MHHS PROGRAMME
Industry-led, Elexon facilitated

Control Point 1 Programme Steering Group (PSG) report

November 2022

V1.0

Control Point 1 Programme Steering Group (PSG) report

Overview:

The Programme has recently undertaken the first Programme Control Point (Control Point 1). MHHS has five Control Points, one between each major phase of the Programme. At each Control Point, the Programme will make a decision on whether or not to progress to the next phase of the Programme using a detailed review of Programme health. This review will be made up of assessments of areas important to delivery. At Control Point 1, the Programme is looking to close the *Mobilisation and E2E Design* phase and move into the *Design, Build and Test* phase.

This pack contains a summary output from Control Point 1, including the approach to Control Points, the Control Point 1 decision and Health rating, and summary findings for 12 Control Point 1 'Health Indicators'. The Programme has undertaken a detailed internal review to determine the Control Point 1 decision and associated Programme Health Rating. This has included two Programme Director-chaired Internal Review meetings where Programme leads reviewed and agreed the bottom-up Health Indicators assessments and ratings, combined with an exhaustive top-down strategic view.

This report is intended for the Independent Programme Assurer (IPA) and the Programme Steering Group (PSG).

Contents:

1. Control Points introduction and approach

Control Points are decision gates scheduled at the end of each major Programme delivery phase and preceding the next delivery phase. They are an assessment of Programme health resulting in an explicit 'Continue', 'Pause' or 'Stop' decision for the programme.

- Control Points review a number of Health Indicators (criteria) to assess progress so far, forward delivery, and the uncertainty and benefits of moving to the next phase:

  - How well delivery milestones in the previous phase have been met, and whether there are any significant outstanding actions
  - Predicted status of forward delivery – with focus on milestones on the critical path (threads) to the next Control Point
  - Progression towards expected achievement of programme outcomes
  - The level of change in the programme and what this tells us about the stability of the solution and the delivery plan
  - How much individual and cumulative risk the programme is running with, and whether it is acceptable and manageable
  - How 'fit for purpose' the forward delivery plan is, including an assessment of the level of built-in contingency
  - Whether programme delivery and change strategies are still suitable

- The assessment is delivered in a Control Point report recommending an overall programme decision, as well as assessment and recommendations per Health Indicator

- The report is used to make a decision at an internal Control Point Review meeting chaired by the Programme Director. The outputs of the review are shared in a public-facing report to PSG

- The Control Point recommendation does not remove the need to operate the usual programme phase exit / entry milestone approvals and should not overlap with existing delivery governance. The Control Point review is intended to look more strategically across the programme

- A Control Point recommendation and decision may come with conditions. The decision may well come with conditions. A Go decision ultimately closes one phase as being delivered satisfactorily and opens the next as being capable to deliver it

Control Points give an opportunity for Programme-wide review and improvement

- **Helicopter view** - they provide an opportunity to 'take a step back' and reflect on the overall health of the Programme. They take a holistic view of where we were, where we are now, and where we're going

- **360 evaluation** - they give the full picture, with a bottom-up assessment of all Programme activity

- **Deeper assessment** - they introduce a 'conscious deliberation point', forcing deeper assessment than regular reporting would achieve

- **Active improvement** - Control Points mean identifying and resolving problems and undertaking lessons-learned activities. Outputs of this element will result in improvements across the Programme, irrespective of the Control Point decision

Control Points also give us the opportunity to create the type of change programme that we're driving for

- Demonstrating best practice programme management

- Driving forward our delivery focus

- Increasing stakeholder buy-in, both in how we bring industry along the journey (preparing for and delivering the Control Point) as well as through its findings

- Demonstrating our approach to continuous improvement – that we're learning lessons and establishing better practices as we go

- Ensuring that the Programme and industry are set up for success

Control Points (per Plan in Round 2 consultation)

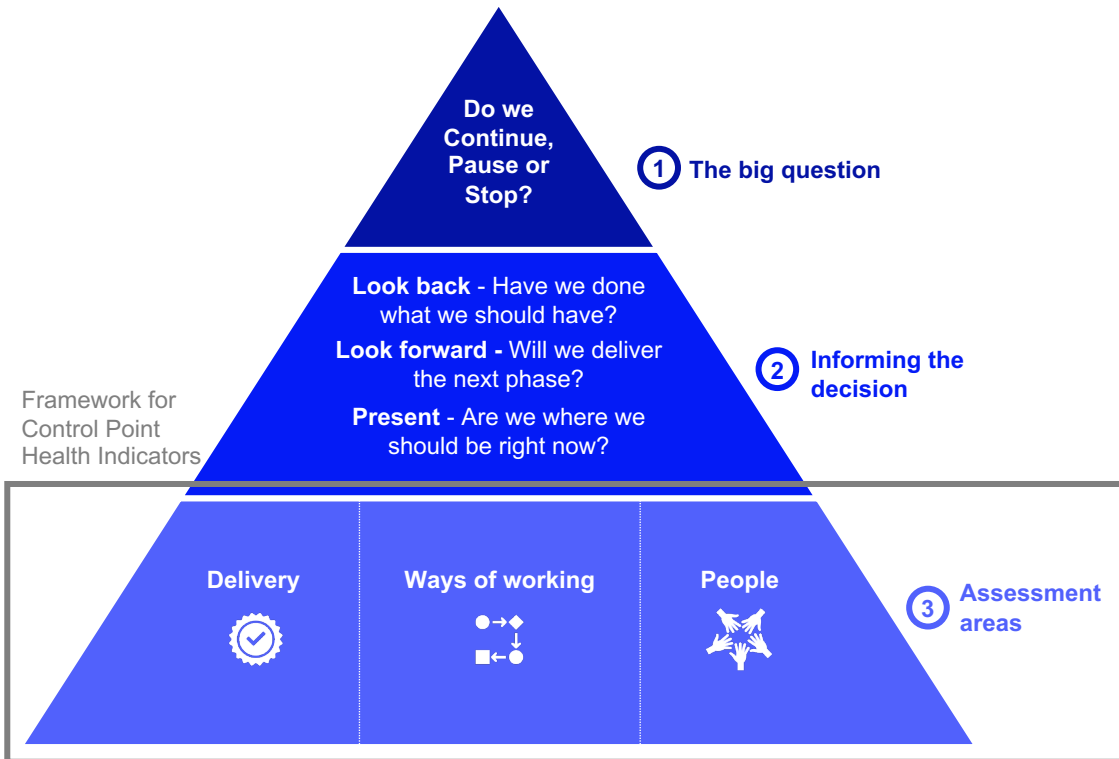| Control Point	At the end of	Preceding
Control Point 1	Mobilisation and E2E Design Phase	System Design, Build and Test Phase
Control Point 2	System Design, Build and Test Phase	Integration Testing Phase
Control Point 3	Integration Testing Phase	Qualification Phase
Control Point 4	Qualification Phase	Migration, Preparation & Execution Phase
Control Point 5	Migration, Preparation & Execution Phase	Post-Go Live Phase

Control Point assessment framework

Our Framework

We have used a top-down framework to ensure there is a clear link between our final decision and detailed Control Point 1 assessments.

