

System Leadership Forum

Meeting minutes

Date and time	Tuesday, 9 April 2019 1.00pm – 4.00pm	
Venue	Mental Health Review Tribunal, Level 16, 53 Albert Street, Brisbane	
Attendees	Michael Walsh	Director-General, Queensland Health
	Dr Jeannette Young	Chief Health Officer and Deputy Director-General, Prevention Division
	Michael Zanco	A/Deputy Director-General, Clinical Excellence Queensland
	Theresa Hodges	Proxy: Deputy Director-General, Corporate Services Division
	Bruce Linaker	A/Chief Executive & Chief Information Officer, eHealth Queensland
	Nick Steele	Deputy Director-General, Healthcare Purchasing and System Performance Division
	Philip Hood	A/Chief Executive, Health Support Queensland
	Kathleen Forrester	Deputy Director-General, Strategy, Policy and Planning Division
	Russell Bowles	Commissioner, Queensland Ambulance Service
	Clare Douglas	Health Service Chief Executive, Cairns and Hinterland (Chair)
	Steve Williams	Health Service Chief Executive, Central Queensland (VC)
	Fionnagh Dougan	Health Service Chief Executive, Children's Health Queensland
	Annette Scott	Health Service Chief Executive, Darling Downs
	Ron Calvert	Health Service Chief Executive, Gold Coast
	Julie Rampton	A/Health Service Chief Executive, Mackay HHS
	Shaun Drummond	Health Service Chief Executive, Metro North & Co-Chair, HSCE Forum (left at 3pm)
	Dr Stephen Ayre	Health Service Chief Executive, Metro South
	Lisa Davies-Jones	Health Service Chief Executive, North West (via video conference)
	Linda Patat	Health Service Chief Executive, South West
	Beverley Hamerton	Health Service Chief Executive, Torres and Cape
	Kieran Keyes	Health Service Chief Executive, Townsville
	Dr Kerrie Freeman	Health Service Chief Executive, West Moreton
	Adrian Pennington	Health Service Chief Executive, Wide Bay (via video conference)
	Peter Steer	Group Chief Executive Officer, Mater Health Services
Observers	Jasmina Joldic	Executive Director, Office of the Director-General
	Tammie Lawrie	A/Manager, System Planning Branch
	Heather Edwards	Director, HSCE Forum Office
Secretariat	Natalie Leach	System Secretariat, Office of the Director-General
Guests	(agenda item 4.1)	

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Apologies	Dr John Wakefield	Deputy Director-General, Clinical Excellence Division
	Barbara Phillips	Deputy Director-General, Corporate Services Division
	Dr Peter Bristow	Chief Executive, Health Support Queensland
	Jo Whitehead	Health Service Chief Executive, Mackay HHS & Co-Chair, HSCE Forum
	Dr Peter Gillies	Health Service Chief Executive, Darling Downs

3.	Director-General update
3.1	<p>Director-General update</p> <p><i>Discussion points / issues raised</i></p> <ul style="list-style-type: none"> SLF members were provided with an update on the Financial System Renewal (FSR) program. It was advised that the business case for change consultation has been completed. It was also advised that user acceptance testing will be completed by 12 April 2019, and that KPMG are currently preparing training and learning materials. Go-live is scheduled for July 2019.

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Departmental Leadership Team

Meeting minutes

Date and time	Monday, 15 April 2019 11.00am – 1.00pm	
Venue	Meeting room 14.13 – level 14, 33 Charlotte Street	
Attendees	Nick Steele	Deputy Director-General, Healthcare Purchasing and System Performance Division (Chair)
	Dr John Wakefield	Deputy Director-General, Clinical Excellence Division
	Barbara Phillips	Deputy Director-General, Corporate Services Division
	Bruce Linaker	A/Chief Executive, eHealth Queensland
	Bron Nardi	A/Deputy Director-General, Strategy, Policy and Planning Division
	Philip Hood	A/Chief Executive, Health Support Queensland
	Dr Jeannette Young	Chief Health Officer and Deputy Director-General Prevention Division
Secretariat	Natalie Leach	System Secretariat, Office of the Director-General
Observers	Jasmina Joldic	Executive Director, Office of the Director-General
Apologies	Michael Walsh	Director-General, Queensland Health
	Russell Bowles	Commissioner, Queensland Ambulance Service
	Kathleen Forrester	Deputy Director-General, Strategy, Policy and Planning Division
	Dr Peter Bristow	Chief Executive, Health Support Queensland
Guests		
	Luan Sadikaj	Chief Finance Officer (agenda item 6.1 and 6.2)

Item	Topic
1.	Welcome / conflicts of interest / minutes / actions
1.1	Welcome and apologies <ul style="list-style-type: none"> The Chair opened the meeting at 11.02am and apologies were noted for the DG, Russell Bowles, Kathleen Forrester and Dr Peter Bristow.

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6.2 Financial System Renewal (FSR) update

- Luan Sadikaj, Chief Finance Officer, attended the meeting for this item.
- DLT members were advised that the governance structure for FSR will commence from 23 April 2019.
- It was advised that consultation has occurred with DLT members and appreciation was given to all staff involved in the implementation process to date.
- It was also advised that on 17 April 2019, all employee details will be mapped to the costing and delegations structure and provided to the Payroll Portfolio team.

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System Leadership Forum

Meeting minutes

Date and time	Tuesday, 14 May 2019 1.00pm – 4.00pm	
Venue	Block 6, Level 5, Conference Rooms 2&3, Clinical Skills Development Centre (RBWH)	
Attendees	Michael Walsh	Director-General, Queensland Health (left at 3pm)
	Dr Jeannette Young	Chief Health Officer and Deputy Director-General, Prevention Division
	Dr John Wakefield	Deputy Director-General, Clinical Excellence Queensland (left at 3pm)
	Bruce Linaker	A/Chief Executive & Chief Information Officer, eHealth Queensland
	Nick Steele	Deputy Director-General, Healthcare Purchasing and System Performance Division (left at 3pm)
	Dr Peter Bristow	Chief Executive, Health Support Queensland
	Bron Nardi	A/Deputy Director-General, Strategy, Policy and Planning Division
	Russell Bowles	Commissioner, Queensland Ambulance Service (arrived at 2.30pm and left at 3.45pm)
	Clare Douglas	Health Service Chief Executive, Cairns and Hinterland (Chair)
	Steve Williams	Health Service Chief Executive, Central Queensland
	Frank Tracey	A/Health Service Chief Executive, Children's Health Queensland
	Dr Peter Gillies	Health Service Chief Executive, Darling Downs
	Ron Calvert	Health Service Chief Executive, Gold Coast
	Jo Whitehead	Health Service Chief Executive, Mackay
	Jackie Hanson	A/Health Service Chief Executive, Metro North
	Shaun Drummond	Interim Health Service Chief Executive, Metro South & Co-Chair, HSCE Forum
	Lisa Davies-Jones	Health Service Chief Executive, North West
	Linda Pataf	Health Service Chief Executive, South West
	Beverley Hamerton	Health Service Chief Executive, Torres and Cape
	Kieran Keyes	Health Service Chief Executive, Townsville
	Dr Kerrie Freeman	Health Service Chief Executive, West Moreton
	Adrian Pennington	Health Service Chief Executive, Wide Bay (left at 2.30pm)
	Ian Wright	Proxy: Group Chief Executive Officer, Mater Health Services
Observers	Jasmina Joldic	Executive Director, Office of the Director-General
	Heather Edwards	Director, HSCE Forum Office
Secretariat	Natalie Leach	System Secretariat, Office of the Director-General
Guests	Daphne Cockerill	Director, Performance Audit, Queensland Audit Office
	Jesper Antonsen	PwC

	Kate Coehn	Chief Corporate Officer, eHQ
	Anthony Burke	Delivery Director, eHQ
	Helen Borradale	Director, Estimates Team, ODG
	Laura Kanaris	Manager, Estimates Team, ODG
	Natalie Patch	A/Senior Director, Strategic Communications Branch
Apologies	Barbara Phillips	Deputy Director-General, Corporate Services Division
	Kathleen Forrester	Deputy Director-General, Strategy, Policy and Planning Division
	Peter Steer	Group Chief Executive Officer, Mater Health Services
	Fionnagh Dougan	Health Service Chief Executive, Children's Health Queensland

3.4

Financial System Renewal project***Discussion points / issues raised***

- Jesper Antonsen, PwC, attended the meeting for this item.
- There was discussion around the readiness of the implementation and meeting the go-live date of 1 July 2019. It was advised that a decision to proceed or not on the implementation will be made at the end of May 2019 and there was discussion on the implications if the go-live date was not met.
- It was advised that the key priority for the system is to ensure that all staff involved are ready and confident with the functionality and have a clear understanding of their role and responsibility. In particular, the Chief Finance Officers and Transition Leads should have a good knowledge of the requirements and business needs for all FSR users.
- There was discussion around integration points including procurement with vendors and understanding the supply chain. It was advised that during the transition, there will be one week that order will be unavailable.
- There was further discussion around training. It was advised that CSD will provide Divisions and HHSs with regular status updates of training to be completed.

- It was suggested that HSCEs should do checkpoints with the FSR project teams. A copy of questions will be sent through to HSCEs out of session.
- It was advised that a teleconference may be set up once a week until the go-live date.

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Trish Nielsen

From: Peter Patmore
Sent: Tuesday, 5 March 2019 11:26 AM
To: Michael Walsh
Cc: Trish Nielsen; Jesper Antonsen (PWC); Barbara Phillips; Jessica Hogan
Subject: DG Message to CEs et al
Attachments: Business Case for Change (V15).docx

Hi Michael

Jesper confirmed with me you wanted a few words to send to CEs about the release of the S/4HANA Business Case for Change tomorrow. I hope the following helps.

Kind regards

Peter

Email to CEs et al

As you would be aware, the FSR Program has forwarded a copy of the Business Case for Change for the rollout of S/4HANA to your CFOs (or equivalent), EDs of Workforce, Implementation Managers and Transition Leads for feedback.

This feedback loop closed yesterday and most of the feedback received has now been incorporated into the Business Case. The FSR Communications team is now completing the final editorial checks on the document with the aim of the Business Case being released tomorrow.

The attached is the latest version of the Business Case (with no attachments) that has been updated following the feedback received.

It is important that you now work with your respective teams to understand the issues relating to your local area, and that you help and support your staff during the three-week consultation period to understand the S/4HANA rollout process and implications at your local level.

If you have any queries about the Business Case, please discuss them with your CFOs directly. If you need any clarification from the FSR Program, Peter Patmore, ED - Change Management, can be contacted on 0401 716 252.

Thank you for your support.

Michael.

Peter Patmore
Executive Director – Change Management
Financial System Renewal (FSR) Program
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<http://qheps.health.qld.gov.au/fsr/>

Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.

**QUEENSLAND HEALTH IS TRANSITIONING
FROM FMMIS TO SAP S/4HANA IN JULY 2019**

FSR | Financial System Renewal Program



RTI RELEASED



FSR | Financial System
Renewal Program

Business Case for Change

Department of Health

6 March 2019

Definitions and abbreviations

The following table contains definitions of various terms/acronyms used throughout this document.

Term	Definition
Business Role	Business role and / business role profiles are used to identify a group of activities a person might perform in the S/4HANA system and therefore, determine the system access and training they will require to perform such activities
Change Manager	A specific resource allocated to identified HHSs to support the change process at the local level to support the S/4HANA rollout
DoH	Department of Health, and referred to as the Department.
eHealth	eHealth, a Division of the DoH
Entity	Comprises the 16 HHSs or, eHealth, HSQ or DoH
FAMMIS	The current finance management system used by QH
FSR Program	Financial System Renewal Program
Functional Area	A functional area refers to the grouping of people according to the activities they perform and the skills and knowledge they possess in relation to S/4HANA modules
HHS	Hospital and Health Service
HSQ	Health Services Queensland, a Division of the DoH
Implementation Manager	A specific resource allocated within the FSR Program structure to support Transition Leads in each HHS and QH entity
QH	Queensland Health (and a collective term for DoH and HHSs)
Qualified Trainer	A specific resource allocated to a single or group of HHS or QH entities to support in the training and upskilling staff in the preparation for and user of S/4HANA.
S/4HANA	The upgraded finance management system to be implemented by QH
Transition Lead	A specific resource allocated to each HHS and QH entity to support the rollout of S/4HANA at the local level

References and related documents

Name
Queensland Government's <i>Employment Security Policy</i>
Queensland Health Guidelines for Organisational Change

Consultations

Department of Health	Chief Human Resource Officer
	Industrial Relations Team

Unions	Reform Consultative Committee (RCG)
	Together Queensland (Business Case for Change)
DoH Divisions	Various key stakeholders
HHSs	Various key stakeholders

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1. Background

Queensland Health's (QH) finance and materials management information system (FAMMIS) is a 21-year-old enterprise resource planning (ERP) software application used to manage key business functions of finance, asset management and logistics. It is based on SAP version 4.6b, which has been unsupported by a vendor since December 2006. Two previous projects to replace FAMMIS were commenced but ceased—FAMMIS2 (2010) and SAPFIR (2012–14).

The lack of vendor support for the past 12 years makes it highly likely the current system will continue to become more unreliable, which presents significant risk to the business environment across QH. The risk of FAMMIS failing is listed as high on the Queensland Health Risk Register and the lack of vendor support is listed on the Queensland Audit Office (QAO) Issues Register.

In addition to this, FAMMIS is unable to fully support the financial management and reporting requirements of the *Health and Hospitals Network Act 2011* as well as the statutory reporting requirements of the Hospital and Health Services (HHSs).

To address this key organisational risk, the FSR Program was established in 2015, with governance to be provided through a Project Board with sponsors from the three lead areas—Metro North Hospital and Health Service, Metro South Hospital and Health Service and the Department of Health (the Department). Funding over three years was then approved and announced in the 2016–17 Queensland Health budget.

A Gate 3 Business Case was developed with input from over 100 finance and business subject matter experts from across the state, and was subject to an extensive, external feasibility study. This was endorsed by the Investment Review Executive Committee on 27 September 2016. Following this, project commencement and expenditure approval was granted by the Governor-in-Council in December 2016.

The Financial System Renewal (FSR) Program is transitioning QH—including the Department (incorporating its divisions of eHealth Queensland and Health Support Queensland, but excluding the Queensland Ambulance Service) and the 16 HHSs—from FAMMIS to a contemporary business, financial and logistics solution (S/4HANA).

The successful delivery of the S/4HANA solution, its architecture and functionality, is critical to the delivery of sustainable health care to Queenslanders into the future. However, this success will be achieved through the efforts and commitment of the QH workforce to embrace this important initiative; the opportunities it offers to support the delivery of quality health care across Queensland; and the achievement of Queensland Health's strategic vision: *By 2026 Queenslanders will be among the healthiest people in the world.*

2. Purpose of Business Case for Change

The purpose of this Business Case for Change (the Business Case) is to articulate, at a high level, the proposed changes arising from the transition to S/4HANA and resultant change impacts across QH.

At a high level, the changes stem from:

- the implementation of a new finance, asset management and logistics solution (S/4HANA)
- the adoption of standard SAP Best Practice system processes
- the increased functionality of the new solution, which will require some staff who do not currently use FAMMIS to use the integrated S/4HANA solution.

This Business Case is intended to support meaningful consultation with all stakeholders, including the QH workforce and unions, and aims to provide stakeholders an opportunity to have genuine input into the transition to S/4HANA.

3. Business Case for Change Development Approach

This Business Case has been developed consistent with prevailing Industrial Awards; Enterprise Bargaining Agreement provisions; and the Queensland Health Guidelines for Organisational Change developed, and agreed to, by the Department and union colleagues in 2018.

Given the size and complexity of the S/4HANA rollout, this Business Case has incorporated the outcomes of work previously undertaken as part of 'role mapping' and Change Impact Assessment (CIA) processes over an extended period. This role mapping was principally undertaken to support identification of training requirements of the QH

workforce and user access requirements, and supported the change impact analysis process that has provided an understanding of the number of system users across functional areas and organisations.

At a Reform Consultative Group (RCG) meeting held in late 2018, agreement was reached with unions that:

- a single overarching Business Case for Change would be developed in accordance with agreed organisational change guidelines; and
- attachments from each of the 16 HHSs and the DoH Divisions with local content would support the Business Case.

Consistent with the outcomes of the abovementioned RCG meeting, this Business Case provides both the high-level proposal together with local contributions to support the rollout of S/4HANA.

Unions, and specifically the Together Union, have been closely involved in the development of content for the Business Case.

