



**LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

**STANDING COMMITTEE ON PUBLIC ACCOUNTS AND
ADMINISTRATION**

(Reference: [Inquiry into Auditor-General Reports 10/2024: Safer Families Levy and 13/2024: Invoicing and Payment for Digital Health Record Hosting Services](#))

Members:

**MR J MILLIGAN (Chair)
MS F CARRICK (Deputy Chair)
MS C TOUGH**

TRANSCRIPT OF EVIDENCE

CANBERRA

MONDAY, 14 OCTOBER 2025

**Secretary to the committee:
Ms S Milne (Ph: 6205 0435)**

By authority of the Legislative Assembly for the Australian Capital Territory

Submissions, answers to questions on notice and other documents, including requests for clarification of the transcript of evidence, relevant to this inquiry that have been authorised for publication by the committee may be obtained from the Legislative Assembly website.

WITNESSES

BOERSIG, DR JOHN , Chief Executive Officer, Legal Aid Commission ACT.....	1
BOGIATZIS, MS VASILIKI , Acting Executive Group Manager, Inclusion Division, Health and Community Services Directorate	22
CRIMMINS, MS FRANCES , Chief Executive Officer, YWCA Canberra.....	1
DYALL, MS MIMI , Acting Executive Branch Manager, Domestic, Family and Sexual Violence Office, Health and Community Services Directorate	22
GANESHALINGHAM, MR MUKU , Chief Finance Officer, Corporate and Governance Division, Health and Community Services Directorate.....	34
GARRETT, MS CHERYL , Executive Branch Manager Governance and Risk, Corporate and Governance Division, Health and Community Services Directorate	34
HARRIS, MR MICHAEL , Auditor-General, ACT Audit Office	11
HUDSON, MS ROBYN , Deputy Director-General, Policy and Transformation, Health and Community Services Directorate	34
KAUFMANN, MR HOLGER , Chief Information Officer, Digital Canberra	34
PATERSON, DR MARISA , Minister for Police, Fire and Emergency Services, Minister for Women, Minister for the Prevention of Domestic, Family and Sexual Violence, Minister for Corrections and Minister for Gaming Reform	22
STANTON, MR BRETT , Assistant Auditor-General, Performance Audit, ACT Audit Office.....	11
STEPHEN-SMITH, MS RACHEL , Minister for Health, Minister for Mental Health, Minister for Finance and Minister for the Public Service	34
WEBECK, MS SUE , Chief Executive Officer, Domestic Violence Crisis Service	1

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Amended 20 May 2013

The committee met at 12.30 pm.

BOERSIG, DR JOHN, Chief Executive Officer, Legal Aid Commission ACT
CRIMMINS, MS FRANCES, Chief Executive Officer, YWCA Canberra
WEBECK, MS SUE, Chief Executive Officer, Domestic Violence Crisis Service

THE CHAIR: Good afternoon and welcome to this public hearing of the Standing Committee on Public Accounts and Administration for its inquiry into the Auditor-General performance audit reports 10/2024 on the Safer Families Levy and the invoicing and payments for Digital Health Record hosting services. The committee will today hear from a panel of community organisations, the ACT Auditor-General's office, the Minister for the Prevention of Family and Domestic Violence, and the Minister for Health.

The committee wishes to acknowledge the traditional custodians of the land that we are meeting on, the Ngunnawal people. We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region. We also would like to acknowledge and welcome other Aboriginal and Torres Strait Islander people who may be attending today's event or watching online.

This hearing is a legal proceeding of the Assembly and has the same standing as proceedings of the Assembly itself. Therefore, today's evidence attracts parliamentary privilege. The giving of false or misleading evidence is a serious matter and may be regarded as contempt of the Assembly. The hearings are being recorded and transcribed by Hansard and will be published. The proceedings are also being broadcast and web-streamed live. When taking a question on notice, if you could use words to the effect of "I will take that question on notice", it will help the committee and witnesses to confirm from the transcript the questions that have been taken on notice.

We welcome witnesses from Legal Aid, the YWCA and the Domestic Violence Crisis Service. You are all welcome to make an opening statement, if you would like to, and then we will go to questions.

Dr Boersig: I will be brief. The money from the Safer Families Levy is used in Legal Aid for frontline services. It has made a real difference in the services we can provide. It is used every day of the week, either in the Health Justice Partnership or in our Navigator program. They are the primary drivers. We are very thankful for the funding. It is sadly an ongoing issue in terms of service. We are part of a wraparound service that is provided by a range of organisations, some of whom are here today. There is particularly our relationship with DVCS in that context. Without this funding, we would struggle to deliver the volume and type of service we now do.

Ms Webeck: DVCS welcomes the opportunity to participate in the hearing today. I note that the Safer Families Levy forms a key structure of the funding model for the Domestic Violence Crisis Service. Anything that moves us towards a greater level of transparency but also sustainability—as is attached to that money, as it comes out in funding contracts—is a really important step forward. Canberrans who are contributing to this levy have an expectation that, if they need a service that is supposedly funded in part by this levy, the service would be available to them to be utilised. DVCS continues to suffer the impacts of increased demand and the increased cost of service delivery,

which means that not all Canberrans will be able to get through our crisis line or the process to intake for many of our programs, because we simply do not have the money to meet the demand of the community. It is of deep interest to us that the Safer Families Levy is positioned in a way to grow interventions in the ACT and ensure that community members who need services from a range of agencies delivering domestic, family and sexual violence responses and prevention in the ACT have equitable access to those services.

Ms Crimmins: We also welcome the opportunity to give evidence today. We agree with the findings of the report, especially regarding issues of transparency, strategic management and management of the levy. As a provider of domestic violence and housing support services, YWCA Canberra really welcomed the announcement of the Safer Families Levy in 2016, believing it would go towards vital frontline services and responses. Our submission draws attention to the timeline of the audit process and our involvement, as well as our broad support for the recommendations and opportunities into the future.

While we note that, since the 2023-24 budget, the majority of levy revenue has gone to non-government initiatives, as the Audit Office found, this was not always the case. YWCA Canberra was vocal in our advocacy regarding issues around transparency and prioritisation. Despite our very best efforts, it was often difficult to decipher the particular line items the budget referred to. Duplication of line items, initiatives and vague descriptors were frustratingly common. What was clear, however, was the prioritisation of government operations at the expense of services that people leaving violence rely on. The greatest line item allocations were typically set aside for delivering the Family Safety Hub, the Safer Families team and training. For this reason, we do not agree with the ACT government's submission that the audit report found that all funds from the levy had gone towards addressing domestic, family and sexual violence.

THE CHAIR: Thank you very much for the opening statements. I will kick off with the first couple of questions and then we will move down the table. Feel free to respond to the questions. Because we have limited time, could you be as direct as possible. That will certainly help the committee with its report and recommendations. Firstly, Mr Boersig, you mentioned that the levy has helped you provide additional services to people who are facing family and domestic violence. In your submission, you state that the commission assisted a little over 2,600 clients who have experienced family and domestic violence. That was in the 2023-24 financial year. How much of that assistance did the levy assist you with in providing that support?

Dr Boersig: There are two parts to that question. One goes to the nature of the services we use. The Health Justice Partnership is a more intensive service. With that we place lawyers inside both hospitals in Canberra—at the hospital in Woden five days a week and at the North Canberra Hospital four days a week. The volume differs each day. Sometimes there are four or five people and sometimes there are two people during the course of a week. These services are only part of the services for the overall 2,600 clients, but the importance of them is that you are meeting with people at their point of crisis. By and large, women come in to the obstetrics and gynaecological units. Key issues are domestic violence and care and protection, although we pull in a whole raft of issues from that—for example, tenancy. The other program is Navigator. That is

based inside the courthouse. The person is like a greeter—someone who greets and directs people. The numbers there are relatively large, in the sense that they are seeing people and referring them to both Legal Aid and DVCS.

THE CHAIR: Did your funding increase since the levy commenced?

Dr Boersig: Yes.

THE CHAIR: Do you think that amount of funding is enough? You are looking into a crystal ball, in a sense, but has there been an increase in the assistance needed? If so, has that increase occurred over the last several years? And is the funding matching that?

Dr Boersig: I was listening to Sue talking about this a minute ago. Sadly, no; it is not. The demand for all our services continues to be a driver for what we need to provide. For places like Legal Aid, the means test is very tight, in terms of the people we can add. In terms of our duty service, we open that door as much as we can. And, in terms of the quality that is provided, the necessary relationship we have with DVCS is what makes it work for people who come before us. It is about the legal, social and economic solutions.

THE CHAIR: Ms Webeck, I refer to your submission. You mentioned that the Domestic Violence Prevention Council was paused during caretaker mode and was never brought back online. Is that correct?

Ms Webeck: Yes. The DVPC was put into hiatus, as per caretaker conventions. However, following the election, it was further communicated that it would be held in hiatus while new governance mechanisms were considered. However, nothing has eventuated at this time. A couple of the governance mechanisms that engage government agencies as well as non-government agencies are currently not meeting.

THE CHAIR: To follow up, can you elaborate a bit more on the effectiveness if we were to champion this program to come back online? What sort of engagement and positive outcome does this program have?

Ms Webeck: The Domestic Violence Prevention Council, which operates like most ministerial councils, has previously provided advice to government with regard to coercive control, frontline police services, legal agencies' engagement around coercive control, and advice around how to move forward. It provides an avenue for those who do not sit inside government agencies to provide strategic advice regarding responses to domestic violence and sexual violence within the community and to help shape some of the policy agenda and some of the collaborative efforts. Often government makes decisions regarding interventions around domestic and family violence, and then frontline agencies receive that funding and have to manage the risk associated with those programs, but also manage the intersecting impacts of those programs, which might be staff shortages or a proposal around a program that cuts across other programs that are already in existence. A governance mechanism like the DVPC allows for a forum for those conversations and the community's interest to be centred in the government policy agendas.

THE CHAIR: Ms Crimmins, I cannot leave you there without asking you a question.

Your submission addresses the need for consolidated funding for DVA programs to provide reliability of service. How does the government currently work with you to elevate these program deliveries?

Ms Crimmins: As more pressure came on money to move to the front line, money was allocated in what we would describe as a piecemeal rate. It also happened to fall at the same time that the federal government was distributing more funds to frontline services. We got a small amount of funding about three years ago which we believe was a pass-through from the federal government. In the second year, we received money from the Safer Families Levy. This year, we received more funding for children's workers. The first round of funding was for two workers—we are talking about \$350,000—and it ends in June 2026. The next one will end the following year. If we do not have certainty and start putting in some strategic thinking, I will be left with two workers, children and no support for their protective parents. That is why I am saying it is disjointed and we need to get the strategic plan in place and not just do it in a piecemeal way.

I know everybody wants funding, but we need to have a coordinated strategic approach. We need to start with prevention and go all the way through to healing and recovery. That is what having the Domestic Violence Prevention Council back online could help govern, but we really need the strategy completed. There is a listening report going on right now, but we need genuine listening and consultation with all the frontline intersections so we know that there will not be cliffs for everybody. As you can see, it would be pretty hard to support the children's workers without funding to support the protective parent. This is just one example.

THE CHAIR: Obviously, this will benefit the community.

Ms Crimmins: Absolutely.

THE CHAIR: How can you sell that to us?

Ms Crimmins: That we need to get the strategy online?

THE CHAIR: Yes—and funding.

Ms Crimmins: We need transparency of both the federal government funding that goes out to states and territories and the allocation of the levy. The challenge for us over the years has been that it is very hard to read the budget papers and see that transparency. It is in just one big plonk: family safety help. What does that mean?

THE CHAIR: Thank you very much.

MS CARRICK: My questions are around policy development and reporting. Were you saying that the Domestic Violence Prevention Council is no longer meeting at the moment?

Ms Webeck: That is correct.

MS CARRICK: It is supposed to identify gaps and opportunities and advise

government. If that is not meeting, how is the government reaching out to the frontline services to get your expertise in order to identify the gaps, needs and opportunities?

Ms Webeck: There are a number of consultation processes underway by consultants who have been hired to work on particular areas of development in the ACT. That includes the strategy to end domestic, family and sexual violence in the ACT. There is also the Risk Assessment Management Framework document. I would say that, over the last number of years—roughly the last five years in earnest but eight years in total—there has been a rapid expansion of government agency policy positions and policy objectives that at times are operating without frontline service delivery, knowledge, experience or connection.

When somebody is asking a question about a particular policy reform piece, it is very difficult to work out who else is being asked. Frontline agencies have a long and proud history of being collaborative in the advice that we provide to make sure that nobody is left behind. However, currently it is very difficult to understand who else might be being spoken to and whether all the right people are getting an opportunity to have a say in the direction moving forward. Also, we know that a number of decisions, particularly procurement decisions around bringing in consultants, have occurred without any consultation with the sector, regarding the timing of those consultations to be undertaken but also the impact they have on frontline agencies, such as when a consultant is employed to do a level of work that requires us to front up to hours of consultation and provide hours of our expertise and our frontline staff to participate. We know that those decisions are not happening in consultation with the specialist sector—the primary response sector—or the secondary response sector.

