Survey for 2006 only 27% of staff say they were happy with the care at Mid Staffordshire Hospital. Cynthia Bower confirmed as Chief Executive WMSHA
1-Mar-2007	Review of clinical quality, issue of coding
1-Mar-2007	Review of public consultation re: FT status
1-Mar-2007	CfH Coding Clinic changed coding of palliative care
1-Mar-2007	CHKS recoding of palliative care (End-of-Life care) at Medway leads to large HSMR reduction
5-Mar-2007	Peer Review Team sent an Evaluation Report of 2005/06 visits for the Standards of Care of Critically Ill and Critically Injured Children Peer Review to KH, JL and JC. "There is insufficient medical cover within A&E." "There are insufficient nursing staff within A&E."
5-Mar-2007	Medical Director Stafford General hospital, Dr Suarez, letter to RCS requesting Invited review of colorectal and laparoscopic cholecystectomy service at the hospital (Black exhibit JB4)
9-Mar-2007	Inquiry Counsel written Closing Submission on 9 December 2011 page 477 - Dr Nakash (SJN) statement Paragraph 1 Emergency Care Meeting on 9 March 2007. It reads: "It was agreed that to provide adequate cover in A&E there would need to be seven ENPs in total and at present there were only 4.5 in post. To increase this number would have financial implications, as nurses with ENP status at Band 6…Marshall stated that A&E definitely needs more staff, however financially this was not possible. "
28-Mar-2007	Staffordshire OSC considered responses to HCC for Annual Health Checks
1-Apr-2007	Professor Cummings says that in their view at the SHA, by April of 2007, the Trust was ready to apply for FT, Foundation Trust, status. In other words it seems the SHA gave its approval (Hearings, Nov 9, page 101).
2-Apr-2007	Trust Board approved general statement of compliance for HCC re: 2007/07
2-Apr-2007	Results of 2006 staff survey by HCC reported to Board, which showed that 47 per cent of staff would not want to be treated at the trust (evidence 1 March 2011, page 111).
15-Apr-2007	First Imperial College mortality alerts sent to CEs of English trusts
16-Apr-2007	SHA Chairman undertook Trust Chairman appraisal
24-Apr-2007	Dr Foster Good Hospital Guide, published in the Telegraph, shows trust HSMR as 127
30-Apr-2007	Letter from Sir Andrew Cash at DH to all SHA CEs re new wave of FT applications (see AC statement paras 49/50, exhibit AC13/14). 30 April 2007 was the formal date for SoS support for FT applications. Consultation period 22 Jan-13 April 2007.
1-May-2007	Dr Foster HSMRs discussed for first time at SHA Board meeting
1-May-2007	University of Birmingham review commissioned by SHA
1-May-2007	BJ: Coronary atherosclerosis and other heart disease Mortality alert Dr Foster 0.01 False Alarm Rate (available to trust on RTM analysis but no letter sent to trust CE)

1-May-2007	May 2007 onwards - HCC Mortality Outliners Team made available information relating to individual conditions or diagnosis which generated 11 alerts for Mid Staffs. Imperial College alerts were sent to CEs of trusts and copied to HCC.
5-May-2007	Peter Blythin exhibit PB12 - quality and safety report of WM SHA notes 2000 excess deaths at the SHA.
8-May-2007	BJ: emails [Exh 24] dated May 2007 between people at Mid Staffs trust and Helen Rowntree, Janice Lyons, Steve Middleton and Derek Smith (Dr Foster) and Paul Aylin (Imperial College). Mid Staffs were querying whether the analysis of their data was correct but it turned out that their worries were unfounded. The subject was " Some fairly urgent advice needed". The Mid Staffs people copied into the emails were Phil Coates, Philip Smith, Helen Moss, Val Suarez and Karen Morrey
18-May-2007	WM SHA wrote to DH to confirm there were no problems with trust applying for FT status, See Andrew Cash statement para 53, exhibit AC16. Closing Submission page 1755: "At paragraph 11 and the question “Is the SHA aware of any additional information about the trust that may have a bearing on the Secretary of State’s decision about whether or not to support this application?” the SHA indicated “None.”..."Warren Brown clarified that he did not recall being aware of the Trust’s high HSMR at the time of the DH’s assessment."
