

André Snoxall

Mr Clinton Howe MLA
Chair – Public Accounts Committee
Northern Territory Legislative Assembly

8th Dec 2025

Dear Mr Howe,

Supplementary Submission – Inquiry into the Acacia Digital Patient Record System

Further to my original submission lodged earlier this year, and in response to the Committee’s renewed call for evidence following the continued deployment of Acacia across NT Health sites, I wish to provide this supplementary submission for the Committee’s consideration.

This paper expands upon the evidentiary themes presented previously and draws on observations made since Acacia’s rollouts in Alice Springs, Tennant Creek and the re-introduction at Royal Darwin Hospital.

The core assertion remains unchanged: **Acacia’s implementation challenges are not just programme issues — they are systemic capability, accountability and governance failures that are now repeating across NT digital investments.**

To assist the Committee’s work, this submission outlines:

- structural drivers behind benefits leakage and unrealised digital value;
- maturity gaps in transition-to-operations planning and service ownership; and
- the effects of leadership churn and accountability discontinuity;

as well as the systemic disconnection between strategy, investment intent and patient outcomes.

It also sets out five reform principles drawn from recognised best practice frameworks (ITIL, PRINCE2 and Managing Successful Programmes) and from lived experience delivering electronic health record systems in multiple jurisdictions.

These reform principles focus not on blame, but on stewardship, continuity, transparency, service delivery capability and benefits-led accountability. If adopted, they may materially reduce the risk of future programme failure and strengthen public confidence in NT digital health governance.

I submit this paper constructively, in the public interest, and with the intention of supporting the Committee’s objective to identify lessons of enduring value for digital service delivery in the Northern Territory.

Should the Committee wish to hear further evidence or technical elaboration, I would be willing to appear in person or by video link.

Yours sincerely,

André Snoxall

Executive Summary

This supplementary submission expands upon earlier evidence and reflects developments since the Acacia system's deployment across Alice Springs, Tennant Creek and its re-introduction into the RDH Emergency Department.

The central finding remains unchanged: Acacia's weaknesses are not isolated technical issues, but symptoms of structural failure in benefits governance, transition planning, and accountability.

Across multiple NT digital reforms spanning more than a decade, the same behaviours recur:

- business cases that promise benefits which are neither measurable nor owned;
- digital investments pursued without clear linkage to clinical outcomes, service efficiency, or patient experience;
- transition to operational ownership either absent or significantly delayed, with programme teams retaining control of key service functions well beyond go-live; and
- leadership churn that creates institutional amnesia and erodes accountability over time.

The consequence is that systems are delivered but service improvement is not. Paper-based processes persist, digital channels are underutilised, and patients do not experience the benefits implied in the original investment cases.

This paper proposes five structural reforms to break this pattern:

1. Mandate benefits-led commissioning and tracking.
2. Require operational funding to be secured before implementation.
3. Treat transition-to-operations as a governed acceptance gateway.
4. Bind Board accountability to outcomes beyond tenure.
5. Lift capability maturity within central ICT functions.

These recommendations are grounded in recognised frameworks (ITIL, PRINCE2, Managing Successful Programmes) and in lived experience across NT Health and other jurisdictions. They are offered to support learning, strengthen governance and ensure that future digital investments deliver lasting value for the Northern Territory

Supplementary Submission – Systemic Reform Principles

1. Introduction

This supplementary submission responds to the Committee’s renewed call for evidence and reflects developments since the initial Acacia deployment and wider system rollouts at Alice Springs, Tennant Creek and RDH Emergency.

It builds on my original submission by identifying structural reform principles that address governance weaknesses, accountability gaps and future safeguards for digital health investments in the Northern Territory.

2. Observations of Systemic Failure

Across Acacia and preceding NT Health digital programmes, four systemic deficiencies are consistently visible:

2.1 Lack of benefits-led governance

Business cases frequently articulate high-level aspirations rather than measurable outcomes with baselines, targets and clear ownership. System delivery is treated as success even where service outcomes do not materially improve.