4. Scope of the FSR Program

This Business Case covers the scope of the FSR Program—to implement the S/4HANA solution across QH.

Within the scope of the FSR Program, there are three discrete functional groups:

- finance
- asset management
- logistics.

Within these groups, there are 11 functional areas in the scope for FSR Program. A functional area refers to the grouping of people according to the activities they perform and the skills and knowledge they possess. It is a logical way to reflect module functionality and common processes to support communication, planning and readiness requirements.

The following information provides a high-level overview of each of the functions in scope for the FSR Program and this business case.

➤ Finance

General Ledger Accounting	Comprises the recording of financial information for reporting the financial performance of Queensland Health entities and structuring this information in a format that meets the requirements of statutory financial reporting and key external stakeholders (e.g. Queensland Treasury TriData reporting).
Real Estate	This module in S/4HANA is new to Queensland Health and will provide a central repository for recording all QH site data and associated lot of plans (parcels), master data relating to revenue and expenditure leases and support AASB 16 reporting requirements for both property and equipment leases.
Asset Accounting	Comprises processes to create and maintain fixed asset records, to post the transactions against the fixed assets and to report the results.
Accounts Payable	Comprises the processing of vendor invoices and payment to those vendors in a timely and efficient manner. This requires the validation of invoices received matching the receipts of the services or materials with the invoice and purchase order to verify when payment is due. The processing of bank statements is also included
Sales & Accounts Receivable	Incorporates all processes involved with providing financial estimates/project quotes, invoicing, dispute management, debt recovery and accounts receivable report activities to support decision making. Includes bank reconciliation and forecasting.
Management Accounting & Budgeting	Comprises the maintenance of accounting structures, and the effective management and reporting of financial information to support decision making in the Public Sector.
Project Systems & Investment Management	Comprises the management and reporting on activities supporting the delivery of the QH Capital Acquisition Program (CAP) across the organisation and on the execution of complex research projects (for HSQ Forensics and Pathology only)

➤ Asset Management

Asset Management	Comprises the co-ordinated activities of an organisation to realise value from assets over their lifecycle in delivery of its objectives. Asset Management is the "Purchase, deployment, operation, maintenance, upgrade, and disposal of assets cost-effectively.
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➤ Logistics

Inventory Management	Comprises the issuing and receiving of materials in and out of the regional warehouses and designated inventory (Imprest Locations) locations. It also includes conducting management of inventory through stocktake and reconciliation.
Operational Procurement	Comprises raising of requisitions and purchase orders for the supply of materials and services under contract, ad-hoc and one-off supplies. It also includes the maintenance of material and service master data.
Extended Warehouse Management	Comprises the management of products in and out of Health Support Queensland's two Distribution Centres, located at Richlands and Townsville.

These 11 functional areas are in turn further broken down into 89 business roles, i.e. an activity an employee might perform in the S/4HANA system.

A high-level overview of the 11 functional areas and 89 business roles developed as part of the S/4HANA rollout is attached (refer **Attachment 1**). This overview is aimed at providing staff with the opportunity to further understand the various aspects of S/4HANA and to confirm the aspects of the system that will relate to them on a day to day basis.

The document is to be read in conjunction with the role mapping data provided to staff as part of the local entity contributions appended to this Business Case.

Over the past 12 months, every effort has been made at the local entity level by line managers and Transition Leads to role map all potential S/4HANA users to S/4HANA functional areas and business roles. However, as the data has yet to be reviewed by potential end users of the system, it is probable there will be some role mapping data that has not been captured, or data that has been captured incorrectly.

Consequently, all potential new users of S/4HANA and their line managers will be required to review the current individual role mapping to confirm its accuracy. This aspect of the consultative process is important as the role mapping data feeds into the Training Needs Analysis data which is used to determine who should be trained in what, and when, prior to the implementation of S/4HANA. It also informs system access requirements for end users of S/4HANA across QH.

4.1 Out of scope

The implementation of S/4HANA will occur across all HHSs and the Department, excluding the Queensland Ambulance Service (QAS).

The scope of the S/4HANA rollout will deliver enhanced capability and functionality across the 11 functional areas identified above. However, there are existing systems and processes that, while not being directly impacted by S/4HANA during the rollout, require existing manual interfaces with S/4HANA to be updated and maintained. These include (but are not limited to):

- iPharmacy: the current pharmacy dispensing and patient payment system used across QH
- ECRI-AIMS: the current management system used by QH's Biomedical Technology Services
- HBCIS: the current patient administration system used across QH.

5. Guiding principles

To guide the implementation of S/4HANA, specific principles have been adopted in the development of this Business Case. These principles outline QH's commitment to a transparent and informed implementation process:

- a commitment to employment security consistent with the Queensland Government's *Job Security Policy*
- a commitment to manage organisational change process consistent with the *Queensland Health Guidelines for Organisational Change*
- a commitment to ensure affected employees, unions and other stakeholders are informed, consulted and provided the opportunity to engage throughout the proposed change
- a commitment to ongoing investment in, and development of, employees through a program of capability uplift and systems training to support a seamless transition to the S/4HANA system
- a commitment to manage temporary public-sector employees impacted by the FSR Program in accordance with the Temporary Employment Directive 08/17
- a commitment that existing employees will continue their employment under the same entitlements that exist at the time of implementation of S/4HANA.

6. Commitment to employment security

The Queensland Government's *Employment Security Policy* establishes the commitment to maximum employment security for permanent government employees by developing and maintaining a responsive, impartial and efficient government workforce as the preferred provider of existing services to government and the community.

QH is committed to achieving both the formal objectives and overall intent of this policy. It is intended that during the implementation process there will be:

- no staff reductions resulting from the rollout of S/4HANA
- no forced redundancies resulting from the rollout of S/4HANA
- ongoing support and development for employees consistent with their roles and individual employment arrangements to ensure effective performance outcomes.

7. Reason for change

The primary driver of the FSR Program is mitigation of the risk posed by the status of the current finance system. FAMMIS is more than 21 years old, heavily customised, out of vendor maintenance, and no longer has an upgrade path.

The high risk of FAMMIS functionality and lack of vendor support has not been fully mitigated and it continues to pose an operational risk for QH.

The secondary opportunity it provides is to transform QH into a more effective operational and strategic organisation using standard, best practice finance, asset management, and logistics processes in a contemporary and highly functional system.

SAP S/4HANA is the next generation enterprise resource planning (ERP) business suite being rolled out across Queensland Health. The transition (replacement) from the current FAMMIS system to S/4HANA will ensure that business processes relating to finance, asset management and logistics management QH and HHS reflect SAP best practice and supports QH into the future.

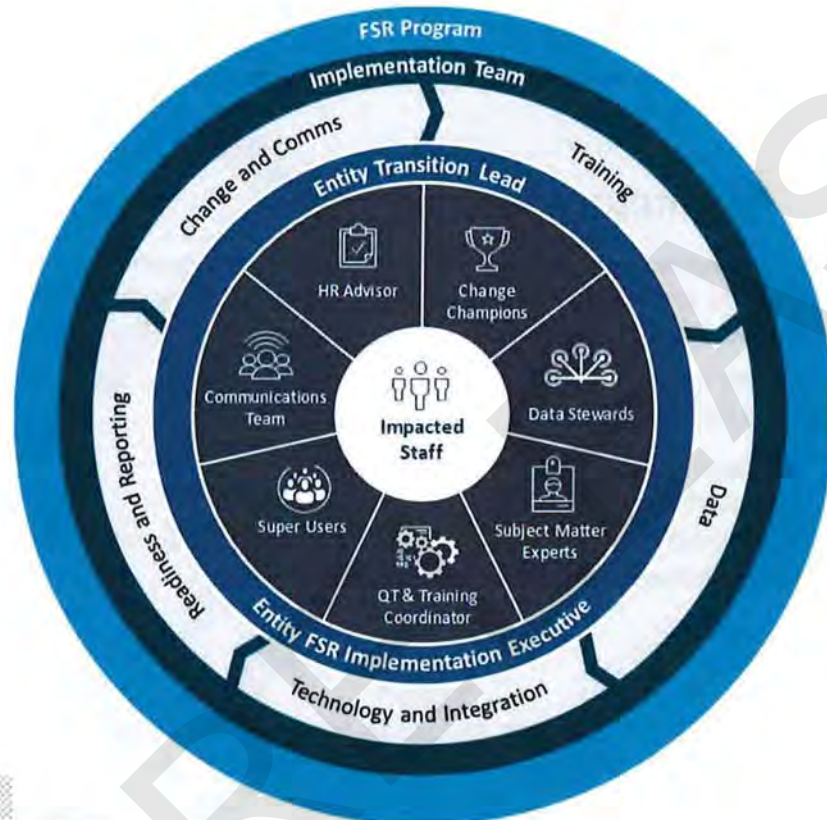
The major benefits derived from the implementation of S/4HANA include:

- addressing the 'very high' FAMMIS risk as recorded on the Queensland Health Risk Register
- providing a modern foundation that enables other QH systems to be interfaced over time
- exchanging data with reduced manual intervention
- providing an opportunity to upgrade the skills and performance of all finance and business services staff
- productivity and governance improvements
- expense reduction opportunities due to process improvement and controlled procurement compliance
- enhanced management of budgets and expenditure
- enhance capacity to attract and retain quality staff through the transition to a contemporary solution
- enhanced training skills development opportunities for staff across all S/4HANA functionality.

8. Governance, change and implementation

The FSR Program is a significant change management program that requires strong, collaborative leadership and ownership by all HHSs and DoH, in partnership with the Program. HHSs and DoH are responsible for leading the implementation of S/4HANA at the local entity level with support from the FSR Program.

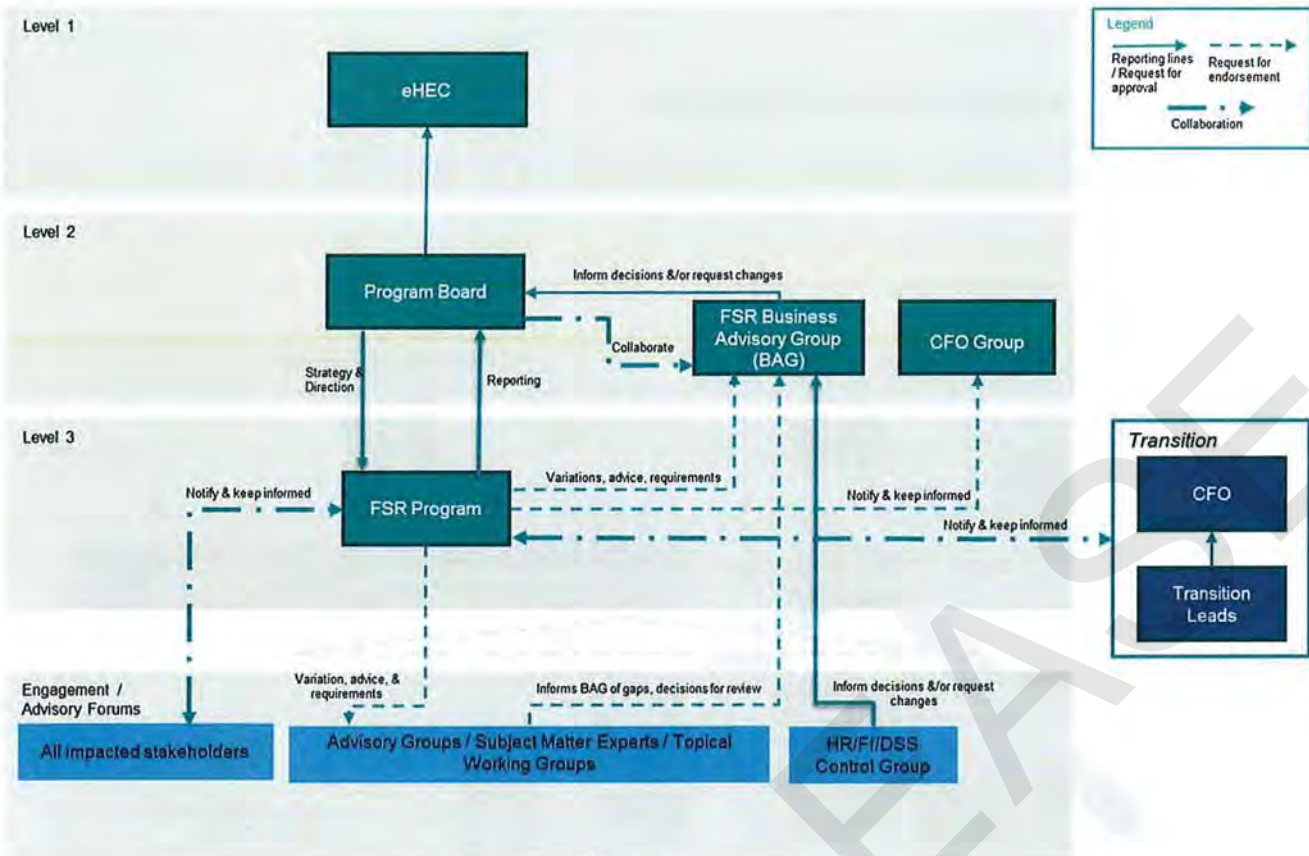
The following diagram is a representation of the FSR Program's implementation model, which demonstrates the relationships and interdependencies between the FSR Program and the HHSs/DoH. It demonstrates that S/4HANA end users will be at the centre of the program's planning and implementation activities.



8.1 Governance structure

The FSR Program has a robust governance structure designed to deliver clear and authoritative accountability, as well as promoting the cross-flow of information that will be essential for the project success.

The below diagram shows the FSR Program's governance structure. There is a Program Board, which is chaired by the FSR Program's Senior Responsible Owner, Deputy Director-General Corporate Services Division.



Key accountabilities for each of the pivotal governance roles detailed above are detailed below.

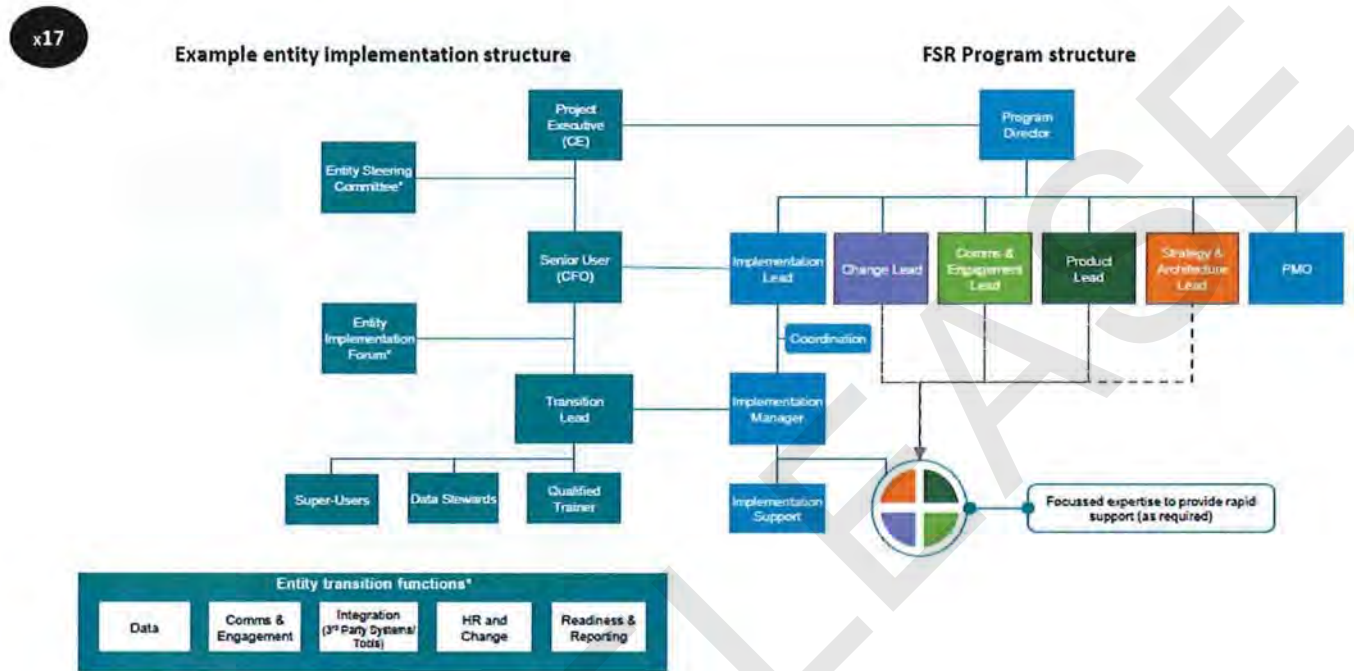
It should be noted that the FSR Business Advisory Group (BAG) is yet to commence its activities. However, in its place as an interim measure, a Business Decision Authority has been operating to perform a similar role prior to the BAG being 'stood up'.