1-Jun-2007	June or July 2007 - Risk based assessment against 5 Core Standards – all passed
7-Jun-2007	Board meeting - gave crude death rate comparison. Did not note that the figures showed that the non-elective (emergency) crude death rate was high compared with England.
7-Jun-2007	Andrew Wash statement para 61 - the Application Committee (of the DH) considering the Mid Staffs application for FT status were not aware of the trusts Dr Foster mortality rates. Para 62: 'Had the HCC issued a weak rating in 2007 then the Mid Staffordshire application would have been pulled.'
14-Jun-2007	Closing Submission page 1764: "Warren Brown’s note of 14 June 2007 gave insight into the imperative to keep the FT pipeline fed with good quality applicants. It stated: *10. Wave 5 has proven to be the most difficult wave to date. It is not clear why that might be but it is likely that a combination of chance: the low numbers and risk base of those put forward by SHAs and a reality check around what the statutory breakeven duty means in a world where surpluses need to be generated now if trusts want to prepare for growth in the future have both played their part."..."Our processes are now much more focused on feeding their pipeline and maximising the authorisation rate and the NHSMB later this month will look at where trusts can achieve FT status through a managed applications process and where more needs to be done outside an applications process."*
21-Jun-2007	Scoping meeting - WM SHA with Mohammed and Lilford regarding from Birmingham University - objects of their research.
22-Jun-2007	Inquiry Counsel written Closing Submission on 9 December 2011, page 1763: "On the basis of Mr [Warren] Brown’s note, the Private Secretary to the Secretary of State informed Mr Brown on 18 June 2007 that the Minister was happy to accept the recommendations. [for the trust to go to Monitor to be considered for FT status - WB/29, WS0000063364] As a result, Andrew

	Cash wrote to Martin Yeates advising him of the Secretary of State's support on 22 June 2007."
29-Jun-2007	BJ: para 115. The letter [Exh BJ27] from Rob Forbes, Sales and Marketing Director at Dr Foster, to Martin Yeates, dated 29 Jun 2007, first apologised for "our mishandling of the communication of the revisions in our statistical model and the publication of the data" . Also "We will work with you over the next few months in order to improve data quality."
1-Jul-2007	New coding manager appointed.
1-Jul-2007	BJ: Operations on jejunum Mortality alert Imperial College Dr Foster Unit sent to Mid Staffs CE 0.001 False Alarm Rate
1-Jul-2007	Trust first referred to Monitor
1-Aug-2007	BJ: Aortic, peripheral and visceral artery aneurysms Mortality alert Imperial College Dr Foster Unit sent to Mid Staffs CE 0.001 False Alarm Rate
1-Aug-2007	BJ: Cardiac arrest and ventricular fibrillation Mortality alert Dr Foster 0.01 False Alarm Rate (available to trust on RTM analysis but no letter sent to trust CE)
1-Aug-2007	Diabetes Mortality alert Healthcare Commission
1-Aug-2007	HCC wrote to Trust requesting an explanation – re: mortality
1-Aug-2007	BJ: Peritonitis and intestinal abscess Mortality alert Imperial College Dr Foster Unit sent to Mid Staffs CE 0.001 False Alarm Rate
22-Aug-2007	BJ: Rob Forbes, Helen Rowntree and Janice Lyons of Dr Foster and Paul Aylin from the Imperial College Unit at the West Midlands SHA Offices with Dr Rashmi Shukla (Director of Public Health), Steve Allen (Director of information) and Gavin Rudge (from the University of Birmingham department of epidemiology & public health). Inquiry Counsel Closing Submission p1578: "Mr Taylor stated that he hoped that any organisation that had received the presentation on HSMRs from DFI in August 2007 could not have been taken in by the Trust's presentation of November 2007"
1-Sep-2007	Acute bronchitis Mortality alert Dr Foster 0.01 False Alarm Rate (available to trust on RTM analysis but no letter sent to trust CE)
1-Sep-2007	CNST level 2 for maternity standards
1-Sep-2007	Epilepsy and convulsions Mortality alert Healthcare Commission