2.2 Absence of strategy alignment

Investments in electronic patient records and related technologies have often been pursued without robust linkage to Trust or agency strategies and health outcome targets. Technology has been implemented for its own sake rather than as an instrument to improve clinical outcomes, safety, patient experience or efficiency.

2.3 Failure to transition services into operations

Acacia has remained under programme control well beyond go-live. Operational functions such as configuration, reporting, security (including RBAC), integration monitoring and application support have not been fully transferred into a defined operational structure, leading to diffuse accountability and erosion of benefits.

2.4 Leadership volatility and institutional amnesia

Frequent changes in senior leadership and governance bodies have created accountability gaps, allowing decisions and their consequences to fall between different tenures without clear stewardship or continuous learning.

3. Why Transition to Operations is Critical

A recurring weakness in NT Health digital initiatives is inadequate planning and execution of transition-to-operations.

In Acacia, core service management functions normally owned by operations have remained with programme teams. This has contributed to:

- prolonged stabilisation and extended reliance on project staff;
- unclear lines of accountability for incidents, change and configuration;

- duplication of effort and inconsistent processes; and
- benefits leakage, as operational teams are not empowered or equipped to own service improvement.

Where contractors hold key roles, tacit knowledge is lost as they exit, further weakening organisational learning. Best practice (ITIL, PRINCE2, MSP) is clear that transition-to-operations must be designed from the outset, properly resourced and governed as a milestone, not treated as an afterthought once systems are live.

4. Consequences for Patients and Services

The practical consequences are visible at the frontline. Despite substantial investment, Trusts can still be left:

- typing and issuing discharge summaries on paper;
- mailing prescriptions through the post;
- failing to publish diagnostic results and correspondence to digital channels; and
- requiring patients to use manual processes to access their own records.

These are not primarily technology limitations; they reflect failures of governance, service design and ownership. Systems have changed, but the experience for patients and staff has not changed to the extent promised in original business cases.

5. Recommended Reform Principles

To break this pattern and reduce the risk of future failures, I recommend that the Committee consider the following structural reforms:

5.1 Benefits-led commissioning

Require all major digital business cases to include measurable benefit profiles with baselines, targets, and identified benefit owners whose responsibilities extend beyond programme life.

5.2 Operational funding secured pre-implementation

No major system should proceed without confirmed operational budgets and resourcing for support tiers, configuration stewardship, role-based access control (RBAC) administration, data quality and reporting functions.

5.3 Transition-to-operations as a gated milestone

Treat handover to operations as a formal gateway with defined acceptance criteria (documentation, run books, monitoring, DR, trained staff and embedded reporting). Programme closure should be contingent on this gateway being passed.

5.4 Accountability beyond tenure

Establish expectations that outgoing Boards and leadership teams provide formal handover reports detailing the status of major digital investments and expected benefits, and that incoming Boards accept ongoing responsibility for these outcomes.

5.5 Capability uplift in central ICT functions

Require central ICT bodies responsible for health and government digital services to demonstrate service management maturity, transparent performance reporting and continuous improvement in cost-effectiveness and user experience.

6. Conclusion

Acacia's difficulties are not isolated anomalies; they are manifestations of broader patterns in NT digital governance. Without reforms that strengthen benefits-led commissioning, transition discipline, operational capability and enduring accountability, these patterns will recur in future programmes.

The recommendations in this paper are offered constructively to assist the Committee in identifying lessons of enduring value and to support a more robust, outcome-focused approach to digital investment and governance across the Northern Territory.

Annex – Failure and Reform Loops (Conceptual Model)

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Current Failure Loop

Weak benefits case → focus on system go-live → inadequate transition to operations → benefits leakage and unresolved operational issues → leadership/Board churn and accountability gaps → pattern repeats in subsequent programmes.

Reform Loop (Desired Future State)

Benefits-led commissioning → design and delivery focused on service outcomes → governed transition-to-operations with clear ownership → benefits tracked and reported in BAU → accountability maintained beyond tenure → continuous improvement and organisational learning.