We have established 13 Programme Health Indicators which have formed the basis of our assessment.

Using the outputs from these assessments, we have developed a series of strategic views each with key action areas to be addressed across the programme

Framework for Control Point Health Indicators

Do we Continue, Pause or Stop?
① **The big question**

Look back - Have we done what we should have?
Look forward - Will we deliver the next phase?
Present - Are we where we should be right now?
② **Informing the decision**

Delivery
Ways of working
People
③ **Assessment areas**

13 Programme Health Indicators

Delivery

1. **Delivery in previous phase** – Determine how well milestones in the previous phase have been met, if there are any significant outstanding actions, and any learnings from previous delivery to take forward
2. **Delivery to next Control Point** – Understand the predicted status of delivery of milestones in the next Programme phase
3. **Programme plan** – Determine if the plan (milestones, RAID) for the next phase is "fit for purpose" and if there is enough contingency
4. **Change** – Understand the volume and nature of change, and its root causes, and what this tells us about Programme stability. Ensure change is being managed effectively
5. **Risk** – Understand how much individual and cumulative risk there is, and if is this acceptable and manageable. Ensure risk is being managed effectively
6. **Outcomes** – Determine how well the Programme is progressing towards its intended outcomes
7. **Financial outlook –** Determine if funding is in place and if we are managing finances effectively

Ways of working

8. **Strategies and approaches** – Determine if Programme strategies and approaches suitable, of sufficient quality, and working effectively
9. **Delivery rhythm –** Understand if our teams work efficiently and effectively, and if the pace and cadence of the Programme is appropriate
10. **Continuous improvement** – Ensure we are identifying and acting on learnings, and actively listening to and addressing feedback

People

11. **MHHSP view of Programme Participants and industry –** Understand if industry parties delivered what they need to, and if they are ready for the next phase. Understand if stakeholders bought in, committed and engaged. Determine the wider industry context – what change is on the horizon and if the Programme is still relevant
12. **MHHSP people –** Ensure our people have the capability and capacity to deliver the next phase

IPA

13. **Independent review (IPA)** – Independent assessment of the Programme's Control Point report findings

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The Control Point decision

Individual Health Indicator assessments

The assessment for each Health Indicator has covered an objective (what it is assessing and why), the assessment findings, and any recommendations/next steps. Assessment outputs have been used to inform a rating for each Health Indicator:
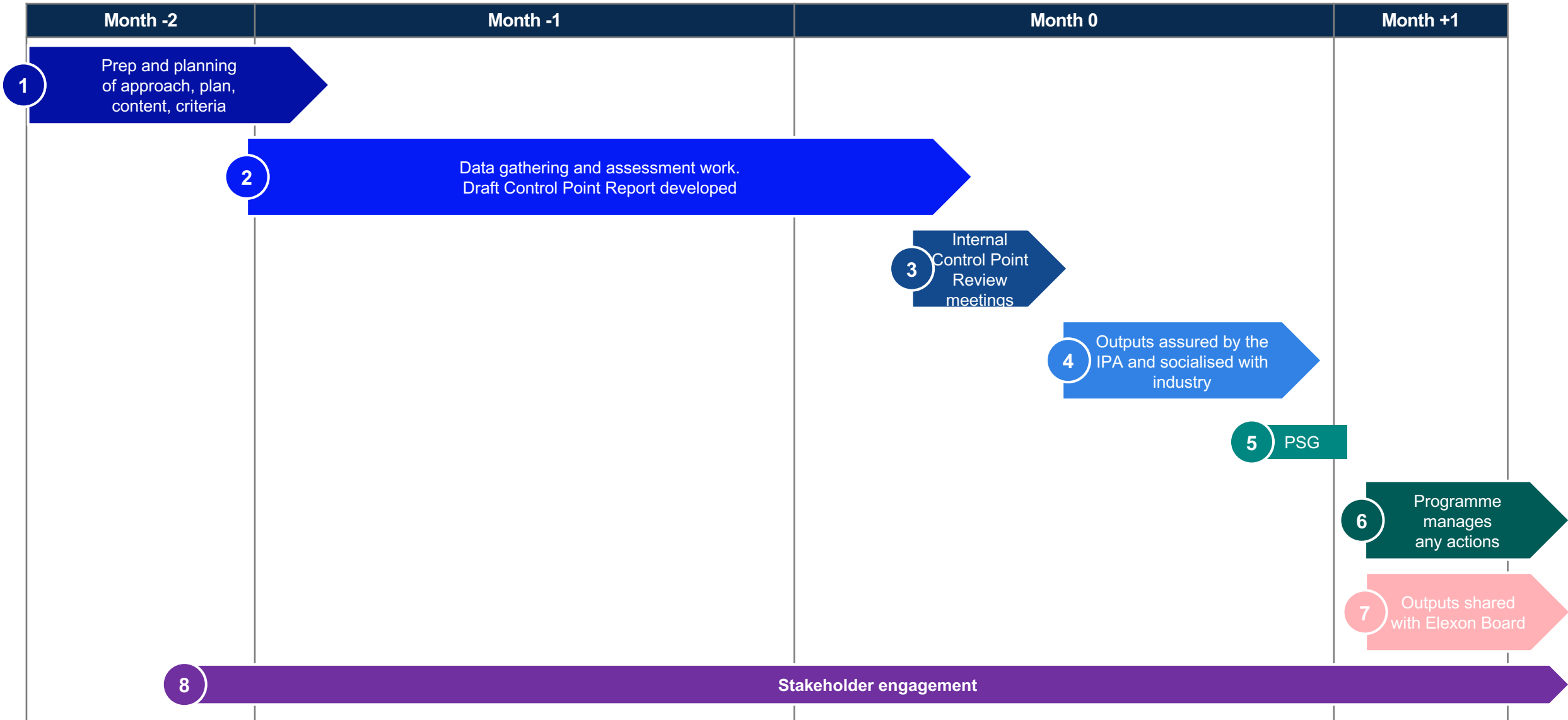
1. Exemplar
2. Good
3. Satisfactory
4. Requires improvement
5. Requires significant improvement

