**Appendix 1**

**Change Proposal Form**

This form should be used by a party who wishes to raise a draft or a formal Change Proposal.

Please complete this form and submit to all relevant party.

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| Document Control | |
| CR Type: | Technical |
| CP Status: | Draft |
| For Issue To: | SPAA and DCUSA |
| CR Number\*: | TRASXXX |
| Date Raised | 30th August 2018 |
| Title of Change: | Proof of Concept – Pre-Payment and Payment Data |
| Version Number: | 0.1 |
| Attachments: |  |

\* Assigned by Change Control Administrator

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| Originator details | |
| Party Name | Experian |
| Party Change Administrator: | Joanna Butler |
| Telephone number: | 07837 652391 |
| Email address: | Tras.programe@experian.com |

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| CP Details | |
| SPAA and DCUSA Parties believed to be impacted: | Proof of Concept – will impact volunteers only |
| Summary of Change: | The TRAS Technical Working Group have been reviewing the benefits of incorporating additional data items into the Service. One of the data items that has been under investigation is the provision of Pre-Payment payment information.  Investigations into the benefits of this data have identified that Pre-Payment information is highly predictive and incorporating this information into the service could drive immediate benefits (see TRAS 111 for full details).  TRAS111 was previously raised to propose a change to include pre-payment meter payment information in the data provided to Experian. While a benefit case is attached to this, the benefits are based on analysis from one Supplier, and feedback on TRAS111 was that suppliers were concerned regarding the potential costs that would be incurred to change existing files and incorporate this into TRAS processing.  Given the potential costs to Suppliers of effecting this change, this CCN proposes an initial proof of concept phase to further involving volunteer suppliers from TEG and TWG. This proof of concept will involve provision of data from participating suppliers in a separate file. Information from this file will be used to augment Qualified Outliers for participating suppliers and further define the business case for a full change to processing. |
| Related CRs:  Please indicate if this CP is related to or impacts any other CP already in the SPAA and DCUSA or other industry Change Process | TRAS111 |

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| Proposed Solution: |
| For the proof of concept phase, Experian propose taking in payment information from volunteer suppliers (no more than 6) in an additional look-up file. This information should be submitted in the same window at the regular Consumption files.  As this is a Proof of Concept phase, Experian will explore with participating suppliers whether existing files held by suppliers can be used for this purpose. As a bare minimum, the following details need to be available (and in the same format as provided in consumption files) to enable the information to be matched to the corresponding consumption records:   * MPXN * Account Number * Meter Serial Number   The file should also contain the following information.   * Amount Received in Period   For the proof of concept phase, data from the file will be used to augment the existing policy rules and provide flags to indicate the following:   * No vend * Low vend (parameters to be agreed) * Normal vend   Data will also be used to refine the business case for a permanent solution. T |

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| Impact Assessment |
| Please provide an Impact Assessment including details of the impact of the proposed change on the TRAS service, the Service Provider's ability to meet its other contractual obligations and any variation to the terms of the TRAS Contract that will be required in relation to (where applicable):   1. **the Service Description and the Service Levels;**   None   1. **the format of Recipient Data;**   Additional look-up file to be provided by participating suppliers   1. **the Milestones, Implementation Plan and any other timetable previously agreed by the parties;**   Tbc   1. **other services provided by third party contractors to the Recipients, including any changes required by the proposed change to SPAA and DCUSA's IT infrastructure;**   N/a   1. **details of Service Provider fees of implementing the proposed change;**   Tbc   1. **details of the ongoing Service Provider fees required by the proposed change when implemented, including any increase or decrease in the TRAS Charges, any alteration in the resources and/or expenditure required by either party and any alteration to the working practices of either party;**   N/a for proof of concept phase   1. **a timetable for the implementation, together with any proposals for the testing of the change;**   Tbc   1. **details of how the proposed change will be compliant with an applicable Change in Law;**   N/a   1. **other impacts identified by the TRAS Service Provider; and**   N/a   1. **such other information**   N/a |
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| Proposed Implementation Date: |
| Month: Year:  Other (please give reasons): |
| **Actual Implementation Date** |
| Full solution will need to be agreed with participating suppliers before implementation timelines can be confirmed. |

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| Business Justification for change: |
| Pre-Payment information appears highly predictive and incorporating this information into the service could drive immediate benefits – both in enabling suppliers to prioritise relevant Qualified Outliers and in reducing false positives. |

**Appendix 2**

**Change Authorisation Note**

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| **CR NO.:** | **TITLE:** | **DATE RAISED:** |
| **PROJECT:** | **TYPE OF CHANGE:** | **REQUIRED BY DATE:** [dd/mm/yy] |
| **KEY MILESTONE DATE:** [if any] | | |
| **DETAILED DESCRIPTION OF CONTRACT CHANGE FOR WHICH IMPACT ASSESSMENT IS BEING PREPARED AND DETAILS OF ANY RELATED CONTRACT CHANGES:** | | |
| **PROPOSED ADJUSTMENT TO THE CHARGES RESULTING FROM THE CONTRACT CHANGE:** | | |
| **DETAILS OF PROPOSED ONE-OFF ADDITIONAL CHARGES AND MEANS FOR DETERMINING THESE (E.G. FIXED PRICE OR COST-PLUS BASIS):** | | |

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| SIGNED ON BEHALF OF DCUSA (1) | | SIGNED ON BEHALF OF DCUSA (2) | |
| Signature: |  | Signature: |  |
| Name: |  | Name: |  |
| Position: |  | Position: |  |
| Date: |  | Date: |  |
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| **SIGNED ON BEHALF OF SPAA (1)** | | **SIGNED ON BEHALF OF SPAA (2)** | |
| Signature: |  | Signature: |  |
| Name: |  | Name: |  |
| Position: |  | Position: |  |
| Date: |  | Date: |  |
|  | | | |
| **SIGNED ON BEHALF OF SERVICE PROVIDER** | |
| Signature: |  |
| Name: |  |
| Position: |  |
| Date: |  |