MS CARRICK: Should the Domestic Violence Prevention Council be included in consultation with the sector and with the consultant to get the strategy, the action plans and the evaluation framework up?

Ms Webeck: We certainly provided feedback, in the limited opportunities we had in that space, that talked about the need for a governance mechanism that had a level of shared responsibility. I note that government have their own processes around policy reform, but there are also budget submissions and the like. Non-government specialist agencies do not have access to that. We do not get that throughput. There are regular meetings with ministers for government agencies and government representatives. We talked about the need for a sector governance mechanism that provides advice directly to government, the public service, but also the minister. Whether that will be an outcome of the strategy consultation, I do not know.

I do not necessarily believe that the DVPC is the right mechanism for the territory moving forward, but the very live question goes to: there must be a governance mechanism that enables those who are doing the work on the ground and have decades of expertise to participate in the strategic direction and the policy reform work across the ACT.

MS CARRICK: Thank you. Assumably, the strategy, the action plans and the evaluation frameworks will be ongoing. Things are always changing and there are complexities, so your voices need to be heard somewhere along the line to feed into the changes that will need to be made over time.

Ms Webeck: Yes.

MS CARRICK: Perhaps the impact code the consultant is doing will provide some advice about the sort of governance body that would suit the ACT.

Ms Webeck: I am not 100 per cent sure. The consultations were done in a way which meant that DVCS did not have an opportunity to consult alongside our sector colleagues. We were a kind of consultant in DVCS meetings. I am not sure what other colleagues across the sector provided with regard to that or what questions were posed in that space. What I am certainly hearing from colleagues across the sector is concern around the lack of a governance mechanism and the need for that to be put in place. Otherwise, we will have government agencies overseeing the implementation of a strategy that, in many ways, is likely to form part of their work plan. That requires insight and input from non-government agencies.

Ms Crimmins: In terms of the Auditor-General's recommendations, there is the strategy, because that will be the mechanism for transparency. The focus of the report is that there has not been transparency on how the funds have been allocated. And, if they have been allocated to government initiatives—for example, the training of the ACT public service—that might have merit, but we never saw transparency on the evaluation report, for example. We can see through the budget lines that evaluations have been commissioned, but they have never been released. This all goes to transparency on how the money is allocated—that it must go to the front line—and then we need to see evaluation and also data collection. That is another key feature that the Auditor-General's office picked up: we are not collecting the data and joining it. That includes data from ACT Policing. We are not following the same standards that, for example, the New South Wales Bureau of Crime Statistics and Research have on their data around domestic, family and sexual violence and how they use that in their planning. There are some good examples.

Those are the key recommendations of the Auditor-General's report, and for us it is about transparency. It is also about transparency for the ratepayers in Canberra—the levy is about to go to \$70 per year—on how that funding is being used, and knowing that services like DVCS, Legal Aid and YWCA Canberra are transparently also doing what we said we would do with the funds. It is about accountability both ways. It is hard to get your head around it right now.

MS CARRICK: Yes. I find it hard to get my head around it. In the budget, there are some nice tables that set out initiatives. You mentioned two programs. The fact sheet talks about programs and the annual report mentions a few programs. I cannot make head nor tail of what the needs are and the program that is designed to meet the needs. Are initiatives a subgroup of a program? There are dollars against the 2024-25 initiatives, but in the annual report there is no financial outcome for them, let alone a performance outcome. In the performance stuff, there is one line item that says that they will deliver a ministerial statement for the output. That is another language: outputs. So you get outputs, programs and initiatives. To me, it is a big blur.

Ms Webeck: There is also the reality that, on top of those, you have what the territory reports through to the commonwealth with regard to the national partnership agreement.

At times it is very difficult to see what is being reported in the program, or to understand that what is being reported was experienced quite differently on the ground. We need transparency around what is being funded from the Safer Families Levy, what is being funded from the national partnership agreement, and what is being funded from consolidated revenue, and the pathway between them. That is another complicating factor: how we understand what is being funded and for how long, and whether that aligns with community expectations.

We have examples of funding being allocated in the outyears in the budget and being announced as four years worth of funding, but we were only offered a one-year contract. That prohibits us from providing potentially longer term employment for somebody, which is also part of the Secure Local Jobs Code, which costs us money to manage. And we cannot see the line that shows whether it is because the money is going to transition between different budget lines and whether there is a plan to move it from a try, test and learn environment to a program environment. That is the other layer of transparency that the Auditor-General's report also struggled with.

MS TOUGH: You talked about the funding going to frontline services. When you have previously appeared at estimates and other things, you have said that often the money is for the frontline workers, not necessarily the entire organisation. In the situation where it goes to frontline workers, are we talking about it going to the organisation as a whole or is it specifically for the front line, and the back-end side of things does not get funding?

Ms Crimmins: It is very specific for frontline services. In our budget submission, we just put the wages for those employees and on-costs—all of their annual leave entitlements et cetera. That is what is funded for the YWCA, not the back-of-house function. We absorb that.

Dr Boersig: It is the same for us. I think the appropriation is to the department and then we contract with the department. That is why we can see some monies in the outyears, but our contracts only go for one or two years at a time and are rolled over. I endorse what Frances was saying. You have heard a lot about commissioning—why that is important to keep people in the sector and help it grow. I think that is why it is happening.

Ms Webeck: Ours is a little different at times. It depends on what we are talking about, but we certainly have some funding that is about a base-line uplift for the service. It does not specify what we can and cannot necessarily spend it on, but it will increasingly go to frontline numbers. Probably over the last six years, there has been a shift in the territory. There are now lots of particular programs being procured to full-time equivalent workers, which is also difficult if you are working in a collaborative space with another agency—the expectation that you will have two people there every day, but the funding does not take into consideration that people have to do professional learning, they have sick days, they have annual leave days, and all of those types of things.

MS TOUGH: We have talked about this before. When it is for the front line, would it be helpful to have a portion for the back of house, regarding the way things are designed, or is it that the funding for the sector more broadly needs to look at that?

Ms Crimmins: Some work is occurring on funding and sustainability. A frontline worker cannot exist without somebody paying them. But it is even more critical than that: it is about their work health and safety. We have an outreach model, so they have cars. There is the work health and safety that goes with that. In terms of mobile phones, they need connectivity back to the office, to staff. We need to look at that. That is the indirect front line. We have to start factoring in the indirect costs to provide a frontline service.

Ms Webeck: There is work to be done to actually ask agencies what it costs to deliver a service or deliver a program, noting the risk that we hold. Ours is a 24-hour service delivery model, which means that our costs are variable over the week and the time of day. There has been no discussion about: what does it look like to do A, B, C, D and E, and what would the reality of the on-cost be? Often you find that there is a cap. You are allowed a 15 per cent on-cost, and that does not cover the need for things like supervision, trauma-informed professional development etcetera.

MS TOUGH: What would you say are the greatest challenges being faced in the ACT community with regard to family, domestic and sexual violence at the moment? And how could funding from the Safer Families Levy help address that? That is a really big question—sorry.

Ms Webeck: Canberrans are hurting. More and more Canberrans are excluded from particular programs because they are not leaving violence, they do not want to leave or they want to be able to create safety around the violence, but so many of the targeted campaigns and outputs, and also funding environments, require someone to be leaving or to have left. Canberrans are in a situation where, when they need the support of a frontline service crisis response agency, they do not always get through. We have people waiting three or four days for us to get back to them. The timeframe is gone at that point. That is one of the biggest risks in the ACT and the greatest hurt for Canberrans at the moment.

Ms Crimmins: In terms of the work that we do, in working in partnership with DVCS, we are getting a lot of women quietly approaching us through the Domestic Violence Support Service. They may not necessarily be ready to leave, but they are seeking a safe private response. Having one of our staff members say, “I’ll meet you at the Dickson library and we can have a chat” or “I’ll meet you after you’ve done the school drop-off” is really important. That is where we might be able to work in partnership. Hopefully we are doing more of that before we are at the crisis end and there is a police response.

Dr Boersig: I agree with that. I underline the needs of the CALD community in particular and being able to respond to people in a different environment. The strategies you need for that are often quite different to the non-CALD community.

MS CARRICK: Is that gap or that need being fed through to the strategy? And are those things being heard?

Ms Webeck: We will see that over time. We have had the circulation of a listening report, which is now being reconsidered—to be provided back to government, back to

the minister. Certainly, there is a lot of conversation across the sector around the need to resource partnership and support for community members, the evolving understanding of people's experience of domestic and family violence as it relates to their intersectional lived experience, and providing appropriate and responsive services.

Given that the ways of feeding information in are broadly through consultants, we will not necessarily get to see what is put forward to government and what they choose to adopt or not adopt. There is certainly a strong sentiment across the ACT that, while we continue to fund new initiatives without actually stabilising the base core programs and services across the ACT, we are actually setting everybody up to fail. We need to steady the ship a bit to make sure that everybody is getting an appropriate responsive service while we are building the capacity of the rest of the sector as well.

Ms Crimmins: We have to address the key gap in data quality and availability as our policy landscape continues to evolve. In our submission, you will see we refer to ACT police data. Reporting remains a significant barrier to understanding violence in the community. In relation to current sexual violence reporting or domestic and family violence incident reporting, there is no further analysis available on age, behaviours, gender, relationships of parties or trends over time. YWCA considers that the limited usability of reported data reflects broader issues in our data quality, research and expertise throughout the whole domestic, family and sexual violence policy landscape in the ACT.

This is something that the Auditor-General noted. It was absent in all of the evidence behind the decisions we saw when the fund was first rolled out. There really is limited evidence for the Domestic, Family and Sexual Violence Office to take into account. We have listed in our submission good examples of how we can better improve use of data, including live data of people at risk of crisis.

MS CARRICK: If the council is not doing the work, who is responsible for policy development, making sure that the data is available or collected to inform the policy development, knowing where the gaps are, and ensuring that there is no duplication across the sector? Who is responsible for all that?

Ms Crimmins: I would have assumed that it is the office of the Coordinator-General for Domestic, Family and Sexual Violence or the Domestic, Family and Sexual Violence Office.

Ms Webeck: I would say that some reform work also comes out of the Justice and Community Safety Directorate. We have conversational input in that regard. The only caveat that I would put on data is the fact that non-government agencies contracted to the ACT government are required to provide a prolific amount of data and a prolific amount of analysis of that data in our reporting requirements. It is also in our annual reporting requirements—particularly our ACNC registrations and those sorts of things. There are government agencies with regard to courts, policing or the work coming out of the Domestic, Family and Sexual Violence Office or the Office of the Coordinator General for Domestic, Family and Sexual Violence. The analysis and the utilisation of data there is quite limited, but we are providing a prolific amount of data and we have prolific amounts of behaviour profiling, perpetrator behaviour mapping, and experiences of domestic and family violence across the ACT. They are not necessarily

being used to inform the policy, the funding allocations or moves forward, but our reporting is quite extensive.

Dr Boersig: That underlines why the office of the coordinator-general is so important. As you have heard here, there is a whole range of programs that criss-cross other government departments. They collect data that is sometimes more relevant to, say, the courts, tribunals and JACs. That is why this office will be very important in terms of playing a coordinating role. Hopefully that is something that will come through as well.

Ms Webeck: I would hope to share your enthusiasm on that, John. Unfortunately, to date we have not necessarily seen the product of that investment from government, whether that has been through the Safer Families Levy or through consolidated revenue. That continues to be of great concern, when you see significant expenditure into government policy reform areas that outstrips the investment in a 24-hour crisis service. We are not seeing coordinated analysis of work moving forward, and we are seeing a large volume of consultancies brought in to action the activity that many of us assumed was going to be coordinated and actually delivered by the FTE sitting within that government agency.

THE CHAIR: On behalf of the committee, thank you for attending today. We certainly got very good use of the additional time that we gave to this session. As I understand it, no questions were taken on notice, so I do not need to go through that script. Thank you.

Hearing suspended from 1.11 to 1.51 pm.

HARRIS, MR MICHAEL, Auditor-General, ACT Audit Office
STANTON, MR BRETT, Assistant Auditor-General, Performance Audit, ACT Audit Office

THE CHAIR: We now welcome witnesses from the ACT Audit Office. We can go to opening statements, if you have one to make, or we can go straight to questioning. If you do prefer that we handle one matter before the other, please let us know. I am totally flexible in that regard.

Mr Harris: It is entirely up to you; I do not mind. Whichever one you want to start with is fine with me, and I do not feel the need to make any sort of opening statement. I am happy to go to questions.

THE CHAIR: Excellent. We will go straight to questions.