The collective view of all Health Indicators has been used to inform an overall Programme decision recommendation. It is likely that the final decision will combine assessments with a subjective view on 'how we feel' more generally

Overall Programme decision

Decision	Meaning	Implications of recommendations
Continue	The Programme has satisfactorily delivered the previous phase and is set up to successfully deliver the next phase to the required standard	Recommendations are small-scale and not likely to require significant changes via Change Control
Conditional continue	There are issues that need to be addressed before part or all of the Programme can continue	Recommendations must be addressed. Some recommendations may require a Change Request to go through PSG (and to Ofgem if required)
Stop	The Programme is formally stopped – and is likely to be disbanded	Significant implications to be reviewed with Elexon Board (sits above Programme Change Control process)

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Control Point delivery process

Month -2	Month -1	Month 0	Month +1

1 Prep and planning of approach, plan, content, criteria

2 Data gathering and assessment work. Draft Control Point Report developed

3 Internal Control Point Review meetings

4 Outputs assured by the IPA and socialised with industry

5 PSG

6 Programme manages any actions

7 Outputs shared with Elexon Board

8 Stakeholder engagement

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Document Classification: Public

2. Programme Health Assessment Summary

Control Point 1 - Executive Summary
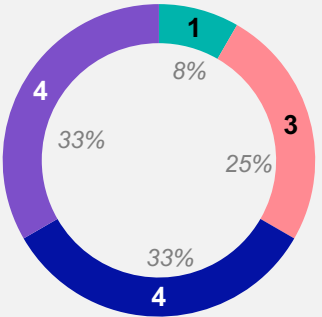
Control Point 1 Decision Recommendation

Continue
(not conditional – improvement recommendations do not require the programme to be paused or stopped)

Overall Programme Health Rating

Satisfactory

Health Indicator Assessment Ratings

- ■ Exemplar
- ■ Good
- ■ Satisfactory
- ■ Requires improvement

Programme Health summary

The Programme has decided to Continue into the Design, Build and Test (DBT) phase with a 'Satisfactory' Programme Health rating. Actions proposed as part of the Control Point review do not require the programme to be paused or stopped, although are important for setting the Programme up, and continuing to be, in the best position going into and delivering the DBT phase.

The bottom-up assessment of the 12 Programme Health Indicators found a spread of ratings across *Good* (3), *Satisfactory* (4) and *Requires improvement* (4). One Indicator (Outcomes) was rated as *Exemplar*. The need to establish Programme baselines and ability to manage Programme and Participants' delivery against those baselines were themes throughout. The Indicators rated as *Requires improvement* focus primarily on Programme and Participants' readiness for delivery in the DBT phase. Overall, we feel that none of the individual assessments nor the aggregated view of all assessments are enough to warrant a Conditional Continue/Pause decision.
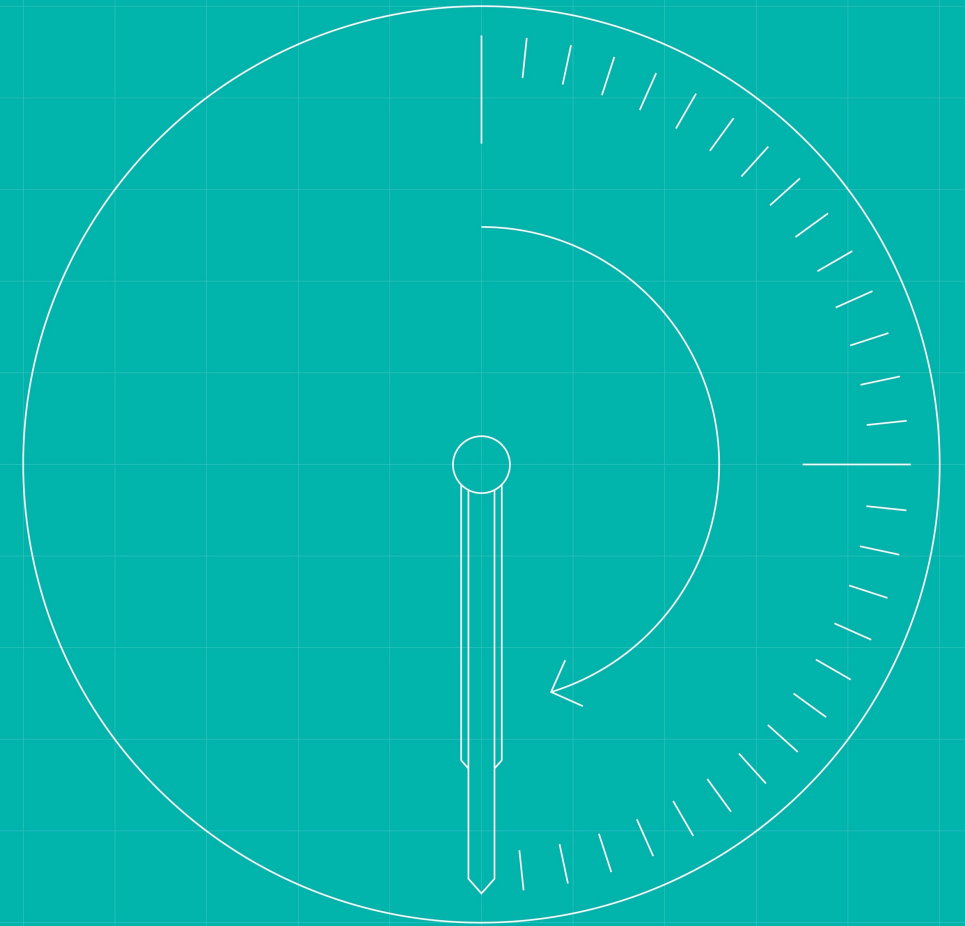
Seven strategic themes and strategic action areas emerged as a result of the Control Point 1 review. The Programme will use these, together with an action list built from Health Indicator Assessments, as a basis for managing and tracking improvement against the 'Satisfactory' Health Rating across the DBT phase.