	FSR Program Board	FSR Business Advisory Group	Chief Finance Officer Group	Individual CFOs	Transition Leads Forum
Role	Provide the overall direction for the program and overall health system leadership. Support the implementation of the FSR Program including the realisations of benefits and change.	Make decisions wherever appropriate; or provide advice and/or recommendations to the FSR Program Board on best practice business and technical functions, policy impacts and business change.	Provide change leadership and advice to the FSR Program with an overall health system perspective.	Drive the implementation of the FSR Program within the respective HHSs include support for the Transition Leads. Play an active role in the implementation of the new solution locally.	Manage the implementation and business integration of the FSR solution.

In addition to the above, there is additional governance at the entity level where local implementation steering committees or groups have been established to oversee the rollout of S/4HANA at the local level.

8.2 FSR Program organisational structure

The FSR Program's organisational structure comprises six streams designed to enable specific and rapid support (as required).



8.3 HHS/DoH implementation

Each HHS and DoH Division has an embedded Transition Lead, which is a role funded by the FSR Program to support the rollout of S/4HANA. The role of the Transition Lead is to manage implementation and provide support for the rollout at their local entity. They also play a pivotal role by being the interface between the HHSs and DoH entities and FSR Program team.

The Transition Leads work closely with their allocated FSR Program Implementation Manager, who provides them with support to undertake their readiness activities and to foster and maintain strong collaborative partnerships between the program and each HHS/DoH.

In recognition of the collaboration that is required across the system to support the S/4HANA rollout, internal networks have been (or are being) established to support the rollout of S/4HANA at the local level:

- Transition Leads (TLs) Network
- Change Champion Networks
- Qualified Trainer Network
- Chief Finance Officer group
- Super Users Network
- Data Stewards and Data Owners Networks

In addition to the above networks, functional leads and subject matter experts from within the business have been involved in business readiness activities including (but not limited to):

- Data cleansing and data migration
- Change impact assessments
- Training Needs Analysis (TNA)
- Role Mapping - current and future state

- Cost centre mapping
- Process walkthroughs

9. High level impact assessment

The Queensland Health workforce comprises approximately 100,000 employees located in over 290 facilities state-wide.

For the purposes on this Business Case, all staff currently on the Queensland Health payroll system, including those staff who are on long term unpaid leave and those casual staff not currently working, have been included to determine the overall impact of S/4HANA on the QH workforce.

The state-wide data presented below has been sourced directly from the QH's Decision Support System (DSS) on 29 November 2018 and through each HHS's and Department's role mapping returns over the past 12 months.

It is important to recognise that, while the transition to S/4HANA is an important and significant undertaking for QH, most staff (86%) will not be directly impacted as an end user (refer **Graph 1**). The remaining 14% of staff (estimated to be just over 15,000 based on current role mapping) have been identified as potential users of S/4HANA.

This data is important as it will continue to inform the development and implementation of training strategies and system access requirements for end users across QH as the validation of role mapping data and rollout of S/4HANA progresses.

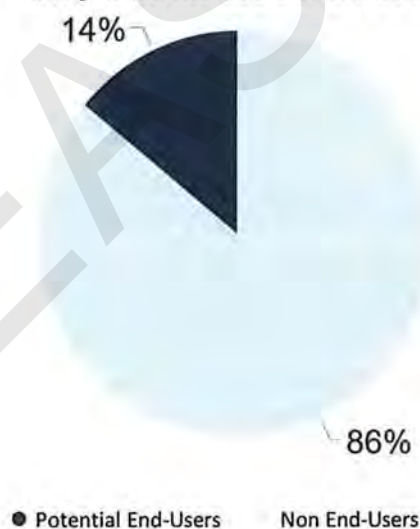
Of equal importance is understanding the profile of the likely users of S/4HANA at an occupational group level. **Table 1** below provides a breakdown of the anticipated number of end users of S/4HANA by occupational group across QH.

Based on the current role mapping data, of the anticipated 15,000 (approx.) end users, 44.3% will be managerial and clerical stream employees and most of these will be regular users of the system.

This is understandable given that most of the users of the current system are involved in traditional administrative activities including finance, procurement, supply management and service support-related roles.

The level of change for other occupational streams will vary. However, for staff in most of those streams, it will be confined to staff who will, following the implementation of S/4HANA, approve purchase requisitions on-line rather than using the current and arguably cumbersome paper-based payment approval process (i.e. using General Purpose Vouchers (GPVs)). Alternatively, it may cause some staff to undertake the same work but being required to do it differently, such as, for example, raising work orders.

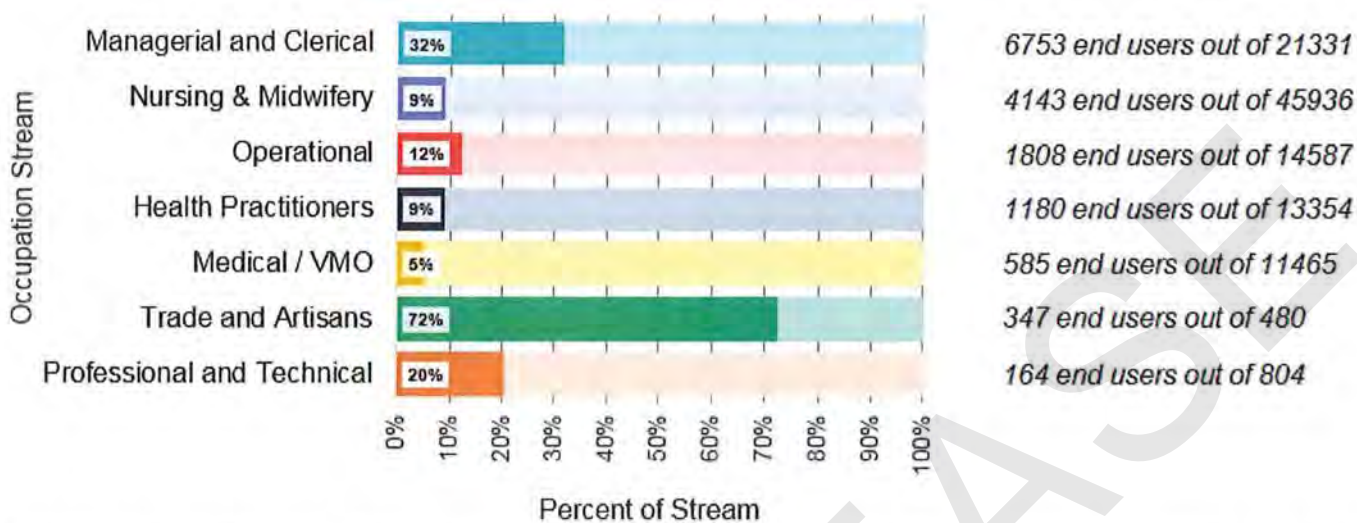
Graph 1: Percentage of employees likely to be end users of S/4HANA



Occupational Stream	Number of Potential End Users	Percentage of Potential End Users
Managerial and Clerical	6,753	44.3%
Nursing and Midwifery	4,143	27.2%
Operational	1,808	11.9%
Health Practitioners	1,180	7.7%
Medical / VMO	585	3.8%
Trade and Artisans	347	2.3%
Other	276	1.8%
Professional and Technical	164	1.1%
Total	15,256	100.0%

Graph 2 again represents the entire QH workforce by occupational group and highlights, based on current role mapping data, the number of staff likely to be end users of S/4HANA compared with the total number of staff employed within each occupational group.

Graph 2: Profile of estimated S/4HANA end users by occupational grouping



Please Note: A small number of staff likely to be end users of S/4HANA were not included in the above graph as they are employed across more than one occupational stream (generally 'concurrent' employees) ($n = 141$) or they were employees who recently commenced employment ($n = 135$).

Graph 2 also confirms that the largest cohort of end users will be from the managerial and clerical stream. However, it also highlights that there will be key staff from other occupational groups, including nursing and midwifery and health practitioner staff, who will be key to the successful transition to S/4HANA.

It also highlights that Trades and Artisan staff (72%) are likely to (or continue to) be end users of S/4HANA. In many cases, this will represent no change (other than using a different system). The actual level of access and training required by these staff will be assessed at the local level during the implementation process.

There are a number of different types of changes likely to emerge during the rollout of S/4HANA. These include:



The following **Graph 4** provides a high-level overview of the types of changes likely to be experienced by the approximately 15,000 identified end users of S/4HANA. It should be noted the graph includes staff who will have more than one role in S/4HANA so the percentage total is greater than 100%.

Graph 4: Types of changes anticipated



New processes, doing the same thing differently and going from a manual process to an on-system process or new module make up a large majority of all changes experienced by impacted employees.

10. Main areas of change

10.1 General

There are several key general changes that will result from transitioning to S/4HANA:

- New user interface—all current users of FAMMIS will notice that S/4HANA has a different look and feel. It features a modern graphic user interface with app-like tiles to access various job functions.
- New company codes – QH will be establishing the 16 HHSs as separate financial bodies – and thereby moving from the current single company code to 17 separate company codes (one for each of the 16 HHSs and one (1) for the Department) from go-live.
- New cost elements—with current 'business areas' being replaced by 'profit centres'; new fund types; and seven-digit cost centre codes
- Predictive search functionality — enabling users to locate items easier than before.
- More streamlined processes with the ability to embed documents and pictures
- System driven workflows for approvals to reduce current manual practices

This is not an exhaustive list of changes, and other changes will be highlighted and explained during system implementation and training.

Due to these general changes, all users will require training or skills development in:

- navigating and processing requirements in S/4HANA
- understanding of the inter-relationships of system functions and the touch-points between those functions
- the S/4HANA reporting suite.

10.2 Areas of predicted highest impact

10.2.1 Company Codes

A company code is defined as the highest organisational level of external accounting within the current SAP (FAMMIS) system. The business transactions relevant for financial accounting are entered, saved and evaluated at the company code level.

QH currently operates under a single company code and, as part of the transition to S/4HANA, intends to configure the HHSs as separate financial bodies. As such, from go live, QH will be operating with 17 separate company codes.

Standalone company codes will allow each HHS and the Department to operate as financially independent entities. This will also provide significant additional opportunities for improvement in areas such as compliance, transparency, reporting and financial control while continuing to enable our important State-wide services to be delivered.

The main impacts of this change will be experienced in areas such as financial accounting, asset accounting and, to a lesser extent, management accounting.

10.2.2 Delegations

One of the key changes across Queensland Health arising from the implementation of S/4HANA relates to delegations and associated workflows. Specifically, there will now be 15 delegation bands, the first of which is \$0–\$5,000.

Entities are required to make decisions around what bands their delegates will be mapped to. In addition, delegation banding is limited to the cost centre(s) that staff manage, which has benefits from an audit and risk perspective.

Such changes have efficiency benefits as, for example, S/4HANA will introduce automatic requests to financial delegates for approval of online purchase requests. Whilst these changes do not have a significant impact on an

employee's individual role, they may represent a process step change for staff where the review and approvals are now performed in the system.

10.2.3 Other areas of high impact

Additionally, there are certain areas of the business where implementation of S/4HANA is likely to have a greater impact on work processes, systems and how people perform in their role.

These areas are likely to include:

- **System support**—an eHealth-specific environment where the introduction of a new support model to support S/4HANA, and changes to system access processes (i.e. moving to a single login) will mean some existing service support roles will change.
Work continues in relation to the development of the new service support model and eHealth, supported by the FSR Program, continue to lead this process and will work closely with staff and their union(s) to determine, and implement, a new S/4HANA system support model during implementation.
- **Procurement**—the move to raising requisitions online with on-line approval by financial delegates across all occupational groups (also refer section 10.2.2)
- **Accounts payable**—greater automation of processes through the use of online purchase requisitioning will reduce reliance on general purpose vouchers (GPVs). The use of Vendor Invoice Management (VIM) will provide a fully automated process for the verification and matching of invoices with a related requisition and for online coding, approval and tracking.
- **Warehouse and inventory management**— including inventory and imprest storage locations e.g. the introduction of scanning technology in the Distribution Centres and the automatic reordering of stock which will improve efficiency.

11. Implementation of S/4HANA

The FSR Implementation Model has been approved by the FSR Program Board and sets out key implementation requirements including the model, approach and governance required for a successful implementation. Many of those elements have been incorporated in this document.

Priority tasks for each organisation to track and complete are documented in an implementation work breakdown structure which is localised, and forms part of the entity implementation plan along with details on:

- project team structure
- governance arrangements
- readiness priorities
- communication and engagement needs

More detailed planning for business readiness activities and priorities across each function have also commenced and will integrate with overarching implementation plans. The local implementation priorities will continue to be refined and consideration of feedback received throughout this business case consultation period will further inform local implementation priorities and activities.

Consistent with the Queensland Health Organisational Change Guidelines, there is also a requirement for local entities to develop and communicate locally a S/4HANA Implementation Plan. This is a separate document that is prepared by each entity and released after the results of the business case consultation are known. The plan provides greater detail relating to training; possible changes to roles (and the management of those changes – including updating position descriptions, where required); and ongoing communication mechanisms.

These plans are key communication and staff / union engagement tools and generally are discussed, refined, agreed and reviewed via local Consultative Forums.

Implementation focuses on applying a 'business-led' delivery approach with support surrounding each team and staff at the centre.

The implementation of S/4HANA at the local level will also be in accordance with the Guiding Principles detailed in Section 5 of this Business Case.

12. Training considerations

The development and implementation of a robust and sustainable training program to support the rollout of S/4HANA and ongoing training for new users is an essential consideration for the successful implementation of the system.

A high-level Training Plan which provides greater clarity on the training strategies and options to support the S/4HANA rollout is provided in **Attachment 2**.

A local training plan will be included in each entity's S/4HANA implementation plan.

13. Communications and engagement with workforce

While the implementation of S/4HANA will occur at the local entity level, overarching support and assistance will be provided by the FSR Program.

At the program level, regular communication will occur throughout the consultation and implementation process via:

- the FSR Program intranet site and via Sharepoint—which will include frequently asked questions and other communication materials to help staff
- email updates from Deputy Director-General Corporate Services Division
- face-to-face local information sessions
- localised communication processes
- effective engagement with unions throughout the rollout at, for example, the Reform Consultative Group (RCG) and HHS / Department Consultative Forums.

A high-level Communications and Engagement Plan which provides greater clarity on the mechanisms to be used to support the Business Case for Change process is provided in **Attachment 3**.

Additionally, a local communication and engagement plan, detailing how each entity intends to communicate and engage with their stakeholders, will be included in local S/4HANA implementation plans.

14. Role mapping

A key undertaking in the development of strategies to support the transition to S/4HANA has been a process to map known end users of the system to 89 identified SAP business roles.

This process was undertaken over a 12-month period by managers and line managers within each local entity against the broad descriptors provided for each business role. The outcome of the role mapping exercise has been provided as an attachment to individual entity contributions to this Business Case.

It is important to note that, at the employee level, there has been no validation of the role mapping outcomes to date. This is an essential step in the implementation process from several perspectives, as it will:

- ensure the overall training strategy is consistent with the training needs across the organisation and support the identification of individual training needs
- promote greater consultation and engagement between manager and staff in identifying potential changes to current work processes and activities at all levels

During the consultation period for this Business Case, local entities will be requested to work with individual staff to update the role mapping data previously gathered. Guidelines and an update template will be provided to entities to assist in this process.

It is envisaged the update of the role mapping data will be viewed as a positive step in ensuring all end users receive the appropriate training and support during the leadup, and following the transition to S/4HANA.

15. Timeframe

Following the release of the Business Case, a three-week consultation process will commence to allow key stakeholders, including staff and unions, to provide feedback in relation to the content of the Business Case.

The following high-level timeline provides greater detail in relation to the proposed timelines.