MS TOUGH: I will start on Safer Families, just because we had Safer Families before the break. The government agreed to all four of the recommendations in the Auditor-General's *Safer Families Levy* report. Do you have any thoughts on the creation and inclusion of the "Addressing family, domestic and sexual violence" budget factsheet in the *Budget outlook* and whether this appropriately addresses the first recommendation in your report?

Mr Harris: It was pleasing to see that the government accepted the recommendations, and I would be the first to acknowledge that there has been significant improvement. I think perhaps the biggest issue that we found in relation to this audit as we were going through it was the dissatisfaction in the community about not only the type of project that was being funded but also the lack of information that was available to them about how those projects were selected in the first place; how they actually contributed to making a difference, in the second place; and, in the third place, how they were evaluated and assessed. As part of that, the lack of measurement criteria that was attached to many of them was an issue from the community perspective. It was largely—not entirely but largely—community interest and feedback that led us to this audit in the first place.

The answer to your question is yes; I think it will improve reporting and transparency. I think there is an obligation to continue to reconnect with the community to make sure that that is the case and that their expectations are being met as far as those three points that I made earlier are concerned.

I think it is also important to recognise that, given this levy is increasing from its original, I think, \$30 per household to something approaching \$70 per household, we are talking a significant amount of money. I think something approaching \$50 million in revenue had been raised at the time of this report and, over the ensuing years, that is going to increase quite substantially. So we are not talking about petty cash here; we are talking about significant amounts of money and significant programs in an area which requires significant attention and has done for some time.

MS TOUGH: The report also recommended clear principles dictating how the money is collected and spent—and I guess that goes to that transparency around, "This is not a small amount of money; it is a lot of money being collected." There are seven publicly

available principles that the government developed with stakeholders. Is this the type of thing you were suggesting happen in how the money is collected and what it is being used for?

Mr Harris: It is not for me to dictate to the government how they consider best to do these things. I think the principles that should apply, and I am sure will apply, are transparency in the budget papers; transparency in the ministerial statements that are made, I think, on an annual basis; and a much clearer and much more concise provision of information to the public on the website, in the first place, so that people know easily and can understand easily what support is available, how it is available and how it is assessed and provided; and, in the second place, after the event, how the government reports on that in budget papers and in ministerial statements.

MS TOUGH: Thank you.

THE CHAIR: Ms Carrick, would you like to ask some questions? We are currently sitting on Safer Families. So we may want to sort of model our questions off on that at this stage and then we can move to invoicing after that.

MS CARRICK: Thank you, Chair. I would like to stay on the theme of transparency in the budget papers and transparency in the reporting. In the 2025-26 budget, it has improved and there is a list of initiatives that you can see that makes it up. However, in the annual report, there is no financial outcome to the numbers, to the budgets. In the annual report we have an accountability indicator and one big output for all the money, and then the accountability indicator is one ministerial statement. We have outputs in the fact sheet. You can see programs in the annual report. You can see some programs, and then in the budget we have initiatives. I find the language that we are using very confusing. How do you evaluate a program if you cannot see what the programs are?

Mr Harris: You cannot. That is the simple answer to that, and the report makes that point. The report also makes the point that there is a lack of an overarching strategy in this area, and there has been for some time. If you cannot relate the deliverables from the program through the application of reasonable performance measures identified in advance and then evaluated after the programs have been completed, or even whilst they are being completed, for that matter, and link those back to the original intentions, it is impossible to provide a reasonable assurance that, what you set out to achieve, you have actually achieved, and the report makes that point.

I believe, in my opinion, that there ought to be more reporting in the annual report and more specificity in terms of the performance measures that relate to this program. Otherwise, the point you make will remain valid; there will not be an opportunity or a way in which you can adequately validate that the outcomes you sought to achieve have actually been achieved through the expenditure of this money.

MS CARRICK: Do you think it would be a good idea if they were to develop programs to meet the identified needs? You may have initiatives underneath the programs, but you need something to evaluate, something to design a program to meet the needs and the gaps and then something you can evaluate. You might have little measures that happen here and it might tap onto a program, add this to the program or take that away from the program. But you need a range of programs to set out what you are doing and

what you are evaluating.

Mr Harris: You do, and you need clearly identified performance measures. The majority of measures that are being reported on are measures of activity. They are not measures of performance and they do not allow you to evaluate programs in terms of delivery of outcomes. That is the criticism that is contained in this report. If the government addresses that criticism adequately, then the sorts of outcomes in terms of provision of reporting and information that you are talking about will be available.

MS CARRICK: With the policy development, do you think that there is enough data and consultation to inform the development of the policy and perhaps the programs to deliver the policy?

Mr Harris: It is sad to say, but there is, I would have thought, more than enough information about the prevalence of domestic violence and the causes of it in the public domain at the present time to have allowed these things to have been developed with a reasonable amount of professionalism and certainty. It is a sad thing to have to say that, but it is a fact. Our report actually identifies a number of other pieces of work that have been done in this area, stretching back more than 10 years. I come back to the point that, without an overarching strategy—which is a criticism of this report—it is difficult to understand how these things actually fit together. That is one of the complaints that the community were making—that there was a lack of ability to appreciate how the various initiatives worked together to deliver the outcomes that were being sought. The outcomes being sought are pretty simple: less of the bad outcomes that we have at the present time.

MS CARRICK: Yes. As far as the responsibility goes for making sure that this overarching program all hangs together, that would assumably be the Coordinator-General. What is the role of the Domestic Violence Prevention Council, which does not seem to be meeting at the moment? Is the governance working adequately, or are they just outsourcing? They will get their strategy, their action plans and their evaluation framework, but it is an ongoing thing, and you need to have the right governance arrangements in place to keep it ticking over and reflecting the complex needs as they emerge.

Mr Harris: I am not sure of the relationship with the council. Brett, can you help?

Mr Stanton: Quite frankly, at the time of the conduct of the audit, the council did not feature significantly in the development, the planning and the programming of initiatives. When we did the audit, we certainly talked to the office, the DFSVO, and interacted with them and sought their views. But the council was not a big feature in the strategising and the planning of the programs and the initiatives.

MS CARRICK: It is a statutory body. I think we will have to learn more about its purpose and why it is not being used.

I have questions about the funding arrangements. The frontline services will say that their contracts are not long enough or they will only get funded for a year or two and have problems with keeping staff. Do you have a view on how the government could better fund them to enable there to be more certainty in the sector?

Mr Stanton: In short, the audit looked at the transparency and the public accountability arrangements associated with this levy and the funding associated with it. It would be taking the audit work that was done further than we did to comment on what those arrangements or those funding arrangements might be. Suffice to say that, as Michael has already pointed out, we certainly were looking for the strategy and the funding principles in the first instance.

The second chapter in the report talks about performance and accountability arrangements—those performance and accountability arrangements being a mechanism by which good programs and good initiatives that are having a good impact can be continued and funded going forwards. Having that data through those performance and accountability arrangements would be the key mechanism by which the government can make decisions in relation to ongoing funding and those programs and initiatives that are successful.

Mr Harris: Which comes back to one of our pretty big criticisms, which is that, without the adequate evaluation, it is hard to know which of the programs are performing well and which are not and, therefore, which should continue to have funding attached to them and perhaps those that you would stop funding.

I think, as a matter of principle, the community organisations would say that the longer term funding available to them, the better they are able to plan with certainty. The obverse of that, of course, is that the government need to be certain that they are getting deliverables for the money that they are spending. So there is a trade-off between the two. But from the point of view of evaluating the programs, the report itself makes the observation that, without that adequate performance evaluation, it is a bit difficult to understand which programs are doing well and which ones are not.

MS CARRICK: And what exactly the programs are.

Mr Harris: Which perhaps comes back to selection processes about which programs get funded in the first place.

MS CARRICK: Some programs, assumably, are delivered by different directorates. It is not clear to me, because it does not say in the budget papers—it just gives the list of initiatives, and some of them are very small and they are just tacking on funding to existing things—who is delivering these programs or initiatives?

Mr Stanton: I think it is fair to say that the majority of the programs and initiatives were being delivered by the Community Services Directorate, now the Health and Community Services Directorate. Some of the funding did go to the JACS Directorate in relation to the Victims of Crime Commissioner and the like. But certainly the bulk of the funding was being delivered through CSD.

MS CARRICK: Do you think it would be handy, though, for them to report which directorate is receiving the funding?

Mr Stanton: Absolutely. More transparency and accountability in the funding arrangements and where the funding is going is absolutely the key message and feature

of the report.

MS CARRICK: And who is delivering the programs? And some programs might be across directorates.

Mr Harris: Again, one of the criticisms from the community was that it appeared that the majority of the funding was actually going to support government programs and not community initiatives targeted at delivering against the objectives of the leading program.

MS CARRICK: As far as the domestic and family violence death review and multiple other reports—like the First Nations community; there are so many reports that have been done—do you think that they are tracking the implementation of recommendations well? They will say “agreed”, “not agreed,” or “already policy”. Do you think that the recommendations agreed to from previous reports are being reported well enough?

Mr Stanton: That is beyond the scope of this audit.

MS CARRICK: Okay.

Mr Stanton: We simply looked at the levy, its use and the arrangements for the levy. So we are not in position to comment on that ongoing reporting. For what is it worth, we do our piece of work every year in relation to performance audit recommendations and how those are being transparently reported in terms of their progress. We can provide a well-informed comment in relation to performance audit recommendations and how they are reported. But we are not in a position to comment on the review.

MS CARRICK: Okay; maybe when you are around for the annual report hearings.

MS TOUGH: I am happy to move on to DHR unless you have further questions on Safer Families?

THE CHAIR: Everyone has pretty much covered what they wanted to ask around Safer Families. I have certainly taken a lot of notes on potential recommendations from what has already been asked and answered so far. So it is been very useful for me. So I am happy to move on to the next section, if you are ready to go, Ms Tough.

MS TOUGH: I am happy to go first, Chair. The government has accepted all the recommendations of the DHR audit. The management of invoicing and the payments of services provided by NTT were found to be ineffective and there were issues around assurances that the work that had been paid for was actually the work that was carried out and whether the right thing was even being paid for. The government has gone on to accept all the recommendations.

The government have implemented additional administrative processes and controls which they are expecting to mitigate these deficiencies that led to what happened. Do you believe these additional processes are following what you have recommended and are going to hopefully stop what has happened happening in the future?

Mr Harris: Yes, I believe they will, assuming they are implemented in the way they

have been described. The control mechanisms that are being put in place will be the subject of audit attention. They have been in the last audits that were done and they will be in future financial audits, that is.

I think it is important to make the point that this is a very targeted audit and it covers a very narrow piece of work attached to the Digital Health Record. In essence, one of the primary reasons for doing this very targeted audit was to put some basic facts into the public debate following the release of some pretty inflammatory reports in relation to an internal audit—a piece of work that was done around the payment of invoices. So one of our motivations was to actually get a baseline of factual data into the public debate, which is partly what this report does, and, along the way, we found the difficulties that are outlined in the report.

This report and two or three other reports that were put in place over a similar period of time—all of which came to the same conclusion that the governance arrangements were less than adequate, the budgetary arrangements were less than adequate, the information provided to cabinet was less than adequate and the management of the project was less than adequate as well.

We, as flagged in this report and as flagged by me over quite a period of time now, are doing several other pieces of work, much more detailed performance audits in relation to the implementation of the Digital Health Record, particularly going to those areas that I just described: governance, budgetary arrangements, reporting arrangements, preparation of cabinet material and so forth. All of that will be informed not only by what is in this report but also by some other work that is being done as well.

This report paints a very poor picture of the internal arrangements as far as the payment of invoices was concerned, and it goes to some detail in describing not only why that happened but also how it happened. From the information that we have available to us so far, the more important issues go to the governance arrangements that apply to the overall project, the way in which it was put together and the way in which the information was provided to cabinet. I am not saying that this is not significant—it is significant, but there are more significant things to come.

MS TOUGH: Can you elaborate on how we ended up with a situation where invoices were being paid to NTT but there was no assurance work in the back end that it was the right work?

Mr Harris: The report itself describes the processes or the failures in processes that were involved. This is a circumstance where the documentation and the deed that was entered into between the territory and the suppliers provided all of the appropriate compliance arrangements but they simply were not followed. For example, the deed required a combination of an appropriate invoice, an appropriate work order, appropriate authorities and so forth. Those work orders either were not done or they were not linked to invoices.

There were processes in place where payments for invoices could be made through the system without reference to a work order and without reference to an invoice. We had contractual arrangements where the supplier was required on at least a monthly basis or sometimes an annual basis, but certainly within strict periods of time, to provide

detailed information of work done identified to particular invoices. What in fact transpired was multiple pieces of work referenced on particular invoices without the ability for the department to directly relate the work done to a purchase order to an invoice, which was in contradiction to the deed.