Seven strategic themes

1. Delivery: Continue to build confidence in: our ability to deliver the Programme plan; Participants' ability to deliver their plans; and having robust monitoring and escalation in place to ensure both

2. Rhythm: Move the programme fast enough to enable delivery of customer benefits as early as possible whilst ensuring we don't lose industry (and ourselves) as we go

3. MHHSP People: Ensure individuals feel valued, we continue to monitor our resourcing, and that SRO and LDP teams work together to deliver our common outcomes

4. Industry commitment: Demonstrate delivery leadership while building a programme that the whole 'industry ecosystem' believes in and is committed to

5. Delivery Strategies and Continuous Improvement: Make continuous improvement an intrinsic part of our culture and deliver on our promise of an innovative industry programme model

6. Change and Risk: Ensure we have the capacity and capability to deliver the inevitable future programme change and to proactively manage RAID

7. Outcomes: Build on successful early benefits tracking with additional measures established and monitored, with an outcomes-focused mindset

	Health Indicator	Health Rating
Delivery	Delivery in previous phase	Satisfactory
	Delivery to Control Point 2	Requires improvement
	Programme plan	Requires improvement
	Change	Requires improvement
	Risk	Satisfactory
	Outcomes	Exemplar
	Financial outlook	Good
Ways of working	Strategies and approaches	Good
	Delivery rhythm	Good
	Continuous improvement	Requires improvement
People	MHHSP view of Programme Participants and industry	Satisfactory
	MHHSP people	Satisfactory

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Health Indicator Assessments

Indicator	Rating	Assessment summary	Key recommendations and next steps
Delivery **Delivery in previous phase (Mobilisation and E2E design):** Determine how well milestones in the previous phase have been met, if there are any significant outstanding actions, and any learnings from previous delivery to take forward	**Satisfactory**	In the absence of an industry-validated and baselined programme plan, the programme has relied on the MHHS Transition Timetable and shorter-term interim plan. There has also been a 6-month additional period to baseline the design; this has now been achieved with work-off plans agreed. The lack of these 2 baselines has meant the programme managing delivery in an environment of greater ambiguity, for longer, than expected – and although an interim plan and associated governance has been in place, stakeholders will continue to have a wide variety of perceptions and opinions about the programme and what is expected of them until the plan is baselined. Key Mobilisation and E2E Design headlines: • M4 was completed in Jan 2022. CPT / PMO / PPC / SI / IPA are all functioning well and are underpinned by strong approaches and resources. Control Point 1 (CP1) offers the first opportunity to assess their mobilisation and operational success (see other assessments) • Portal has been deployed with excellent feedback from Programme Participants (PPs) from recent survey • M5 Physical Design Baseline was completed in October 2022 and well-received subject to a work-off list to be completed within three months. Delivery of the work-off items, together with completion of the migration design, is important in enabling PPs' Design, Build and Test (DBT) completion • LDP M5 deliverables have been delivered, with M5 acceptance subject to several work-off items which are under review • M3 was conditionally approved in November 2022. There is still uncertainty of readiness to start DBT for some PPs and this adds risk to start of SIT (M9). Further readiness assurance needs to be applied for these parties • The Programme has focused on the design-led delivery model and ensured that the Programme did not have to wait for Code drafting to initiate DBT.	• Learn lessons from the elongation of the design development period and ensure appropriate delivery management and resource is in place across Programme workstreams • A clear plan for M5 work-offs and migration design completion is important, with controls in place to manage their delivery. Content of these plans needs to be adequately prioritised to ensure minimal effect on completion of PPs' Design, Build and Test activities • Further assurance should be sought for readiness of Programme Participants that did not provide sufficient evidence on the criteria for M3, via Round 3 of the Programme replan and revised M3 decision criteria. Support should be given to PPs that need it, to be ready for DBT start (M3) • Clearly identify which participants are required to mobilise when (particularly for testing and qualification) and ensure programme focused on those parties that need to be ready to achieve key milestones • Continue to engage with stakeholders through PPC activity at a transactional level, but enhance the stakeholder engagement at a more senior level • Learn lessons from tranche and approval process of the design (particularly for code workstream) • Clearly define the criteria for approval of future key milestones as part of the replan. Ensure these criteria are focused on what matters for the decision, are aligned to the delivery approach and are focused on the participants that matter (e.g. minimum entry criteria)

Indicator	Rating	Assessment summary	Key recommendations and next steps
Delivery to Control Point 2 (Design, Build and Test phase): Understand the predicted status of delivery of milestones in the next Programme phase	**Requires improvement**	The absence of an industry-validated and baselined programme plan makes a view of forward delivery difficult – this should be an immediate priority (including building more clarity on assumptions currently in it, such as qualification and migration phases). A majority of DBT-related activities are currently tracking well, with exceptions including the migration design, and the replan. The main risk to forward delivery is the current readiness and capability of Programme Participants to deliver their DBT. The lack of evidence provided through Readiness Assessment 2 (RA2) makes predicting their delivery difficult. Focus should be on those on the critical path or aiming for participation in SIT. Participants that are behind should still receive targeted engagement and support towards qualification. The intended phased delivery approach (subject to replan consultation) introduces opportunity for the Programme to drive forward, with focus on parties that are critical to delivery. It is important that we realise the full benefits of this approach. There is likely to be a reduced timeline between M5 and M9. Appropriate resources (SMEs, project management) and delivery controls / tools need to be in place – within the programme team and in PPs' organisations – and resources regularly reviewed.	• Develop and communicate delivery plan for migration design, and deliver it • Make decision on migration option at December PSG. Ensure following plans for next migration deliverables are in place (e.g. Migration Cutover and Data Strategy) • Extend and refine the interim plan, to cover more fully the expected Participant activities, to align working groups with delivery approaches being outlined in the replan, and to ensure workstream plans and dependencies are clear and joined-up • Re-baseline the plan according to the timeline articulated in the refined interim plan • Manage core capability providers closely & ensure account management approach works well (applies for all parties on the DBT critical path and those aiming to join SIT at M9) • Support PPs that are behind – target engagement and provide help to ensure the central programme team has done all it can • Ensure structures are in place to manage baselined design (see section on Change) • Code drafting not currently on critical thread for DBT but requires careful management • Adopt phased delivery approach within the replan. Align wider programme delivery and governance to this approach (e.g. through governance forums and / or milestone acceptance criteria) • Manage programme scope and review delivery governance arrangements
Programme plan: Determine if the plan (milestones, RAID) for the next phase is "fit for purpose" and if there is enough contingency	**Requires improvement**	The lack of a baselined programme plan means the approach to this assessment differs to that expected for future Control Points, looking instead at a higher-level, at the Round 2 draft re-plan, the Ofgem Transition Timetable, and the Interim Plan. The need for a full baselined Programme plan that industry believes in, is clear, and delivery (and planning that delivery) is complicated by the need to phase delivery and the migration / go-live process. Building the plan has so far taken more time and effort than was originally envisaged, due to the ability to engage PP in consultations so far at this early stage of the programme, the lack of clarity in the testing and go-live approach at this early stage of the programme, and due to delivery complexity. The Interim Plan has been fit-for-purpose as a stop-gap solution between the Transition Timetable and the Programme rebaselined plan, although this will need to extended and improved. In the light of needing the interim plan for longer, tracking against it, and consistency of reporting of baseline dates, should be improved.	• Extend the Interim Plan to cover activity through to the end of programme re-plan process, particularly with regard to what PPs need to do, and how programme governance decision-making on delivery approaches interlocks with the re-baselined plan • Add detail to the interim plan, including the migration approach decision and transition design, and outlining of any contingency periods • Communicate the updated interim plan through existing communications and engagement channels to increase visibility of the new plan with PPs • Consider ways to improve uptake / adoption of the Programme plan and tracking / reporting against it (e.g. via dPMO in the portal), including within workstreams and at lower-level governance groups • Collate DBT plans from PPs to better inform the Programme plan. Ensure the right number, quality and breadth of inputs are received from industry • Continue work to find opportunities to bring activities forward in the plan

