

Gilgamesh Andrew George

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Memorial volume in connection with the life and ministry of ... Francis Muir, for forty-eight years minister of Junction Street United Presbyterian Congregation, Leith
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the health committee reports on the annual accountability hearings with the general medical council gmc hc 1429 and nursing and midwifery council nmc hc 1428 the reports call for doctors and nurses to develop a wider responsibility for the overall quality of care delivered to patients and they have an obligation as professionals to report to their professional body any concerns they have about the quality of care being delivered by their colleagues the gmc and the nmc must give a strong lead in this area and ensure that failure to act on this responsibility is regarded as a serious breach of professional obligation the committee stresses that both regulators need to have effective revalidation processes in place so that they can periodically check on how doctors and nurses are performing the committee recognises that the nmc is making steady progress towards being an effective regulator but cautions that there remains substantial ground to cover before it can be considered fully effective work around pro active regulation risk based visits must be expanded guidance about the care of older people must be reinforced by an action plan to deliver improved outcomes in this group government and both regulators must speed up efforts to resolve the serious problems posed by doctors and nurses who qualify elsewhere in europe and earn the right to work in the uk without having their language or medical skills tested the uk and european law that underpins the workings of both regulators needs a complete overhaul

the failures of care quality commission cqc prompted the department of health to undertake a performance and capability review which produced a wide range of recommendations the decision by cqc board member kay sheldon to give evidence as a whistleblower added to the controversy she identified serious failings within the management organisation functions and culture of the cqc and it is unacceptable that the cqc failed to address and act on them before she felt compelled to approach the public inquiry it is clear from the evidence presented by the cqc s outgoing chair jo williams and recently appointed chief executive david behan that the regulator is aware of the reforms that must be implemented the cqc s primary focus should be on ensuring that the essential standards it enforces can be interpreted by the public as a guarantee of acceptable standards in care the cqc s essential standards in their current form do not succeed in this objective equally the cqc must be far more diligent in communicating the outcomes of inspections especially to residents in social care and their immediate family in the long term the cqc has a role to play in facilitating a culture of challenge and response across health and social care so that identifying and addressing failings becomes a standard process for staff and management providers must support staff in raising concerns in order for those staff to meet their own professional duties those organisations who fail in this obligation should be refused registration by the cqc

traditional native recipes featuring products from the land sea and sky symbols of an enduring cuisine that illustrate respect for the nurturing land and acknowledgment of the spiritual power food can have in our lives this publication meets the epub accessibility requirements and it also meets the content accessibility guidelines wcag aa it is screen reader friendly and is accessible to persons with disabilities a book with many images which is defined with accessible structural markup this book contains various accessibility features such as alternative text for images table of contents page list landmark reading order and semantic structure

further relates to white paper equity and excellence liberating the nhs cm 7881 isbn 9780101788120 an earlier report on this topic by the committee published as hc 513 i session 2010 11 isbn 9780215555960 additional written evidence is contained in vol 2 available on the committee s website at parliament.uk/healthcom

in 1984 at the age of 78 world renowned rose grower hilda murrell was found brutally murdered in the shropshire countryside

she had just gained an approval to testify on the unsolved problems of radioactive waste at the first british planning enquiry into a new nuclear plant at sizewell suffolk the police theory that a lone panicking burglar robbed and abducted hilda in her own car for petty cash erupted into a sensational political conspiracy involving prime minister margaret thatcher s plans for british nuclear energy and the controversial sinking of the argentine cruiser general belgrano in the 1982 falklands war the west mercia police took until 2005 to secure the conviction of andrew george as hilda s unlikely murderer in 1984 he was a 16 year old truant from a local foster home who could not drive the case spawned numerous books plays and tv programmes as it became one of the most baffling british murders of the 20th century now hilda s nephew robert green a former royal navy commander who operated nuclear weapons before holding a key position in naval intelligence during the falklands war tells the story of his extraordinary pursuit of the truth believing that hilda was abducted by those who wanted to find out what she knew about the falklands conflict and problems in the sizewell nuclear power plant and undeterred by ongoing harassment green exposes the implausibility of the police theory and uncovers new evidence that should have acquitted andrew george this is the incredible true story of hilda murrell and of one man s quest to find out how and why his beloved aunt met with such a violent and bizarre death

the october 2010 spending review has imposed tough settlements on both health and social care and sets a highly challenging context for the delivery their services over the next four years in both cases efficiency gains will need to be made on an unprecedented scale if care levels are to be maintained and the quality of services improved the committee does not agree with the government s premise that the spending review settlement and the two year pay freeze will provide councils with the necessary resources to sustain current eligibility levels for social care councils will need to sustain further efficiency savings of up to 3.5 per annum to avoid reducing their levels of care in this context the government is placing understandable emphasis on the extra funding for social care through the personal social services grant and the 1bn through the nhs however there is concern that the increases in the pss grant will not be reflected in changes in actual spending on social care it is also vital that the savings required by the health settlement are made by efficiency gains rather than making cuts particularly considering the uncertain landscape of the nhs reorganisation following the white paper improving the interaction between health and social care will be critical if the necessary cost savings on both sides are to be realised it is not enough for the government to exhort change in this area there must be a formal policy infrastructure that recognises the importance of achieving a better overall interface between

the two sectors

this is the second annual accountability hearing with monitor from the health committee the parallel roles of monitor and cqc were criticised in the francis report on the mid staffordshire foundation trust hc 898 session 2012 13 isbn 9780102981469 because they created significant opportunities for confusion the health committee concurs and stresses that it needs to be addressed urgently to avoid the twin dangers of gaps in regulation and duplication of regulation this report concludes that the proposal to use a combination of transitional powers and licensing provisions designed to apply to all providers of nhs care to provide the framework for the long term regulation of foundation trusts is profoundly unsatisfactory the role of monitor in relation to competition in the nhs remains unclear and the respective roles of monitor and the competition commission in the market for health and care services need urgent clarification monitor s positive approach towards the commissioning of integrated care pathways is welcome monitor should use its role in setting the tariff paid for certain nhs services alongside the nhs commissioning board to encourage system redesign and the integration of service provision as well as to discourage cherry picking of the most economically attractive patients the establishment of a provider failure regime is welcome but a number of important elements in that regime are not yet fully developed and further progress is needed over the coming months

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