Date	Action	Time
6 March 2019	<p>Business Case released to all relevant stakeholder groups, including staff and unions.</p> <p>Briefing to unions provided directly by the DoH and FSR teams.</p> <p>Formal consultation period relating to the Business Case commences.</p>	1 day
6-26 March 2019	<p>Consultation period</p> <p>Communication processes relating to the Business Case continue throughout the consultation period.</p> <p>Unions are supported and provided the opportunity to meet directly with staff.</p> <p>Engagement includes the opportunity for staff and unions to meet with line managers, change managers, transition leads and human resource management representatives to discuss specific matters of interest at the local level.</p> <p>Clarification of matters raised, and resolution of those matters at the local level strongly encouraged.</p> <p>Feedback on the Business Case for Change to be forwarded directly to FSR-BusinessCaseFeedback@health.qld.gov.au</p> <p>Feedback relating to the Business Case received will be considered, managed, and where appropriate, responded to throughout the consultation period.</p> <p>Feedback received to this email address that is not directly related to the Business Case will be recorded and referred back to the local entity for management.</p> <p>Process to consolidate, clarify and analyse feedback received commences.</p>	3 weeks
26 March – 1 April 2019	<p>Consultation period concludes.</p> <p>Process to consolidate, clarify and analyse feedback received continues.</p>	1 week
2 - 5 April 2019	<p>It is envisaged that, during this week, the:</p> <ul style="list-style-type: none"> • consolidated feedback will be communicated to staff across the QH and general themes and concerns will be highlighted; • FSR Program Senior Responsible Officer and, separately, unions will be briefed on outcomes of consultation process during this week. • feedback will be incorporated into the Business Case, where appropriate. • the FSR Senior Responsible Officer will confirm the decision in relation to the progression of the S/4HANA rollout. 	4 days

16. Consultation on Business Case for Change

16.1 Business Case for Change feedback

In accordance with the above timetable, consultation on the S/4HANA Business Case for Change commences 6 March 2019. There will be a three-week consultation period which concludes on 26 March 2019.

Formal feedback arising from the consultation process can be provided to the FSR Program team via email to FSR-BusinessCaseFeedback@health.qld.gov.au with feedback to be provided by 26 March 2019.

Following the release of the Business Case, and during/following conclusion of the three-week consultation period, analysis and consideration of responses and feedback received will be undertaken.

Responses and feedback will be consolidated and provided to staff and unions to add an additional level of transparency to the consultation process. The information gained will also be considered by the FSR Program Team and, where appropriate, the FSR Program Board. Where deemed necessary and appropriate, amendments to the proposed Business Case for Change will be made. Staff and unions will be advised of those changes.

Once the consultation process has concluded and any amendments have been made to the Business Case for Change, a formal recommendation will be provided to the FSR Board, and subsequently (if supported) to the Senior Responsible Officer and the Director-General for approval to progress with the S/4HANA implementation process.

16.2 Local consultation

All staff are invited to seek clarification of the content of the Business Case for Change through local information sessions and communication processes. Staff are also encouraged to raise any questions directly at the local level with their line manager, Transition Lead, Implementation Manager, respective HR unit, or union. Contact details for each HHS and DoH divisions are provided with the attached HHS/DoH Business Case for Change contributions.

It is anticipated many of the queries raised at the local level will be successfully clarified and resolved at that level. However, if not, further clarification may be sought through the FSR Program team via local Transition Leads to support local resolution.

17. Supporting employees through change

QH is committed to the safety and well-being of all its staff.

It is recognised and understood that changes such as those outlined in this Business Case can be challenging and cause staff to be concerned about, for example, proposed alterations to the way they work.

The first line of support for employees will be through their line manager and an extensive support network has been established in each entity.

In addition to line managers, free and confidential support is available at any time for all staff through the Employee Assistance Program (EAP). Contact details for this confidential service can be found in each of the attached HHS/DoH Business Case for Change contributions.

These services are available 24 hours a day, seven days a week, at no cost to employees.

Attachments:

1. Role mapping descriptors
2. High-level Training Plan
3. High-level Communications and Engagement Plan

Local Entity contributions to the Business Case for Change

4. Local contributions to the Business Case x 16 HHSs
5. eHealth contribution to the Business Case
6. HSQ contribution to the Business Case
7. DoH contribution to the Business case

RTI RELEASED

Trish Nielsen

From: Michael Walsh
Sent: Tuesday, 5 March 2019 6:18 PM
To: Adrian Pennington; Beverley Hamerton; Clare Douglas; Fionnagh Dougan; Jane Hancock; Jo Whitehead; Kerrie Freeman; Kieran Keyes; Linda Patat; Lisa Davies-Jones; Naomi Dwyer; Peter Gillies; Ron Calvert; Shaun Drummond; Stephen Ayre; Steve Williamson (Health Service Chief Executive)
Cc: Barbara Phillips; Trish Nielsen; Jesper Antonsen (PWC); Peter Patmore
Subject: FSR Business Case for Change
Attachments: Business Case for Change (V15).docx

Colleagues

Thank you for your ongoing work and commitment to the successful implementation of the Financial System Renewal program.

As you would be aware, the FSR Program has forwarded a copy of the Business Case for Change for the rollout of S/4HANA to your CFOs (or equivalent), EDs of Workforce, Implementation Managers and Transition Leads for feedback.

This feedback loop closed yesterday and most of the feedback received has now been incorporated into the Business Case. The FSR Communications team is now completing the final editorial checks on the document with the aim of the Business Case being released tomorrow.

The attached is the latest version of the Business Case (with no attachments) that has been updated following the feedback received.

It is important that you now work with your respective teams to understand the issues relating to your local area, and that you help and support your staff during the three-week consultation period to understand the S/4HANA rollout process and implications at your local level.

If you have any queries about the Business Case, please discuss them with your CFOs directly. If you need any clarification from the FSR Program, Peter Patmore, ED - Change Management, can be contacted on [REDACTED]

Thank you for your support.

Michael



Michael Walsh

Director-General

Office of the Director-General, Queensland Health

p: 07 3708 5989

a: Level 37, 1 William Street, Brisbane, QLD 4000

w: Queensland Health | **e:** michael.walsh@health.qld.gov.au



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Trish Nielsen

From: Barbara Phillips
Sent: Wednesday, 20 March 2019 2:20 PM
To: Michael Walsh; Shaun Drummond
Cc: Melissa MacCabe; Jessica Hogan
Subject: Backfill: Executive Director, Change Management FSR (HES2.1)

Dear Michael and Shaun,

Peter Patmore, currently in the ED, Change Management role for FSR, leaves to go [REDACTED] tomorrow for just over three weeks. The Program has arranged for Rob Mander, currently with HSQ and previously the ED of Workforce at South West HHS, to cover Peter for this period.

Rob has experience in [REDACTED]

Andria Wyman-Clarke (ED Workforce at HSQ) and Mel McCabe (Chief Finance and Corporate Officer, Metro North) have both provided their support for this back-fill arrangement, and it has been confirmed Rob can be released from 20 March 2019 to commence in Peter's role.

Cathie Franks (Program Manager, Executive Policy and Contracts Team) has also provided guidance on this secondment and has confirmed there is no issue with this progressing if there is *agreement in writing between the two CEs – the Director-General and the HSCE, MNHHS, as per sections 5 and 7 of the Hospital and Health Boards Regulation 2012.*

The proposed dates for Mr Mander's secondment is from Wednesday 20 March to Wednesday 10 April inclusive.

Can you please confirm your approval via return email?

Regards

Barb

Barbara Phillips

Deputy Director-General

Phone: 07 3082 0555

Address: Level 14, 33 Charlotte Street, Brisbane QLD 4000

Email: barbara.phillips@health.qld.gov.au

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RTI RELEASE

Trish Nielsen

From: Barbara Phillips
Sent: Friday, 22 March 2019 2:46 PM
To: Barbara Phillips; Bruce Linaker; Jasmina Joldic; Jeannette Young; John Wakefield; Kathleen Forrester; Michael Walsh; Nick Steele; Peter Bristow; Russell Bowles-QAS; Trish Nielsen
Cc: Jessica Hogan; Luan Sadikaj
Subject: Update following DLT discussions: FSR and delegations

Dear DLT members,

As a follow on from our discussion on Monday, below is a snapshot of some of the key program activities currently underway for FSR:

- Development of the S4/HANA system has been completed and user acceptance testing is well underway.
- Release of the Business Case for Change occurred on 6 March 2019. The consultation period will conclude on 26 March.
- A new training approach has been developed which will include training both pre and post go-live.
- Functional walk throughs of the system will commence in early April. These deep dives will walk key business users through the system to assist them in localising the system changes.

Regarding the delegations issue raised, it is important to note that the FSR Project was not the driver for reviewing the delegations framework. This is a piece of work that was required to ensure that the Department's delegations framework is streamlined and contemporary. As an update:

- Review of the Department's delegations framework which commenced in August 2018 for expenditure and contract signing has been completed.
- The new framework was approved by the Director-General in January 2019, and has a target implementation date of 1 June 2019.
- The new framework is:
 - fit-for-purpose and application in S/4 HANA
 - reflective of legislative and risk management measures to enable the department to operate in an efficient, effective and economic environment
 - simplifies and improves the current framework to enhance usability
- General expenditure delegates will commit expenditure and bind the State.
- The new model removes procurement delegations and is replaced by procurement certification which simplifies and streamlines procurement activities for the department. It maintains controls by clear identification of suitably qualified department staff designated as appropriate persons to provide procurement policy validation to the expenditure delegate for high value/high risk procurement activities (that is, significant procurement).

To ensure all of DLT is supported and comfortable with the FSR implementation approach as we move toward go-live, I have asked Luan and an FSR Program representative to meet with each of you individually over the next two weeks. Please feel free to include your business managers in these discussions and take this opportunity to get answers to some of the questions they may have.

In addition, a paper will also come to DLT on Monday which outlines a preferred formal governance approach for implementation within the Department. This will include regular reporting to DLT on readiness activities and project milestones.

I look forward to discussing this on Monday. Please let me know if I can provide any further information in the interim.

Regards
Barb

Barbara Phillips
Deputy Director-General

Phone: 07 3082 0555

Address: Level 14, 33 Charlotte Street, Brisbane QLD 4000

Email: barbara.phillips@health.qld.gov.au

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Trish Nielsen

From: Jesper Antonsen <jesper.antonsen@health.qld.gov.au>
Sent: Wednesday, 27 March 2019 4:48 PM
To: Michael Walsh
Subject: FSR Program update

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**27 March 2019**

Dear colleagues,

With three months until go-live, it has been suggested by a couple of your colleagues that I send out a weekly snapshot of key activities.

This will be short and sharp, and your CFO and TL will be able to brief you in detail.

Key priorities coming up

- **Consultation ended on the Business Case for Change** yesterday, 26 March 2019. The program will work to finalise this process by incorporating any necessary feedback into the Business Case and providing it to the DDG Corporate Services Division for endorsement. Your CFOs will also be provided with a copy of the finalised Business Case.
- Participants from HHSs and DoH will be attending **functional deep dives** in Brisbane during week commencing 8 April 2019. This will include system exposure and comprehensive walkthroughs of key functionality by functional experts.
- **User Acceptance Testing** is due to conclude on Friday 5 April 2019. This testing is progressing well, with 93% of test scripts executed and minimal defects found. This testing has been performed by more than 70 participants from across the health system.
- The validated **Training Needs Analysis** for each HHS and DoH is due back to the program this Friday 29 March 2019. This will support the development of the training schedule and finalisation of learning pathways for end users.

- **Foundational eLearning** will be made available to users from 2 April 2019. This will be followed by functional-based eLearning from 29 April 2019. Core users will undertake system training from 20 May 2019.
- **Delegation and cost centre mapping** has been a key priority area for business engagement, with updates over the last few months to support configuration and testing. We are developing a collective picture of what these requirements will be and will share this with CFOs and TLs in coming weeks.
- Detailed work has commenced with your CFOs to confirm the **cutover plan**. Cutover planning involves defining the tasks and activities required to successfully move operations from FAMMIS to S/4HANA.

The program continues to work closely with each HHS and DoH to deliver these critical activities for implementation.

I will be in touch next week to provide another update. If you have any questions, please let me know.

Thanks,
Jesper

Jesper Antonsen
FSR Program Director

Stay up-to-date with the Program's progress.

FSR Communications

07 3131 1570

FSRCommunications@health.qld.gov.au

<http://qheps.health.qld.gov.au/fsr>



This email was sent by FSR Communications, FSR Program, 153 Campbell Street, Bowen Hills, Qld 4006, Australia to michael.walsh@health.qld.gov.au

[Unsubscribe](#)



Trish Nielsen

From: Barbara Phillips
Sent: Thursday, 4 April 2019 1:19 PM
To: Michael Walsh
Subject: FSR Update
Attachments: DG FSR april.pptx

Michael

I know you were pushed for time today so here is the update we were intending to provide for you ... Happy to discuss any aspects

B

RTI RELEASE

Director-General Update

4 April 2019

RTI RELEASE

Executive Summary

- Business case for change in completed with final questions (44) to unions being answered by end of this week. Formal sign off of BC4C expected next week as scheduled. There are no issues raised at the weekly union meeting indicating that there will be issues with it approval. Implementation planning now continues. Action plan is due to unions by 12 April 2019.
- Deep dive sessions in the week starting 8 April with about 250 SMEs from the business statewide coming in to be taken through the key concepts and functions within the system and do deep dives with functional experts in the 11 system areas. Their role is to go back to the health services and complete their impact assessment and continue staff consultation.
- SME and technical experts spending 1-2 days in each of the key warehouse locations to inform and support change impact assessment and preparedness starting 15 April 2019. Extra attention being paid to these location as the change is more material for them.
- UAT completed 99.6% as at today, 56 defects raise, 28 open, no P1 or P2s, but there are 5 open new requirements being assessed. Regression test being planned for mid April which was not planned. This is due to late functionality and critical requirements from external vendor including scanner companies, AusPost, etc. This is not ideal but required.
- Training Needs Analysis returns from all entities received. Collation and scheduling for mass training underway so that impacted staff can be notified of their training times and pathways in April. Training starts in late May.
- Initial eLearning for general navigation and SAP4 overview sent out 2 April (Tuesday) to 16,000 users. Had good feedback so far. Reporting through the Learning Management System will be used to track and for local communication to gain high completion rate.
- KPMG being re-engaged to support 2 key areas 1) TNA completion and scheduling; and 2) Rural remote change management support
- CFO/TL workshop held with the Cutover team to go through what is needed to go live in the cutover period. Team has also met with QAO to go through key audit requirements around rolling stock takes and early asset close as this needs to be done differently this year for transition. QAO and Program are meeting with the CFOs on 15 April to discuss status, readiness and audit expectation. DG may want to consider attending this to discuss readiness with CFOs as we discussed at our last catchup
- Support model and Hypercare in accelerate planning and implementation. This is needed to ensure that staff are well supported in the go-live period. We have extended hypercare out to end of September 2019, one month more than before as this is affordable within the funding envelope
- There is still a lot work to do and a priority for the HHSs is to complete their impact assessments locally after the Depp Dives next week and work out what needs to be changed prior to go live and what can wait until after go-live

HHS Engagement and Change Management

- General preparation for go-live going OK. There is high demand and expectation for the local implementation teams to complete data collection for finalisation of workflow, delegations and cost centre management needed.
- Rural location will get support from KPMG for implementation and change support as they are struggling to get resources onboard.
- We have had some changes in local Transition Leads (local project managers). Particularly DoH, Metro North, South West, Central West that has cause disruption. DoH new PM was already across program activities so this will be dealt with. MN discussions are continuing.
- Sunshine Coast, Torres and HSQ are starting to look good and have turned themselves around in terms of plans, preparation, communication and engagement.
- All other HHSs are performing well and I am comfortable that their preparation is sound.
- Central West have flagged that they might do a major organisational change just prior to go-live. We have indicated that we cannot accommodate this so close to go live given our configuration will be tested and locked. They have also lost their CFO but Anthony West has taken over and he is doing well.

Trish Nielsen

From: Jesper Antonsen <jesper.antonsen@health.qld.gov.au>
Sent: Friday, 5 April 2019 11:23 AM
To: Michael Walsh
Subject: Your weekly update from the FSR Program – 5 April 2019

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FSR Weekly Update



5 April 2019

Dear colleagues,

Here is this week's update of key activities from the Financial System Renewal (FSR) Program.

Key priorities coming up to assist go-live

- The Business Case for Change has been a key focus, with the consultation period closing on Tuesday 26 March 2019. Consultation with the Union representatives has been very positive and we don't foresee any objections or issues. The Business Case for Change document is now being finalised and is planned to go to the DDG Corporate Services for approval this Friday (5 April). We will ensure we circulate this document to HHS's for your information.
- The **Workforce Implementation Plan** is currently being drafted, as the next step in our staff engagement process. This was sent to unions and Transition Leads for feedback today. This is due for release late next week for a two-week consultation period.
- **Functional Deep Dives** begin on Monday (8 April), with participants from HHSs and DoH receiving comprehensive walkthroughs of key functionality by functional experts. This is a key part of the change management journey for HHSs and DoH, with business participants from Integration Testing 3 (IT3) and User Acceptance Testing (UAT), as well as those attending the functional deep dives identified as ideal candidates to be Super Users.
- **UAT** finishes today Friday 5 April after a successful five weeks. Overall, UAT has been successful and we have had positive feedback from participants about the system.