We had circumstances where invoices were raised after work had been done. We had a clause in the deed which said that, if an invoice is presented more than three months—I think the timeframe was—after the work had been done, the territory had no obligation to pay that invoice. Yet we have multiple instances where such invoices were presented and they were still paid. So it is one thing to have the detail written down in a contract; it is another thing when the detail that is required in the contract is not followed by either party to the contract, and those failures are significant.

MS TOUGH: I know this is only one segment of a broader lot of audits into DHR, but do you think the lessons learnt from this particular audit are being seen across how DHR and other projects are running in Health?

Mr Harris: I wish I could answer that question positively with a yes, but I cannot. Regrettably, what we see with DHR follows fairly closely on the heels of the Human Resource Management Information System, which was—I think I described it at the time—the most significant failure of governance I had seen. My suspicion is that that record might be overtaken by this particular project. I am sorry to have to say that.

And we are not talking about insubstantial amounts of money here; is something approaching \$190 million, I think, had been committed to this project at the time of this audit, and this audit was done nearly 12 months ago. There is at least probably that amount of money that has been spent or committed since that time. Do we are talking about substantial amounts of money here. The question has to be asked: “Is the territory getting value for that amount of money?” I think another question that has to be asked is: “Did they actually need to spend that amount of money?”

MS TOUGH: There are a lot of audits going on. Do you have a timeframe of when the entire lot of DHR audits will be completed?

Mr Harris: I think the engagement letters, Brett, are imminent?

Mr Stanton: No; they have gone out. The engagement letters have gone out. We have kicked off that audit. There is one audit that is underway in relation to implementation and benefits realisation. There are basically two components to that audit: program implementation—ACT Health’s activities to plan, design and deliver DHR; and then benefits realisation—ACT Health’s activities to plan, manage and monitor the realisation of the benefits associated with the DHR. But that will go into the second quarter, at least, of next calendar year.

Mr Harris: Our approach to these audits is a sequential approach. As is the case with this report, the government’s actions taken to date have gone a long way towards addressing the issues identified in this report. As time goes on, other issues are being resolved. We are well aware of that fact. So I am not suggesting the department are sitting back and doing nothing, by any stretch of the imagination. That is not what I am saying at all. They are being very proactive and they are addressing issues as we go

along. So it may be that all of the audits we have got planned at the present time we do not need to do because all we will end up doing is telling you, “This is the problem that has been fixed.” But, at this point in time, I cannot give you an assurance that the problems that have been identified have been fixed.

I think the other point to make—going back to your question about whether the lessons been learnt—is that one of our objectives is to make sure in these reports that there is documentation available publicly so people can learn the lessons and not make the mistakes again.

MS TOUGH: Thank you. Do you find that people are accessing those documents? Or do you have no overview of, once those documents are public, whether anyone is using them?

Mr Harris: Yes, we believe they are. The feedback that we get is that there is acknowledgement of mistakes and ways in which they can be improved. So I am positive about that.

MS TOUGH: Thank you.

MS CARRICK: It is a very narrow audit, so I am trying to keep to that narrowness. But it does seem strange that, in a directorate, age-old internal controls of seeking certainty or validation that all services have been received and that an authority to pay just sort of went out the window in this. Did the contract, or the deed, have reasonable milestones on which to base the purchase orders and therefore the invoices that stemmed from the purchase orders?

Mr Stanton: The deed was not in the nature of milestones. Broadly speaking, there were three aspects to the delivery of the services by NTT—hosting services, managed services and service delivery. Chapter 1 of the report goes into a little bit of detail as to what they are. Precisely how those were to be delivered were to be outlined in work orders and then purchase orders to support those work orders. The work order would ideally come from ACT Health that “We need the services to be delivered 24/7, 365 days a year with a very, very, very low failure rate et cetera, and this is what we are looking for in particular services and particular deliverables.”

In the end, there were hundreds of work orders to that effect. Each of those work orders outlines the particular services to be delivered. It is really hosting services; so it is the making the DHR available and accessible to the users that they wanted it available to—hundreds of users, probably thousands of users. So that is the nature of the services. It was not the design and build of the DHR. That was another contract. It is the hosting services for all of ACT Health’s employees and whoever needs to access the system. So it is the work orders that provide the detail as to what is to be delivered to whom and how. There were hundreds of those, and not ideal arrangements in relation to the work orders, the purchase orders and the invoicing associated with that.

Mr Harris: Perhaps the best way to think about it is that the service provider was providing the cloud and the department was determining—because they did not know at the beginning, and they probably could not know at the beginning—exactly what it was they wanted as they went along. So they started with the cloud and then they started

to develop what needed to be in the cloud to deliver the things that they needed to deliver; hence the work order process. So, as they went along and determined with the supplier that that is what they wanted, then the work order would be prepared that had the detail in it that allowed the provider to deliver the services that needed to be hosted.

MS CARRICK: Was the functionality of the system that held the downtime and provided, I do not know, any workflows as to how the documents were kept a part of this whole purchase order thing or that sort of functionality—

Mr Stanton: That functionality, that design and build of the DHR, was through another contract with Epic. It is that contract which delivered this thing called the DHR.

MS CARRICK: Is that a part of the \$190 million or is that additional?

Mr Stanton: Chapter 1 of the report, at paragraphs 1.10 to 1.19, talks about the funding arrangements associated with the DHR. Just to lend a bit more precision, a total of \$289 million in funding has been provided for activities related to the DHR program, including \$155 million in capital and \$134 million in expenses. That was up to 12 months ago.

Mr Harris: My apologies; I think I said \$189 million before. I meant \$289 million.

MS CARRICK: Okay; so now I see. When it was reported in the paper, it was something like \$160 million over that original budget of \$66 million or whatever it was.

Mr Stanton: In those paragraphs, 1.10 to 1.19, we tried to set out the funding arrangements and how they have shifted over time.

MS CARRICK: Certainly. There is another one you could look at too—MyWay and get the trifecta, MyWay+. Was this scope creep? Are they not very good at defining the scope of what they are trying to implement, if it blows out by so much?

Mr Stanton: I think we will undertake that other audit and come up with a position in relation to the DHR program and its implementation and benefits that did arise and did not arise out of that. That is in relation to the DHR more broadly. As far as this contract or this deed, it was initially signed for in the order of about \$66 million.

Mr Harris: We do know enough at this time, though, to be able to say that the budgeting arrangements were poor, at best. One very clear example of that is that, whenever there was an increase in budget, there was an automatic increase in the benefits that were supposedly to be derived in order to keep the budget balanced. We also know that there were two different internal reporting arrangements as far as finance was concerned. One of those was through the finance department, which was accurately forecasting overruns in budget, and the other was through the project management team, which was continually reporting a balanced budget. You cannot have both of those things at the same time. The reason for it was that the program management team had their own budgeting process that worked independently of the finance team within the department, which in itself is a significant failure.

Mr Stanton: Specifically in relation to this deed, the initial price for the services was

\$66 million. Then the deed was varied twice—in October 2021, to take the price up to \$79 million and in March 2022 to take the price up to \$110 million. We outlined some of the reasons that were identified for that increase in the cost of the deed. I would make no judgement in this report as to whether that was appropriate or not. We are otherwise looking at the DHR program in its entirety in this forthcoming audit.

MS CARRICK: So you will then look at Epic and what that original budget was and whether that contract blew out at well?

Mr Stanton: It is part of the implementation, yes.

MS CARRICK: That will be very interesting.

Mr Harris: I have no confidence that you will find any good news in any of those reports.

MS CARRICK: I know. Ms Tough was talking about this before. Are the delegation controls now in place and do people in the directorate know what their delegations are?

Mr Stanton: The exercising of the delegations was not a problem per se. There was just the missed opportunity in the system to put in delegation controls. In chapter 2, we talk about how invoices are processed and approved in the system. There could be an opportunity for delegation limits to be put into the system, just so that people are not tripped up or otherwise do something that is not right.

Mr Harris: My understanding is that that has now been done.

MS CARRICK: I look forward to your future reports that will hopefully look at the Epic contract, the functionality, the contract of delivery and whether milestones and deliverables were clearly articulated so that they knew where their risks were arising, or when they were arising.

Mr Harris: I look forward to that report, too.

THE CHAIR: Ms Carrick, do you have more on this line of questioning?

MS CARRICK: It is such a narrow one—the invoicing one, and the fact that the process was flawed. But, hopefully, now they have fixed those internal controls up, because they are just basic age-old internal controls.

Mr Harris: Yes, they are. What is in here should not have occurred, but it did. This is a bit like a canary in a coal mine, I think. That is probably the best I can say. I am confident most of the failures that are identified here, which as you say are pretty basic safeguards, have been addressed by the department.

THE CHAIR: You have not seen the evidence that they have been addressed?

Mr Stanton: We did see, and the report does identify, that there were processes in place up to around about January 2024 and there were new processes put in after January 2024. So we could see the new steps that were put in at that point in time—that is, good

steps, better steps and better processes. So there was a change to practice that had already occurred before the conduct of the audit. With the agreement to the recommendations that has been put forward, and if the recommendations are implemented as agreed, that should help.

MS CARRICK: Hopefully, they have been looked at across all of the directorates to ensure the processes across the ACT government have those basic internal controls in place.

Mr Harris: Our financial audit testing programs do test those controls. Certainly, this audit is a little unique in that it was a joint effort between the financial audit team and the performance audit team, and that is the first time we have actually done a joint audit like that. The financial audit team, having been through this audit, were at pains to ensure their testing programs were up to scratch this time around. So I am confident that if there had been a change we would have known about it.

THE CHAIR: We have covered a lot here. We have spoken about this report previously, and this was obviously a good opportunity for us to follow up with the both of you on this report that you generated, which will help develop our recommendations going forward so that, hopefully, we start seeing some good results both in the Safer Families Levy and also invoicing and reporting. It is nothing new, particularly the invoicing; we have been doing it for a long time.

Mr Harris: Yes.

THE CHAIR: You would think that we would have a really good model to work off—right?

Mr Harris: Bread and butter stuff.

THE CHAIR: At the end of the day, it should not be something that needs to be created from scratch. So we look forward to your future report, the DHR report.

MS CARRICK: How many reports will there be?

Mr Stanton: It is to be determined, to be honest. There is one audit that is underway, covering off those two aspects. As to how many reports that generates, I guess, we will cross that bridge when we get to it.

THE CHAIR: Thank you, Mr Harris and Mr Stanton for, once again, gracing us with your presence.

Mr Harris: Thank you to the committee for accommodating me online. My apologies for not being there in person.

THE CHAIR: Thank you for taking the time. No doubt, we will see you very soon.

Hearing suspended from 2.36 pm to 3.01 pm.

PATERSON, DR MARISA, Minister for Police, Fire and Emergency Services, Minister for Women, Minister for the Prevention of Domestic, Family and Sexual Violence, Minister for Corrections and Minister for Gaming Reform

BOGIATZIS, MS VASILIKI, Acting Executive Group Manager, Inclusion Division, Health and Community Services Directorate

DYALL, MS MIMI, Acting Executive Branch Manager, Domestic, Family and Sexual Violence Office, Health and Community Services Directorate

THE CHAIR: Welcome, Minister and officials, to our hearing on Safer Families, and invoicing. Would you like to make an opening statement, or would you like to go straight to questions?

Dr Paterson: I am happy to go straight to questions.

THE CHAIR: We will go to Ms Carrick.

MS CARRICK: My first question is about the development of the strategy. I appreciate that you have a consultant that is working on the strategy, the action plans, the evaluation framework and, potentially, risks. I am not sure about that last one.

Dr Paterson: Yes, that is right.

MS CARRICK: That is all due sometime next year?

Dr Paterson: Yes.

MS CARRICK: When?

Dr Paterson: Midyear.

MS CARRICK: I want to ask about the Domestic Violence Prevention Council, which is a statutory body. It is there to advise the minister, and it identifies gaps and needs. What is happening with the council?

Dr Paterson: When I first started in this role, I spoke to many members of the council. I received some feedback about how the council was operating and how it could be improved. From May, I think, we suspended the council's activities, and said, "We're doing the strategy work at the moment, and we will seek to find a governance structure that is more representative and relational to the strategy."

I am hearing the calls from the sector about the importance of the prevention council, or having a mechanism such as the prevention council. We want to align it with the work of the strategy. I think that is a key priority. I do not want to set something up now that will potentially need to change in six or eight months. But I hear the calls for a group like that to be established again, and the importance of it. We will keep having those discussions.

MS CARRICK: Will the work that the consultant does set out options or a governance structure that this council could operate under?

Dr Paterson: Yes, they will provide some advice around the governance structure. But we are also doing a lot of work looking at other jurisdictions, and what governance structures they have. We are looking at New Zealand. They have an interesting structure over there. We are currently exploring the best ways to move forward. The point is that we want to find, particularly in relation to the prevention council, avenues where we can have that collaborative work and the voices of the sector informing decision-making.