Delivery

	Indicator	Rating	Assessment summary	Key recommendations and next steps
Delivery	**Change:** Understand the volume and nature of change, and its root causes, and what this tells us about Programme stability. Ensure change is being managed effectively	**Requires improvement**	There has not been a large volume of change on the Programme to date, but there has been enough to stress-test the process generally. The changes to date have centered on 1) the programme timelines, likely due to the lack of a robust baseline; and 2) the governance framework, as the framework has needed to evolve as the Programme has mobilised. We believe change has so far been managed well by the Programme and that the Change Control process has worked effectively to date. Change control will become more important in the DBT phase as the newly-baselined Programme design must be carefully managed. In this respect, the detailed change processes and overarching governance needs to be confirmed ahead of expected design queries / issues – and possibly, change requests.	• Complete confirmation of the detailed design change management processes to manage change to the baselined Programme design, together with the set-up of the overarching Design Authority • Consider opportunities to improve impact assessment engagement with Medium, iDNO Suppliers and Supplier Agents, to improve the number of CR responses in future • Look for ways to automate the impact assessment process • Introduce a pipeline report at Change Board • Consider a formal survey to gauge Participant views on the change process
	Risk (Programme): Understand how much individual and cumulative risk there is, and if is this acceptable and manageable	**Satisfactory**	We have reviewed individual risks, risk themes and aggregate risk specific workstreams and the programme overall, and we are confident that the level of risk in both areas is manageable via existing RAID management processes, in the context of the scale of the programme and where the programme is at in its lifecycle. We believe additional action outside of existing delivery governance is not required at this time, but there is the opportunity to focus more on assumptions and dependencies. The Programme has a proportionate number of critical risks; they all have associated mitigating actions, and no risks have as yet required contingency plans – therefore no risks are potentially compromising. The scale and nature of risk is in line with expectation. The risk for DBT is relatively high at this stage but expected to be mitigated and reducing.	• PSG has oversight of key risk themes and major underpinning individual risks • PSG risk deep dives should be considered • Work with RAID manager to build even more proactive management, particularly on assumptions / dependencies
	Risk (management and process): Ensure risk is being managed effectively	**Satisfactory**	The RAID management approach has been working effectively, with 450+ items managed since December 2021. There has been a slight decline in industry engagement with the RAID log and it is important that we increase that engagement using the RAID management process. There has been good risk identification, although there is always room for more focus on taking mitigating actions proactively within the programme team. There should be continued focus on risk management and escalation.	• Work with PPC and Governance groups to increase external engagement with the programme RAID log – introduce regular RAID reporting at Level 3 governance groups, encourage uptake of the RAID input form, and engagement with and use of the dPMO • Ask for more visibility of PPs' RAID logs as part of future engagements

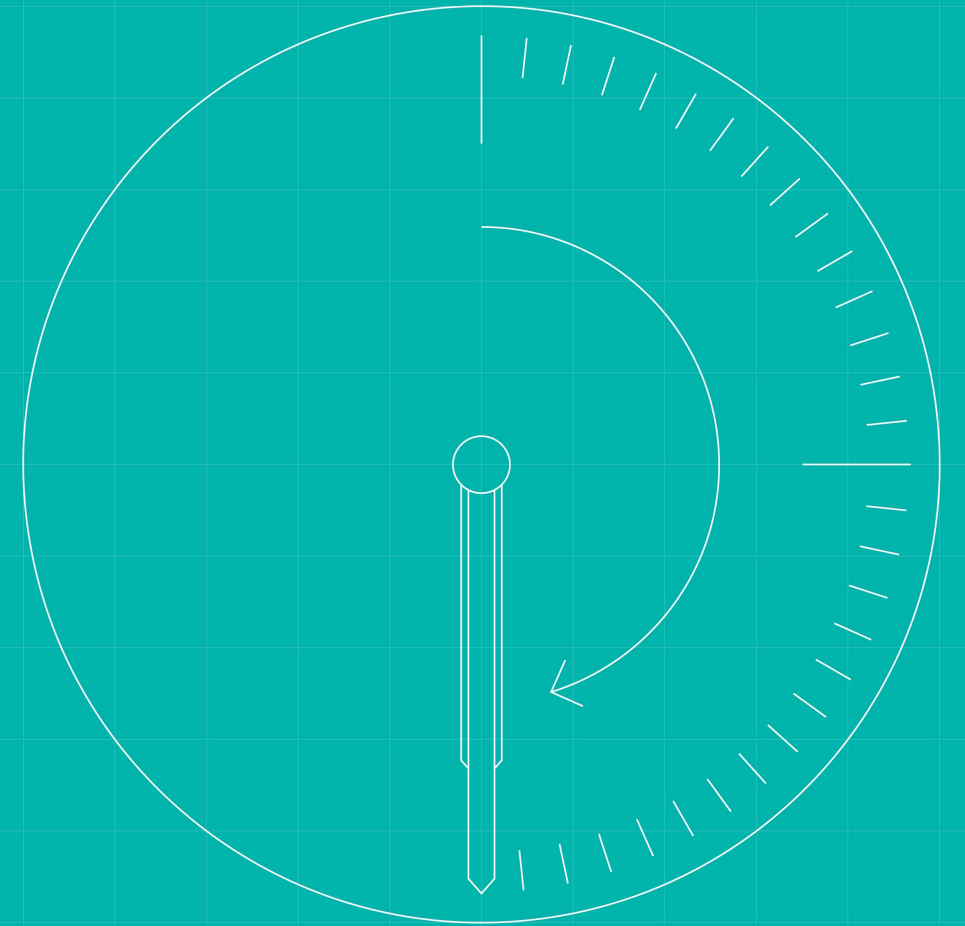|	Indicator	Rating	Assessment summary	Key recommendations and next steps
Delivery	**Outcomes:** Determine how well the Programme is progressing towards its intended outcomes	**Exemplar**	This programme is well ahead of most programmes at this stage in the lifecycle, with clear mapping of benefits from delivery outputs, programme outcomes and success criteria (KPIs) through to those benefits to be realised by industry. The Benefits Realisation Tracker (created to track the Benefits Realisation Plan) demonstrates that the Programme is on track to achieve Programme outcomes. There are several actions ongoing to make further progress. Change requests are already impact-assessed against the documented programme outcomes.	• Baseline the Benefits Realisation Tracker as planned • Include success measures in internal Product Descriptions • Build outcomes culture - socialise outcomes / KPIs across MHHS team and integrate them into ways of working • Confirm acceptance criteria for Level 1 milestones • Update and re-publish Benefits Realisation Plan to incorporate recent iterations
	Financial outlook: Determine if funding is in place and if we are managing finances effectively	**Good**	The Programme is confident that funding is in place for the next phase of the Programme and that finances are being managed effectively. There may be extra costs as a result of the programme re-plan, should timelines be extended.	• No actions beyond those already in place
Ways of working	**Strategies and approaches:** Determine if Programme strategies and approaches suitable, of sufficient quality, and working effectively	**Good**	Four baselined documents were reviewed as part of this assessment: the Programme Initiation Document (PID), the Change Management Strategy, the Governance Framework, and the Quality Framework. Some actions are being taken to update documents to reflect where we now are as a Programme and / or to improve delivery of the strategies/approaches in practice. These high-level artefacts are robust and are not expected to be materially changed over the lifetime of the programme.	• Small scale updates to baselined artefacts as required will be completed in 2022

