

**Transition to Operations Plan**

***[Project Name]***

***Date***

Document Control

[Drafts start at 0.1 and first approved version is 1.0]

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| --- | --- | --- | --- |
| Date | Author | Version | Change Reference |
| Click here to enter a date. |  |  |  |
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Companion Documents

[List names and location of documents used to aid in planning the transition]

|  |  |
| --- | --- |
| Document | Location |
|  |  |
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***Instructions are in blue italics. Delete all instructions (including this text) once the document is complete***

**Document Purpose**

*This Transition to Operations Plan encompasses all the work woven within and throughout the lifecycle of the project that directly relates to transitioning assets or processes from the project to the receiving organizational unit. The intent of this document is not to replicate information contained in other project plans.*

*The purpose of the Transition to Operations Plan is:*

* *To establish a common understanding of the transition to operations planning and implementation are a joint responsibility between the Project and the existing or newly formed Program area;*
* *To ensure the operational owner (receiving organizational unit) is engaged throughout the entire project lifecycle and is actively involved in project governance and fully engaged by the project in designing, testing and approving any solution: and*
* *To provide the transitions team, governance and operational owner with a baseline document (as part of the Master Project Plan) from which to either carry out the work and/or to measure the progress and success of the transition to operations, itself.*

**Transition Description**

[What is being transitioned? What will the future state look like, operationally?]

**Transition Objectives**

[What are the desired transition objectives to be met and how will each objective be measured?]

This project will transition…

**Background/Context**

[Provide a brief history of the relevant background information relating to transitional situation and the relationship with other projects, systems, organizations or work units.]

**Transition Roles & Responsibilities**

[Identify all relevant parties (e.g. Business Owners, Operational Owners, Transition Team Leads…) and their responsibilities relating the transition. continue to promote the adoption of the change that has been implemented by the project

| **Role / Name** | **Primary Responsibility** |
| --- | --- |
| **Internal Resources** | |
| Executive Sponsor | Examples:   * Champions the transition |
| Project Sponsor – | Examples:   * Responsible for the success of the transition * Signs off on Transition to Operations Plan * Provides transition direction to the Project Manager * Ensures transition objectives are met * Governs escalated transition issues |
| Business Owner | * Signs off on Transition to Operations Plan * Ensures appropriate knowledge transfer as required to the operational owner |
| Operational Owner | * Signs off on Transition to Operations Plan * Provides governance throughout the entire project * Accepts and approves all transition deliverables * Ensures existing and new staff are available to participate in transition and change activities * Approves Service Level Agreements as required |
| Project Manager – | Examples:   * Develops transition plans with transition team * Manages all aspects of the transition including budget, schedule, risks, issues) * Responsible for the delivery of the transition to the sponsor, business owner and the operational owner * Ensures project status reports includes relevant transition information |
| Transition Team Leader - | * Heads the transition team as delegated/directed by the project manager * Carries out the work of the transition |
| *Transition Team (can be further refined into specific work areas)* | * *Assist Project Manager in planning transition* * *Carry out work of the transition* * *Report work progress to Team Lead/Project Manager as required* * *Report all issues and risks to the Project Manager* |
| External Resources | |
|  |  |
|  |  |

**Transition Scope & Activities**

|  |  |  |
| --- | --- | --- |
| **Transition Activity** | **Audience** | **Responsibility** |
| **Prepare for the transition** | | |
| Communication transition awareness | All impacted groups | Change Sponsor |
| PIA/STRA outstanding recommendations/issues | Business Area | Project Manager |
| Communication – news & progress updates - monthly | All impacted groups | Change Sponsor |
| Presentation about project at team staff meetings. This would allow a more interactive discussion about the transition. | Managers, Supervisors and Frontline staff | Project Manager |
| Develop & deliver training on new system/and or process – 1 month from go-live. Train supervisors first then have supervisors attend end-user training as support. | Supervisors & Frontline Staff | Project Team |
| Survey to assess staff transition readiness – 2 weeks before change | Supervisors & Frontline Staff | Project Team |
| **Manage the transition** | | |
| Communication about go-live specifics – day before go-live | All impacted groups | Project Sponsor |
| Communication - reminder about transition and for staff to report issues with Supervisors | Frontline Staff | Business/Operational Owner |
| On site support during go-live of new application | Supervisors & Frontline Staff | Project Team |
| Have a specific go-live support line and email during go-live | All impacted groups | Project Team |
| Daily, morning call in to discuss issues | Managers & Supervisors | Project Manager |
| Celebrate success of transition | All impacted groups | Change Manager |
| **Sustain the transition** | | |
| Review process change adherence and provide coaching as needed | Frontline Staff | Supervisors |
| Survey to assess staff transition acceptance – 1 month after change. | Supervisors & Frontline Staff | Business/Operational Owner |
|  |  |  |

**Transition Approach**

[Describe the approach that is going to be taken to complete the work of the transition. Describe whether this transition will take either a phased approach or involve a single and larger, one-time transition]

**Transition Milestone Schedule**

The major deliverables and milestones for this transition are listed below as well as the resource designated as approver.

|  |  |  |  |
| --- | --- | --- | --- |
| **Milestone or Deliverable** | **Description** | **Acceptance By** | **Completion Date** |
| *Service Level Agreement* |  |  |  |
| *Acceptance Criteria Developed* |  |  |  |
| *Acceptance Documentation* |  |  |  |
| *Post Implementation* |  |  |  |
| *Knowledge Transfer – project to operational unit* |  |  |  |
| *Documentation & Records Turnover* |  |  |  |
| *Maintenance Schedule* |  |  |  |
| *Contractual Obligations* |  |  |  |
| *Permits & Licensing Requirements* |  |  |  |
| *PIA/STRA outstanding recommendations/issues* |  |  |  |
| *Benefits Realization Plan* |  |  |  |

**Direct Transition Costs**

[Provide the transition costs in the table below, if not provided in elsewhere in the Master Project Plan. Important: these costs must be reflected and approved within the total project budget]

The project Budget and Cost Tracking spreadsheet can be found at [Enter budget location]. For up-to-date financial information please reference this Budget and Cost Tracking spreadsheet as it will reflect the most current information.

