

**Quality of Care Risk Meeting**  
**Department/Ward .....**  
**Date.....**

**ACTIONS**

<b>Item</b>	<b>Subject</b>	<b>Action by</b>
1.	Apologies –	
2.	Action notes from previous meeting	
3.	Quality ideas/concerns, including audits and KPI	
4.	Patient safety issues	
5.	Patient experience issues	
6.	Complaints+incident trends	
7.	Staffing Issues	
8.	Risk registers	
9.	Any other business	

**Date and time of next meeting – .....2013 time....., venue.....**