**Change Request Form**

## Change Request details

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| Change Request details |
| Change Request Title | *Amendments to the MHHS Change Board Terms of Reference* |
| Change Request Number | *CR038*  |
| Originating Advisory / Working Group | *PSG* |
| Risk/issue reference |  |
| Change Raiser | *Immy Syms, MHHS Programme*  | Date raised: | *11/12/2023* |

***For further guidance on how to complete this document please see the supporting Change Request Form Guidance for Programme Participants. The guidance will support raising a change and responding to a change request via Impact Assessment. The Change Raiser should consider sharing the draft Change Request Form with impacted programme parties, prior to submission to PMO. The guidance, as well as other key documents are referenced below and can be found via the MHHS website.***

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| Change Request to be read in conjunction with: |
| MHHS Change Request Form Guidance for Programme Participants |
| MHHS Change Control Approach |
| MHHS Governance Framework |
| Ofgem’s MHHS Transition Timetable |

### Part A – Description of proposed change

**Guidance *– This section should be completed by the Change Raiser when raising the Change Request.***

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| Part A – Description of proposed change |
| **Issue statement:***(what is the issue that needs to be resolved by the change)*     The powers of the Change Board when rejecting a new Change Request through validation are currently limited to: * Confirming a Change Request has been discussed at a relevant Working or Advisory Group.
* Ensuring a Change Request is clearly articulated and easy to understand.
* Confirming a Change Request proposes a single solution.

Following the Change Freeze, the Change Board will be required to validate whether a Change Request is necessary for go-live, before it is progressed to an Advisory Group for issuance to Impact Assessment.  |
| **Description of change:***(what is the change you are proposing)*     The Change Board Terms of Reference will be updated to increase the powers of Change Board validation to decide if a Change Request is required for Programme go-live. If a Change Request is not considered to be necessary for go-live, it will be rejected by the Change Board. The Change Raiser will be that their change cannot be progressed under the Programme, but they can raise it with the relevant code body with an implementation date post M10 or M15 as applicable. To ensure robust decision making, the SRO Code Drafting Manager will be added to the Change Board voting panel.  |
| **Justification for change:***(please attach any evidence to support your justification)*     A new level of Change Board validation is required following the formalisation of the Change Freeze, to ensure that Change Requests that are not critical to go-live are not progressed through the Change Control process.  |
| **Consequences of no change:***(what is the consequence of no change)*     The Programme would risk Change Requests that are not required for go-live being progressed through the Change Control process.  |
| **Alternative options:***(What alternative options or mitigations that have been considered)*The decision on whether or not a Change Request is required for Go-Live would be made by the relevant Advisory Chair after consulting the Advisory Board, rather than the Change Board.  |
| **Risks associated with potential change:***(what risks related to implementation of the proposed change have been identified)*None identified. |
| **Stakeholders consulted on the potential change:***(Please document the stakeholders, or stakeholder groups that have been consulted to date on this change. The Change Raiser should consult with relevant programme parties in the drafting of the request, prior to submission to PMO).*MHHS Change BoardMHHS SRO MHHS LDP  |
| **Target date by which a decision is required:** |      December 2023 |

### Part B – Initial Impact of proposed change

**Guidance *– This section should be completed by the Change Raiser before being submitted to the MHHS PMO.***

***Please document the benefits of the change and to delivery of the programme objectives***

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| What benefits does the change bring |
| *(list the benefits of the change and how this improves the business case)*     The implementation of the Change Request will give the Change Board greater authority in triaging Change Requests to prevent non-critical changes from being progressed through the Change Control process.  |

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| Programme Objective | Benefit to delivery of the programme objective |
| To deliver the Design Working Group’s Target Operating Model (TOM) covering the ‘Meter to Bank’ process for all Supplier Volume Allocation Settlement meters | N/a |
| To deliver services to support the revised Settlement Timetable in line with the Design Working Group’s recommendation | N/a |
| To implement all related Code changes identified under Ofgem’s Significant Code Review (SCR) | N/a |
| To implement MHHS in accordance with the MHHS Implementation Timetable | Reduce Programme delays by allowing the Change Board to reject Change Requests which are not critical to Go-Live.  |
| To deliver programme capabilities and outcomes to enable the realisation of benefits in compliance with Ofgem’s Full Business Case | N/a |
| To prove and provide a model for future such industry-led change programmes | N/a |