MS CARRICK: Presumably, the voices of the sector, the experts that are out there on the front line, come through the council to inform government policy.

Dr Paterson: Yes.

MS CARRICK: With the development of policy, how is data collected to inform government policy?

Dr Paterson: There is a whole range of data. The government gets data from services who are funded to provide services in the territory. There is evaluation data that is used—a whole range. There is academic data, ABS data—a whole range of different sources of data that the government uses.

MS CARRICK: Is there a common understanding of what the needs are in the ACT and what the gaps are, and what programs are delivered to meet the needs?

Dr Paterson: That is exactly what the work of the strategy is designed to do. The strategy is to provide that overarching framework, which identifies, going from prevention to the healing response, how the territory will respond to the issue of domestic, family and sexual violence. That is exactly the work that is currently underway at the moment.

MS CARRICK: What you just said about going from prevention to the healing response, they were the four themes in the first strategy from March or April last year. Will they be retained?

Dr Paterson: Yes, and they are common amongst strategies—prevention, the crisis response, healing, and there is one more. I think there are four.

MS CARRICK: Yes, there are four.

Dr Paterson: That is a common framework or viewpoint regarding where interventions, programs and policy need to be developed across the spectrum of our response.

THE CHAIR: Where are you at in terms of implementation of all the recommendations from the Auditor-General's report?

Dr Paterson: I think most of them have already been implemented. We have the strategy, which is under development. That was a recommendation, I believe. That is currently being developed, as we speak. There is the development of the Safer Families Levy principles. That was work that we did earlier in the year, in response to the audit

report. We developed seven guiding principles for the levy and what it should be used for.

There is performance monitoring. This is establishing the monitoring and evaluation framework. This has been developed as part of the strategy work. The consultants are out at the moment. Impact Co will provide advice on what should be in the strategy, as well as on a monitoring and evaluation framework. That is in progress.

With the recommendation around the biennial reporting of the Domestic and Family Violence Death Review, we will respond to that when I deliver the ministerial statement regarding the biennial report, which is anticipated to be delivered in the Assembly early next year.

Finally, there is the public reporting on the levy. A lot of work happened to address this particular recommendation of the Auditor-General in the last budget. As you will all be aware—and we spoke about it a lot at the last hearing that we had—the fact sheet has now been produced, which is designed to address some of the issues that Ms Carrick was talking about—and other stakeholders—around how impenetrable the budget statements are.

This is a very clear, detailed document that outlines the overall amount of money that the government is spending on all initiatives, including consolidated revenue, as well as the levy funding, and what that has been spent on. That will be, I think, a very beneficial practice going forward for the government, and a great resource in order for the community to understand exactly where the funding is going.

THE CHAIR: It will be in a lot more detail and depth?

Dr Paterson: Yes.

THE CHAIR: What about annual reports—reporting back? Are we doing anything different in that space, or in greater detail, on where money is being spent and the outcomes?

Ms Bogiatzis: I have read and acknowledge the privilege statement. In relation to annual reporting, we do have a dedicated output in the Health and Community Services Directorate annual report, where we detail the work of the government in that space.

The detailed reporting that goes into the funding of programs is in the budget papers, not so much in the annual report. We do include in the annual report levels of staffing dedicated in the government to the Domestic, Family and Sexual Violence Office and other reporting that goes to the work of that team.

THE CHAIR: With the evaluation of where money is spent, where is that reported, to ensure that the outcomes are being delivered?

Ms Bogiatzis: As the minister indicated, in every budget, we have very detailed reporting in the budget papers and the associated fact sheet, which explains to the dollar where the funding from the Safer Families Levy goes. Also, we evaluate programs. When those evaluations occur, if we are able to do so, we make public those

evaluations, in order to ensure there is that public accountability.

Further to that, with the development of the strategy, we are hoping that the evaluation and performance monitoring framework will not only measure the outcomes of the strategy, which will be high level and at a whole-of-population and system level, but also help us with providing a framework as to how we consistently evaluate Safer Families Levy initiatives. To date, because each of the programs has had a different scope and focus group, they have been evaluated slightly differently, with slightly different methodologies that speak to the outcomes of those programs. We are hoping that we will be able to come up with a consistent way of doing that in the future.

THE CHAIR: You say that the strategy and framework are where you are reporting on the evaluation of where this money is going and the outcomes it is delivering. Will that be made public?

Ms Bogiatzis: Yes.

THE CHAIR: Through what mechanism?

Dr Paterson: On the ACT government website. It will be linked and related to the overarching strategy.

THE CHAIR: Do the people that are receiving that funding contribute to that? Do they provide a report back to the government on how that money is been spent, what they have delivered and so forth? Is that the process?

Ms Bogiatzis: Yes. Currently, we have contractual arrangements with all the community organisations that we engage with. Those contractual arrangements require six-monthly reporting, which talks to the numbers of clients that they have had, the outcomes that they have achieved, the demographics of those clients—those sorts of things.

THE CHAIR: The levy has gone up from about \$35 to \$70. Is that accurate?

Ms Bogiatzis: Yes. It was \$60 in 2025-26, and it will be \$70 next year.

THE CHAIR: Who makes the decision to increase that levy? Does your department contribute and put in recommendations to increase it, or is it made through Treasury? Do we know what justified or brought forward that increase?

Ms Bogiatzis: I can speak on behalf of the Health and Community Services Directorate. We had no contribution regarding that increase.

THE CHAIR: It was not necessarily evidence based, let us say?

Ms Bogiatzis: That is a matter for Treasury.

Dr Paterson: You heard from the services this morning that there is a very significant need, and we are not meeting that need with the current funding. I think there is a significant need to continue to increase the levy funding. That, I believe, was the

intention from when it was first established, and I think it is highly appropriate that it does increase.

THE CHAIR: Was the intention when it was first established to cover the full costs associated with domestic violence in Safer Families?

Dr Paterson: No. To demonstrate, the ACT government is investing a total of \$137 million over the next four years to address domestic, family and sexual violence.

THE CHAIR: That is separate to the levy.

Dr Paterson: The levy will contribute \$18.7 million to new initiatives in this budget. Also, broader to that, there would be a whole lot of government spending that happens within the Education Directorate and the Health Directorate that does not fall into that or is not accounted for in that \$137 million. It is fair to say that there is significant expenditure to address this issue.

What we know, from the data and from the experience of the services who work with victim-survivors every day, is that that need is continuing to increase, so the government will continue to have to spend more money to address this problem.

MS TOUGH: You have mentioned new initiatives in this budget. Can you explain what new initiatives were funded from the Safer Families Levy in this budget?

Dr Paterson: There is \$18.7 million for new initiatives over the four years. Canberra Rape Crisis Centre will receive \$7.1 million. The Domestic Violence Crisis Service will receive \$4.8 million, and the Family Violence Safety Action Program will receive \$8.2 million over four years. These services, in particular, are the critical frontline response to addressing domestic, family and sexual violence.

There is also \$2.1 million to Canberra PCYC to deliver a program called Solid Ground, which supports young people who are experiencing domestic, family and sexual violence. Going to Mr Milligan's point before, that is one of the programs that started off as a pilot program; it has been evaluated and seemed to be really successful in meeting the objectives of working with young people.

YWCA is receiving \$1.3 million over four years to engage two specialist workers, which I think you spoke about this morning. There is also the Victim Survivor Voice pilot extension. Women's Health Matters will receive \$646,000 for an additional 18 months for that program.

That program is a really important program that, again, is informing government policy development. Women's Health Matters are working with victim-survivors to provide input into the strategy consultation, as well as around the government's work on coercive control. They have been working on that since the beginning of the year. We are looking forward to understanding how that work is progressing and hearing the outcomes of that pilot.

The Safer Families Assistance Program will receive an additional \$400,000. What is really important in this budget was the commitment to implement recommendations

from the *Long Yarn* report, which will see Aboriginal community-controlled organisations in the territory receive a combined total of \$5.8 million over three years to address this issue.

MS TOUGH: You mentioned the work of Women’s Health Matters and coercive control. What is the government doing next to progress the criminalisation of coercive control, and is that Women’s Health Matters work feeding into that?

Dr Paterson: Yes, that will inform that work. I delivered a ministerial statement in the Assembly a couple of weeks ago, when the Assembly last sat. That outlined the work that the government has done in terms of investment in police and courts, and the uplift there in respect of training. That work is being carried out at the moment. There was also an education campaign that spoke particularly to the multicultural community, in terms of understandings of education around coercive control.

What we have learnt from the New South Wales work that has been undertaken around coercive control is the importance of having that uplift across not only government services but also the community sector, to be able to respond when the legislation comes into practice.

There is also the work that Ms Carrick mentioned before around the RAMF, the Risk Assessment and Management Framework. That work has been underway for a while now, to include coercive control in the updated RAMF work. That is currently being consulted on, and there will be training that will come out of that.

That is all gearing up to the point where we will introduce legislation to criminalise coercive control. In that statement I said that the government will do that in mid-2026. We have had a roundtable, which I spoke about in the ministerial statement, that had a whole lot of community sector engagement. There was a great discussion around what we need to do now, going forward.

We have established a steering committee, which I also spoke about in the ministerial statement. That has been progressing over the last few weeks. That committee has been established. There are two co-chairs of that committee, one from JACS and one independent. A variety of different stakeholders who engage with victim-survivors at a range of different intersections and experiences have been invited to participate, as part of that steering committee.

The first meeting of that steering committee will be next Monday. As part of that process, at the initial meeting, to kick that off, I will chair the first half of the meeting. Members of the Assembly have been invited—Ms Castley, Mr Rattenbury, Ms Carrick and Mr Emerson—to attend that part of the meeting to hear from the sector about the strengths and challenges of legislating on coercive control, and some of the work that they see as being really important that needs to be done. It will also provide members with an opportunity to put on the table their views, if they have strong views, about what our legislation could entail.

It is really important, with this legislation, that we have unanimous support from the Assembly. We hear very strongly from the community that it is really important that we progress to legislate for this, as well as looking at the significant challenges that

New South Wales is facing; we want to address and work on learning from those challenges.

I think there are still a lot of questions. For example, New South Wales has legislation that specifically relates only to intimate partners, but we know domestic and family violence, sexual violence and coercive control impact family members more broadly, particularly children. A lot of the advocacy that I have received—something on which, personally, I feel strongly—is that perhaps we need a broader definition of understanding how coercive control impacts.

I refer also to the penalty levels, for example, and the definition of the offence. These are all things that other jurisdictions are grappling with. There are some international learnings that we can bring to the table as well. It is about setting up this steering committee to work with the government over the next few months, to ensure that we have a bill that is evidence based and will set the territory up in such a way that we can best support justice outcomes for victim-survivors of coercive control.

MS TOUGH: What are some of the risks, if we do not have that general uplift and we do not have that input from the community?

Dr Paterson: The risks are very high that victim-survivors will experience coercive control and this type of violence and not be able to get the justice outcomes or the help that they need. The challenge with coercive control is that you have to demonstrate a pattern of abusive behaviour, and that is challenging. We need to have our services, police and everyone set up.

We recognise, as do all reports from other jurisdictions, that this is a significantly detailed process that victim-survivors will have to go through to demonstrate the pattern of offending. We want to have services, police and our court systems ready to be able to work with people, when they do present with this issue. I think that is critical going forward, and the risks are really high of having an offence that sits there and that is not able to be utilised by victim-survivors because it is impenetrable and unreachable.

Again, some of the feedback we have heard from other jurisdictions and the violence services who work in those jurisdictions has been around the thresholds in other states being very high. That is what we need to work through here.

MS TOUGH: Changing tack slightly, we also heard from DVCS this morning about an increase in the community of people reporting domestic, family and sexual violence, and that sometimes people are waiting for a few days to be able to talk to DVCS. Is there work in what was funded this year, and with the ongoing development of the strategy, to try and reduce some of that wait time for people who are accessing DVCS and other services?

Dr Paterson: Yes. With the funding that went to DVCS, the \$4.8 million over four years is part of the funding that they receive. That funding was allocated to try to support them to be able to reach as many people as soon as possible. We recognise very much the feedback from the service and others that that will help to sustain the work that they do now; they will not necessarily experience the ability to uplift there.

We recognise that this is a very significant issue that is facing our community. The number of people reporting violence is significant and continues to increase. This is an ongoing challenge in terms of how we support our services to be able to work with victim-survivors and do the really important, critical work that they do. That challenge will continue.

MS TOUGH: Is there anything to support people from CALD communities in accessing services? We heard from Legal Aid this morning that sometimes, with CALD communities, education and the outreach into those communities is different, in making sure that they understand what services are available.

Dr Paterson: Yes, it is different and more challenging. There is a multicultural service.

