

## Weak signals and regulating managers.

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**E**vidence that focused on whether the data that was available might have singled alarm bells earlier than it did.

Previously Prof Spiegelhalter has told the Inquiry in a written statement that Dr Shipman could have been identified as “unusual” after 40 deaths.

Neonatal deaths at Chester were 10% higher than the average for hospitals with similar characteristics. That was a signal, but not a strong one, as it also applied to other centres.

Safety signals needed to be reviewed on a real time basis by somebody who understood how they were made up.

Some NHS Trusts now have a dedicated person [not necessarily a clinician] who monitored all safety alarm systems.

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*Next a surprise witness, Ken Jarrold, a former NHS Chief Executive, Chair and Director of Personnel for the NHS.*

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He had been asked by Nigel Crisp, the then chief executive of Department of Health (before the Lansley Reforms), to prepare a code of conduct for NHS managers.

This he did, but nothing much happened.

It ended up in a DH archive. Regulating managers was not easy as management in the NHS had many levels including ward sisters.

It was an occupation rather than a profession.

He thought Amanda Pritchard was moving the debate in the right direction. I interpret this as a strong code of conduct, a commitment to NHS values and consequences when the standards were significantly breached.

The “*Fit and Proper Person*” test was, in Jarrold’s view, too weak to be effective.

The Chair of the body that oversees health professional regulators talks about his evidence to the DH review into the regulation of managers currently underway.

A voluntary code could work if breaches were exposed, and action followed.

Interestingly any statutory regulation would give managers a far greater distance from ministers.

Like doctors they would regard themselves as having a higher duty to their regulator and distinguish them even more sharply from civil servants.

Might be a good thing and make it easier and safer for managers and their boards to make decisions about patient safety regardless of political consequences.

Let us hope Amanda Pritchard wins the argument.

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