**Guidance *– Please document the known programme parties and programme deliverables that may be impacted by the proposed change***

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| Impacted areas | Impacted items |
| Impacted Parties | Advisory Groups Change RaisersChange Board |
| Impacted Deliverables | Change Requests  |
| Impacted Milestones | N/a |

**Note *– Please refer to MHHS DEL174 Change Request Guidance for Programme Participants for information on how to score the initial assessment.***

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| Initial assessment |
| Necessity of change |  | Expected lead time |  |
| Rationale of change |  | Expected implementation window |  |
| Expected change impact | Low |  |  |

**Guidance *– Please include a reference and link to any additional documentation which the change relates to.***

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| Change Request to be read in conjunction with: |
| **Title** | **Reference** |
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### Part C.1 – Summary of Impact Assessment

### Note – *This section will be completed initially by the Change Raiser and then by Programme Participants as part of the full Impact Assessment.*

### *All Impact Assessment responses will be considered public and non-confidential unless otherwise marked. If there are any specific elements of the response (e.g. costs) that are confidential, please mark the specific sections as confidential rather than the response as a whole. The MHHS Programme will publish all Impact Assessment responses and redact any confidential information as noted.*

**Guidance – Programme Participants are required to:**

**Respond with ‘Agree’, ‘Disagree’ or ‘Abstain’, deleting as appropriate. If the respondent agrees, they can provide additional evidence to further support the assessment. If the respondent disagrees or abstains, they should provide a detailed rationale as to why.**

**Add any additional effects that have not already been identified. In doing so, they should provide as much detail as possible to allow a robust assessment to be made.**

**Proceed to Part C.2 for Impact Assessment Recommendation response once completed.**

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| Part C.1 – Summary of Impact Assessment (complete as appropriate) |
| **Effect on benefits***No impact expected.*  |
| *<Delete as appropriate>:* **Agree Disagree Abstain** |
| *Impact Assessment respondents to add supporting commentary to support their selection. Where possible, Impact Assessment respondents to identify and describe any further impacts.**Impact Assessment respondents should consider and provide detail of any additional effect e.g. whether there will be an impact on when a benefit will be realised; who will realise the benefit; the extent to which the benefit will be realised.* *Where possible, contextual information should be included e.g. the benefit will be delayed by X weeks; the change means Y population will also realise the benefit.* |
| **Effect on consumers***No impact expected.*  |
| *<Delete as appropriate>:* **Agree Disagree Abstain** |
| *Impact Assessment respondents to add supporting commentary to support their selection. Where possible, Impact Assessment respondents to identify and describe any further impacts.**Impact Assessment respondents should consider and provide detail of any additional effect e.g. whether there will be an impact on service delivery to consumers; will there be a cost impact to consumers; will there be a choice impact to consumers?* *Where possible, contextual information should be included e.g. what is the scale of the effect? Will the effect be permanent?* |
| **Effect on schedule***No impact expected.*  |
| *<Delete as appropriate>:* **Agree Disagree Abstain** |
| *Impact Assessment respondents to add supporting commentary to support their selection. Where possible, Impact Assessment respondents to identify and describe any further impacts.**Impact Assessment respondents should consider and provide detail of any additional effect e.g. will the schedule/milestones be directly impacted; will the schedule/milestones be indirectly impacted.* *Where possible, contextual information should be included e.g. the change will delay the project by X days; the change will require additional resource to complete (though detail resource in resource section); the delay can/cannot be recovered by condensing Y activity.* |
| **Effect on costs***No impact expected.*  |
| *<Delete as appropriate>:* **Agree Disagree Abstain** |
| *Impact Assessment respondents to add supporting commentary to support their selection. Where possible, Impact Assessment respondents to identify and describe any further impacts.**Impact Assessment respondents should consider and provide detail of any additional effect e.g. will the change cause a loss of income; will the change cause additional cost; will the change cause a reprofiling of cost?* *Where possible, contextual information should be included e.g. whether it is capital or operating expenditure that will be affected; what period costs will be affected in; what the rough order of magnitude of the cost impact will be and if organisation will be able to absorb it?* |
| **Effect on resources***No impact expected.*  |
| *<Delete as appropriate>:* **Agree Disagree Abstain** |
| *Impact Assessment respondents to add supporting commentary to support their selection. Where possible, Impact Assessment respondents to identify and describe any further impacts.* *Impact Assessment respondents should consider and provide detail of any additional effect e.g. will there be an impact on tools or equipment; will there be an impact on staff capacity; will there be an impact on staff skills or capability?* *Where possible, contextual information should be included e.g. the change will require X additional staff for Y period of time; the change requires Z training or support.* |
| **Effect on contract***No impact expected.*  |
| *<Delete as appropriate>:* **Agree Disagree Abstain** |
| *Impact Assessment respondents to add supporting commentary to support their selection. Where possible, Impact Assessment respondents to identify and describe any further impacts.* *Impact Assessment respondents should consider and provide detail of any additional effect e.g. whether there will be an impact on contracts with sub-contractors; whether there will be an impact on contracts with vendors; whether there will be an impact on contracts with regulators/ESO.* *Where possible, contextual information should be included e.g. the changes will require new contracts to be created; the changes will variations to existing contracts; the changes will affect ability to meet contract requirements.* |
| **Risks***No impact expected.*  |
| *<Delete as appropriate>:* **Agree Disagree Abstain** |
| *Impact Assessment respondents to add supporting commentary to support their selection. Where possible, Impact Assessment respondents to identify and describe any further impacts.* *Impact Assessment respondents should consider and provide detail of any additional effect e.g. will existing risks be affected; will new risks be created?**Where possible, contextual information should be included e.g. the change will affect the likelihood of a risk occurring, the change will affect the impact the risk would have, the change will require additional controls and mitigation.* |