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	Indicator	Rating	Assessment summary	Key recommendations and next steps
Ways of working	**Delivery rhythm:** Understand if our teams work efficiently and effectively, and if the pace and cadence of the Programme is appropriate	**Good**	The Programme proceeds at pace – progress is being made and the addressing of issues / challenges continues as needed. The pace of delivery means some functions / individuals can have periods of pressure. Initially, industry felt the programme was moving too fast. We believe we are currently moving at a fast-enough pace to deliver outcomes and drive towards realising early consumer benefits, while ensuring we have adequate industry engagement as we go. The re-plan is striving for rapid progress but is being balanced against the need to consult. The Programme should focus on driving delivery pace in balance with industry's ability to 'keep up'. The phased delivery approach will support this. Internally the programme reporting, and meeting cadence is generally effective, although the balance between 'reporting' and 'doing' is under review and will continue to be adjusted. The need for highly granular and frequent reporting is driven in part by the lack of a baselined plan. A re-balancing of such reporting, and more management by exception, may be more appropriate following the plan re-baseline.	• Review frequency of internal status reporting as plans progress • Continue to mature the internal MHHSP delivery management and escalation processes, via the most-appropriate governance and reporting • Increase office working – encourage team and whole-Programme days to promote collaboration and engagement, face-to-face • Increase reporting of workstream plans and RAID at Level 3 Advisory Groups • Review external reporting requirements (e.g. via governance groups / to IPA / to Ofgem) to determine if current approach continues to be appropriate
	Continuous improvement: Ensure we are identifying and acting on learnings, and actively listening to and addressing feedback	**Requires improvement**	The programme has approached Continuous Improvement in two ways: 1) we have listened to our stakeholders, taken on board their comments and their feedback and 2) we have identified internal improvements to the way we operate and work via our own quality management processes. Whilst there are examples where the programme has worked to continuously improve and has achieved some good results (such as dPMO and eventually the portal), there is room for both the evolutionary and revolutionary improvements envisaged at the outset to prove that the MHHS delivery model can be the blueprint for the future delivery of similar programmes.	• Continue to find space / time around daily delivery work to take a step back and invest in improvements. For example, through quarterly 'reset' days – and Control Points • Continue to educate our teams on the importance of quality and continuous improvement – embedding quality within our culture and striving to innovate at every opportunity. • Put in place proactive 'check points' for our BAU functions (e.g., in the PMO or Finance, or for our strategies and approaches) to review if the way we are working is as good as can be • Practically, continue to look for ways to automate and enrich processes. For example, wider use for dPMO for planning and in driving participant engagement, ADO, MS form-based entry • Clearly document our delivery blueprint with lessons, successes and how we're doing things differently

