**Change Request Form – Guidance for Programme Participants**

## Change Request details

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| Change Request details |
| Change Request Title | *<To be completed by Change Raiser>* |
| Change Request Number | *<To be completed by MHHS PMO>* |
| Originating Advisory / Working Group | *<To be completed by Change Raiser>* |
| Risk/issue reference | *<To be completed by Change Raiser>* |
| Change Raiser | *<Raiser name / organisation>* | Date raised: | *<dd/mm/yyyy>* |

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

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| Key |
| Guidance for PMO | *<Instruction in grey>* |
| Guidance for Change Raiser | *<Instruction in blue>* |
| Guidance for Programme Participant | *<Instruction in red>* |

### 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)**<Please provide a description of what is the issue that needs to be resolved by the change>* |
| **Description of change:***(what is the change you are proposing)**<Please provide a description of the change you are proposing for the MHHS programme. Please include as much detail as possible as this will be used to support the impact assessment>* |
| **Justification for change:***(please attach any evidence to support your justification)**<Please provide the reason for the change and justification, where has it originated from, why has it originated>* |
| **Consequences of no change:***(what is the consequence of no change)**<Please describe the impact, as best known, if no change were to be implemented. How would this impact the programme, its participants, industry, or consumers?>* |
| **Alternative options:***(What alternative options or mitigations that have been considered)**<Please describe what alternative options or mitigations that have been considered>* |
| **Risks associated with potential change:***(what risks related to implementation of the proposed change have been identified)**<Please describe what risks related to implementation of the proposed change have been 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).**<Please document the alternative options or mitigations that have been considered>* |
| **Target date by which a decision is required:** | *<Please insert a date here as to when a decision is needed by>* |

### Part B – Initial Impact of proposed change

**Guidance *– this section should be completed by the Change Raiser before being submitted to the MHHS PMO. You will need to provide a classification for necessity of change, rationale of change, expected change impact, expected lead time for the change to be implemented and an expected implementation window.***

**Note *– this is an initial assessment to help planning and prioritisation and will be validated and superseded by the more detailed impact assessment (IA) completed at the IA stage.***

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| What benefits does the change bring |
| *(list the benefits of the change and how this improves the business case)**<Please provide a description of what benefits does the change brings>*      |

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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 | *<Please provide a response to each Programme Objective. If there is no benefit, please state this in the response>* |
| To deliver services to support the revised Settlement Timetable in line with the Design Working Group’s recommendation | *<As above>* |
| To implement all related Code changes identified under Ofgem’s Significant Code Review (SCR) | *<As above>* |
| To implement MHHS in accordance with the MHHS Implementation Timetable | *<As above>* |
| To deliver programme capabilities and outcomes to enable the realisation of benefits in compliance with Ofgem’s Full Business Case | *<As above>* |
| To prove and provide a model for future such industry-led change programmes | *<As above>* |

**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 | *<Please document the known programme parties that may be impacted by the proposed change. The Change Raiser should consult with relevant programme parties in the drafting of the request, prior to submission to PMO>* |
| Impacted Deliverables | *<Please document the known programme parties and programme deliverables that may be impacted by the proposed change>* |
| Impacted Milestones | *<Please document the known programme parties and programme milestones that may be impacted by the proposed change>* |

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| Initial assessment |
| Necessity of change | See Assessment 1 | Expected lead time | See Assessment 4 |
| Rationale of change | See Assessment 2 | Expected implementation window | See Assessment 4 |
| Expected change impact | See Assessment 3 |  |  |

**Scoring for the initial assessment**

**Assessment 1: Necessity of change**

You must populate the field in the form with a value of 1 – 3.

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| **Assessment** | **Category Description** |
| 1 | **Critical Change**: The final deliverable will not be achievable without this change. |
| 2 | **Important Change**: The absence of this change would be significantly inconvenient, however a workaround is possible. |
| 3 | **Potentially Important**: A potentially important opportunity to improve on Programme cost, schedule or quality. |

**Assessment 2: Rationale for the Change**

You must populate the field in the form with the appropriate category to summarise the rationale for change. You can select more than one.