Hear from one of our testing participants in [this video](#).

- **Foundational eLearning** was made available to users on 2 April, accessible via Queensland Health's iLearn system. To assist this start of this journey 15,545 users were emailed to advise them of foundational training modules becoming available in [iLearn](#).
- This was supported with the **March communications pack**, which included a range of materials such as fact sheets, FAQs, and other materials to help HHSs/DoH spread the word about training. All are available on the [FSR Sharepoint site](#).
- **Cutover planning** is underway, with CFOs being engaged to finalise the cutover plan. Cutover involves defining the tasks and activities required to successfully move operations from FAMMIS to S/4HANA. Hypercare planning is also ramping up.
- A range of new S/4HANA video demonstrations have been published, which you can view on our [FSR QHEPS Resources page](#).

The program continues to work closely with each HHS and DoH to deliver these critical activities for implementation.

I will be in touch next week to provide another update. If you have any questions, please let me know.

Thanks again for all of your support,
Jesper

Jesper Antonsen
FSR Program Director

Stay up-to-date with the Program's progress.

FSR Communications

07 3131 1570

FSRCommunications@health.qld.gov.au

<http://qheps.health.qld.gov.au/fsr>



This email was sent by FSR Communications, FSR Program, 153 Campbell Street, Bowen Hills, Qld 4006, Australia to michael.walsh@health.qld.gov.au

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Trish Nielsen

From: SLF_secretariat
Sent: Friday, 5 April 2019 2:04 PM
To: CSD-Governance; Trish Nielsen
Cc: Jessica Hogan; Phillippa Cock; Jasmina Joldic; Tammy Sovenyhazi; Brendan Speirs
Subject: RE: SLF updates on FSR
Attachments: SLF - FSR March Update 08042019.doc

Thanks Sabina for providing these details.

Trish, Please note the attached information is for the DG to provide a verbal update on FSR during the Department update at SLF next Tuesday.

Cheers, Nat

Natalie Leach

SLF Secretariat

Phone: 07 3708 5053

Address: L13, 33 Charlotte St, Brisbane, QLD 4000

Email: SLF_Secretariat@health.qld.gov.au

Queensland Health

System Secretariat, Office of the Director-General



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Queensland's Health Vision: By 2026 Queenslanders will be among the healthiest people in the world.

Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.

From: CSD-Governance
Sent: Friday, 5 April 2019 2:01 PM
To: SLF_secretariat <SLF_secretariat@health.qld.gov.au>
Cc: Jessica Hogan <Jessica.Hogan@health.qld.gov.au>; Phillippa Cock <Phillippa.Cock@health.qld.gov.au>
Subject: RE: SLF updates on FSR

Good afternoon Nat

Please find attached SLF FSR March update for the DG's verbal update.

Jess has advised that this information is only for the DG.

The FSR team can be contacted following the meeting should there be any specific information required.

Regards

Sabina

Sabina Mandic

Assistant Manager, Governance and Executive Services, Office of the Deputy Director-General

Phone: 07 3082 0619

Address: Level 14, 33 Charlotte Street, Brisbane QLD 4000

Email: sabina.mandic@health.qld.gov.au

From: SLF_secretariat

Sent: Thursday, 4 April 2019 11:47 AM

To: CSD-Governance <CSD-Governance@health.qld.gov.au>

Subject: FW: SLF updates on FSR

Importance: High

From: SLF_secretariat

Sent: Wednesday, 6 March 2019 2:48 PM

To: CSDDDG <CSDDDG@health.qld.gov.au>; CSD-Governance <CSD-Governance@health.qld.gov.au>

Subject: SLF updates on FSR

Importance: High

Hi all,

At SLF last month following the FSR presentation it was suggested that updates be provided at SLF until the project is rolled out.

Can you please advise if Barb would like this to be done via a verbal update during the DG's update or if content will be submitted via the attached template and be included in the departmental update?

Can you please advise ASAP - Thanks in advance!

Cheers, Nat

Natalie Leach

SLF Secretariat

Phone: 07 3708 5053

Address: L13, 33 Charlotte St, Brisbane, QLD 4000

Email: SLF_Secretariat@health.qld.gov.au

Queensland Health

System Secretariat, Office of the Director-General



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System Leadership Forum

Department update

Meeting – 08 April 2019

FSR – Executive Summary

Key priorities coming up:

- The **Business Case for Change** has been a key focus, with the consultation period closing on Tuesday 26 March 2019. Consultation with the Union representatives has been very positive and the Program does not foresee any objections or issues. The Business Case for Change document is now being finalised and is planned to go to the DDG Corporate Services for approval on Friday (5 April).
- The **Workforce Implementation Plan** is currently being drafted, as the next step in the staff engagement process. This has been sent to unions and Transition Leads for feedback and is due for release late next week for a two-week consultation period.
- **Functional Deep Dives** begin on Monday (8 April), with participants from HHSs and DoH receiving comprehensive walkthroughs of key functionality by functional experts. This is a key part of the change management journey for HHSs and DoH, with business participants from Integration Testing 3 (IT3) and User Acceptance Testing (UAT), as well as those attending the functional deep dives identified as ideal candidates to be Super Users.
- **UAT** finishes Friday (5 April) after a successful five weeks. Overall, UAT has been successful and the Program has had positive feedback from participants about the system.
- **Foundational eLearning** was made available to users on Tuesday (2 April), accessible via Queensland Health's iLearn system. To assist this start of this journey 15,545 users were emailed to advise them of foundational training modules becoming available in iLearn,
- **Cutover planning** is underway, with CFOs being engaged to finalise the cutover plan. Cutover involves defining the tasks and activities required to successfully move operations from FAMMIS to S/4HANA. Hypercare planning is also ramping up.

FSHHS Engagement and Change Management

- General preparation for go-live is progressing well. There is high demand and expectation for the local implementation teams to complete data collection for finalisation of workflow, delegations and cost centre management needed. **A continued high level of support will be needed for staff as go-live approaches.**
- Rural locations will be allocated additional support from KPMG for implementation and change support as they are struggling to get resources on board.
- There have been some changes in local Transition Leads (local project managers), particularly DoH, Metro North, South West, Central West that has caused disruption. The Program is supporting entities through this change.
- Sunshine Coast, Torres and HSQ are progressing well and have turned themselves around in terms of plans, preparation, communication and engagement.
- All other HHSs are performing well and the Program is comfortable that their preparation is sound.

- Central West have flagged that they might do a major organisational change just prior to go-live. The program has indicated that this cannot be accommodated so close to go live given configuration will be tested and locked.

Detailed Background Information

- Business case for change is completed with final questions (44) to unions being answered by end of this week. Formal sign off of BC4C expected next week as scheduled. There are no issues raised at the weekly union meeting indicating that there will be no issues with its approval. Implementation planning now continues. Action plan is due to unions by 12 April 2019.
- Deep dive sessions commence in the week starting Monday (8 April) with about 250 SMEs from the business statewide coming in to be taken through the key concepts and functions within the system and do deep dives with functional experts in the 11 system areas. Their role is to go back to the health services and complete their impact assessment and continue staff consultation.
- SME and technical experts are spending 1-2 days in each of the key warehouse locations to inform and support change impact assessment and preparedness starting 15 April 2019. Extra attention is being paid to these locations as the change is more material for them.
- User Acceptance Testing completed at 99.6%, 56 defects raised, 28 open, no P1 or P2s, but there are 5 open new requirements being assessed. Regression testing is being planned for mid April which was not originally planned. This is due to late functionality and critical requirements from external vendor including scanner companies, AusPost, etc. This is not ideal but required.
- Training Needs Analysis returns from all entities received. Collation and scheduling for mass training underway so that impacted staff can be notified of their training times and pathways in April. Training starts in late May.
- Initial eLearning for general navigation and SAP4 overview sent out Tuesday (2 April) to 16,000 users. Good feedback so far. Reporting through the Learning Management System will be used to track and forward local communication to gain high completion rate.
- KPMG being re-engaged to support 2 key areas 1) TNA completion and scheduling; and 2) Rural remote change management support.
- CFO/TL workshop held with the Cutover team to go through what is needed to go live in the cutover period. Team has also met with the QAO to go through key audit requirements around rolling stock takes and early asset close as this needs to be done differently this year because of the transition. The QAO and the Program are meeting with the CFOs on 15 April to discuss status, readiness and audit expectation.
- Support model and Hypercare are in accelerate planning and implementation. This is needed to ensure that staff are well supported in the go-live period. Hypercare has been extended to end of September 2019, one month more than before as this is affordable within the funding envelope.
- There is still a lot of work to do and a priority for the HHSs is to complete their impact assessments locally after the Deep Dives next week and work out what needs to be changed in terms of processes prior to go live and what can wait until after go-live.
- The Program Director has commenced sending weekly updates to Chief Executives, providing key information regarding upcoming activities for both the Program and HHS readiness. This is in addition to the fortnightly CFO teleconferences.

For further information, please contact Jessica Hogan, Director, Office of the Deputy Director-General, Corporate Services, 3082 0556, Jessica.Hogan@health.qld.gov.au.

Trish Nielsen

From: Jessica Hogan
Sent: Monday, 1 April 2019 5:16 PM
To: Trish Nielsen
Subject: RE: List for catch up

Thanks Trish, much appreciated. I've sent it through for 8.30 Thursday, let me know if it needs to be earlier.
Jess

Jessica Hogan
Director, Office of the Deputy Director-General, Corporate Services
p: 3082 0556 m: [REDACTED]
e: Jessica.hogan@health.qld.gov.au

From: Trish Nielsen
Sent: Monday, 1 April 2019 4:38 PM
To: Jessica Hogan <Jessica.Hogan@health.qld.gov.au>
Subject: RE: List for catch up

Hi Jess

It will have to be Thursday (unless the DG is called to Parliament as he is tomorrow).

Would your office please send an invitation and arrange for whoever else is attending to be collected from security and brought upstairs.

Regards and thanks
Trish

From: Jessica Hogan
Sent: Monday, 1 April 2019 4:33 PM
To: Trish Nielsen <Trish.Nielsen@health.qld.gov.au>
Subject: Fwd: List for catch up

Hi Trish,

Barb has asked if it is possible to organise an FSR catch up with the DG on Tuesday, Wednesday or Thursday this week, after the media meeting. Is this at all achievable in the DG's diary?

Many thanks
Jess

From: Barbara Phillips <barbara.phillips@health.qld.gov.au>
Sent: Monday, April 1, 2019 4:29 pm

To: Jessica Hogan

Subject: Re: List for catch up

Jess

Can you get 30 mins with dg Jesper and myself preferably after media meet is best so tues wed or thurs is available

Get Outlook for iO

RTI RELEASE

Trish Nielsen

From: Jesper Antonsen (AU) - [REDACTED].com>
Sent: Wednesday, 10 April 2019 2:27 PM
To: Michael Walsh; Barbara Phillips
Cc: Jessica Hogan; Rowan Strain (PWC); Tom Davis
Subject: Fwd: Webcast recordings - Department of Health Financial System Renewal Project

Hey Both

I thought this might be of interest. We professionally filmed the opening of our FSR Deep Dive Conference that kicked off this Monday.

We had about 250 people from around the state here this week and they continue their workshops until Friday.

Feedback has been extremely positive and we have had a good suggestions for improvement also. The audience has been extremely enthusiastic and Barb has been around to our different locations to talk to people and hear what they think.

Tom's comms team has done a great job to get this video for day 1 ready and I am sharing this with you so that you can see how things are starting to come together.

I am not expecting you to watch all 8 hours 🙄, but you can navigate to sections and hear people speak about certain topics.

Anyway, enjoy watching on your iPads.

Just follow the instructions to create a login.

Thanks
 Jesper

Sent from my iPad

Begin forwarded message:

From: Tom Davis <Tom.Davis@health.qld.gov.au>
Date: 10 April 2019 at 1:36:33 pm AEST
To: "Jesper Antonsen (PWC)" <[REDACTED].com>, "Rowan Strain (PWC)" <[REDACTED].com>
Subject: FW: Webcast recordings - Department of Health Financial System Renewal Project

Hello Gents,

Please find attached link below to deep dives Day one.

When you click on the link just insert your email and select a password.

Cheers, Tom

From: Keren Waddell [REDACTED].com.au]
Sent: Tuesday, 9 April 2019 2:45 PM

To: Tom Davis <Tom.Davis@health.qld.gov.au>; Milan Hira (AU) [REDACTED].com>; Angela McLeod <Angela.McLeod2@health.qld.gov.au>; Gabrielle Fry [REDACTED].com.au>
Subject: Webcast recordings - Department of Health Financial System Renewal Project

Hi All,

Here is the URL to the showcase of recordings from Department of Health Financial System Renewal Project day, 8 April 2019

<https://webcast.qldgovtv.com.au/Mediasite/Channel/functionaldeepdives-april2019/browse/null/oldest/null/0>

Currently the Showcase has Registration enabled. That means all viewers are required to enter their name and email address to access. (reports of viewers can be requested at any time by emailing [REDACTED].com.au

Let me know if you would like this removed to allow anonymous access.

Please review and let me know if any changes are required, ie some speaker detail may need updating as runsheet was a bit different.

Kind Regards

Keren Waddell
JPL Media / GigTV Super Comfy Support
Work days: Tues, Wed, Thurs

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Trish Nielsen

From: Jesper Antonsen <jesper.antonsen@health.qld.gov.au>
Sent: Friday, 12 April 2019 4:36 PM
To: Michael Walsh
Subject: FSR Program update - 12 April 2019

Having trouble viewing this email? [View Online](#)



12 April 2019

Dear colleagues,

Here is this week's update of key activities from the Financial System Renewal (FSR) Program.

Functional Deep Dives

This week we held Functional Deep Dives in Brisbane from Monday 8 April. More than 200 staff attended across the week, receiving comprehensive walkthroughs of key functionality by FSR Program functional experts. I would like to thank you for making these staff available to attend.

Deputy Director-General Corporate Service Division (DDGCSD), Barbara Phillips, attended some of the deep dive activities and commented on the positivity your staff had towards the new system.

The deep dives are a key part of the change management journey for HHSs and DoH, and attendees have been identified as ideal candidates to be Super Users.

Super Users will play a key role in supporting their colleagues during and after the transition to S/4HANA.

[Here](#) is a video that captures some of the attendees' comments.

Key priorities coming up to assist go-live

- The **Business Case for Change** is being progressed to Senior Responsible Owner, DDGCSD for approval. Once approved, this will be followed by the release of the Workforce Implementation Plan, which is currently with CFOs for consultation.

- The program continues engagement with CFOs, HSQ and other key parties to provide input into the **cutover plan**. This includes the establishment of a cutover working group. Once finalised, the cutover plan will be progressed for FSR Program Board approval. Hypercare planning is also ramping up.
- Last week, **Foundational eLearning** was made available to 15,545 users via Queensland Health's **iLearn** system. Presently, only 4% of users have completed this training. This need to be addressed urgently and the program will work with your CFO and Transition lead to increase uptake of this training. We will be providing individual reports to HHSs/DoH to enable tracking at a local level. We encourage you to remind relevant staff to undertake this initial eLearning.

The program continues to work closely with each HHS and DoH to deliver these critical activities for implementation.

I will be in touch next week to provide another update. If you have any questions, please let me know. I look forward to meeting with your CFOs on Monday at the CFO Forum and on Tuesday at the fortnightly CFO Group teleconference.

Thanks again for your support,
Jesper

Jesper Antonsen
FSR Program Director

Stay up-to-date with the Program's progress.

FSR Communications

07 3131 1570

FSRCommunications@health.qld.gov.au

<http://qheps.health.qld.gov.au/fsr>



This email was sent by FSR Communications, FSR Program, 153 Campbell Street, Bowen Hills, Qld 4006, Australia to michael.walsh@health.qld.gov.au

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Trish Nielsen

From: Jesper Antonsen <jesper.antonsen@health.qld.gov.au>
Sent: Thursday, 18 April 2019 5:02 PM
To: Michael Walsh
Subject: FSR Program update - 18 April 2019

Having trouble viewing this email? [View Online](#)



18 April 2019

Dear colleagues,

Here is this week's update of key activities from the Financial System Renewal (FSR) Program.