Ms Bogiatzis: Yes, there is a multicultural women's service delivered by the Multicultural Hub. They are officially called the Queanbeyan M-Hub. That is a service that is delivered by our local M-Hub in Canberra. They provide case management services to women escaping violence, as well as their children. They offer counselling, case management and other types of one-on-one support, including brokerage, if that is required, for short-term accommodation purposes.

Dr Paterson: There is also some funding from the perpetrator response—I am not sure of the exact terminology.

Ms Bogiatzis: The Multicultural Hub is also funded to work with men. They receive funding under the national partnership agreement that we have with the commonwealth to deliver a bespoke program that we have co-designed with them to work with men from culturally and linguistically diverse backgrounds. The work that they do is one on one, and there is group work as well.

There is an aspect of that program where M-Hub is working with cultural leaders and religious leaders to build awareness and understanding of domestic and family violence. It is so that, if those leaders do receive reports from people in the community, from a victim or from a perpetrator, they are able to make appropriate referrals into M-Hub.

MS CARRICK: With the coercive control stuff that you were just talking about, will that be part of the strategy, and will the funding across the domestic violence environment or the sector need to be readjusted in the next budget to include more education and things for coercive control?

Dr Paterson: Yes, all of this work would fit under the strategy. There will need to be further consideration by government and cabinet around what work needs to be done to progress the implementation of coercive control as an offence. In an ideal situation, we would establish an implementation working group that would then facilitate and work with the government to understand how we can, in a best practice way, implement the offence when it comes into play.

MS CARRICK: The fact sheet is really good. I want to go back to the reporting stuff. It is one of the recommendations. In the budget, there is this nice list of initiatives. Some of the initiatives are quite small, in that they are additions to existing things. The nice, new annual report that has just come out does not give the outcome of those initiatives

or programs. Looking between the fact sheet and the annual report, it talks about some programs on page 66; there are some performance things, and it talks about some elements of it, not all of it. At the back there is the output and the whole amount, the \$27 million, and the accountability indicator, being the ministerial statement that you deliver.

There is the output, with all the money, there are programs and there are initiatives. It would be nice to know how the initiatives fit into the programs, and how they are developed and evaluated. Is there an opportunity to say, “These initiatives are part of these programs,” that are talked about, so that we know where it all fits?

Dr Paterson: In terms of the budget, most of these programs are delivered by external stakeholders.

MS CARRICK: Are they the initiatives that are in the budget?

Dr Paterson: Yes. My understanding is that the annual report reflects government initiatives and how the government has been performing.

Ms Bogiatzis: I am not sure that I fully understand the question. I think your question, Ms Carrick, goes to how things get funded; is that right?

MS CARRICK: Yes; how they get funded and how they get reported. There is the output, there are programs and there are initiatives. I do not know whether the initiatives are part of programs. With the reporting, it would be good to have a list of programs and then the initiatives. It could state, “This is the purpose of it all; this is the outcome we’re trying to get.” There could be an evaluation which said, “Did we see that outcome?”

Dr Paterson: The initiatives in the budget statement are separated into table H, which is the Safer Families Levy initiatives, and the additional table H.3, which is the consolidated revenue initiatives. That is to articulate that these are different pools of money, where this money is coming from.

As part of the work of the strategy, and with the work of Impact Co, they will develop a monitoring and evaluation framework, which will look at the strategy and how that is implemented as a whole. In addition to that, there are multiple evaluations that are constantly underway or have been completed for programs.

For example, the Solid Ground program that I spoke about started off as a pilot project. It was evaluated, and it is now receiving money over the next four years to continue. Getting evaluations is costly, but I think it is very important to do so because we want to develop the evidence base on which we base our decisions around when funding should continue or cease.

On all these things, part of the work of the strategy will provide that overarching framework, where we look at all the expenditure as a whole, what the government is doing as a whole, and monitor how that progresses, to achieve the outcomes we want to achieve.

MS CARRICK: The reporting, potentially, will change with the strategy?

Dr Paterson: Yes, I imagine so. The annual report will probably still look like the annual report, and the budget papers will still look like the budget papers. They are Treasury-dictated documents that have to be set out in a particular way. But the fact sheet is a very solid attempt at trying to provide an accessible document that describes what is in the budget papers.

With the strategy, this monitoring and evaluation work will provide a way to articulate to the community how we are achieving the goals of the strategy. But it will not necessarily be in these documents.

MS CARRICK: Are they published—the evaluations? I am not saying that every program should be evaluated every year. There might be an audit and compliance program, an evaluation program; you might do one a year, then one or two in another year. Does that get published anywhere?

Dr Paterson: Yes. You can go to the ACT government's Domestic, Family and Sexual Violence website. On that page you will see a whole list of publications which relate to evaluations of all the work that has happened over the last few years. You will see there a significant number of evaluations of programs that are funded.

MS CARRICK: What about the recommendations from reports? There are a lot of reports. The *Long Yarn* one comes up a lot, and those recommendations. Is it reported somewhere how those recommendations have been implemented? Do they get implemented through existing programs?

Dr Paterson: For example, with the levy response, there is a particular timeframe in which the minister has to provide a response to the Assembly on those recommendations. There are different requirements for different government reports. I refer, for example, to the death review, and providing that report to the Assembly. Through that process, I will provide an update on how the government has addressed recommendations from the first death review. There are a whole range of ways in which we would respond to recommendations. It depends on where they come from and what the requirements are to do that.

Ms Bogiatzis: The annual report includes a scrutiny reporting section that each directorate has to provide, which includes an update or a response to recommendations that the directorate has previously agreed to, to make sure that we are tracking those.

MS CARRICK: With the programs or initiatives, is it possible to say what directorate is delivering them? Is it all from the Health and Community Services Directorate, or do some go to JACS, Housing ACT or potentially other areas of government? For example, the women's statement gets delivered across different parts of—

Ms Bogiatzis: There are initiatives that are delivered by different parts of the government. For example, the Safer Families assistance grants are delivered by Housing ACT. The Family Violence Safety Action Program is delivered primarily by Victim Support ACT, but there is a multi-agency response, and it brings in multiple agencies regarding how they do their case coordination work with those high-risk

matters. There are some others.

Dr Paterson: There are police initiatives as well.

Ms Dyall: I have read the privilege statement. There is also the Health Justice Partnership Program delivered by Legal Aid and the Women's Legal Centre. We have some policing initiatives—again, essentially sitting with Victim Support ACT, in partnership with Policing, to deliver that program.

The only other thing I might add to what has been said already is that the fact sheet that outlines all those initiatives also highlights those organisations that are delivering those services. That was part of ensuring that we had transparency around the delivery of those programs.

MS CARRICK: I will have a closer look at the fact sheet to see where things are being delivered. Who then takes the lead? If the domestic violence response from the government is delivered across multiple agencies, who takes the lead on the financial reporting, the performance reporting and the outcomes? Who takes responsibility for the outcomes being delivered across the program, at a higher level?

Ms Bogiatzis: With any funding that is appropriated to a directorate, that directorate is responsible for managing the funding and reporting on the funding. If the funding comes to the Health and Community Services Directorate, and another party administers it, we then take an oversight role.

MS CARRICK: The fact sheet has everything for all directorates. Is that comprehensive—the fact sheet? Does that have everything?

Dr Paterson: Yes.

Ms Bogiatzis: Yes.

MS CARRICK: The whole \$137 million, I think it is—the total?

Dr Paterson: Yes. In the budget; you will see, in table H.3, I believe—

Ms Bogiatzis: The complementary initiatives?

Dr Paterson: Yes.

Ms Bogiatzis: The fact sheet that was provided in the 2025-26 budget provides a very detailed breakdown of initiatives that are funded by the Safer Families Levy and initiatives that are not. That is the entire amount of investment that the ACT government makes regarding domestic and sexual violence.

MS CARRICK: It has the Safer Families Levy funded initiatives to around \$18.7 million; then it has the additional funding from consolidated revenue to \$25 million. That is over four years; okay.

MS TOUGH: Is there anything else about the Auditor-General's report and the

implementation of those recommendations that you wanted to share with the committee?

Dr Paterson: I would like to thank the Auditor-General for his office's work on this. There were very useful recommendations that we have been very committed to implementing. I hope that the Auditor-General and his office would be happy to see the fact sheet and the serious attempt to be transparent on how this funding is spent. I think it was a very important report, and we are committed to addressing this.

MS CARRICK: We heard this morning about funding arrangements and some being shorter term, for a year or two and, across the sector, we hear about how that shorter term funding creates uncertainty; they then have trouble retaining their staff. Will the strategy provide an opportunity to deliver longer term funding?

Dr Paterson: That is what I would hope. A lot of other sectors have had commissioning processes. Potentially, that may be an option for this sector going forward as well. The core contracts for the Domestic Violence Crisis Service, for the Canberra Rape Crisis Centre and for EveryMan are up for renewal next year. We are looking at what we can do there to try and consolidate the multiple contracts that these organisations are handling with government. This issue is very alive, and we are very aware of the issues with this short-term funding, as well as organisations having multiple contracts with government. We will be looking to work through these things.

MS CARRICK: Are you able to provide a list of the external organisations that receive funding?

Dr Paterson: That is what the fact sheet outlines.

MS CARRICK: There is one section where initiatives were funded in the 2023-24 budget, with three-year funding of \$3½ million, and it lists a range of organisations. I will try and piece it together, to see all the organisations and what they get.

Dr Paterson: It is all there, in appendix H and in the fact sheet. That is the extent and entirety of the list of initiatives that are funded, in government and out.

MS CARRICK: Appendix H does not necessarily say who is receiving the money. Some do, but some do not. I refer to women's safety grants, health justice partnership, continuation of the domestic and family violence funding, and responding to coercive control. A lot of them do not say—

Dr Paterson: That is where the detail is in the fact sheet. That was exactly what we heard that the problem was. They do all align the initiatives from appendix H with the fact sheet. We have checked this very carefully. Each initiative there is detailed regarding the length of time that the funding is for, the amount and what the project is intended to achieve. It is all there.

THE CHAIR: On behalf of the committee, we would like to thank you, Minister Paterson, and the officials, for coming along. If there were any questions taken on notice, please provide your answers back to the committee secretary within five working days from receiving the uncorrected proof *Hansard*. Thank you for attending.

STEPHEN-SMITH, MS RACHEL, Minister for Health, Minister for Mental Health,
Minister for Finance and Minister for the Public Service
GANESHALINGHAM, MR MUKU, Chief Finance Officer, Corporate and
Governance Division, Health and Community Services Directorate
GARRETT, MS CHERYL, Executive Branch Manager, Governance and Risk,
Corporate and Governance Division, Health and Community Services Directorate
HUDSON, MS ROBYN, Deputy Director-General, Policy and Transformation, Health
and Community Services Directorate
KAUFMANN, MR HOLGER, Chief Information Officer, Digital Canberra

THE CHAIR: We have Minister Stephen-Smith and officials here this afternoon. I do need to run through a couple of things here before we start off. Now, I would just like all witnesses to note that you are protected by parliamentary privilege and bound by its obligations. You must tell the truth. Giving false or misleading evidence will be treated as a serious matter and may be considered contempt of the Assembly. Minister, would you like to start off with any short opening statement or would you like to go straight into questions?

Ms Stephen-Smith: Happy to go straight into questions, Chair.

MS TOUGH: I just want to confirm that from the Auditor-General's report all six recommendations have been agreed to by the government and ask for some examples of how, following the audit, the processing of purchase orders has been improved.

Ms Stephen-Smith: Yes, all six recommendations have been agreed and we will go to Muku. Yes? Okay.

Mr Ganeshalingam: I have read and acknowledge the privilege statement. Yes, so they have been agreed and completed on the timelines that have been agreed.

MS TOUGH: Thank you for confirming that. In the government submission to the inquiry, recommendation 4 relating to the delegation limits is noted as "In progress." Can you update how that has been progressed since the response was tabled?

Mr Ganeshalingam: Yes. So what we have done is we have followed through individual delegations and made sure that they are following through as an additional control. For all the invoices finance actually double checks to make sure that they have been properly goods-receipted and the person who is receiving it has the right level of delegation before the invoice is paid or agreed to be paid.

Ms Stephen-Smith: I should note just for clarity, I guess, the context and for posterity, for anyone reading the *Hansard* of this hearing, which I am sure will be required reading by someone, that since the Auditor-General's report and recommendations, of course, the ACT Health Directorate now no longer exists and there is a Health and Community Services Directorate. So Ms Hudson is here on behalf of the Health and Community Services Directorate as the Deputy Director-General, and then Digital Canberra is where the Digital Solutions Division now sits. I think, Muku, you have moved to Digital Canberra too, have you not?

Mr Ganeshalingam: Yes.

Ms Stephen-Smith: Yes. So we are now talking to two different directorates.

MS TOUGH: Yes. Has that change in administrative orders and where the DHR now sits had any impact in following through the recommendations from the Auditor-General?

