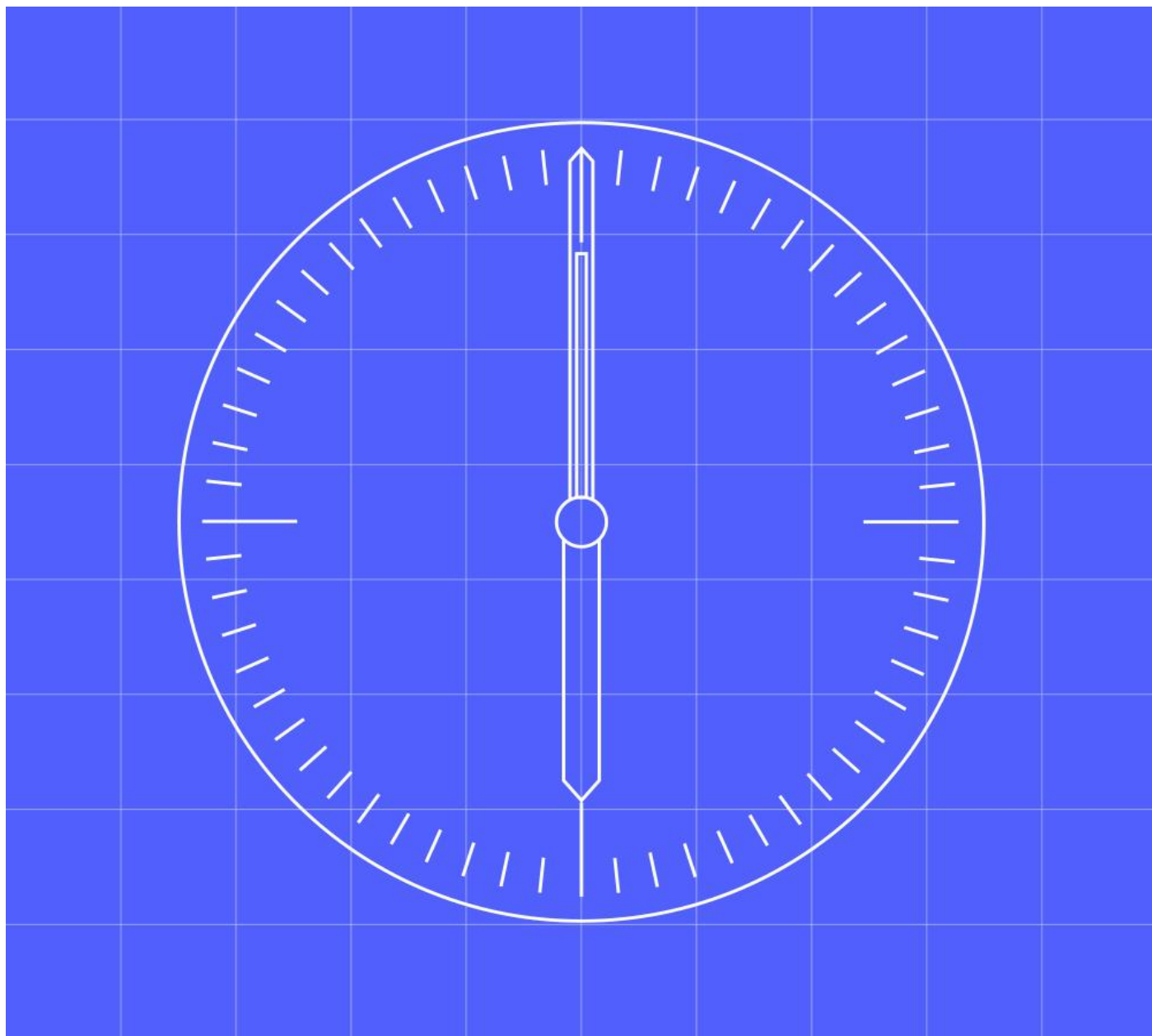


# Pre-Qualification Submission Template – New Entrants



Document owner  
**BSC and REC**  
Status  
**Final**

Document number  
**MHHS-DEL2231**  
Date  
**06 December 2024**

Version  
**1.1**  
Classification  
**Public**

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## 2 House Keeping

### 2.1 Change Record

| Date             | Author                     | Version | Change Detail                                                                                                                                                        |
|------------------|----------------------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18 November 2023 | BSCCo and REC Code Manager | 0.1     | First draft                                                                                                                                                          |
| 08 January 2024  | BSCCo and REC Code Manager | 0.2     | Second draft. Questions added based on Migration Control Centre feedback to support migration planning. Clarification added based on Programme Participant feedback. |
| 05 February 2024 | BSCCo and REC Code Manager | 1.0     | Published for Programme Participants to use.                                                                                                                         |
| 06 December 2024 | BSCCo and REC Code Manager | 1.1     | Updated for New Entrants                                                                                                                                             |

### 2.2 Linked Documents

| Reference    | Document Link                                   | Version | Published Date | Additional Information |
|--------------|-------------------------------------------------|---------|----------------|------------------------|
| MHHS-DEL1118 | <a href="#">Qualification Approach and Plan</a> | 3.0     | 29 August 2024 |                        |
| MHHS-DEL1064 | <a href="#">MHHS Placing Reliance Policy</a>    | 1.0     | 27 April 2023  |                        |
| MHHS-DEL1050 | <a href="#">MHHS PIT RTTM Template</a>          | 1.0     | 17 March 2023  |                        |

## 3 Executive Summary

All Suppliers and Agents, and new entrant LDSOs (who will enter the market after M10) opting for the non-SIT route for MHHS Qualification must complete this document and submit it for Code Bodies' review.

The information provided herein will be used to determine the validity of your proposal for Qualification Testing (QT) and allocate the most suitable QT Wave.

As set out in the Qualification Approach and Plan, the following Waves are planned for QT:

| Wave #   | Initial QAD submission window | QT Execution Window      | QAD Sign-off deadline |
|----------|-------------------------------|--------------------------|-----------------------|
| M10 LDSO | 06/01/2025 to 14/02/2025      | 06/01/2025 to 16/05/2025 | 22/08/2025            |
| Wave 1   | 05/05/2025 to 11/07/2025      | 25/08/2025 to 09/01/2026 | 20/03/2026            |
| Wave 2   | 09/06/2025 to 12/09/2025      | 20/10/2025 to 27/02/2026 | 20/04/2026            |
| Wave 3   | 11/08/2025 to 07/11/2025      | 12/01/2026 to 15/05/2026 | 26/06/2026            |
| Wave 4   | 20/10/2025 to 16/01/2026      | 09/03/2026 to 17/07/2026 | 28/08/2026            |

Please refer to MHHS-DEL1118 Qualification Approach and Plan (Appendix C) for further detail on the QT Wave timelines.

Please direct any questions on this template and provide your submissions to [MHHSQualification@elexon.co.uk](mailto:MHHSQualification@elexon.co.uk).