Key priorities coming up to assist go-live

- S/4HANA Overview eLearning (**Foundational eLearning**) was released statewide on 2 April. Statewide uptake is lower than expected, at 7.22% of all users. A reminder email was distributed this week to those who have not yet completed their training, and I have asked if CFOs can follow up directly with their staff who have yet to complete the module. Increasing the uptake of this training remains a key priority, prior to any additional training being released.
- **Functional eLearning** is scheduled for release in late-April. A supporting communications pack will be released to Transition Leads next week. This training will be targeted at users based on their assigned business role/s and allow functional context prior to end user training commencing in late-May.
- On 18 April, the program met with the Reform Consultative Group (RCG) to provide an update on the progress of the S/4HANA transition. The **unions were positive about the level of engagement** that has occurred to this point and there were no significant concerns raised.
- Following approval to proceed to implementation (due shortly), a **Workforce Implementation Plan** will be released and communicated to staff and unions for consultation.
- The program continues engagement with CFOs, HSQ and other key parties to provide input into the **cutover plan**. This includes the establishment of a cutover working group. The cutover schedule is nearing completion and will be baselined in early-May.

Once finalised, the cutover plan and schedule will be progressed for FSR Program Board approval. **Hypercare** planning also continues.

- The remaining **Functional Deep Dives** were held in Brisbane this week. The video from day one is now available for download. Instructions on how to download can be accessed [here](#). Additionally, **Functional Overviews** were held this week for each functional area to allow more users statewide to be exposed to the system.
- Thank you to HHSs/DoH who provided nominees for the statewide **Communities of Practice**. The program will be commencing these forums from 29 April. The Communities of Practice represent groups of users who are functionally aligned and proactively work together to progress readiness activities for business go-live. Participants will share knowledge, system understanding, prioritise business readiness activities and improve preparedness for implementation.
- On 16 April the program released access to a **sandpit environment** to Transition Leads for distribution to selected end users. The sandpit environment will be available for five weeks from 16 April to 17 May for users to gain familiarity with the system, it is not intended to replace formalised training.
- Yesterday Transition Leads were provided with their second briefing session on **data collection requirements**. Key dates across data cleansing activities can be found [here](#). Please ensure the appropriate people across functional areas in your HHS/DoH are aware of these dates.
- Finally, an important update regarding master data load was distributed to HHS/DoH Data Stewards and Data Owners ahead of next week's master data migration from FAMMIS to S/4HANA. Further information can be found [here](#).

I will be in touch next week to provide another update. If you have any questions, please let me know.

Thanks again for your support,
Jesper

Jesper Antonsen
FSR Program Director

Stay up-to-date with the Program's progress.

FSR Communications

07 3131 1570

FSRCommunications@health.qld.gov.au

<http://qheps.health.qld.gov.au/fsr>



This email was sent by FSR Communications, FSR Program, 153 Campbell Street, Bowen Hills, Qld 4006, Australia to michael.walsh@health.qld.gov.au

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Trish Nielsen

From: Jesper Antonsen <jesper.antonsen@health.qld.gov.au>
Sent: Thursday, 2 May 2019 11:34 AM
To: Michael Walsh
Subject: FSR Program update - 02 May 2019

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2 May 2019

Dear colleagues,

Here is this week's update of key activities from the Financial System Renewal (FSR) Program.

- **Readiness and go-live:** In four weeks we will make a decision on go-live. This is because the payroll interface needs to be brought into production on 08 June 2019. The DDG, Corporate Services and I have briefed the DG on our progress as of yesterday. Two CE teleconferences will be set up to discuss progress pre go-live.
- **Training:** Yesterday, we released the training schedules to CFOs and have agreed to meet again on Friday to discuss. Today we have resolved some issues with iLearning statistics reporting.
- **Vendor communications:** Vendors will play a large role in our transition to the new system and we are planning to start vendor communications this month to inform them about key changes. Information packs are being prepared to support each HHS that use vendors directly to ensure a consistent approach.
- **Supply to business critical areas:** This needs to be a priority in your business areas and should be discussed with your CFO with respect to stocking up for cutover.
- **Cutover:** Contingency measures including stock levels, manual ordering processes and warehousing support is topical for cutover and risk mitigation. We are working with the CFO network and HSQ to put plans in place for these matters. The program is finalising the Cutover Plan and detailed Cutover Schedule and will this week present to the FSR Program Board.
- **Business Case For Change and Workforce Implementation Plan:** All the Business Case for Change feedback has been responded to. A formal recommendation has been provided to

the Department to approve the Business Case For Change and move to Implementation. Once approved, a state-wide Workforce Implementation Plan will be released.

I will be in touch next week with another update.

Thanks,
Jesper

Stay up-to-date with the Program's progress.

FSR Communications

07 3131 1570

FSRCommunications@health.qld.gov.au

<http://qheps.health.qld.gov.au/fsr>



This email was sent by FSR Communications, FSR Program, 153 Campbell Street, Bowen Hills, Qld 4006, Australia to michael.walsh@health.qld.gov.au

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Trish Nielsen

From: FSRTTraining <donotreply@health.qld.gov.au>
Sent: Saturday, 11 May 2019 6:02 AM
To: Michael Walsh
Subject: Welcome to Asset Management - Functional Overview eLearning

Queensland Health will transition from FAMMIS to a new business, finance and logistics solution called S/4HANA in July 2019.

You are receiving this email as you have been identified as a future user of the new system and are eligible for functional overview eLearning.

The course you have been registered for is **S/4HANA Asset Management - Functional Overview**.

Your allocated learning can be completed online at any time through iLearn, the Department's eLearning system, and will take approximately one hour to finish.

Click here to access the course. If the course is not visible in *My Courses*, click on *View All Courses* at the bottom of the screen to access the course.

About functional overview eLearning

Functional overview eLearning provides a high-level overview of each functional area in the new S/4HANA system. It is important that you complete this training in preparation for formal role-based training.

You may be registered for one or more of these courses, depending on the roles you may need to perform in S/4HANA.

An individual registration email will be sent from iLearn for each course you have been identified to complete.

eLearning resources are part of a comprehensive training approach developed by the Financial system Renewal (FSR) Program to support you through the transition to S/4HANA.

S/4HANA training overview

The S/4HANA learning journey started on 02 April 2019 with the release of foundational eLearning via iLearn.

Foundational eLearning and functional overview eLearning must be completed to prepare you for the transition to S/4HANA in July 2019.

Foundational eLearning provides an introduction to the new system, while functional overview eLearning expands on the introductory modules to prepare you for role-based training.

Next steps after Functional overview training

When you have completed your Functional overview training, formal role-based training in S/4HANA will take place in late May until after go-live to ensure all staff are enabled to use the new system. You will be contacted by iLearn about this training.

Training contacts

For more information about upcoming S/4HANA training, system demonstration videos and fact sheets, visit the FSR Program QHEPS page.

For questions about S/4HANA training, email FSRTraining@health.qld.gov.au.

Trish Nielsen

From: Special Broadcast
Sent: Wednesday, 15 May 2019 3:04 PM
To: Special Broadcast
Subject: Financial System Renewal Program Workforce Implementation Plan



FSR Update

Luan Sadikaj

Chief Finance Officer
Corporate Services Division



Dear colleagues

As most of you would know, in March this year the Financial System Renewal (FSR) Program released a Business Case for Change for a three-week staff and union consultation period.

The Business Case described the proposed changes arising from the transition from FAMMIS to a new business, finance and logistics system, S/4HANA, and the impact of these changes across Queensland Health.

A total of 44 formal feedback responses were received, with strong overall support for the transition to S/4HANA across the state.

The Business Case has now been approved. This means that the FSR Program has moved into the implementation phase of the rollout, with transition to S/4HANA planned for July 2019.

To ensure staff and unions continue to be consulted throughout this phase, a statewide Workforce Implementation Plan has been developed and is available on [QHEPS](#).

This plan provides further information about the transition to S/4HANA, the implementation activities that are planned to occur prior to go-live, and support plans both prior to and after go-live.

All employees, unions and relevant stakeholders **are invited to provide feedback on the proposed plan** during a one-week consultation period which is **open from now until 21 May 2019**.

In addition to the statewide plan, the Department has also developed local implementation plans which detail how the transition will be managed within Health Support Queensland, eHealth, and the Department Divisions. If you have questions regarding these plans, I would encourage you to contact your local Transition Lead in the first instance.

Please remember that support is available for all staff during the implementation period. If you have any **questions about implementation for the Department**, please contact our relevant Transition Leads: Helene Dyer (Department Divisions), Natasha Vexler (eHealth), and Roshan Gunewardene (Health Support Queensland).

Kind regards

Luan Sadikaj

Chief Finance Officer
Corporate Services Division

Queensland Health

Queensland Government,
33 Charlotte Street, Brisbane QLD 4000



**Queensland
Government**

Please do not reply to this email, as this account is monitored irregularly

Trish Nielsen

From: Jesper Antonsen <jesper.antonsen@health.qld.gov.au>
Sent: Friday, 17 May 2019 3:53 PM
To: Michael Walsh
Subject: Your weekly update from the FSR Program - 17 May 2019

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FSR Weekly Update



17 May 2019

Dear colleagues,

Here is this week's update of key activities from the Financial System Renewal (FSR) Program.

- **Readiness and go-live:** Earlier this week I sent an email encouraging you to start asking questions locally to help understand readiness for S/4HANA. This will be discussed at the next SLF. Further to this, Barb and I will be completing further visits over the next few weeks to talk with you and your teams about readiness.
- **Training:** Yesterday, local training schedules were released. This included consolidated feedback received during consultation on the draft schedule. Role-based training will commence from 27 May 2019, with the exception of Real Estate and some Accounts Payable training, which will take place next week. Scheduling still remains a challenge but we will do our best to work through any challenges.
- **Supplier (vendor) communications:** The program in conjunction with HSQ and Accounts Payable are holding supplier briefings on Wednesday 22 May 2019 with the top 300 suppliers by invoice volume. A draft pack has been sent out with communications materials to get your feedback.
- **Cutover:** The cutover plan, schedule and high-level communications plan were released to CFOs and TLs on Monday 13 May 2019. This outlines all of the cutover activities as well as staff resourcing requirements. The program will have ongoing engagement with HHSs and DoH regarding these activities. It is important you provide your key staff nominations so we can engage with them.

- **Hypercare:** The program continues development of a hypercare plan and supporting communications plan. I am keen to hold a statewide presentation in the coming weeks.
- **Workforce Implementation Plan:** The Workforce Implementation Plan has been released as of Tuesday 14 May 2019 for a one-week consultation period.

I will be in touch next week with another update.

Thanks,
Jesper

Stay up-to-date with the Program's progress.

FSR Communications

07 3131 1570

FSRCommunications@health.qld.gov.au

<http://qheps.health.qld.gov.au/fsr>



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This email was sent by FSR Communications, FSR Program, 153 Campbell Street, Bowen Hills, Qld 4006, Australia to michael.walsh@health.qld.gov.au

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Trish Nielsen

From: Jasmina Joldic
Sent: Monday, 27 May 2019 4:29 PM
To: Michael Walsh
Subject: FW: FSR figures

FYI

Jasmina Joldić
Executive Director
Office of the Director-General
Queensland Health
[REDACTED]

From: Robert Hoge
Sent: Monday, 27 May 2019 3:41 PM
To: Barbara Phillips <Barbara.Phillips@health.qld.gov.au>; Jessica Hogan <Jessica.Hogan@health.qld.gov.au>; Jasmina Joldic <Jasmina.Joldic@health.qld.gov.au>
Cc: Natalie Patch <Natalie.Patch@health.qld.gov.au>
Subject: FW: FSR figures

FYI.

From: Robert Hoge
Sent: Monday, 27 May 2019 3:29 PM
To: Lion, Patrick <PLion@Seven.com.au>
Cc: news <news@health.qld.gov.au>
Subject: RE: FSR figures

Thanks Patrick,

The team is pulling together some further info. I'm not sure at this stage if that extra background you've asked for will be much further beyond existing on-the-record info.

I'm nervous – heading towards disappointed myself – that you seem to have already formed a view about this issue before having the info in front of you.

- Robert

From: Lion, Patrick <PLion@Seven.com.au>
Sent: Monday, 27 May 2019 1:49 PM
To: Robert Hoge <Robert.Hoge@health.qld.gov.au>
Subject: FSR figures

Hi Robert,

I'm disappointed I've waited five hours today to get so little so far when I was more than upfront about what I wanted to ask about in an interview.

I am happy if you wish to provide the below figures by email today because I appreciate some of these figures/dates are historical and date back to 2013ish.

But an on camera interview is required and fair given this is a TV story and that is the medium and there are more questions to be answered and information to be explained to get your side of the story.

Queensland Health should be able to provide someone to talk through a project that has had a troubled journey to date and virtually no media coverage or parliamentary debate from my searches.

Can you provide a full list of everything that this system does for hospitals and is used by?

FIRST ATTEMPT

What was the budget for this replacement when Queensland Health first decided to do this?

What time period did this attempt take place?

The auditor general put the cost of cancelling it at \$36.25million here on page 54. Is that correct?

<https://www.qao.qld.gov.au/reports-parliament/health-2017-18-results-financial-audits>

Why was it cancelled?

Anything else you wish to add?

SECOND ATTEMPT

In 2016-17, Queensland Health had \$105m allocated. The digital dashboard says this has been increased to \$135 million and mentions the problems/"red light" late last year. When and why was this money increased? It was reported in March on an IT blog.

This auditor-general report in February this year. It says this was supposed to go live around November 1, 2018. Is this correct?

<https://www.qao.qld.gov.au/reports-parliament/health-2017-18-results-financial-audits>

Can you please provide a full list of start dates which have been missed and rescheduled under this attempt of the project?

How many staff need to be trained?

How many staff have been trained to date?

As discussed, please forward on any previous media coverage or Hansard of this you mentioned as I have not seen anything in my searches beyond an obscure IT website which has reported regularly over the past few years. I am happy to consider any?

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Trish Nielsen

From: Barbara Phillips
Sent: Monday, 27 May 2019 5:29 PM
To: Michael Walsh
Subject: FW: FSR documents
Attachments: FSR extension_DG brief.docx; Change Request.docx; FSR Extension messaging.docx; Comms sequencing v2.docx

Hi Michael

As discussed the brief would be sent up tomorrow the rest are for your information only

Barb

From: Jessica Hogan
Sent: Monday, 27 May 2019 5:28 PM
To: Barbara Phillips <Barbara.Phillips@health.qld.gov.au>
Subject: FSR documents

Hi Barb,

Attached are:

- DG brief for approval
- Change Request
- Comms
- Planned sequencing of comms

Kind regards
 Jess



Queensland
 Government

Jessica Hogan

Director

Office of the Deputy Director-General, Corporate Services Division, **Department of Health**

p: 07 3082 0556 | **m:** [REDACTED]
a: Level 14, 33 Charlotte Street, Brisbane QLD 4000
w: [Queensland Health](#) | **e:** jessica.hogan@health.qld.gov.au



Queensland's health vision | By 2026 Queenslanders will be among the healthiest people in the world.

Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.

SUBJECT: Extension to timeframes for the Financial System Renewal Program

- | | | | |
|--------------------------|--|--|-----------------------|
| <input type="checkbox"/> | Approved | | |
| <input type="checkbox"/> | Not approved | Signed..... | Date...../...../..... |
| <input type="checkbox"/> | Noted | Michael Walsh, Director-General, Queensland Health | |
| <input type="checkbox"/> | Further information required
(see comments) | Comments: | |

ACTION REQUIRED BY

RECOMMENDATION

It is recommended the Director-General:

- **Approve** the recommendation from the Financial System Renewal (FSR) Program Board to extend the Business Go-Live date from 1 July 2019 to 1 August 2019 to allow for additional training and support and cutover activities to be undertaken for business readiness.
- **Note** that the extension to timeframes will not increase the total project cost of \$135.4 million (GST exclusive) which is in line with the CBRC approved project budget.