1-Sep-2007	SHA Patients Safety and Quality Group now attended by a representative from HCC
1-Sep-2007	Trust responded to HCC August letter stating they were investigating and would supply a copy of their review
25-Sep-2007	Helen Moss report to Mid Staffs trust Board on 'Governance Strategy' including benchmarking by Dr Foster
1-Oct-2007	DOH Cleaner Hospitals inspection of the Trust
1-Oct-2007	Good-fair (Quality-Use of resources) in 2006/07 Annual Health Check
1-Oct-2007	New WMSHA Head of Performance appointed

1-Oct-2007	Repair of abdominal aortic aneurysm Mortality alert Healthcare Commission
1-Oct-2007	Trust produced action plan to approve A & E four hour wait
8-Oct-2007	First 'kick off' meeting for application phase of trust's application for FT status launched with Monitor
15-Oct-2007	Monitor David Hill meets Toni Brisby
11-Oct-2007	Inquiry Counsel written Closing Submission on 9 December 2011 page 478 Dr Turner arrived at Stafford Hospital in October 2007 as an Emergency Medicine trainee - a qualified doctor working towards consultant level. He had previously been training at UHNS for two years. He found the Emergency Department to be "an absolute disaster." There was a culture of bullying and harassment towards the staff, particularly the nursing staff. There was no significant medical leadership and no vision of what "good" looked like. There were not enough nurses; those who remained were demoralised. They had no senior nurse to unite and lead them. They were threatened on a near-daily basis that they would lose their jobs if they did not get patients through the department within the four-hour target. Pressure was passed from them onto junior doctors to move patients to meet the target - "a highly dangerous situation." Dr Turner said: "The effect was that the Emergency Department contained significant numbers of patients in distress and, as a department, we were immune to the sound of pain." Dr Turner was particularly concerned about the Trust's plans to staff the Emergency Department with a combination of emergency and acute medicine consultants. Turner statement para 3-13
2-Nov-2007	BJ: Other circulatory disease Mortality alert Imperial College Dr Foster Unit sent to Mid Staffs CE 0.001 False Alarm Rate
8-Nov-2007	Bella Bailey 16/02/1921 - 08/11/2007, (Julie Bailey's mother) died. Julie formed CuretheNHS on 20 Dec 2007 at a meeting of people with complaints about the hospital in the Breaks café.
19-Nov-2007	CHKS Group press release - has appointed a high-level Advisory Board to examine the collection and use of data. Chaired by Niall Dickson, Chief Executive of the King's Fund.
20-Nov-2007	Trust, PCT and SHA on 20 November 2007 to discuss the mortality rate (HSMR). Inquiry Counsel Closing Submission page 518, pare 318.
23-Nov-2007	Inquiry Counsel written Closing Submission on 9 December 2011 page 983: "Helen Moss wrote to Craig Watson on 23 November 2007 stating that the Trust had not found any other factors besides coding to explain the high mortality rates at the trust. None of the specific mortality alerts, sent by letter to the trust, were made known to the assessment team either by the HCC or by the Trust itself despite the fact that they were effectively contemporaneous with the assessment. In light of these it is surprising that Helen Moss felt able to give the limited explanation which she did to Monitor at the Board to Board meeting and that those who attended the meeting with Monitor on behalf of the trust were able to appear quite so optimistic about the quality of the care being provided." Exhibit DH58, WS0000039395

28-Nov-2007	Dr Foster HSMRs discussed at SHA Board Meeting (first time since May 2007, next time March 2008). Inquiry Counsel Closing Submission page 1578: "Mr [Roger] Taylor stated that he hoped that any organisation that had received the presentation on HSMRs from DFI in August 2007 could not have been taken in by the Trust's presentation of November 2007. There were people at the SHA, he said, who would have been able to identify that the crude mortality rate did not contradict the high HSMR."