MHHS Programme may use information submitted within the Pre-Qualification Submission to evaluate Programme Participant readiness. This is subject to PSG approval.

## 4 Pre-Qualification Submission Template

### 4.1 General Information

In this section, please provide information about your organisation, the MPIDs that you do/do not expect to MHHS Qualify and contact details. This section also requests confirmation of the accuracy and completeness of this submission.

#### 4.1.1 Details of the organisation submitting this form

|                                                                                                                                                                                                               |                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--|
| Name as per Companies House                                                                                                                                                                                   |                                   |  |
| Company Registration Number as per Companies House                                                                                                                                                            |                                   |  |
| <b>List of MPIDs (with Role Code) that you wish to apply for MHHS Qualification</b><br><b>NB: Please note while we will endeavour to grant you your preferred MPID, this will be subject to availability.</b> | Supplier                          |  |
|                                                                                                                                                                                                               | Smart MOA                         |  |
|                                                                                                                                                                                                               | Advanced MOA                      |  |
|                                                                                                                                                                                                               | Smart Data Service                |  |
|                                                                                                                                                                                                               | Advanced Data Service             |  |
|                                                                                                                                                                                                               | Unmetered Data Service            |  |
|                                                                                                                                                                                                               | DNO / Registration Service / UMSO |  |

|                                                                                                 |  |
|-------------------------------------------------------------------------------------------------|--|
| <b>Key Contact (Name, Role and Email)</b>                                                       |  |
| <b>Please confirm that all information submitted within this form is complete and accurate.</b> |  |
| <b>Submission date</b>                                                                          |  |

## 4.2 MHHS Qualification Approach and Plan

In this section, please provide details of your approach to MHHS Qualification including your expected PIT exit timeline and preferred Qualification Wave.

