# Action plan: Recommendation following a PHSO investigation

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| **Action plan date:** |  | **PHSO investigation reference:** |  | **Our reference:** |  | **Individual/team responsible forthis plan:** |  |

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| **Action required** | **Action start date** | **Person/****team responsible for action** | **Progress** | **How actions will be reviewed when complete/evidence of completion** | **Date for review of the action** | **Date for completion and when completed** |
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| **Plan heading and comments** |  |
| **Organisation name and address** |  |