5-Dec-2007	Trust's Board to Board meeting with Monitor. Inquiry Counsel written Closing Submission on 9 December 2011 9age 987: "These were clear signs which an assessment with sufficient focus on clinical quality ought to have picked up upon and caused a halt or a suspension of the process. That however did not happen and the cause of that failure seems to have been that the fundamental focus of Monitor was not at that time upon quality of care."...Inquiry Counsel written Closing Submission on 9 December 2011 page 992: "The reality however seems to have been an almost complete absence of focus by the Monitor assessment team about the fundamental purpose of the hospital which they were assessing which was to provide high quality care to its patients."
6-Dec-2007	DH Foundation Trust Meeting - Closing Submission page 1764: "By the end of the year, the DH seemed to be putting forward a somewhat different message from the approach taken by the Applications Committee when dealing with Mid Staffs. In a note retained by the SHA, which revealed the message from the DH Foundation Trust Meeting of 6 December 2007 ...we read: • DH critical of SHA role in supporting FT applications. • DH wants SHA to play a more active part in FT application process and cease supporting weak applications. • Excuse of – it will be corrected by time at Monitor is no longer plausible or acceptable for FT applicants. • Ministers do not want any slow down of FT approvals, a slow down would be seen as the new administration going slow on NHS reform. • Progress of the FT agenda is central to David Flory's objectives."
20-Dec-2007	Cure the NHS formed (WB27 - WS0000063345)
1-Jan-2008	Chronic renal failure Mortality alert Dr Foster 0.01 False Alarm Rate (available to trust on RTM analysis but no letter sent to trust CE)
14-Jan-2008	Nicola Hepworth from HCC phoned Rashmi Shukla at the SHA about the investigation and mortality alerts (Nigel Ellis para 86). Closing Submission p899: WMSHA first heard about the HCC's concerns about and interest in the Trust on 14 January 2008, when an employee of the HCC, Nicola Hepworth, contacted Dr Shukla, which Dr Shukla recorded as follows: "HCC have an agreement with Dr Foster that they will receive alerts on HSMR which has been ongoing for a few months. Nicola Hepworth tells me that Mid Staffs keep being identified, November being the last month."
28-Jan-2008	HCC wrote to Trust requiring information on clinical governance in light of the alerts
30-Jan-2008	On 30 Jan 2008 Monitor Board meeting decides to give trust FT status, announced on 1 Feb 2008
1-Feb-2008	Formally awarded Foundation Trust status by Monitor
1-Feb-2008	A group of local patients told the local PCT about complaints from patients that had come to the HCC independently through its helpline

1-Feb-2008	BJ: Acute cerebrovascular disease Mortality alert Dr Foster 0.01 False Alarm Rate (available to trust on RTM analysis but no letter sent to trust CE)
1-Feb-2008	BJ: Septicaemia (except in labour) Mortality alert Dr Foster 0.01 False Alarm Rate (available to trust on RTM analysis but no letter sent to trust CE)
5-Feb-2008	Trust wrote to HCC copied to SHA (CB re: a 2006 complaint by Mrs P Smith)
15-Feb-2008	Mid Staffs increased the % cases coded as palliative care and Sandra H-K started coding all deaths herself. Coding of ICD10 code Z51.5 (palliative care) reached its maximum at the trust.
