**7 Minute Briefing Action Plan**

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| **Organisation:** | |  | **Service:** |  | |
| **Lead:** |  | | **Contact Details:** | |  |

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| **What learning or recommendations are relevant to your team, please give details:** | |
| **1** |  |
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| **2** |  |
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| **3** |  |
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**Use this discussion to help plan development/service improvement**

**Action Plan: What actions have been agreed following group discussion?**

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| --- | --- | --- | --- | --- |
| **What needs to happen?** | **Who will do it?** | **By when?** | **How will you know when this has been done?** | **How will you know if it has worked?** |
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**Please ensure you keep a copy of this discussion and plan for your records**