***(Insert Division) – Divisional Meeting***

***AGENDA***

***Date***

***Time***

***Location***

|  |  |  |
| --- | --- | --- |
| **1.** | **Apologies for absence** | **Chair** |
| **2.** | **Minutes of the last meeting** | **Chair** |
| **3.**  | **Action Log** | **Chair** |
| **4.** | **Feedback to Division from MAC** | **Chair** |
| **5.** | **Quality, Safety & Patient Experience Learnings** |  |
| **6.** | **NICE/ National/ Regional Guidance Review** | **Chair** |
| **7.**  | **Clinical Audits** | **ALL** |
| **8.** | **Service/ Pathway Development Requests** | **ALL** |
| **9.** | **AOB** |  |
| **10.** | **Date of next meeting -**  |  |