ISSUES

1. The S4/HANA technical solution is built and in pre-production with master data being loaded as scheduled.
2. Queensland Health is due to make a Go/No-Go decision for the FSR program on 6 June 2019 so that the Payroll System can be set up and rostering can commence using the new S4/HANA cost centres for published rosters leading into go-live.
3. On Friday 24 May 2019, the FSR Program Board endorsed that a recommendation be made to the Director-General to extend the FSR Program go-live date by a period of four weeks.
4. This recommendation was made based on a program assessment of business readiness in the key areas of supply chain, asset maintenance and accounts payable. These three areas are critical to ensuring clinical service continuity and that suppliers are paid for services and products provided.
5. The FSR Program Director has conducted statewide visits with 7 key entities, meeting with line managers, staff and project teams to understand readiness. Entities communicated challenges with competing priorities, gaps in system understanding, challenges with program timelines e.g. data collection, and challenges with the timing of local process change readiness.
6. Based on these program assessment activities, there are likely to be challenges with assuring some entities are fully prepared and have equipped their workforce to operate in the new environment, prior to 1 July 2019.
7. Supply chain, asset maintenance and accounts payable are critical for front line services including theatres, clinical wards, clinics and emergency departments.
8. Work has been commenced to integrate end to end processes between HSQ and entities, however in some entities this remains not clearly documented, communicated and operationalised. With five weeks until go-live this is unlikely to be achieved.
9. Training needs analysis and scheduling remain an issue due to incomplete and changed role mapping and training data (e.g. rooms, locations) from entities. This impacts the ability for the program to finalise and release the statewide training schedule, meaning that less core users will be trained prior to go-live.
10. Cutover planning and agreeing methodologies and approaches has been challenging due to the complexity of cutover requirements. Cutover is a critical function for successful transition to the system and staff, suppliers and the program need to practice the cutover routine so that it happens seamlessly to minimise disruption to the business.
11. Although significant progress has been made, supply chain, operational procurement, accounts payable, workflow and delegations, asset maintenance and vendor engagement are the areas where more work is needed.
12. A four week extension to business go-live would address the issues identified above, allowing for additional core users to be trained, key processes and changes to be confirmed across the three critical functions, practice for cutover to occur, and improved engagement and preparation of vendors.
13. Specifically, the extension would allow for:
 - 13.1. State-wide business integration workshops looking at the end to end functionality, workflow and integration points in each organisation to document off system processes and improve the understanding by operational staff in how to work with the new system.

- 13.2. Finalisation of the cutover plan and full dress rehearsal to practice the cutover process with all state-wide participants.
- 13.3. Training for all core users before go-live.

BACKGROUND

- 14. The FSR Program was established on 7 December 2016 as a Chief Financial Officer(s) led initiative co-sponsored by Metro North Hospital and Health Service and Metro South Hospital and Health Service.
- 15. The Program is set to replace the current state-wide FAMMIS financial management system with a new and contemporary Enterprise Resource Planning (ERP) system known as S4/HANA.
- 16. The S4/HANA solution has a much broader scope than the current FAMMIS system, covering essential procure to pay workflow and business activities, inventory and warehousing, financial accounting, real-estate, project and capital management, asset maintenance and general ledger. This is materially different to the current disaggregated and different ways of working that exist across the state.
- 17. The Program is a state-wide implementation that will align and integrate business practice into a common way of doing business. It has new company structures and cost centres, online workflow eliminating manual and paper-based processes and inter-company transactions. Furthermore, it is integrated with the payroll system for single sign-on, delegations and for posting the financial elements of the pay. It should .. be noted that this is not the actual pay just the financial allocation of the pay to cost centres.
- 18. The solution impacts over 15,000 Queensland Health employees in 16 Health and Hospital Services and the Department of Health.
- 19. The supporting Business Case for Change has been endorsed and implementation consultation continues with relevant unions.
- 20. Significant work has been undertaken to prepare users including workshops, functional deep-dives, functional overviews, communities of practice and other forums.

RESULTS OF CONSULTATION

- 21. The FSR Program Board's recommendation was informed by program consultation with entity program teams and end users, including:
 - 21.1. FSR Program Leadership interviews with the CFO and Transition Lead from each entity (w/c 29th April)
 - 21.2. FSR Program Board Meeting – Cutover Plan and Entity Readiness (including walk through of assessments from entity interviews) (2nd May)
 - 21.3. FSR Program Director visits and assessments for 7 entities - meeting with line managers, staff and project teams (w/c 7th May 2019)
 - 21.4. FSR Program Director presentation to FSR Program CFO Group (14 May 2019)
 - 21.5. FSR Program Director presentation to CFO Forum (21 May 2019)
 - 21.6. Submissions by 19 entity executives following detailed conversations with end users locally to provide their own assessment on readiness (submitted w/c 20th May).

RESOURCE/FINANCIAL IMPLICATIONS

- 22. To cover the cost of the extension, the program will reduce the planned hypercare period by 4 weeks and transition key support resources to the business as usual support model. The program will also undertake further work to establish local support networks through communities of practice and a superuser network to mitigate support needs during and after the hypercare period.

SENSITIVITIES/RISKS

- 23. An extension to timeframes is likely to raise media attention, given the current focus on the delivery of IT projects across Government.

ATTACHMENTS

- 24. Nil

<p>Author Name: Jesper Antonsen Position: FSR Program Director Tel No: 3082 0556 Date Drafted: 27 May 2019</p>	<p>Cleared by (Dir/Snr Dir) Name: Luan Sadikaj Position: Chief Finance Officer Branch: Corporate Services Division Tel No: 3082 0556 Date Cleared: 27 May 2019 <i>*Note clearance contact is also key contact for brief queries*</i></p>	<p>Content verified by (DDG/CE) Name: Barbara Phillips Position: Deputy Director-General Division: Corporate Services Division Tel No: 3082 0556 Date Verified: 27 May 2019</p>
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Change Request

1. Change identification

Change number:	FSR-PCR-FY1819-055
Title:	Change in Business Go-Live Date from 1 July 2019 to 1 August 2019 (<i>and subsequent Program schedule rebaseline – all streams</i>)
Issue ID/ Gap ID /Testing Identifier/ Risk ID	<p>R271 End users may be underprepared for Go-Live based on limited use and exposure to program provided materials, gaps in system understanding and lack of defined processes by entities impacting readiness</p> <p>I067 Delayed, incomplete and changed role mapping and TNA updates leading to reduced pre Go-Live training window and overall readiness of core users</p> <p>R269 Completion of an end to end dress rehearsal. Readiness for cutover including finalisation of cutover activities, training and identification of resources across Queensland Health will put the cutover process at risk and has the potential to impact business continuity.</p>
Change Type:	Time, Quality
Rating of Change:	Very High
Priority:	Very High
Raised by:	Rowan Strain
Date raised:	20/05/2019
Change Owner:	Jesper Antonsen
Affected stream / deliverables/ stage:	All streams, all deliverables

Change Impacts (Check all that apply):

- | | | | | |
|--|--|--|--|---|
| <input checked="" type="checkbox"/> Time | <input type="checkbox"/> Cost | <input type="checkbox"/> Scope | <input checked="" type="checkbox"/> Resources | <input checked="" type="checkbox"/> Requirements/
Deliverables |
| <input checked="" type="checkbox"/> Testing | <input checked="" type="checkbox"/> Training | <input checked="" type="checkbox"/> Contractual Change | <input type="checkbox"/> Benefits | <input checked="" type="checkbox"/> Data |
| <input checked="" type="checkbox"/> Communications | <input checked="" type="checkbox"/> Quality | <input type="checkbox"/> Security | <input checked="" type="checkbox"/> Introduces
Risk | <input checked="" type="checkbox"/> Business Impact |

2. Change definition

2.1 Problem statement

- End users may be underprepared for Go-Live based on limited use of program provided materials, gaps in system understanding and lack of defined processes by entities impacting readiness.
- Consultation and exposure with end users during workshops, functional deep-dives, functional overviews, communities of practice and other forums has identified that not all users have been adequately informed and/or understand how their business role and functions will change in the future. This is not consistent across all entities, with some adequately prepared.
- Not all HHSs have taken into consideration the variability and local complexity of the 11 functional areas of S/4HANA system compared to current FAMMIS practices.
- Compounding this, there is also a lack of engagement and/or understanding of program provided materials including process maps, change impact assessments, functional plans and the sandpit environment across a subset of users.
- Although significant progress has been made, supply chain, operational procurement, accounts payable, workflow and delegations, asset maintenance and vendor engagement are the areas where more work is needed. This includes new invoicing and PO arrangement, closure of the Warehouse DCs for cutover, PO matching requirements, etc. These are essential for business continuity and ensuring a successful transition during go-live.
- End to end processes that involve more than one entity are at the core of readiness issues e.g. HSQ to entity, entity to HSQ, DoH Accounts Payable to entity, entity to Accounts Payable, Capital and Asset Services to entity etc.
- Some local project teams are not confident that the business users (especially clinical users on the wards) will be ready to play their role to support Go Live and Hypercare. The system also introduces a number of new ways of working using workflow. This means that the HR system must also be kept up to date, as does the workflow in S4 with any changes in establishment so that approvals and requests are routed correctly.
- This position has been qualified through program consultation with entity program teams and end users to assess readiness:
 - FSR Program Leadership interviews with each CFO and Transition Lead from each entity (w/c 29th April)
 - FSR Program Board Meeting – Cutover Plan and Entity Readiness (including walk through of assessments from entity interviews) (2nd May)
 - FSR Program Director visits and assessments for 7 entities, meeting with line managers, staff and project teams (w/c 7th May 2019)
 - FSR Program Sponsor, FSR Program Director and QLD Health Director General presentation to SLF (14 May 2019) to discuss readiness with entity Chief Executives
 - FSR Program Director presentation to FSR Program CFO Group (14 May 2019)
 - FSR Program Director presentation to CFO Forum (21 May 2019)

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- Submissions by 19 entity executives following detailed conversations with end users locally to provide their own assessment on readiness (due w/c 20th May).
- In parallel, delayed, incomplete and changed role mapping and TNA updates have led to a reduced pre Go-Live training window which will impact the overall readiness of core users.
- Continual changes to Role Mapping and the Training Needs Analysis by entities, have led to the delay in a statewide training schedule and subsequently a delay to training invites. This has led to the compression of the pre go-live training window from 6 weeks to 5 weeks. With 49% (~7800) of all users statewide (~16,000) identified as 'Core users' (requiring training pre Go Live), this renders the program unable to train all critical business staff prior to business Go-Live, with impacts overall statewide readiness.
- The program has undergone over a year of work with each entity to document and agree business roles in system, and map end users to one or more business roles based on the functions they perform. This mapping (known as role mapping) is a critical input for system training, and role based security assignment. In late March 2019, role mapping was 'locked' statewide for the purpose of informing a statewide Training Needs Analysis, which in turn was locked at the end of April to inform a statewide Training Schedule.
- Since the finalisation of the Training Needs Analysis the program has been overwhelmed with entity specific changes to add users, remove users, reassign existing users to new business roles and large scale data integrity issues with records missing key HR information and personnel information. Since the start of April alone there have been over 2000 records classified as requiring 'removal', and 1500 records requiring 'change' or 'update'. Changes have been sporadic and frequent, and formal deadlines set by the program have been missed repeatedly by upwards of 4 weeks by multiple entities.
- As all users are trained across the same set of business roles in the same go-live period, and these functions require specialist (centralised) trainers to deliver learning, the delivery of the statewide schedule requires a well-planned sequence of training across all learning paths and locations, to ensure the learning needs of all users can be addressed. Changes to role mapping and TNA data of the scale and frequency experienced by the program have rendered the program unable to commit to a schedule based on inability to assess appropriate facilitator allocation, room availability and/or timing. This has been further exacerbated by change in data for HSQ, as HSQ staff are co-located at all HHSs statewide, and training for these users needs to be accommodated by host entities. Without a clear and locked role mapping/tna file for all entities the program has had no choice but to formally delay the pre Go-Live training window to ensure the schedule is accurate prior to release.
- Both of these issues have resulted in the Program Director and Program Manager unable to advise the FSR Program Board that a 1 July 2019 Business Go-Live is achievable or recommended, based on documented risk. This position is ahead of the formal go/no-go readiness gate in w/c 3rd June:
- Instead, a delay in Business Go-Live by 1 calendar month (23 working days) will be tabled for approval (this change request).
- **MUST HAVE** - This extension will be used to immediately address functional readiness of HHSs/DoH, whereby the program must:
 - Continue hosting of communities of practice, socialising Change Impact Assessments, Business Process Maps and Functional Packs. Extend the availability of the program sandpit environment up until go-live
 - Ensure all HHSs/DoH have completed Functional Plans and can evidence a nominated Functional Leader in all aspects of functional change, and have a clear view on changes required to be successful on Day 1
 - Conduct consultations with CFOs, TLs and end users around all aspects of readiness criteria to gauge true understanding of readiness risks
 - Use program functional and business experts to run local service integration workshops with HHSs, HSQ and DoH on identified high risk readiness areas including procure to pay, maintenance management and

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- accounts payable functions using real life scenarios. If time permits, this may be done with other statewide operational model function like real estate and asset management
- Develop individualised 1 page HHS/DoH 'Gap Plans' to identify critical areas of readiness prior to Go-Live
- Conduct Master data management workshops identifying operating models including Service Masters, Projects, Asset Management
- Conduct Delegation and workflow workshops identifying key on and off system activities to ensure local readiness.
- Conduct focused training for superusers – ensure superusers are prioritised for training and are prepared for trouble shooting on Day 1 to reduce any local risk at go-live.
- Engage in a more detailed and timely manner with vendors on the changes coming in relation to new company structure, importance of POs driving procurement, new design POs and invoices, DC closure and purchasing closures for cutover, contingency stock levels.
- Prepare for and execute Gate 4 – Readiness for Service prior to Go-Live.
- **MUST HAVE** - This extension will be used to immediately ensure business identified 'core' users can be trained pre Go-Live, whereby the program must:
 - Elongate the pre Go-Live training window (i.e. delay go-live) to accommodate training of all 'Core Users' at a minimum, and where possible Primary and Secondary users – with a focus on refresher training where required.
 - Immediately resolve any legacy issues with role mapping and TNA at an entity level, to ensure any further impact to the program critical path and training schedule.
- **SHOULD HAVE** - This extension will be used to improve the integrity of the SAP solution, reduce the risk with business and technical cutover and improve the outcomes associated with data migration, whereby the program should:
 - Lock down functional scope (scope freeze) with no further additions, reducing any delay to the commissioning of the production environment. This should include consideration to delay/defer functionality or defects until post Go-Live, by agreeing 'work arounds' with the business (where relevant).
 - Finalise all outstanding configuration, build and testing activities, including conducting an impact assessment on all new change items and defects to assess risk associated with functionality/change to any system elements.
 - Conduct a Regression Test against critical system functions and scenarios to reduce any risk associated with overall system performance and function.
 - Conduct an additional Trial Conversion (Trial Conversion 7) which would include a full load of all Master Data in production, including a standalone Business Reconciliation activity of all data objects with defined quantitative and qualitative criteria and business sign-off, in addition to a full clean run through timed with full Dress Rehearsal of trial balances for open items.
 - Conduct a full dress rehearsal internally (Dress Rehearsal 3) within FSR Program to ensure the new cutover approach (end of month, not end of FY) executes as expected. This includes changed approach for fixed assets and tri data due to shift away from end of financial year. Both items require internal validation first.
 - Conduct a full dress rehearsal (excl. interfaces) internally and externally (Dress Rehearsal 4) ensuring cutover is understood consistently across all HHSs/DoH to manage pre, during and post cutover activities. Including loading open items, and validation of trial balances.

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- Additional follow-up and vendor engagement with Queensland Health's 18,000 registered vendors to ensure their preparedness.
- It is expected as part of this delay, the Cutover Approach will alter with some activities requiring considerable re-work and effort to account for.
 - What Stays the same?
 - The stocktake should still occur but without any date restrictions required by FSR. The business can do the stocktake in their usual window, but it must be done properly.
 - Data migration remains the same but the dates change.
 - Open item loads remain the same but the date changes. Open items will have to be closed in FAMMIS by 31 July.
 - What Changes?
 - The fixed asset load will change substantially. Different programs will need to be used and a trial of this process will need to take place. Time will be required for an additional depreciation run in S/4 to match the FAMMIS results.
 - Vendor communications will need to be resent.
 - Banking communications will need to be resent.
 - Promaster communications will need to be resent.
 - All key dates will change and will need to be communicated.
 - HR Payroll effectivity date will predate FSR go-live by 3 days. There will need to be a freeze on cost structure changes for those 3 days. We will need to have more discussions on this topic with HRPY.
 - Since there is no special period, all accruals will have to be done in FAMMIS in P1/2020.
 - Reduction in the hypercare support period from three months, to two months. This will be supplemented by augmented local support arrangements.
 - New risks introduced
 - Will need to test the asset migration process as this changes.
 - Will need to test the payroll integration thoroughly for timing constraints.
 - Final payroll posting into FAMMIS may impact the data migration strategy. This is inherent in any non-end of financial year cutover.