27-Feb-2008	HCC investigation team visited Trust unannounced (actually started on evening of 26 February) and launched a full scale investigation the next day
27-Feb-2008	Peter Blythin, Martin Yeates and Helen Moss (Nurse Director) planned visit to discuss issues including nurse staffing and HCC interest
28-Feb-2008	Heather Wood advised Rashmi Shukla that HCC had received through its helpline and completely unsolicited a number of concerns raised by parents and relatives in the locality expressing dissatisfaction about nursing care, they received 30-40 such representations
1-Mar-2008	December 2007 to February 2008 338 deaths certified at Trust, including 47 C Diff positives
8-Mar-2008	The Picker (which carries out the annual National Survey of NHS Patients) project manager visited the trust on March 8th, 2008, to present the results to a 'hospital management group' which included the chief executive. This presentation explicitly noted that the results were very poor. [Email from Donald Irvine on 23 Jan 2012]
18-Mar-2008	In a WMSHA Board Meeting Cynthia Bower reported that HCC had today announced that it was to investigate mortality rates at the Trust, the quality of care given to older people and governance arrangements
22-Mar-2008	Trust Board agreed £1.15m investment for the nursing
31-Mar-2008	The Commission for Patient and Public Involvement in Health (CPPIH) abolished on the 31st March 2008 when Patients' Forums were replaced by Local Involvement Networks (LINks).
1-Apr-2008	Dr Shaun Nakash met Martin Yeates to discuss lack of nurses etc at A&E
1-Apr-2008	Dr Foster published HSMRs in Hospital Guide 2008 showing the Trust is still having higher than expected HSMRs
1-Apr-2008	Patient and Public Involvement Forums dissolved. Local Involvement Networks (Links) come into existence. None are operational for months
1-Apr-2008	Trust spent £878,000 in redundancies in 2007/08 and £1.3m between 2006 and 2009
14-Apr-2008	Monitor Chair (Bill Moyes) met Trust Chair (Toni Brisby) to discuss the HCC investigation of Mid Staffs
16-Apr-2008	HCC staff met SHA staff re: mortality work
1-May-2008	2007 PMETB survey published around now
1-May-2008	HCC letter to Trust with A & E actions
1-May-2008	HCC met with the Trust CE giving concerns they had and immediately wrote requiring certain critical changes to be introduced straightaway
1-May-2008	HCC staff visited Trust A & E and met Trust CE and expressed concerns re: safety and quality of care

9-May-2008	Trust completed Core Standards Declaration for HCC re: 2007/08
12-May-2008	In response to Martin Yeates' letter to all GPs of 12 May 2008 (exhibit JE7) Dr Janet Eames' exhibit JE8, is a note regarding her clinical concerns "Stafford Hospital seems like a disaster waiting to happen" (see her statement Paragraphs 15 and 16). She was questioned about this in her oral evidence [32/170/19].
13-May-2008	Inquiry Counsel written Closing Submission on 9 December 2011 page 827: "What is striking however is not just that she had not received or seen a copy of this letter, but also that in May 2008 the Deanery review team managed to visit the Trust and discuss its A&E department, in the midst of the investigation and between unannounced visits to the department by the HCC and SSPCT, without finding out that it was under investigation." Hughes first statement, para 75 [not 89]
13-May-2008	Foundation visits – 5 foundation doctors in A & E
14-May-2008	Meeting between HCC and DH, which was concerned about Mid Staffs trust.
15-May-2008	George Eliot increased the % cases coded as palliative care
23-May-2008	Highly critical letter sent by the HCC to Martin Yeates highlighting the problems in A&E at the trust
23-May-2008	51. RCN's Dr Peter Carter's visit was arranged for 23 May 2008. This was also the day on which the Healthcare Commission wrote to the Trust about its A&E department in very critical terms, referring specifically to nurse understaffing and a lack of governance, including procedures for learning from incident reporting. [Closing Submission]
1-Jun-2008	University of Birmingham review made available - Mohammed and Lilford "Probing variations in Hospital Standardised Mortality Ratios in the West Midlands".
13-Jun-2008	Visit for the critically ill or critically injured children in West Midlands peer review visit
15-Jun-2008	Inquiry Counsel written Closing Submission on 9 December 2011 page 479 Elizabeth Hughes (the Postgraduate Dean) later in the Inquiry demonstrated that contact from the College led her to request information from Dr Turner about his concerns in around June 2008, particularly focussing on whether he had adequate consultant supervision. His concerns were recorded in a JEST form.284 This contained entries such as: "Patient Safety: This appears to be low in the trust's priorities. It is compromised by a drive to avoid breaches at all costs;" "Clinical workload: Constant stream of F2s and GPVTS Drs requiring advice and only one middle grade on the floor much of the time. The department sees between 50,000 and 55,000 per year with only 4 FT equivalent middle grades and 6 F2/GPVTS Drs. This reaches unsafe levels."
