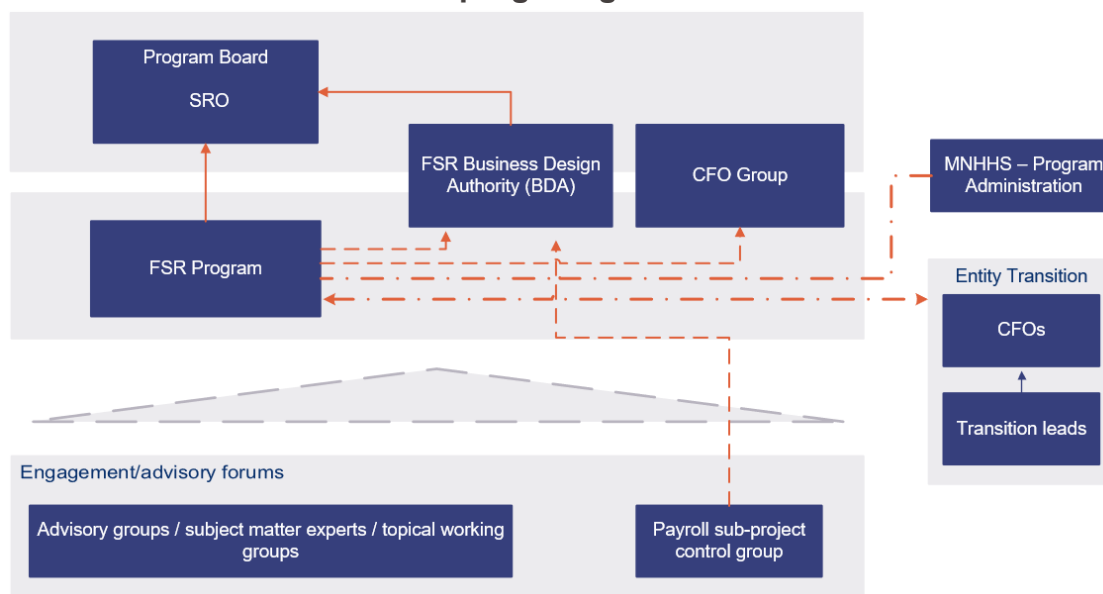


## D. Program governance

The Financial System Renewal (FSR) program governance structure prior to go-live is illustrated in Figure D1 below. The FSR program board provided the program's leadership and governance. It was responsible for approvals, decisions, and major program and business issues. It also monitored program risks, quality, and timeliness.

**Figure D1**  
**FSR program governance**



Notes: SRO—Senior Responsible Owner; CFO—chief financial officer; MNHHS—Metro North Hospital and Health Service.

Source: Queensland Audit Office from Queensland Health Financial System Renewal Program Governance Framework (August 2018).

The program board was chaired by the Deputy Director-General, Corporate Services, Department of Health (the department) as the senior responsible owner. The board comprised:

- the chief executive of Metro North Hospital and Health Service, and from May 2019, the acting chief executive of Metro South Hospital and Health Service
- chief financial officers (CFOs) from the department, Metro South Hospital and Health Service and Gold Coast Hospital and Health Service
- the department's divisional chief executives of Health Support Queensland and eHealth.

The FSR Business Design Authority was chaired by Metro South's CFO. It provided advice and recommendations to the board on best practice business processes to be implemented or adopted. Members were subject-matter experts from across Queensland Health entities, including procurement, supply chain, payroll, asset management, digital solutions, commercial management, and financial performance.

The CFO group provided change leadership and advice to the program, with an overall health-system perspective. All hospital and health services' CFOs were members.

Each Queensland Health entity nominated a transition lead to play a key role in developing the implementation-readiness approach at their hospital and health service, and supported their CFOs to champion local implementation and business process changes.

The FSR program was headed by a program director and a program manager engaged from external consultancies. They were supported by a program office. The program director maintained operational alignment to the board's endorsed scope, approach, and resource plan. Queensland Health retained ownership of all program documentation.



All entities should review our governance recommendations in our Report 10: 2019–20 *Effectiveness of the State Penalties Enforcement Registry ICT reform*.