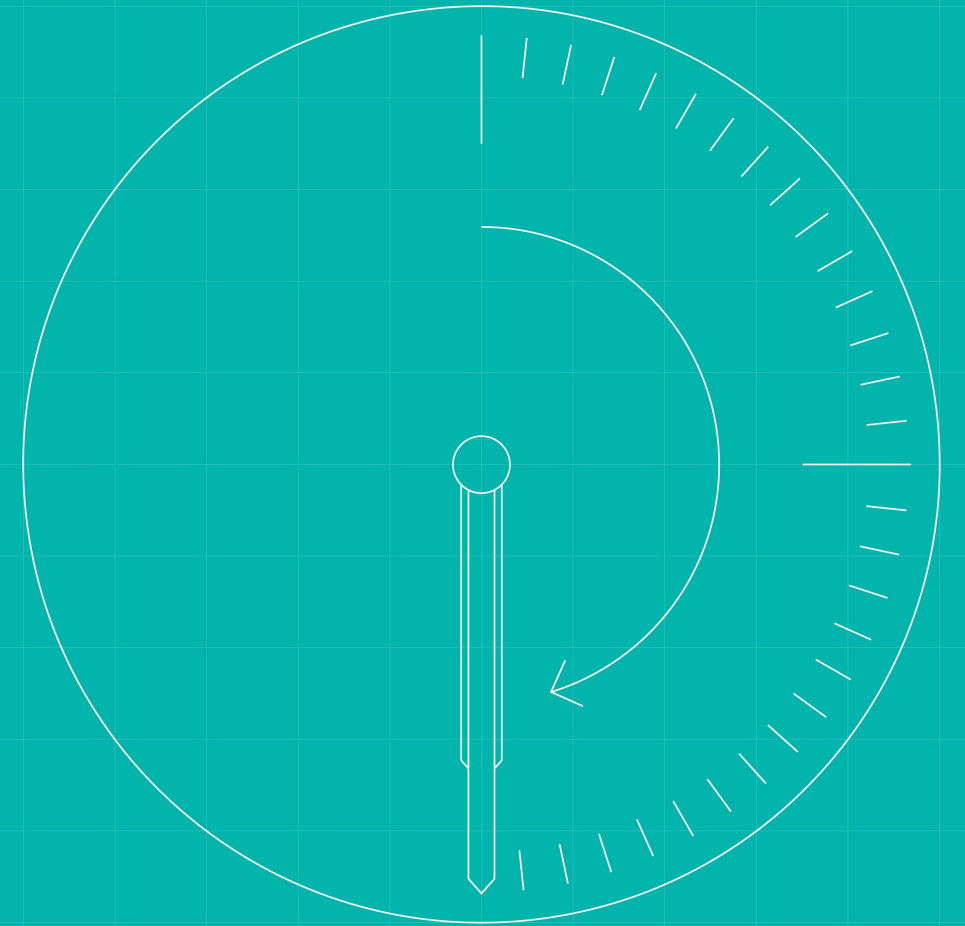|	Indicator	Rating	Assessment summary	Key recommendations and next steps
People	**MHHSP view of Programme Participants and industry:** Understand if industry parties delivered what they need to, and if they are ready for the next phase. Understand if stakeholders bought in, committed and engaged. Determine the wider industry context – what change is on the horizon and if the Programme is still relevant	**Satisfactory**	Participant engagement, and our insight and view of Participants' situations and perspectives, has strongly improved in the last 12 months of the programme, as the PPC function has set up and begun operating. In general, Participants are engaged and supportive of the Programme. They are aligning their delivery to the Programme's timelines, and they show an good understanding and knowledge of the TOM, Design and (increasingly) plans. They have shown some ability to act in an ambiguous environment. This bodes well for the continued success of the Programme. However, some constituencies, particularly some Software Providers, are as yet lacking the levels of engagement required. This is concerning for the suppliers who are dependent on their successful delivery and for the Programme itself. This risk will grow as we head into Design, Build and Test, if engagement does not improve. A phased approach to the Programme will help in this area as we can target engagement and buy-in to the participants most critical to delivery. The phased approach creates opportunities to build 'band wagons' to increase impetus. Market conditions and government intervention is impacting the ability of some Participants to progress their MHHS activities rapidly. This will continue into 2023 and is a key risk, since the programme can influence to a degree, but cannot fully enforce.	• Provide clarity on the replan and align across PPC and PMO to ensure messages are cascaded effectively • Using the persona and user journey approach successfully delivered for the Design Review Process, provide clarity where possible on SIT, Migration and DIP procurement to Participants soon, to ensure they have the information to deliver the necessary next steps • Renew drive for engagement with Software Providers (and Small Suppliers) - addressing low responses to RA2 and recognising the criticality of their delivery to the success of the Programme to create a greater sense of urgency • Fill gaps in advisory / working group representation (e.g. TMAG) • Gather more information on key points of contact for Participants still yet to provide them, to facilitate targeted comms being issued – in particular, confirmation of Board Sponsors • Take learnings from Collaboration Base & Website participant survey to feed into communication channel improvements • Target the stakeholder engagement approach to participants on the critical path and early adopters. Ensure we know who these are (or are likely to be) • Ensure we have the right 'delivery people' engaged with relevant forums
	MHHSP People: Ensure our people have the capability and capacity to deliver the next phase	**Satisfactory**	Resourcing: resourcing is key indicator of programme health and essential to any review. The MHHS programme has different elements to resourcing across the SRO and LDP, as well as across programme workstreams. The Programme has been mobilized for 18 months, with SRO and LDP teams working together for almost a year. Much of the programme is appropriately resourced (capacity and capability); this needs to continue to be managed closely against the plan, particularly in areas with high risk to delivery or where the programme is dependent on certain individuals. Culture and ways of working: The scale and breadth of the programme team, combined with rapid expansion, could create challenges for being joined up. Generally, there is strong collaboration across teams. Leadership and pace setting continues to be important, needing to be sustainable for the long term – ensuring we sustain energy and positivity. There have been many successes and these need to be celebrated internally and externally.	• Ensure dependencies are managed effectively across workstreams • Reduce single points of failure – continue to review key programme roles, cross-working, nominated deputies and succession planning (both SRO and LDP teams) • Continue to keep resources 'ahead of the game', both in number and capability, and carefully map and manage against the programme plan • Encourage more face-to-face working (promote collaboration)

Strategic themes

Strategic Themes and Actions (1 of 2)

