**NHSGGC Palliative Care MCN Quarterly Sub Group Reporting Template**

**Sub Group**

Choose an item.

Choose an item.

**Membership Changes**

**Date**

*Copy & Paste or write directly into boxes below*

|  |  |
| --- | --- |
| **Key Area** |  |
| **Anticipated Outcome / Benefit** |  |
| **Time Frame** |  |
| **Progress** |  |
| **What Next** |  |

|  |  |
| --- | --- |
| **Key Area** |  |
| **Anticipated Outcome / Benefit** |  |
| **Time Frame** |  |
| **Progress** |  |
| **What Next** |  |

|  |  |
| --- | --- |
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| --- | --- |
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| **Progress** |  |
| **What Next** |  |