*Note – Programme Participant must submit their PIT Approach and Plan as supporting evidence for this section to allow Code Bodies early visibility and reduce the risk of parties needing to undertake additional unplanned PIT activities ahead of starting QT.*

### 4.2.1 Qualification Approach

|                                                                                                                                                                                                                                                                                                                                                                                    |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>Please list the name(s) and role(s) of individual(s) responsible and accountable within your organisation for delivering your MHHS Qualification plan.</b>                                                                                                                                                                                                                      |          |
| <b>What senior management level oversight is there on your MHHS Qualification plan, and how will progress against this plan be monitored?</b>                                                                                                                                                                                                                                      |          |
| <b>Please provide details of your change management approach including your engagement with the MHHS design change activities and your approach to release management that you will apply during and after PIT, through QT and into live operation.</b>                                                                                                                            |          |
| <b>Are you currently aware of any planned changes to your systems or processes (that may impact interfaces with the DIP and / or other Market Participants) that will take effect after you have completed MHHS PIT and may impact your ability to meet MHHS requirements?</b><br><br><b>If yes, please provide details of the expected changes and the associated timescales.</b> |          |
| <b>Please confirm that you have submitted your PIT Approach and Plan as supporting evidence to your PQS.</b>                                                                                                                                                                                                                                                                       | [Yes/No] |
| <b>Please confirm if you are using the exemption from UMS requirements for MHHS Qualification. (this question applies to Suppliers only).</b>                                                                                                                                                                                                                                      | [Yes/No] |

#### 4.2.2 PIT Timelines

|                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Please confirm whether you have started PIT execution, and if not when you intend to start.                                                                                                                                                                                                                                                                                                                                  |  |
| What management processes do you intend to use to ensure that the change(s) to your systems and processes have been effectively tested during PIT                                                                                                                                                                                                                                                                            |  |
| Please confirm you are using the PIT RTTM Template produced by MHHS Programme (MHHS-DEL1050).<br><br>If not, please ensure all information required within the template is available in your PIT RTTM submission.<br><br>Note: PIT RTTM Template MHHS-DEL1050 is subject to review. Please ensure you use the updated copy of the PIT RTTM Template, to be released imminently, with the next iteration of the PIT Guidance. |  |
| Please confirm your expected PIT completion date.<br><br>Please detail any risk associated with achieving this date, and mitigating controls you have planned in section 4.6 of this document.                                                                                                                                                                                                                               |  |
| What percentage of planned PIT scope has been successfully completed at the point of this submission?                                                                                                                                                                                                                                                                                                                        |  |

#### 4.2.3 Qualification Wave Allocation

|                                                                                                                                                                                                                                                       |          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| Please provide your 1 <sup>st</sup> and 2 <sup>nd</sup> Qualification Wave allocation preferences?<br><br>NB: Please refer to table in section 3 for indicative dates.<br><br>As noted in the QA&P, wave allocation will be dependent on availability | M10 LDSO |  |
|                                                                                                                                                                                                                                                       | Wave 1   |  |
|                                                                                                                                                                                                                                                       | Wave 2   |  |
|                                                                                                                                                                                                                                                       | Wave 3   |  |
|                                                                                                                                                                                                                                                       | Wave 4   |  |
| Please provide further details on to what extent you intend to operate with legacy arrangements and/or with migrated meter points. (this question applies to Suppliers and Agents only).                                                              |          |  |
| Please provide the contact details of key personnel coordinating migration activity.<br><br>These details will be shared with the MHHS Programme Migration Control                                                                                    |          |  |