### Part C.2 – Impact Assessment Recommendation

### Note – *This section must be completed initially by the Change Raiser and then by Programme Participants as part of the full Impact Assessment.*

**Guidance – The primary reporting metric of the Impact Assessment is the recommendation response. The consolidated response will be presented to the relevant governance group(s) and decision maker(s) with the totals for ‘Agree’, ‘Disagree’ or ‘Abstain’. As such, please ensure this section is completed before the form is returned to MHHS PMO. Provide detailed rationale and evidence in the commentary field.**

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| Part C.2 – Impact Assessment Recommendation (mandatory) |
| **Recommendation****It is recommended by the Change Raiser the change is approved.** |
| *<Delete as appropriate>:* **Agree Disagree Abstain** |
| *Impact Assessment respondents to add supporting commentary to support their selection.* |

**Impact assessment done by:** <Name>

**Guidance*: If you are a third party responding on behalf of another Programme Participant, please state this in your response.***

**Impact assessment completed on behalf of:** <Name>

### Part D – Change approval and decision

**Guidance*: The approvals section will be completed by the MHHS PMO once the Impact Assessment has been reviewed.***

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| Part D - Approvals |
| **Decision authority level**<Based on the impact assessment, state who is required to make a decision concerning this change> |

**Guidance** - ***This section will be completed by the MHHS PMO and Change Owner following the review of the impact assessment and decision reached by the SRO.***

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| Part D – Change decision |
| Decision: |       | Date |       |
| Approvers: |       |  |  |
| Change Owner: |       |
| Action: |       |
| **Changed Items** | **Pre-change version** | **Revised version** |
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### Part E – Implementation completion

**Guidance *- This section will be completed by the MHHS PMO at the end of the post-implementation process.***

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| Part E – Implementation completion |
| Comment |       | Date |       |

**Guidance *– The Closure Checklist in MHHS DEL175 Change Log must also be completed by MHHS PMO at this stage.***

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|      Checklist Completed | Completed by      |
| Yes/No |  |

**Guidance – *This section will be completed by the MHHS PMO at the end of the post-implementation process and should be* used to add any appropriate references of the change once it has been completed.**

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| References |
| **Ref** | **Document number** | **Description** |
|       |       |       |
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