Mr Ganeshalingam: The short answer is no. So what we have done is we carried over whatever we did. In addition, we actually have a memorandum of understanding between HCSD and Digital Canberra to continue to provide that service up until Digital Canberra develops its own internal arrangement.

MS TOUGH: Wonderful. That is good to hear. Obviously the audit was just about the payment of invoices, but could you describe some of the digital health records system's work day to day? What kind of support it is generally providing to clinical staff and patients? Like, why it was important to go through the process of getting the DHR?

Ms Stephen-Smith: Yes. So at a high level the DHR replaced almost 40 separate IT systems that were being used across Canberra Health Services and our delivery partners like Calvary and QE2, as well as a bunch of paper records where people were not using digital systems to record health and clinical information and treatment information.

So one of the things that it has delivered is a much greater visibility across different parts of the treatment system. For example, someone in the emergency department can see a record from elsewhere in the health service of where someone has previously received treatment. Similarly, someone sitting up on a ward can see what is currently going on in the emergency department and make an assessment around potential admission to a ward, looking at the record of their treatment in the emergency department.

There is much better visibility of pathology results, not only to clinicians, but particularly to consumers through MyDHR as well. So a whole lot of benefits of the implementation of the MyDHR element of it have given consumers and carers much better control over their own health information and much more timely information on discharge, for example. So those are just a couple of examples. Mr Kaufmann might have more?

Mr Kaufmann: I can add a few points. I have read, understood and accept the privilege statement. So the Digital Health Record, as the minister has said, has replaced about 40-plus other systems. Before the DHR, those systems tended to be point solutions, which meant when a patient had a certain procedure or had an interaction in a certain area of the hospital there was some information captured but it was not moved with the patient through the system. So often information was printed out and then re-entered into the next system when the patient went to the next station so to speak.

Now the information is flowing through the system with the patients, and not just for one episode of care but for any episode of care. So when patients get readmitted we know their patient history that we have in our system. Information flows with the patient and information is not just captured by data entry from doctors. We have several thousands of medical devices which are also connected to the system. So the machines

that go “ping” also record information on behalf of the patient and some of that is then captured in the DHR, the relevant information is captured in the DHR.

All of this information is made available to medical practitioners in a very timely fashion which was not the case before. Doctors and nurses can be alerted about important information. So for instance, they can be alerted about medical results or pathology results being available. All of those elements help us to provide better care to our patients.

It also helps us to understand how the hospital is operating in near real time. So there is currently an initiative at Canberra Health Services at the Canberra Hospital site on what we are calling the IOC, the Integrated Operating Centre. That provides information in near real time about the patient flow in the hospital and allows Canberra Health Service executives to make near real time calls about: “Where do we have a shortage of nurses, why do we have a back blockage here, how can we actually optimise the patient flow through the hospital,” and by doing that, provide better health care more efficiently. We are currently in the process of extending this to North Canberra as well.

The information is not just available to nurses and doctors, it is also available to patients. Last time I was in the ED for instance, I got my blood results before a doctor had a chance to talk to me. Not only did I get my results on my mobile phone, but I could also see what those results meant. So there was information there for me. It showed me what was within the normal range and what was not in the normal range. So once the doctor had time to talk to me, we could have an informed conversation, which is very, very helpful.

This kind of patient-centered information that we have now is very, very valuable, especially for chronic patients or patients that are in longer care periods like cancer patients and so forth, where many, many scheduled appointments need to be juggled and where treatment plans can tend to be quite complex. So it really allows patients to take care of their own health care as well. These are just a couple of aspects. We could probably talk about the benefits of the DHR for the whole hour if you want, but I am not fully prepared, so I will stop here.

MS CARRICK: My first question is about the invoicing system or process because it is an age-old process that somebody validates that the good or service was received and authorises the payment. So how did that basic internal control go wrong?

Mr Ganeshalingam: Basically, anyone who puts goods receipts in should understand what they are receiving. The goods receipt acknowledges the receipt of the good that is within the system. So by you acknowledging the invoice, you are also making it a point to acknowledge that you will receive whatever type of service it is or whatever good it is. Then that has to be within a broader framework of a purchase order. So you need to have a purchase order and the invoice needs to fit in within that. The purchase order has its own delegation arrangement. The invoice receipt has its own arrangement. So basically by acknowledging that within the system, the API system, you are basically saying, “We have received these goods, we acknowledge receipt of these goods,” and then by an electronic signature signing off, that sets the invoice for payment.

MS CARRICK: Has the system now been set so that it cannot progress without a

purchase order being raised, even to then procure whatever the next service is that you are procuring? Do you have to have a purchase order in place to be able to procure? Or can that be done post the whole delivery of the service?

Mr Ganeshalingam: The current arrangement—what we have put in place is, if there is a purchase order, it needs to fit in with the purchase order. The purchase order needs to be there. The person who is goods receipting or acknowledging the goods receipt needs to have the appropriate financial delegation. Once all of that is ticked off, only then will the invoice be paid. So we have put controls in place which basically stop invoices being processed for payment without any of them being triple checked.

MS CARRICK: Do all the invoices require purchase orders, or can you process an invoice without a purchase order?

Mr Ganeshalingam: Yes, you can pay invoices without a purchase order.

MS CARRICK: Okay, and it is a workflow system?

Mr Ganeshalingam: It is a workflow system, yes.

MS CARRICK: The NTT contract, that did not set out the milestones and the deliverables, or did it set out milestones and deliverables on which to base the purchase orders?

Mr Kaufmann: Maybe I can talk to that. So the contract is quite comprehensive and when we are talking about invoices and invoice payments I think we need to distinguish between different categories of work. Under the contract, we have managed services, we have project services, we have software licensing, we have infrastructure costs and we have cloud hosting costs.

So a large focus of the Auditor-General performance audit on our financial management was on cloud consumption, which is, for many directorates, a new area of accounting and financial management. The finding in particular talked about that, in particular our use of some of our cloud management monitoring tools. Grafana is the name of the tool. I can talk about that in a second, about that aspect of the finding and what we have done to implement better processes there.

But regarding your question on the payments, on the project services, which were mainly around the implementation of the infrastructure that is hosting the Digital Health Record, there were milestones and there were milestone payments around that. For consumption-based services—it is more like a usage charge, like your electricity bill or your phone bill, where we have to monitor how much we are actually consuming—is that consumption in line with what the invoice says our partners are charging us.

The audit recommended that we strengthen our procedures in that area. We were using a monitoring tool called Grafana. That tool allows us pretty much out of the box to go back about six months to monitor basically six months of consumption for our private cloud that NTT is managing for us.

At the time when Muku and I started, so in May/June 2023—in June we were receiving

a number of invoices that were older than three months or older than six months. So these were basically invoices where we could not go back and validate with the tool that the consumption was exactly in line with what the invoices said. One of the recommendations was to address this, which we have done since. So we are now keeping records of our monitoring tools for longer than six months—basically since July 2024, we are keeping all of those.

MS CARRICK: So you can chase them up and say give us the invoice for the consumption.

Mr Kaufmann: Yes. The contract stipulates that invoices should be provided within three months and we are monitoring this now as well. It has been compliant so far.

Ms Stephen-Smith: I think just to add to that, the directorate went back and looked at a sample of the invoices. There were a few findings that there was a risk that the directorate had paid for services that had not been received and there was a review of some of those prior invoices that were the subject of that finding. The finding of that review was that they did not identify any invoices that had been paid for services that were not in fact received.

THE CHAIR: They did not?

Ms Stephen-Smith: They did not, no. So everything lined up. But part of the initial challenge was the way in which NTT was invoicing as the invoices could not be aligned clearly to the contract, the deed and the work orders. There was some fixing up to do on NTT's end as well to improve the way that it was invoicing.

MS CARRICK: The contract started off being \$66 million and then there was a couple of increases and it ended up being \$110 million with NTT. So why did it, well, nearly double? Why did it increase so much?

Ms Stephen-Smith: Do you want to answer?

Mr Kaufmann: I can try. So there were two extensions. One was for the implementation, the actual implementation. This is a service contract. So for the implementation there was an extension of about \$31 million. The second extension was—the contract was for five years, plus five one-year options. Effectively, we are already taking one of the options, extending the initial phase to six years, going to December 2026. That was an extra \$13 million.

Of the \$110 million of expected contract value, we currently—I do not know, currently is the wrong word. I think as of the 30 June 2024, that was the audit date, we committed \$60 million—no, we committed \$80 million and we consumed \$60 million of the total contract value. Is that correct, Muku, the numbers?

Mr Ganeshalingam: We will double check those numbers.

Mr Kaufmann: Yes.

MS CARRICK: So was \$110 million the final cost for NTT or is it still going on?

I mean, are they still—because you know, five years and five years. Is the contract still a live contract and potentially are there any more increases from the audit report where it said \$110 million? Have we had any since then?

Mr Ganeshalingam: No. The contract with NTT is all the way to 22 December next year. So the total value of the contract as it stands now is \$110 million.

Ms Stephen-Smith: To be clear, that is a maximum of \$110 million.

Mr Ganeshalingam: That is right.

Ms Stephen-Smith: It does not necessarily mean that whole amount will be spent. It depends on the usage.

MS CARRICK: Yes, so that is the hosting and the usage. Then I understand there is another part of the contract with Epic that did more of the functionality of delivery.

Mr Kaufmann: Yes, so that is a separate contract. We have a contract with Epic, who is the vendor who provides the DHR software, the different functional components. That is a contract that has very similar timelines. So we aligned the infrastructure hosting contract originally to the timelines of the Epic contract, but it is a separate contract.

MS CARRICK: How much was the Epic one? Because together the NTT one and the Epic one are up to around \$289 million; is that right?

Mr Kaufmann: I would have to take this on notice. I do not have the exact numbers in my head.

MS CARRICK: All right, that would be good. If you could take on notice the Epic contract, how much that is up to. Then are there any other contracts or suppliers to deliver the DHR?

Mr Kaufmann: Yes, there certainly are. So we manage almost a hundred contracts in digital health. They all, or most of them, have something to do with DHR or an adjacent system that is required to support the health service and the health system in general. I cannot tell you off the top of my head how many of those are directly related to the DHR. Again, I could take this on notice if you like?

MS CARRICK: Yes, that would be good. If you could take on notice what contracts, who they were and how much they were, for the contracts to implement DHR.

Ms Stephen-Smith: Yes, we will take that on notice.

THE CHAIR: The Auditor-General earlier today said that the budgeting arrangements were poor at best, that the report was not favourable in terms of how the department managed, obviously, payments and invoicing. Is the health department different to any other department in the ACT government? Do they function the same way? Do they have the same sort of reporting mechanisms, payment mechanisms, invoicing, checks and balances? Or does every department work in a silo? Or is there a framework that

you are meant to work to if you think that you have the expertise and the knowledge to ensure that the right checks and balances are in place for handling such a system?

Ms Stephen-Smith: I think I might start and then Ms Hudson might want to say something. I think even within the Health Directorate at the time, the Digital Solutions Division was largely managing its own invoicing, procurement, etcetera and financial processes, and that has been identified as an issue.

The Auditor-General's report is not the only report on this matter. There are a number of reports that largely were commissioned by the Health Directorate, recognising that there were some challenges in the Digital Solutions Division's budget overall and wanting to get to the bottom of what those were and recognising also the need—Digital Health Record was a very big project—wanting to get to understand the management of that project.

I think it is also important to recognise that the DHR was implemented largely in the midst of a global pandemic when Digital Solutions Division was also doing a bunch of other things to support the pandemic response, and so, it is fair to say that there was not as strong a focus on financial management through that period as you would want to see. But that was identified by the Health Directorate itself and that is why the KPMG DHR program review, the internal review that the cabinet effectively commissioned with the Chief Minister's directorate, Treasury and the Health Directorate, and the ACT Health Directorate internal audit were all already—a lot of these things were already in train. Sorry, the KPMG one in August 2023 was the DSD Budget and Financial Management Review. So that came about when the Health Directorate really recognised that the challenges in the financial situation of the Digital Solutions Division were deeper than just a pandemic impact.

I think a lot of the issues initially were unclear because there was a pandemic impact on the operation of the Digital Solutions Division, as well as trying to implement this major health record system, and Digital Solutions Division had been overspent for some time and that had been offset by underspends in the rest of the directorate. It really sort of came to a head in 2023 when there was a realisation that this was actually a structural overspend in Digital Solutions Division. How did it happen? What were the underlying factors for that and what did it mean for the ongoing cost of the Digital Health Record program, which had been completed in March 2023 as a project, but obviously still had ongoing costs associated with it.

So in February 2023, the Health Directorate engaged KPMG to undertake the management-initiated review of the DSD budget and financial management to better understand the drivers of those costs. So that was very specifically focused on Digital Solutions Division within the Health Directorate, which did have its own challenges.