2.2 Initial business impact statement

Field	Field Description
Issue	<ul style="list-style-type: none"> - End users may be underprepared for Go-Live based on limited use of program provided materials, gaps in system understanding and lack of defined processes by entities impacting readiness - Delayed, incomplete and changed role mapping and TNA updates have led to a reduced pre Go-Live training window which will impact the overall readiness of core users.

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Field	Field Description
Impact	<ul style="list-style-type: none"> - Extension of Business Go-Live by 1 month with a primary focus on elongation of: <ul style="list-style-type: none"> o Pre Go-Live Training (27th May – 31st July) o Functional Readiness window (now – 31st July) o All other streams and activities extended and additional activities forecast to improve overall readiness of the program (refer critical path attached and 'Should Have' items as part of problem statement)
Area of impact	<ul style="list-style-type: none"> - All streams, all resources to improve overall statewide readiness - Expected impact to cutover approach shifting from an end of FY cutover to an end of month cutover. Full analysis of cutover impacts will be conducted on board approval to proceed with change request, as analysis will require engagement with the business - Expected impact on HHS/DoH BAU responsibilities for end of FY close and statutory year end reporting obligations. This relates to competing priorities for key resources involved in year-end activities, while simultaneously supporting a go-live and cutover period.
Number of affected users	<ul style="list-style-type: none"> - All program resources (QH staff, contractors, consultants and vendors/suppliers) - All entity resources/end users (~16,000)
Workaround	<ul style="list-style-type: none"> - Nil without compromised business readiness and unprepared users on Go-Live
Proposed Resolution	<p>A full schedule reforecast completed across all streams, and focussed strategies for improvement in end user readiness across training and local functional readiness activities.</p> <p>Refer attachments:</p> <ol style="list-style-type: none"> 1. FSR Program POAP – 23 May 2019.pdf 2. FSR Program – Critical Path Schedule 23 May 2019.pdf 3. FSR Program Key Dates – 1 Aug BGL.pdf 4. FSR Board Readiness Pack – 24 May 2019.pdf 5. FSR Cutover Date Position Paper Revised v0.4
Resolution Date	Required immediately to avoid further issues/delays for training.
Communication Plan	Issues highlighted in March and April status reports, including key risks associated with HHS readiness at March FSR Program Board.

3. Proposed Change

Project Category	Proposed Change	Reason for Change
Scope	Reduced hypercare support from 3 months to 2 months, with augmented local support arrangements.	
Time	23 business days (1 calendar month)	
Cost	Nil additional.	
Resources	Extension of all program funded resources (QH staff, contractors, consultants, vendors, suppliers)	
Quality	Improvement of current compromised program position, measured through end user readiness and training completion rates	
Risk Management	<p>This change request relates to the following risks and issues:</p> <p>R271 End users may be underprepared for Go-Live based on limited use and exposure to program provided materials, gaps in system understanding and lack of defined processes by entities impacting readiness.</p> <p>I067 Delayed, incomplete and changed role mapping and TNA updates leading to reduced pre Go-Live training window and overall readiness of core users.</p> <p>R269 Completion of an end to end dress rehearsal. Readiness for cutovers including finalisation of cutover activities, training and identification of resources across Queensland Health will put the cutover process at risk and has the potential to impact business continuity.</p>	
Communications	Messaging to be agreed post FSR Program Board decision on Change Request.	
Change Management	Elongation of HHS/DoH functional readiness window by 1 calendar month	
Training	Elongation of pre Go-Live training window Current: 22 May – 30 June Proposed: 22 May – 31 July	

3.1 Rating and Justification of Change

Rating of Change	Very High	High	Medium	Low
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intended outcome(s)	<ul style="list-style-type: none"> - Formal shift in Business Go-Live date to 1 August 2019 - Overall improvement in business readiness and training outcomes 			
Expected benefit(s) (if applicable)	N/A			

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Identified risks	<i>Risk for implementing the Change</i>	<i>Risk for not implementing the Change</i>
		<i>As previously stated</i>
Justification	As previously stated	

3.2 Impact assessment

The impact assessment has been conducted by the following. It is noted that due to the sensitivity of the change being highlighted, assessment was limited.

Name	Position title
Chris Viviers	Cutover Manager
Rowan Strain	Program Manager
Kirsten Tucker	Product Lead
Jesper Antonsen	Program Director
Peter Patmore	Executive Director – Change and Implementation
Leanne Davidson	Solution Architect, Payroll Portfolio Program

As a result from the assessment the following impact has been identified:

	Area	Impact
Time Impact	Duration impact [increase/(decrease)]	23 business days (1 calendar month) Refer above and attachments
	Schedule impact	New deliverables / activities Due date Various
		As previously defined in attached critical path / schedule
Cost Impact	Finance (Costs) impact	<p>Nil additional</p> <p>The program will establish stronger support networks during the implementation period including the establishment of a superuser network and communities of practice. This will allow for a reduction in the hypercare period, from three months to two months.</p> <p>The program will transition key resources from the program to the support model as planned, reducing overall program costs.</p>
Scope Impact	Scope impact	Nil – scope freeze to be enforced
	Completed works impact	None.
Quality Impact	Quality Impact	N/A

FSR | Financial System Renewal Program

Business Impact <i>(in addition to the initial business impact assessment)</i>	Benefits impact	A shift in business go-live by four weeks will allow for: <ul style="list-style-type: none"> - Additional time to ensure high risk functional areas are adequately prepared/ready for day 1 e.g. procure to pay and asset maintenance functions - Training of all 'Core' and a large portion of 'Primary' users - Additional time to cleanse high risk data items including GR/IR and Open POs - Additional time to ensure master data is successfully loaded, and business validation is obtained on all data objects - Additional time to ensure production environment is sound, tested and ready for deployment.
	Change Management impact	Delivery of multiple strategies to allow reduced change impact and to identify and address critical areas of readiness prior to Go-Live
	Training/ Capability Uplift impact	Elongation of training window from 5.5 weeks to 9.5 weeks to accommodate training of all 'Core Users' at a minimum, and where possible Primary and Secondary users – with a focus on refresher training where required.
	Business Readiness	Delivery of multiple strategies to improve overall statewide business readiness for Go-Live

3.3 Further details

Other Options	Recommendations	Comments
Nil		

4. Supporting evidence

1. FSR Program POAP – 23 May 2019.pdf
2. FSR Program – Critical Path Schedule 23 May 2019.pdf
3. FSR Program Key Dates – 1 Aug BGL.pdf
4. FSR Board Readiness Pack – 24 May 2019.pdf
5. FSR Cutover Date Position Paper Revised v0.4 *(Please See Agenda Item 2.3 – 24 May 2019)*

Change Request sign off

Approval of this document by the appropriate approval authority (depending on the rating of the Change) indicates support for the proposed change. Upon approval, a scanned copy of the request is to be forwarded to the Program Management Office FSR-PMO@health.qld.gov.au

This Change has been **raised** by (Program Manager):

Name: Rowan Strain

Position: Program Manager

Signature: _____ *Date:* _____

This Change is **supported** by (Program Director):

Name: Jesper Antonsen

Position: Program Director

Signature: _____ *Date:* _____

The PMO has **reviewed** this document

Name: Antje Taylor

Position: PMO Manager

Signature: Antje Taylor _____ *Date:* _____

The FSR Program Board has **endorsed/approved** this document

Name:

Position:

Signature: _____ *Date:* _____

FSR extension messaging

Key messages

- Significant work has been achieved across Queensland health in preparing for transition to S4/HANA. The technical system is ready.
- This change impacts over 15,000 people across the state and supports key functions that enable clinical service delivery (e.g. procure to pay and the way we get critical supplies to the front line).
- Change and training is critical for business continuity and a smooth transition. Across the system we are close to being ready, but we need to make sure that all key users are trained and know what to do when the system goes live.
- Our focus during the additional time is to ensure business integration and understanding of changed off system processes, training for all core users, and strengthened planning for cutover.
- It is also important that we make sure our suppliers are supported and ready for the change.

Narrative (internal)

On Friday last week the FSR Program Board met to discuss the status of readiness activities in preparation for S4/HANA go-live. It was acknowledged that an enormous amount of effort has been directed towards readiness activities and that significant progress has been made to prepare our people, systems and processes for change.

It was also recognised that staff across Queensland Health are managing many competing priorities, and that there is still more work to do before we are ready to transition to the new system. No change of this scale and complexity is without its challenges and I would like to thank each of you for your tireless efforts.

Based on the advice of the Board, the Director-General has endorsed a four-week extension to the S4/HANA business go-live date. This is a very complex change process for Queensland Health, being jointly delivered by 19 entities, and responsibility for the success of this system lies with us all. It's important that everyone involved in using the new system understands their individual role, so that critical processes like procure to pay are able to function smoothly and continue to enable clinical service delivery.

The Director-General's absolute priority is to ensure our people are supported during the change to S4/HANA. This extra time will allow additional focussed effort to four key areas:

1. Strengthening our system training, so that all core users have been offered training opportunities before the system goes live.
2. Better understanding of local business processes so front line staff understand changes to how they do their work, on and off the system.
3. Ensuring people know how to access the help and support they need during and after the system goes live.
4. Extra preparation activities around cutover planning, including additional cutover 'dress rehearsals' to ensure a smooth transition.

The FSR Program will work with Hospital and Health Services and the Department on a number of additional activities which will support them to be ready for transition. This will include scenario-based integration workshops across the state and focussed training of superusers to ensure local support mechanisms are in place.

It is important to understand that this extension does not impact on the technical delivery of the S4/HANA system. The system solution is already in pre-production with master data being loaded in readiness for business use. The extension to time will however allow users to log into the system before business go-live and validate that they have access to what they need.

To ensure a successful transition we need to consider how to best deliver this change across the state so that as a system we are collectively ready. Thank you for your ongoing support as we prepare the system and our people for go-live.

Narrative (external)

The new finance, business and logistics solution is in place and staff are currently training on it. It will be rolled out operationally over the next few months. It remains on track for a full roll-out mid-year.

This project allows us to modernise how we approach business and finance logistics – replacing a 20-year-old system with a modern system in place right around the world.

The software is in place and data is being loaded into the master data set. This data includes everything from third party business information, invoice details, good receipts and warehousing – pretty much everything a business needs to know to operate in a modern financial system. And Queensland Health is the state's biggest business.

The technical piece is done. The software works. It is rollout-ready.

Our focus now is on continuing the training and making sure our people are as confident as they can be in undertaking work in a different way.

We're in the last few months of training and preparation before the system comes into use across July and August.

We're fully training frequent and infrequent users of the new solution, ensuring there is full support around local processes.

The department will also undertake two full cutover simulations – effectively dress rehearsals – before the system comes into full use.

Timing

The new finance, business and logistics solution remains on track for a mid-year roll-out.

We are taking a final month to conduct an extra scenario implementation – effectively a full dress rehearsal – before the system comes into full use. The software works well and this is a good opportunity to improve integration at the local level.

Cost

Final cost will be known at the end of the project but Queensland Health does not require extra funding from government to finalise the project. Any extra costs are being managed within the existing Department of Health budget.

What about payroll?

This system is separate to payroll and will not impact how staff get paid.

Queensland Health is a different place from it was 10 years ago. We've put in place a lot of lessons from the past as part of this roll-out, including one-on-ones with key business support staff, dress-rehearsals before go-live, and more training.

Item	Date	Time	Format	Led by	Comments
Board endorsement of Change Request	Friday 24 May	1-3pm	Face to face	PMO	
Board Member Feedback on Change Request due to DDGCSD	Monday 27 May	12pm	Written	PMO	
Briefing Note submitted to DG	Monday 27 May	1pm	Brief	ODDG	
Decision communicated to DDG					
FSR Program Board (out of session) briefing	Tuesday 28 May	TBC	Teleconference	ODDG	To include discussion re how Board members can support increased prep activities (per Board discussion)
SLF / CEs briefing (out of session)	Tuesday 28 May	TBC	Teleconference	DG	Risk of media
CFO briefing	Tuesday 28 May	TBC	Teleconference	PMO	Risk of media DDGCSD to attend
QAO, DPC, Treasury, QGCIO briefings	Tuesday 28 May	TBC	Meetings	ODDG	DDG, CSD Program Director
Unions briefing	TBC	TBC	During routine union meeting	CHRO	
FSR Program Staff briefing	Tuesday 28 May	TBC	Face to face	PMO	DDGCSD to attend
Transition Leads briefing	Tuesday 28 May	TBC	Teleconference	PMO	From FSR Comms
CE key messaging released statewide by individual entities	Tuesday 28 May	TBC	Email		Email template provided by Program Risk of media
Audit and Risk Committee	Friday 31 May	TBC	Meeting	ODDG	DG DDG, CSD Program Director

Trish Nielsen

From: Special Broadcast <Special.Broadcast@health.qld.gov.au>
Sent: Wednesday, 29 May 2019 4:01 PM
To: Michael Walsh
Subject: FSR extension

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Special Broadcast

Barbara Phillips

Deputy Director-General
Corporate Services Division



Dear colleagues

On Friday last week the Financial System Renewal (FSR) Program Board met to discuss the status of readiness activities in preparation for S/4HANA go-live. It was acknowledged that an enormous amount of effort has been directed towards readiness activities and that significant progress has been made to prepare our people, systems and processes for change.

Thank you for all your work so far.

Although the technical piece is ready and the software works, we now need to ensure staff readiness and training has been completed and all processes to support the new system are in place.

No change of this scale and complexity is without its challenges and we want you to know that we have listened to the requests to allow our people some further preparation time before go-live.

Based on the advice of the Board, the Director-General yesterday endorsed a four-week extension to the S/4HANA business go-live date, to 1 August 2019.

This is a very complex change process for Queensland Health that is being jointly delivered by 19 entities. Responsibility for the success of this system lies with us all.

The Director-General's absolute priority is to ensure our people are supported during the change to S/4HANA. It's important that everyone involved in using the new system understands their individual role, so that critical processes like procure to pay are able to function smoothly and continue to enable clinical service delivery.

This extra time will allow additional focussed effort to four key areas:

1. Strengthening system training, so that all core users have been offered training opportunities before the system goes live.
2. Better understanding of local business processes so frontline staff understand changes to how they do their work, on and off the system.

3. Ensuring people know how to access the help and support they need during and after the system goes live.
4. Extra preparation activities around cutover planning, including additional cutover 'dress rehearsals' to ensure a smooth transition.

The FSR Program will work with Hospital and Health Services and the Department on additional activities to reinforce local readiness planning, including scenario-based integration workshops across the state and focussed training of superusers.

This extension does not impact on the technical delivery of the S/4HANA system. The system solution is currently in pre-production with master data being loaded in readiness for business use. The extension to time will however allow users to log into the system before business go-live and validate that they have access to what they need.

For the transition to be successful we all need to be ready, so that as a system we are collectively ready—and that responsibility lies with each of us. We need to do this together.

Thank you for your ongoing support as we prepare for go-live.

Kind regards

Barbara Phillips
Deputy Director-General
Corporate Services Division

Queensland Health

Queensland Government

33 Charlotte Street, Brisbane QLD 4000



**Queensland
Government**

This email was sent by Queensland Health - Strategic Communications Branch, 33 Charlotte St, Brisbane, QLD 4000, Australia to Michael.Walsh@health.qld.gov.au

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Trish Nielsen

From: Jesper Antonsen
Sent: Monday, 3 June 2019 11:12 AM
To: Michael Walsh; Barbara Phillips; Peter Bristow; Ian Moody; Robert Mackway-Jones; Melissa MacCabe; Shaun Drummond; Bruce Linaker
Cc: Rowan Strain (PWC); Catherine Borich; Jesper Antonsen (PWC)
Subject: Procure to pay video launch

Hi All

Just thought I would send this video link around. It covers the Procure to Pay and Inventory Management component of S4HANA. Remember it is not intended as a training video but rather familiarisation and business context.

https://youtu.be/cw_i_idiqAM

Please note this is not finalised and being edited as we speak. Should be finished this week and out with HHSs to supplement their training and localisation workshops.

Any questions please let me know.

Regards

Jesper

Get [Outlook for iOS](#)

From: Andrew Keller <andrew.keller2@health.qld.gov.au>

Sent: Monday, June 3, 2019 10:36 am

To: Jesper Antonsen

Subject: purchase req video

Hi Jesper,

Here is the latest draft of the purchase requisition video.

https://youtu.be/cw_i_idiqAM

Kind Regards,
Andrew.

Andrew Keller
Senior Communications Officer
Financial System Renewal (FSR) Program
Metro North Hospital and Health Service
Lobby 3 Level 1, Citilink Business Centre
153 Campbell Street, Bowen Hills Qld 4060
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Please note, I do not work Fridays.



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