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| **Assessment** | **Category Description** |
| Programme | Changes in the Programme’s policy scope, anticipated benefits, Stakeholder/Governance additions and removals. |
| Delivery | Slippage in the Programme Plan or Budget overrun requiring tighter controls. |
| Solution | Changes to the Programmes baselined Design Products or additional requirements/functionality being added to the Programmes scope. |
| Regulatory | Changes to regulatory products and artefacts. |
| Security | Changes to security products and artefacts. |
| Data | Changes to data products and artefacts |

**Assessment 3: Expected Change Impact**

You must populate the field in the form with the appropriate impact classification from the four options detailed below.

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| **Assessment** | **Category Description** |
| Very Low | * Minimal to no impact expected on cost, schedule, risk, and other programmes/projects.
* Does not impact existing MHHS milestone(s)
* **Housekeeping changes should be marked as Very Low**
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| Low | * Moderate impact expected on cost, schedule, risk, and other programmes/projects, which could impact MHHS Tier 3 milestone(s)
 |
| Medium | * Significant impact expected on cost, schedule, risk, and other programmes/projects, which could impact MHHS Tier 1 and/or Tier 2 milestone(s)
* Does not exceed MHHS Governance Framework or prevent achievement and/or delivery of programme outcomes
 |
| High | * Excessive impact expected on cost, schedule, risk, and other programmes/projects, which exceed thresholds established in the MHHS Governance Framework
* Prevents achievement and/or delivery of programme outcomes
* **Escalated changes should be marked as High**
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**Assessment 4: Implementation Complexity**

You must populate the ‘Lead time’ field with a value of 1 – 4. It is noted that at this stage of the Change Control process this will be an indicative view and will be updated when more information is available at the impact assessment stage. Nevertheless, this is important in helping the Change Board determine the possible impact on the overall programme plan.

You must populate the ‘implementation window’ with a value of 1 – 5. As with the ‘Lead time’ assessment it is noted that this will be an indicative view that will be updated when more information is available at the impact assessment stage.

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| **Lead time for work to be completed** | **Implementation window** |
| **Assessment** | **Effort** | **Assessment** | **Implementation timelines** |
| 1 | <5 working days | 1 | Imminent (can be implemented in the next month) |
| 2 | 5 – 10 working days | 2 | Short (can be implemented in the next 1 – 3 months) |
| 3 | 10 – 15 working days | 3 | Medium (can be implemented in the next 3 – 6 months) |
| 4 | >20 working days | 4 | Long (will not be implemented in the next 6 months) |
|  |  | 5 | Go-Live (Will be implemented in advance of Go-Live but no sooner) |

**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***Change Raiser to provide initial impact assessment.* |
| *<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***Change Raiser to provide initial impact assessment.* |
| *<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***Change Raiser to provide initial impact assessment.* |
| *<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***Change Raiser to provide initial impact assessment.* |
| *<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***Change Raiser to provide initial impact assessment.* |
| *<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***Change Raiser to provide initial impact assessment.* |
| *<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***Change Raiser to provide initial impact assessment.* |
| *<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***Change Raiser to provide initial 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: | *<Is the Change Accepted or Rejected>* | Date | *<Insert the date of decision>* |
| Approvers: | *<SRO and appropriate Advisory Group, PSG or Ofgem>* |  |  |
| Change Owner: | *<Name of person accountable for implementing the change, if approved>* |
| Action: | *<Summarise action(s) to be taken to implement the change, as a result of the decision>* |
| **Changed Items** | **Pre-change version** | **Revised version** |
| *<List any artefacts to be changed as a result of the CR>* | *<Include the original version of the artefact>* | *<When complete, include the updated version of the artefact>* |
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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 | <Provide any appropriate comments to summarise the implementation and it’s sign off> | Date | *<Insert date implementation was completed>* |

**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> | *<Name>* |

**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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