|                                                                                                                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Centre (this question applies to Suppliers only).</b>                                                                                                                                                          |  |
| <b>Please confirm whether you have entered into commercial arrangements with Supplier Agents to work with under MHHS arrangements (this question applies to Suppliers only).</b>                                  |  |
| <b>Where you have entered into commercial arrangements with Supplier Agents for MHHS, please list their organisation name and confirm their expected PIT exit date (this question applies to Suppliers only).</b> |  |
| <b>Has Supplier Agent readiness been factored into the target migration date listed above? (This question applies to Suppliers only).</b>                                                                         |  |
| <b>Please provide any further information you believe Code Bodies should consider when determining your Qualification Wave allocation.</b>                                                                        |  |

### 4.3 System Architecture

In this section, please provide your system and software architecture diagram, accompanied by an overview in writing, clearly identifying:

- details of where and how the system/software is hosted,
- the business features to meet MHHS requirements delivered by each component,
- where you are requesting to adopt MHHS-DEL1064 MHHS Placing Reliance Policy, the degree of commonality of the software and its equivalent configuration between the organisation placing reliance and organisation completing the testing,
- where a Third Party is completing 'testing on behalf of' your organisation, please specify which components and interfaces are provided by that Third Party, and
- please set out boundary lines to show the areas of responsibility between your organisation and any Third Party for both the systems and operations.

Please insert the system and software architecture diagram here:

**Please provide your System Architecture Diagram for your live environment, along with a written statement addressing the points listed above:**

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## 4.4 Placing Reliance Submission

In this section, please provide the information on any organisations you are 'placing reliance' on or delegating to 'test on behalf of' your organisation, to meet your testing requirements for MHHS Qualification, in part or whole. If you are intending to complete all testing requirements using internal systems and resources, then you only need to respond to question 4.4.1.

*Note – Programme Participants who would like to discuss their Placing Reliance approach with the Code Bodies ahead of submission can do so by requesting a bilateral either via the PPC team or by emailing [MHHSQualification@elexon.co.uk](mailto:MHHSQualification@elexon.co.uk).*

### 4.4.1 General position

|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Are you intending to Place Reliance? If yes, please complete 4.4.2 and/or 4.4.3, as applicable.                                                                                                                                                                                                                                                                                                                                                      | [Yes/No] |
| Have you entered into an agreement to facilitate sharing of testing evidence to meet your MHHS Qualification requirements? If no, please clarify by when these arrangements are expected to be in place. For clarity, where a Programme Participant is placing reliance on testing completed by another Programme Participant, or a Third-Party Provider is testing on its behalf, this is expected to be fully agreed between the parties involved. | [Yes/No] |

### 4.4.2 Details of the organisation completing the testing that will be used for 'Placing Reliance'

|                                                                                                                                                        |                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--|
| Name as per Companies House                                                                                                                            |                                   |  |
| Company Registration Number as per Companies House                                                                                                     |                                   |  |
| List of MPIDs (with Role Code) that will be completing testing via the SIT or QT route that your organisation will 'place reliance' on (if applicable) | Supplier                          |  |
|                                                                                                                                                        | Smart MOA                         |  |
|                                                                                                                                                        | Advanced MOA                      |  |
|                                                                                                                                                        | Smart Data Service                |  |
|                                                                                                                                                        | Advanced Data Service             |  |
|                                                                                                                                                        | Unmetered Data Service            |  |
|                                                                                                                                                        | DNO / Registration Service / UMSO |  |
| Which route of testing is the organisation taking? If they are not a SIT Participant, please indicate the QT Wave they are expected to target.         | [SIT/QT Wave 1, 2, 3 or 4]        |  |

### 4.4.3 Details of the organisation completing 'Testing On Behalf Of' the Code-defined organisation

|                                                                                                                                                                                                                                                                                                                                                                         |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Name as per Companies House                                                                                                                                                                                                                                                                                                                                             |          |
| Company Registration Number as per Companies House                                                                                                                                                                                                                                                                                                                      |          |
| Key Contact (Name, Role and Email)                                                                                                                                                                                                                                                                                                                                      |          |
| Relationship with the applicant organisation submitting this proposal (e.g., Third-Party IT Provider, Third-Party Managed Service Provider, Third-Party Design/Build/Test Partner, etc.)                                                                                                                                                                                |          |
| Is there a current agreement between the applicant organisation and the organisation listed in this section? If no, please clarify by when these arrangements are expected to be in place.                                                                                                                                                                              | [Yes/No] |
| Do you intend for the agreement to continue during migration and live operation following full transition?<br><br>If no, please provide details of the expected change.<br><br>NB: Should this change during or after testing, then the participant will need to notify the Code Bodies and will be required to test and Qualify under the new Third Party arrangement) | [Yes/No] |