So I would say the answer to your question is, a lot of these challenges were quite specific to Digital Solutions Division and the environment in which it was operating. One of the things the directorate was focused on, and other reviews subsequently, including the Auditor-General's review, have picked up, is the need to align DSD's financial operating system to best practice, which is used across the rest of the directorate. Ms Hudson might want to correct or answer?

Ms Hudson: No, I would not want to correct, Minister. I recognise and acknowledge the privilege statement. As a part of everyone's core business in government we all engage in procurement training and development. Indeed, as a result of the very specific challenges noticed inside of DSD, as the Minister has articulated, there was also a sharpening of that training and ensuring that every executive, for instance, had completed the procurement training at their level. So there was increased attention, as part of just our general business, to procurement, trying to learn lessons. Ms Garrett may be able to speak more widely about that as she is from the corporate services team at the time.

Ms Garrett: Thank you. I also have responsibility for procurement and during the time when these issues were being raised the Health Procurement Team undertook targeted workshops and training programs with DSD staff. In the last six months, they have again revisited that training with the three key areas in DSD. There is whole-of-government e-modules that Ms Hudson has referred to. We also, in the Health Procurement Team, developed procurement workflows targeted to DSD that would show officers who are undertaking procurement each step and each assurance step that the Health Procurement Team would assist on throughout the process.

There were also other assurance processes that the Health Procurement Team followed through, including how the purchase order to payment system linked in with the invoice payment system. We worked closely with colleagues in strategic finance on that. We have a standard operating procedure on the P2P system. There was also a new invoice payment processing procedure targeted for DSD that the CFOs team worked on. So there was a whole range of assurance and processes that were documented to make sure that we had the right information available to staff and officers who were going through procurement and then invoice processing.

THE CHAIR: That is occurring from now? But it was not occurring back at the start, is that correct?

Ms Garrett: It was put in place throughout. So a number of these reviews had taken place before the Auditor-General's report. These continuous improvement opportunities were put in place iteratively, both before the Auditor-General commenced his report and during his report. So in the report, there are some processes that are shown as—or acknowledged that—further continuous improvement and learnings were taken on board.

THE CHAIR: But no professional support was given to DSD? So there were issues identified through these reports and investigations, but was there any professional support then provided to DSD to correct these issues, or has it waited until after the Auditor-General's report for anything to be done?

Ms Garrett: No, there was targeted workshops and learnings, a register of training opportunities and a business improvement program that listed all of those activities, including for senior leaders in DSD.

Ms Stephen-Smith: So as I mentioned Chair, the KPMG report on the DSD Budget and Financial Management Review was commissioned in February 2023 and reported in August 2023. That did result in some findings that started to be implemented at that

time. It made 16 recommendations which were included in a DSD business improvement program at that time. So that was August 2023. Then there were a couple of subsequent reports as well. Any further recommendations or findings from those were then also built into the DSD business improvement program. So that business improvement program was in place from mid-2023. While that was underway, the corporate—the chief financial officers area was directly supporting Digital Solutions Division to make sure that appropriate processes were being used around procurement and investment while DSD got its processes in order and skilled up its staff to manage that.

Mr Kaufmann: I would like to add some detail to this. So as the Minister and as Cheryl have pointed out, DSD was provided support by corporate governance and ACT Health throughout the whole process since the first report came in. There was an informal working group to start with back in May 2023, including the executives of corporate services and in DSD working together. That was formalised in May 2024 as a DSD oversight committee overseeing the implementation of a detailed business improvement program for DSD. The program had about 100 actions—104 actions, and it finished in June 2024 with, I think, four outstanding actions that were handed over into BAU governance, which are now overseen by the Digital Health Policy Risk and Assurance Committee.

MS CARRICK: Given that the contract would have started in December 2020, did people try to raise the issue along the way? How was the issue raised internally? And were people trying to raise the difficulties in authorising the invoices when the service had been received?

Ms Garrett: It is difficult to answer that.

Ms Stephen-Smith: I think it is difficult for anyone at this table to give a firm yes or no answer to that, Ms Carrick. What I can say is that there was probably a level of trust in the partnership and a very high workload in relation to the implementation of the Digital Health Record.

In terms of the hosting element of it, the invoices would have some variability, and, as I said, the way NTT was invoicing led to a challenge in relating an invoice to a work order, if I am using the correct language. I will need some help from either of you. Maybe it would be helpful to say that the contract was signed in December 2020, but I think the actual hosting service would not have commenced in full at that point, because the DHR went live in only November 2022. There was a lot of work happening between December 2020 and November 2022 to get the process up and running, to go live, while also responding to the pandemic. Mr Kaufman, might be able to say more about how that NTT service ramped up through that process.

As I said, even by February 2023—go live was in November 2022—the directorate was aware that there were some challenges around DSD costs and was already starting to look at what was underpinning those challenges. There was not a very long timeframe between go live and the directorate saying, “Hang on a minute, there’s a financial issue here that we need to better understand.” Maybe Mr Kaufmann can talk about how the relationship with NTT ramped up during that period.

Mr Kaufmann: I personally started in May 2023, so it is difficult for me to make firm assertions about what happened beforehand. Typically with an implementation like this, you would stand up the infrastructure a couple of months before you actually go live. You would test that infrastructure and you would try to rightsize it as much as you can, but, until you actually run the application in the field, it is hard to rightsize it completely. We would have been pretty much at the full cost from November 2022 when we went live. We were then pivoting into business as usual in early 2023, around March-April 2023. That is the time when the directorate commissioned the KPMG report. It was probably a bit earlier than that. We wanted to get certainty about what our ongoing costs for the DHR and related systems were going to be.

It is worthwhile pointing out again that, in the time between the business case—when that was written, submitted and accepted—and the actual go live, a lot of things happened. There was the pandemic. The pandemic created significant inflationary pressure, especially in ICT services, which is part of what we were feeling. The scope of the DHR also changed quite significantly since the business case, including dental services and other services that were not in the original business case. System activity had grown over the time as well. I do not have the exact numbers, but I think there was between 15 and 20 per cent more activity in the timeframe. All of this created additional cost pressures and resulted in the fact that the ongoing cost to support the DHR related systems was higher than what was anticipated five years earlier. We had to do a bit of an exercise in rightsizing and getting our forecasts right.

In that context, we started to scrutinize invoices that were coming in and asked questions—new members were also there as well—to really understand our invoices. When we got a large number of invoices from the entity in June 2023—as I said, at the end of the financial year—some of them were for work that was done during the implementation stage, which we were not part of. We wanted to be sure that we really understood those, and we commissioned an internal review of those invoices. That review came back with findings very similar to the Auditor-General’s report. I believe that the findings of that internal review also triggered the Auditor-General to do a performance audit on the financial management of the system. We had started to implement mitigating actions and better financial management practices pretty much from the start, when we got the first findings.

Ms Stephen-Smith: Ms Carrick, I should say that—because I am conscious that you were not in the Assembly at the time, but you are probably aware of this—the Health Directorate’s internal audit of the NTT Australia invoices review from April 2024, which is the work that Mr Kaufmann was just referring to, was prompted by the very large number of invoices received in June 2023. That report was tabled in the Assembly in August, as was the prior KPMG report from 2023, and I think a subsequent report was as well. A lot of information is on the public record that goes back to: how did we get here?

MS CARRICK: No worries. Do you have at hand when cabinet approved, some time at the beginning of 2020, delivery of the DHR and what the final cost was?

Ms Stephen-Smith: That information has been provided in response to questions on notice in the Assembly previously. I do not have them.

Mr Ganeshalingam: It was question on notice No 60.

Ms Stephen-Smith: Do you have it in front of you? What is the answer? I may or may not be able to find the answer for you straightaway, Ms Carrick. I might refer you to the question on notice because there are quite a number of elements to the original decision-making. A number of projects were included in the Digital Health Record, as Holger has indicated, and added to the cost. Originally, the Digital Health Record project was allocated \$151.8 million in the 2019-20 budget, and that included nearly \$12.8 million in the recovery package beyond the forward estimates, recognising there would be a degree of annual expenditure. Then the pathology lab information system was brought into this project.

The 2022-23 budget included some additional capital and expense to support some other matters, including a staff trainee at the Calvary public hospital. There was some expectation about absorbing staff training early in the budget process, but we had a contractual obligation to Calvary to pay them for additional requirements that we had, so we had to specifically allocate resources for that, whereas Canberra Health Services absorbed some of that cost for staff training. As was indicated, this is a question on notice from a hearing on 25 July 2024. It was a question taken at the public hearing for 2024 estimates.

MS CARRICK: Thanks. Do we know what the final cost of the whole system was to implement?

Ms Stephen-Smith: It is included in the response to the question on notice, in terms of up to that point, when the project closed, but there is obviously the ongoing cost of maintaining and running the system, ongoing training etcetera.

MS CARRICK: At that point, July 2024, there is a number?

Ms Stephen-Smith: Yes.

MS CARRICK: Have you done an evaluation on value for money?

Ms Hudson: There has been a small amount of work done by the directorate around that, but a more formal process under the Auditor-General is about to unfold around benefits realisation.

Ms Stephen-Smith: The Auditor-General has indicated that they are undertaking a full audit in relation to the implementation of the Digital Health Record. It forms part of the terms of reference for Mr Walsh's work as well. It is due back to the Assembly by June next year. It will look at the implementation of DHR, the benefits flowing through and any improvements that can be made, because obviously we want to keep improving.

MS CARRICK: Yes. It is accessible to the public health sector. Is it accessible to the private health sector—private hospitals and specialists?

Ms Stephen-Smith: No. There has been a pilot of what is called DHR Link. We can talk to that a bit if you want. We debated this in relation to a motion that Mr Rattenbury brought forward. I have reported back to the Assembly on that. It has only been a pilot

so far because there have been some issues to work through in relation to integration with GP software and ensuring that the system works for people. Did you want to say anything more about that?

Mr Kaufmann: We started to pilot the capability of the DHR for sharing the record of information with primary care providers. I do not recall the original number of pilot participants, but we extended it over the last two years to about eight practices in Canberra. There was some feedback around the integration. Ideally, doctors would like to see the data flow directly into the systems that they have in their practices. There are five to six quite commonly used versions of practice software. We have started to talk to the vendor of the most commonly used one here in the ACT. It covers about 70 per cent of practices in the territory, but we have not managed to get to an agreement between the vendor and Epic, the provider of our DHR software. We have now committed to the minister that we will roll out that functionality to all practices in the ACT over the course of this financial year. By the end of June 2026, we hope to have this in all practices that would like to participate. Of course, we cannot force GPs to use our toolsets.

We think it definitely has advantages because it integrates the GPs more in ongoing care and as part of the care team for patients. We have the ability to tailor access so that they can see the relevant information for patients who have provided consent for this. That is one of the other pieces of feedback that we received during the pilot—namely, that the current health records act is quite restrictive. It defines access and access controls around episodes of care, which means, based on the legal advice that we have received on the legislation, that we have to ask for explicit written consent from patients before we can give their GPs access to that information. That is a bit of a cumbersome process. You could imagine that, if you have a consultation with your GP and they ask you, “Can I have access to that information?” setting this up and giving consent could take more than five minutes and the time for your consultation would be basically taken away. We have received some feedback and we have come up with some ideas on how we can streamline and simplify the consent process and implement it in a way that is still within the legal requirements but less cumbersome for everybody involved. That is why we think it is promising to roll this out now, but it has taken us a while to actually come up with some solutions.

Ms Stephen-Smith: Down the track, we are looking at specialists as well as general practitioners. There is some work in various areas of southern New South Wales, where they have access to the system. New South Wales is moving to implement Epic as their single electronic medical record as well. In the longer term, that will help us. We have been encouraging New South Wales to use southern New South Wales as an early pilot. It is starting off in Hunter, New England. We are also working with the Ambulance Service to give them access to the DHR. We have had a lot of feedback from ambos that it would be really helpful out on the road to be able to interact with the DHR when they have patients, to either understand their history or be able to connect to the system’s record and say, “This is what we are doing on the way in.”

Mr Kaufmann: A couple of months ago, we had the first patient for whom we were able to access medical information from the US via the technology that we now have with Epic. There has been only one case so far, but the technology is promising.

THE CHAIR: Minister and officials, on behalf of the committee, thank you for coming along. If any questions were taken on notice, please get your responses back—

Ms Stephen-Smith: There was one.

THE CHAIR: It was one very good one, I am sure. Send it to the committee's secretary within five working days of receiving the uncorrected proof *Hansard*. We also thank all witnesses who attended today and gave their experiences and knowledge. That will go towards our report. I also thank Hansard staff for everything they do, as well as broadcasting staff. I did not say this last time, but I thank our secretary and our fill-in secretary as well for the work that they are doing to help us put this report together. If any members would like to put any questions on notice, please upload them to the parliamentary portal as soon as possible and no later than five working days from today. Thank you.

The committee adjourned at 4.49 pm.