

Gen
 Recd: looked @ how changed in patient source
 work ill primary care
 reduce no who are presented | treated appropriately
 reduce length of stay | reduce rates of readmission

Recd the home source ↓ length stay | readmissions.

Potential for GP to access the H source directly.
 criteria | eligibility

GP's clinical responsibility | reduce consultations.
 Comm Recd
 public - and work w/ GP in community.

Recd outpatients - specialist interests
 links w/ tertiary services w/ @ attention
 reduce follow ups | RTT.

AM

integrated service
 HEH | integrated care packages | comm Recd, mus source.

NNH
 central

Wider Cheshire regional partnership
 raised scrutiny plus primary public.

only death in region that could be attributed to hospital.

Positive feedback from Derby training program.

mortality + morbidity meeting
 potential

X5 from NNH 1st year X 4 1st year. - "OKS" / MILD / MS

interim mortality X 2 1st year. (step a case to be discussed).

X 2 Recd mortality meetings. - not feeling small.

majority range suicides not meeting.

quality care plan from SCR.

Cheshire + Merseyside
 Cases reviewed regional network. | peer review

monitoring

Governance meeting - Recd | neonates | obs | gyn | governance board

Complaints
 peer
 review
 meeting
 only 6/12
 completion
 increase
 - project
 case
 + learning.

6 m
 6/12.

not happened
 as fear
 of linked
 but looked
 on track.

SCR agenda | valid | guidelines | nice guidelines