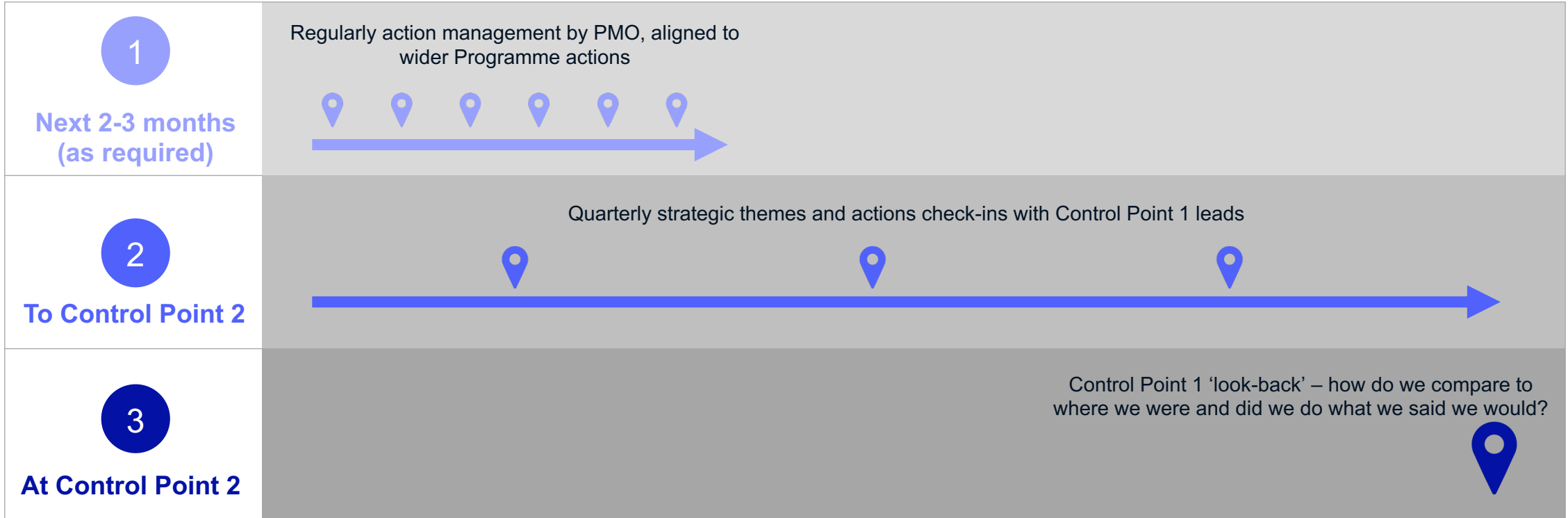| Topic	Theme	Action Areas
1. Delivery	Continue to build confidence in: our ability to deliver the Programme plan; Participants' ability to deliver their plans; and having robust monitoring and escalation in place to ensure both	a) Determine how many, what detail, and from whom DBT plans are required from PPs, to ensure this information is sourced through Round 3 replan or the PPC
		b) Review the stakeholder engagement approach (particularly at a senior level) to: • Identify organisations critical to delivery (i.e. critical path, SIT MVC) • Identify the Programme sponsors in these organisations – CEOs, delivery leads, PMs • Ensure the stakeholder engagement approach is appropriately targeted at these PPs, with appropriate senior engagement from the MHHSP
		c) Determine the combination of early adopters required (in addition to the number and who is willing to be an early adopter) and when they can be accommodated in the plan. If there are gaps in required and actual early adopters, work to fill the gaps.
2. Rhythm	Move the programme fast enough to enable delivery of customer benefits as early as possible whilst ensuring we don't lose industry (and ourselves) as we go	a) Focus planning, testing and migration approaches on participants being able to participate in the programme when they are ready, rather than having to wait for others and communicate what we need and when in the plan.
		b) Schedule a session with Programme leadership to problem-solve how the Programme can better drive pace and have a real delivery focus (avoiding 'regulatory' approach etc.)
3. MHHSP People	Ensure individuals feel valued, we continue to monitor our resourcing, and that SRO and LDP teams work together to deliver our common outcomes	a) Improve dependency management across workstreams
		b) Review key programme roles, cross-working, nominated deputies and succession planning to reduce siloed working
4. Industry commitment	Demonstrate delivery leadership while building a programme that the whole 'industry ecosystem' believes in and is committed to	a) Work to fill open constituency rep seats, particularly TMAG
		b) As part of the replan, review forward milestones and their acceptance criteria to ensure they are aligned to the delivery approach and are focused on the participants that matter e.g. minimum entry criteria

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Topic	Theme	Action Areas
5. Delivery Strategies and Continuous Improvement	Make continuous improvement an intrinsic part of our culture and deliver on our promise of an innovative industry programme model	a) Create a programme blueprint detailing how the programme is doing things differently and better than other programmes (lessons, successes)
		b) Confirm and formally uplift updates to baselined documents as identified through document reviews (PID, Change Management Strategy)
6. Change and risk	Ensure we have the capacity and capability to deliver the inevitable future programme change and to proactively manage RAID	a) Rapidly confirm the required design change governance and process (aligned to, and integrated with the overall programme change process)
		b) Work with RAID manager to build even more proactive management, particularly on assumptions / dependencies
7. Outcomes	Build on successful early benefits tracking with additional measures established and monitored, with an outcomes-focused mindset	a) Develop a plan for focused internal comms and engagement piece to make outcomes an even greater part of 'programme DNA'
		b) Baseline the Benefits Realisation Tracker and update the Business Realisation Plan

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Next steps

We have three mechanisms to manage the findings and actions from Control Point 1:

1 Next 2-3 months (as required)	Regularly action management by PMO, aligned to wider Programme actions
2 To Control Point 2	Quarterly strategic themes and actions check-ins with Control Point 1 leads
3 At Control Point 2	Control Point 1 'look-back' – how do we compare to where we were and did we do what we said we would?

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3. IPA report

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Background and scope of IPA review

The Programme has drafted the **"Control Point 1 - PSG Report"** to make a decision on whether or not to progress to the next phase of the Programme using a detailed review of Programme health. At Control Point 1, the Programme is looking to close the Mobilisation and E2E Design phase and move into the Design, Build and Test phase.

The scope of our assurance activity was to review the draft Control Point 1 report, as shared on the 22 November 2022, and provide feedback and comments on its content based on our understanding of the programme's status formed through our assurance activities to date. We have not performed any additional assurance activities specifically to validate or assess the content of this report or reviewed the underlying assessment and process followed to create this report.

Executive Summary:

- Overall, the Programme's draft Control Point 1 report has identified the majority of the observations and recommendations/next steps we would expect to be included. We have identified a small number of additional observations and recommendations, which have been provided to the Programme to be incorporated into the final version. These are primarily related to learnings from the Programme so far, and actions to support completion of immediate priorities for the Programme.

- Our view aligns with the Programme's assessment for 8 individual Health Indicator ratings and we have a difference of view for 3 indicators (2 downgraded and 1 upgraded). The differences are either due to interpretation of the health indicator or the rating based on our view of the underlying points raised in the assessment summary within the report. There is 1 Indicator where we are unable to form a view on the rating as we have not performed associated assurance activities to date.

- We agree with the Programme's overall Health Rating assessment as "Satisfactory" based on the underlying rating and associated assessment summary for each Health Indicator.

- We agree with the overall programme decision to "Continue", although the design and plan should be fully baselined before the programme formally moves out of the *Mobilisation and E2E Design* phase.

- We have set out in the table to the right the IPA view of key priorities for the end-to-end Programme as we move through Control Point 1. We note that a number of related recommendations/next steps have already been included in the Control Point 1 Report in and we have included a reference to the associated Health Indicator where this are captured.

IPA view of current priorities for the end-to-end Programme

Priority		Associated Health Indicator
1	Deliver the baseline plan in line with the re-plan timetable. This should aim to achieve the shortest delivery timescale feasible whilst being robust and credible	Programme Plan
2	Improvement of the decision making framework/process around key milestones. Specifically, clarity of acceptance criteria and advanced communications of the decision steps and timeline.	Delivery in previous phase
3	Programme Participants continue to fully mobilise and progress with their Design and Build activity in line with the interim plan	Delivery to Control Point 2
4	Central parties to continue to work with MHHSP to agree the SIT commencement timeline and deliver design and build activities in line with this timeline	Programme Plan
5	Finalisation of the remaining design items following M5 approval (completion of the work-off plan and migration design)	Delivery in previous phase