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# Service Improvement Plan template

\*\*Clarify in the case of a PSC Associate (and all subsequent meetings) that the meeting with him/her is on the basis that he/she is a representative of the PSC and is therefore representing the PSC. This necessary as the contract in question is between the PSC and Huntswood and not the individual providing the services. As such any discussions on service issues need to be with the PSC, represented by the indApividual, providing the services in his/her capacity as director of the PSC\*\*

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| Service improvement Plan (SIP) | | | | | | | | | | | | | | |
| **Associate:** | | | | | | | |  | **Team Manager:** | | | | | |
| **Date Implemented:** | | | | | | | **Operations Manager:** | | | | | | | |
| **Action Plan Type:**  Production | | | | | Quality | | | | | | | | | Other (Provide details): |
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| FOCUS AREA | | | | | | | | | | | | | | |
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| STEPS TO SUCCESS | | | | | | | | | | | | | | |
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| SUPPORT | | | | | | | | | | | | | | |
| **Requested by Colleague** | | | | | | | | | | | **Requested by Team Manager** | | | |
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| PROGRESS CHECKPOINTS | | | | | | | | | | | | | | |
| **Action ref. #** | **Checkpoint date** | | | | | **Expected progress** | | | | | | | | |
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| **\*\*Failure to meet contractual requirements could lead to termination of contract\*\*** | | | | | | | | | | | | | | |
| **Signed colleague:** | | | | **Signed TM:** | | | | | | | | | **Signed OM:** | |
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| **Date:** | | |  | | | | | | | | | | | |
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| SERVICE IMPROVEMENT PLAN REVIEW | | | | | | | | | | | | | | |
| **Action ref. #** | | **Review date** | | | **Review outcome** | | | | | | | | | |
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| **CONCLUSION OF FINAL REVIEW** | | | | | | | | | | | | | | |
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| **Date Action Plan Completed** | | | | | | | | | | | | **Plan met?** | | |
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