Clinical governance / quality committee

Organization: _____

Meeting title

_____

Meeting reference

_____

Date

_____

Venue / platform

_____

Chairperson

_____

Minute secretary

_____

Attendance

Name	Role	Status

Apologies and absences

_____

_____

Agenda

_____

_____

Quorum and declarations

_____

_____

Confidentiality and restricted matters

_____

_____

Quality and safety

_____

_____

Reports and presentations

_____

_____

Proceedings by agenda item

_____

_____

Risks and escalations

Risk	Mitigation	Responsible person

Compliance and governance

_____

_____

Resolutions and decisions

_____

_____

Action points

Action	Responsible person	Due date	Status

Way forward

_____

_____

Next meeting

_____

Closing time

_____

Approval and signatures

Chairperson: _____ Date: _____
Secretary: _____ Date: _____