30-Jun-2008	Draft report of the critically ill or critically injured children in West Midlands peer review visit.
1-Jul-2008	BJ: Chronic renal failure Mortality alert Imperial College Dr Foster Unit sent to Mid Staffs CE 0.001 False Alarm Rate
7-Jul-2008	HCC letter raising concerns about basic nursing standards
9-Jul-2008	PB met Helen Moss and Yvonne Sawbridge about care standards

10-Jul-2008	HCC wants to talk to SHA as a stakeholder and later about the role of the SHA as performance manager of the Trust
25-Jul-2008	HCC wrote to Helen Moss with concerns re: poor practice mainly in EAU
15-Aug-2008	Walsall increased the % cases coded as palliative care
20-Aug-2008	Paul Aylin email to Mohammed asking for a copy of their paper submitted to The Lancet so that he could comment on it for the HSJ and two trusts in the WM SHA.
1-Sep-2008	BJ: Paul Aylin and BJ met four people from the Mid Staffs trust in the Dr Foster offices
1-Sep-2008	HCC wrote to Trust CE with further concerns
30-Sep-2008	WMSHA Board approved a proposal for an independent evaluation of the Investing for the Health programme
1-Oct-2008	HCC investigation phase completed
1-Oct-2008	HCC provisionally rate the Trust good-good in their 2007/08 Annual Health Check. The quality rating was later re-graded to weak
1-Oct-2008	Non-transient stroke Mortality alert Healthcare Commission
1-Oct-2008	Other non-viral infections Mortality alert Healthcare Commission
16-Oct-2008	Monitor published a response to the HCC Annual Health Check results
1-Nov-2008	Dr Foster's 2008 Hospital Guide classifies Trust as having significantly higher than expected mortality rates
1-Nov-2008	Pulmonary heart disease Mortality alert Imperial College Dr Foster Unit sent to Mid Staffs CE 0.001 False Alarm Rate
11-Nov-2008	CHKS write to 7 trusts offering to recode palliative care
28-Nov-2008	Inquiry Counsel written Closing Submission on 9 December 2011 page 1296: "Two HSE inspectors from the West Midlands had attended the first West Midlands Planned Risk Summit together with eight other regulatory bodies on 28 November 2008, when mention was made of a "major report into critical pathways," but the HSE inspectors had not appreciated the significance of this reference." Brookes statement, paras 80- 84. Page 1297: " Geoffrey Podger accepted that there could be said to be a "regulatory gap" as a result of the HSE's general non-involvement with cases of harm arising from clinical care and the CQC's lack of investigation or prosecution in relation to single incidents of harm. As a result, if a person were killed as a result of a hospital using faulty trolleys, it may result in a criminal prosecution brought by the HSE, but if the person were killed as a result of a faulty system of care, it was very unlikely. Mr Podger stated that this distinction could not be justified and the HSE believed that the situation was unsatisfactory.
11-Dec-2008	CHKS Press Release regarding recoding of palliative care (End-of-Life care)
15-Dec-2008	BJ meeting with David Hoppe from Monitor to describe HSMRs and mortality alerts. Shown Basildon & Thurrock and Mid Staffs were the two trusts with the highest HSMRs 2006/07 (exhibit BJ80).
11-Feb-2009	Sir David Nicholson speaks of a draft [HCC investigation] report with findings reaching him and Ministers on the 11 February [2009]. David Flory described how he had then arranged a meeting with Anna Walker whom he met on 11 February and then read the draft note without recommendations or findings. He told the inquiry [Flory statement, para 54] – 'I was left in no doubt about the appalling standards of care that the commission identified. I was shocked and surprised that the investigation had raised issues of such

	scandalously poor treatment of patients'.