At this planning stage, the project ****requires approval to release the budget for the**** [Enter Phase Name] ****costs.****

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item/Deliverable | FY 16/17 | FY 17/18 | FY 18/19 | Total |
| ****Direct Transition Costs –**** [Enter Phase Name] | | | | |
| ****Capital Costs**** | | | | |
| *External Resources* |  |  |  | $ 0.00 |
|  |  |  |  | $ 0.00 |
|  |  |  |  | $ 0.00 |
| *****Total Capital Costs***** | ****$ 0.00**** | ****$ 0.00**** | ****$ 0.00**** | ****$ 0.00**** |
| *Funding Responsibility (internal division or External organization)* | | |  | |
| *Confidence Level (e.g.: +/- 50%)* | | |  | |
| ****Transition Operating Costs**** | | | | |
| *Travel* |  |  |  | $ 0.00 |
| *Office Supplies* |  |  |  | $ 0.00 |
| *****Total Operating Costs***** | ****$ 0.00**** | ****$ 0.00**** | ****$ 0.00**** | ****$ 0.00**** |
| *Funding Responsibility (MoH division or External organization)* | | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ****Post Transition Annual Operating Costs**** | | | | |
| *New EFTs* |  |  |  | $ 0.00 |
| *Maintenance* |  |  |  | $ 0.00 |
| *Licensing* |  |  |  | $ 0.00 |
| *****Total Operating Costs***** | ****$ 0.00**** | ****$ 0.00**** | ****$ 0.00**** | ****$ 0.00**** |

**Other Transition Stakeholders & Governance**

[List all key stakeholders (internal and external) other than those already listed above (executive, owners team members) whose interests must be considered throughout the project in the transition]

| **Stakeholder Group** | **Contact Person** | **Interests, Expectations, Concerns** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

**Transition Impact Assessment**

[Identify the groups that will be impacted by transition. How many staff will be impacted? Is training required? Will day-to-day activities of impacted employees change? How?]

|  |  |
| --- | --- |
| **Impacted Groups** | **Potential impact** |
|  |  |
|  |  |
|  |  |
| **Impacted Systems or Networks** | **Potential impact** |
|  |  |
|  |  |

**Knowledge Transfer & Retention**

[Overall strategy for transferring or creating service knowledge. What documentation is required to support? Which employees are critical to keep knowledge in-house? Will cross training be required? Have key employees been trained to ensure continuity & knowledge transfer?]

**Risk Management**

This section outlines the risks and contingencies faced by the transition process with special attention given to minimizing operational risks and disruptions. Also, think of interdependencies and coordination requirements between networks, networks and people and people and people. Do any systems or processes need to be decommissioned because of or during this transition? Are there specific terms and conditions that must be met before or during the transition?

Based on the Risk Register, the most significant risks facing this transition are…

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Description** | **Probability**  **(H/M)** | **Impact**  **(H/M)** | **Risk Response Strategy** |
|  |  |  |  |
|  |  |  |  |

**Issue Management**

Based on the Issues Log, the most significant issues facing this transition are…

| **Impact** | **Definition** | **Response** |
| --- | --- | --- |
| *Low* | * *Minimally impacts a deliverable or minor area of the transition* | * *Resolution by Project Manager & Transitions Team* |
| *Medium* | * *Broadly impacts the transition, however likely to be managed effectively within the project team* | * *Requires Escalation to Project Sponsor and Business Owner/Operational Owner if not quickly resolved* |
| *High* | * *Significantly jeopardizes the transition in some manner* | * *Requires immediate escalation to Project Sponsor and Business Owner/Operational Owner* * *Escalate to Steering Committee to recommend strategy or decision within if not resolved* * *Escalate before initiating change request and/or risk response* |

**Communications & Engagement**

[List the communications and engagement activities to successfully transition the project.

The communications needed to manage the transition are summarized below.

| **Activity** | **Responsibility** | | **Audience** | **Method** | **Frequency** |
| --- | --- | --- | --- | --- | --- |
| Status Reports | Project Manager/Transitions Team Lead | Executive, Sponsor, Steering Committee, Business/Operational Owner | | How it would be communicated. EG face to face email | Monthly or as directed |
| Transition Team Progress Meetings | Project Manager/Transitions Team Lead | Transition Team and other stakeholders as required | | Face to Face preferred | Weekly or as required |
|  |  |  | |  |  |
|  |  |  | |  |  |

**Transition Constraints & Contingencies**

**Approvals**

This plan is approved by the below individuals.

|  |  |  |
| --- | --- | --- |
| **Approver** | **Comment** | **Signature** |
| **[Name]**  Business/Program Owner |  | Signature |
| Date |
| **[Name]**  Executive Sponsor |  | Signature |
| Date |
| **[Name]**  Operational Owner |  | Signature |
| Date |