

Mr Clinton Howe MLA  
Chair  
Public Accounts Committee  
GPO Box 3721, Darwin NT 0801  
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Dear Chair

**RE: Questions on Notice**

Thank you for the opportunity to appear before the Public Accounts Committee on 17 February 2026 as part of the Acacia Digital Patient Record System Inquiry. I appreciated the chance to contribute to the Committee's important work and valued the thoughtful questions posed during the hearing.

As requested, I am pleased to provide the Committee with responses to the questions taken on notice. These are set out below for ease of reference:

**Q1 - Can you please clarify for the committee the risks and ongoing costs associated with maintaining the five different systems that we have replaced?**

The ongoing risks as defined in the Core Clinical Systems Renewal Program (CCSRP) Business Case v4.19 17 January 2016:

*"The ongoing risk assessment is an assessment of the current state risks and how the risk profile changes over time. Within the context of the CSSR Program, changes to the risk profile will be negatively impacted through the escalation of the current operational problems or positively impacted through the implementation of a new solution to reduce or mitigate the current operational risks.*

*Key risks include:*

- *Sentinel events occur due to IT system failure*
- *Adverse clinical outcomes occur due to unavailable, incomplete or incorrect essential clinical information at point-of-care delivery*
- *Reduced operational effectiveness due to IT systems not supporting efficient work practices*
- *Reduced operational effectiveness due to IT system failure*
- *Failure to collect revenue due to IT systems not supporting efficient work practices"*

For the period 2019-20 to December 2025 the estimated cost to operate legacy systems is below.

Legacy Systems Support and Maintenance (BAU)	\$000
Personnel	4,811
Support and maintenance	17,934
Data hosting	5,645
Total	28,391

Q2 - Can you please provide a breakdown of the budget spent per functional group that has been achieved?

Acacia	\$000
Core Clinical System – foundational system work	31,309
End user device preparation and enablement	1,765
Enterprise Master Person Index – unique patient directory	5,613
Health Interoperability Platform – integration with other systems	24,897
Summary of Care View	91
Procurement / Contract Management/Legal	3,940
Program Support Functions	36,492
Functional Group 0 - Legacy Data Conversion ( <b>complete</b> )	33,448
Functional Group 1 – Patient Admin + Core Clinicals ( <b>complete</b> )	163,394
Functional Group 2 – Orders, Results and Clinical Docs (in progress)	5,526
Functional Group 3 – Electronic Medications Management (on hold)	11,111
Functional Group 4 – Community and Primary Care (on hold)	1,985
Program Total	319,571

Q3 - Can the Department of Health please provide an understanding of where the \$24M in internal reprioritisations of the NT Health's budget in October 2023—what projects or areas was that money reallocated from?

The \$24 million reprioritisation for ACACIA was split over 2 financial years, \$10 million in 2024-25 and \$14 million in 2025-26. This was applied as a bottom-line efficiency across the Hospital and Support Services output.

Managing the reduction at the output level preserved baseline program and service allocations and avoided material changes to individual program budgets.

Should the Committee require any further information or clarification, I would be happy to assist.  
Thank you again for the opportunity to participate in the Inquiry.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Chris Hosking', with a long vertical line extending downwards from the end of the signature.

Chris Hosking  
Chief Executive  
12. March 2026