1-Mar-2009	HCC re-grade Annual Health Check assessment of quality to 'weak'.
3-Mar-2009	Chair (Toni Brisby) and Chief Executive (Martin Yates) stand down.
10-Mar-2009	Cabinet briefing by SoS about Mid Staffs, HSMRs etc. John Holden exhibit JH9.
11-Mar-2009	Inquiry Counsel written Closing Submission on 9 December 2011, page 1806: "On 11 March 2009 a high level meeting took place between the HCC, Monitor and the Secretary of State for Health [DF/25, WS0000076071]. The following (among others) were in attendance: the Secretary of State for health; David Flory; Bill Moyes; Anna Walker; Sir Ian Kennedy by telephone; Nigel Ellis. "Sir Bruce Keogh oral evidence Day 121, page 147: "Because of the seriousness of the issues in this report, the reputation of the NHS was damaged, confidence in the NHS was damaged as a result of what went on in Mid Staffordshire. It was so big and so significant."
18-Mar-2009	HCC published investigation report on the Trust
26-Mar-2009	Inquiry Counsel written Closing Submission on 9 December 2011, page 1768: "In an email exchange with another DH official on 26 March 2009, dealing with the extent of Monitor's assessment of quality at the time of the Trust's application, Mr Holden wrote: *I wouldn't believe a word they say about what they did or didn't consider before. They will say whatever casts them in the least damaging light. It's true their scorecard is a bit more balanced these days (ie less finance focused) but don't buy any of that bullshit about relying on SoS's support for the application…* [239 JH/16, WS0000057963] 200. Andy Burnham denied that by passing the application for submission to Monitor he had done anything more than – 'confirm that there was no reason that I knew of that Mid Staffordshire should not have a chance to Monitor's application process which would seriously test and inspect the and subject them to higher scrutiny to flush out any issues' [Burnham statement, para 97] . 201. Perhaps the documentation suggests a degree of buck-passing when it came to responsibility for the authorisation of Mid Staffs as a Foundation Trust. Indeed, in an email to Nigel Fisher in late February 2009 when the HCC's report was imminent, John Holden stated that he had spoken to Tim Young (Head of the NHS Business Unit) and reported: "I get the sense they want to drop Monitor in it." [JH/8, WS0000057906]
28-May-2009	Inquiry Counsel written Closing Submission on 9 December 2011, page 1770: "205. A report from Nigel Fisher dated 18 May 2009 and entitled "Quality and the DH FT Application Process: An Update" set out the list of "Quality Metrics" that would be considered by the NHS Medical Director in order to contribute to the discussions of the Applications Committee. The metrics included the following: • HSMR. • General intelligence - in particular any live quality- related SUIs. • Correspondence. • Patient surveys. • Staff surveys. • Performance against the NHS Performance Regime. • Organisational Risk Profiles - the CQC's overall assessment of quality and safety." [JH/31, WS0058214, Annex 2]
29-May-2009	Inquiry Counsel written Closing Submission on 9 December 2011, page 1765, re email from Warren Brown to John Guest 29/05/2009: " Mr Brown made the following points in the email: • *Monitor apply the tests and decide who becomes an FT, all DH can do is work with SHAs to weed out prima facie nonstarters. • We were under a strong expectation from both No.10 and Ministers to get all trust to Monitor as soon as possible."* [exhibit WB15, WS0000063201]

1-Aug-2009	Antony Sumara appointed Chief Executive of Stafford Hospital
3-Sep-2009	New Medical Director, Manjit Obhrai, requests further Service review of 70 cases (exhibit JB11)
2-Oct-2009	Email from DR WILLIAM MOYES October of 2009, John Stewart at the Department of Health, copied into Barbara Young, Ian Carruthers, Una O'Brien, among others. "Once the Healthcare Commission launched its investigation into Mid Staffs we had regular and close dialogue with them and had ample opportunity to understand the analysis they were developing and think about the action that we might take. The main problem at that stage, in my view, was the Healthcare Commission's process. The investigation took too long and was too geared to establishing evidence to secure 'a conviction'