4.4.4 RASCI

In this section, please provide a RASCI clarifying how the roles and responsibilities are split between your organisation and any Third Party:

- from whom you may procure systems and services to operate under the MHHS arrangements,
- whom will undertake ‘testing on behalf of’ your organisation,
- whose testing you may ‘place reliance’ on.

| Task                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• R – Responsible, i.e., the organisation responsible for the task assigned.</li><li>• A – Accountable, i.e., the organisation that holds the ultimate accountability and control.</li><li>• S – Supported, i.e., the organisation that provides assistance to the ‘Responsible’ organisation.</li><li>• C – Consulted, i.e., the organisation that provides advice to the ‘Responsible’ organisation.</li><li>• I – Informed, i.e., the organisation(s) that must be kept in the loop on decisions, outcomes, and progress.</li></ul> |

RASCI:

|  |  | Responsibilities             |                                        |                                   |                                       |                                              |                                              |
|--|--|------------------------------|----------------------------------------|-----------------------------------|---------------------------------------|----------------------------------------------|----------------------------------------------|
|  |  | Role<br>(please add / remove | [function delivered, e.g. DIP Adapter] | [function delivered e.g. Supplier | [function delivered e.g. DTN adapter] | [function delivered – e.g. Agent operations] | [function delivered – e.g. Code compliance ] |
|  |  |                              |                                        |                                   |                                       |                                              |                                              |

|                                                                     |                            | columns as possible)                                                                              |  | operations or subset] |  |  |  |
|---------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------|--|-----------------------|--|--|--|
| <b>Applicant</b>                                                    | [Name of the organisation] | [market role]                                                                                     |  |                       |  |  |  |
| <b>Third Parties</b><br>(please insert / remove rows as applicable) | [Name of the organisation] | [e.g. Service or System Provider or another participant whose testing you will place reliance on] |  |                       |  |  |  |
|                                                                     | [Name of the organisation] | [e.g. Service or System Provider or another participant whose testing you will place reliance on] |  |                       |  |  |  |

#### Supporting information:

|                                                                                                                                                                                            |                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                            | Please insert organisation name and add columns where more than one organisation is involved, and explain how each organisation will be involved at each stage. |
| <b>System / Software Hosting and Maintenance</b><br>NB: Please elaborate on specific systems/software within your IT landscape for which the RASCI may vary.                               |                                                                                                                                                                 |
| <b>System Design and Build</b><br>NB: Please elaborate on specific systems/software within your IT landscape for which the RASCI may vary.                                                 |                                                                                                                                                                 |
| <b>Pre-integration Testing</b><br>NB: Please elaborate on specific test phases for which the RASCI may vary.                                                                               |                                                                                                                                                                 |
| <b>Qualification Testing</b><br>NB: Please elaborate on specific tasks for which the RASCI may vary.                                                                                       |                                                                                                                                                                 |
| <b>Defect Management</b>                                                                                                                                                                   |                                                                                                                                                                 |
| <b>Migration</b>                                                                                                                                                                           |                                                                                                                                                                 |
| <b>Operation of business functionality</b><br>NB: Please elaborate on specific functions for which the RASCI may vary, e.g., functionality operated in-house versus outsourced operations. |                                                                                                                                                                 |
| <b>Training of end-users</b>                                                                                                                                                               |                                                                                                                                                                 |



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#### 4.6 Contextual Information

In this section, please provide any other contextual information that the Code Bodies may consider whilst assessing your Pre-Qualification Submission. For example, where certain DIP messages are optional, please indicate whether you intend to use those DIP messages.

Contextual Information