**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: | Operational |
| CP Status: | Draft |
| For Issue To: | SPAA and DCUSA |
| CR Number\*: | TRAS190 |
| Date Raised | 20 February 2019 |
| Title of Change: | New operational report to measure the performance of the ETTOS |
| Contract Clause to be amended | N/A |
| Version Number: | 0.1 |
| Attachments: |  |

\* Assigned by Change Control Administrator

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| Originator details | |
| Party Name | ElectraLink |
| Party Change Administrator: | Michelle Simpson |
| Telephone number: | 07770 702950 |
| Email address: | Michelle.simpson@electralink.co.uk |

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| CP Details | |
| SPAA and DCUSA Parties believed to be impacted: | None |
| Summary of Change: | The 2018 Performance Assurance Report referenced a one-off exercise carried out whereby ETTOS leads were passed to Experian to match against Supplier data to determine the performance of the ETTOS. One recommendation in the report, approved by TSG members and supported by TIG members was to introduce more regular reporting.  Crimestoppers and Experian agreed with ElectraLink that such an exercise would be too onerous if performed monthly and the TIG members agreed that quarterly reporting would be adequate.  The process will be the same as the ‘one off’ exercise whereby on a quarterly basis (commencing as soon as the TRAS and ETTOS CCNs are fully approved).   * For the first report, Crimestoppers will provide ElectraLink with an aggregate view of the number of leads that they had provided to Suppliers (from the date the last exercise covered) to the most recent reporting period). The actual data supplied will be a count of cases by Supplier by month. * This data will be sent to Experian who will pull a similar * Experian will pull a similar count of outcomes (by Supplier and by month), ie by lead source ‘Crimestoppers’ over the same period * A report will be produced by Experian and sent to ElectraLInk to share at the TIG meeting, which will include any comments Experian wish to add. * For subsequent data cuts, Crimestoppers will provide the next 3 months set of data, and Experian will show a rolling month on month position in their next report.   **Experian are thereby requested to impact assess this requirement.** |
| Related CRs | None |

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| Proposed Solution: |
| A quarterly matching exercise is performed by Experian and a quarterly report is produced showing the number and % of ETTOS leads which have been converted to ‘ETTOS’ confirmed thefts  Sample report below:-   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Month | Supplier | Total Outcomes | Total Crimstoppers lead source | Percentage | Experian comments | | Mar-19 | Supplier 1 |  |  |  |  | | Mar-19 | Supplier 2 |  |  |  |  | | Mar-19 | Supplier 3 |  |  |  |  | | Mar-19 | Supplier 4 |  |  |  |  | | Mar-19 | Supplier 5 |  |  |  |  |   0.5-day Analyst @ £919.75 per day = £459.87 to be applied for the matching exercise / report collation for each quarterly file.    TOTAL £1839.48 per annum (invoiced £459.87 on a quarterly basis) |

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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;**   **none**   1. **the Milestones, Implementation Plan and any other timetable previously agreed by the parties;**   **none**   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;**   **none**   1. **details of Service Provider fees of implementing the proposed change;**   TOTAL £1839.48 per annum   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;**   **none**   1. **a timetable for the implementation, together with any proposals for the testing of the change;**   **none**   1. **details of how the proposed change will be compliant with an applicable Change in Law;**   **none**   1. **other impacts identified by the TRAS Service Provider; and**   **none**   1. **such other information**   **none** |
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| Proposed Implementation Date: |
| Month: Year:  Other (please give reasons): |
| **Actual Implementation Date** |
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| Business Justification for change: |
| The change is required to fulfill the recommendation in the 2018 Performance Assurance Report, with a view to measure ETTOS performamce on a more regular basis |

**Appendix 2**

**Change Authorisation Note**

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| **CR NO.:** TRAS190 | **TITLE:** New operational report to measure the performance of the ETTOS | **DATE RAISED:** 20/02/19 |
| **PROJECT:** TRAS | **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:**  n/a | | |
| **PROPOSED ADJUSTMENT TO THE CHARGES RESULTING FROM THE CONTRACT CHANGE:**  TOTAL £1839.48 per annum (to be invoiced at £459.87 per quarter | | |
| **DETAILS OF PROPOSED ONE-OFF ADDITIONAL CHARGES AND MEANS FOR DETERMINING THESE (E.G. FIXED PRICE OR COST-PLUS BASIS):**  n/a | | |

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