



**ACT**  
Government

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Health and Community Services

Professor Michael Pervan  
Chief Executive Officer  
Independent Health and Aged Care Pricing Authority

Dear Prof Pervan

**ACT 2023-24 National Hospital Cost Data Collection — Data Quality Statement**

Thank you for your correspondence requesting that the ACT provide a Data Quality Statement (DQS) to accompany its 2023-24 National Hospital Cost Data Collection (NHCDC) submission.

The DQS is appended to this letter. All data provided by the ACT to Round 28 of the NHCDC has been prepared, to the best of our knowledge, in accordance with the Australian Hospital Patient Costing Standards (AHPCS) version 4.2 and local assurance processes.

We thank IHACPA for its ongoing work collating the NHCDC. If you have any questions on this submission, please don't hesitate to contact Ms Kate Chambers, Executive Branch Manager, Health System Performance at [Kate.Chambers@act.gov.au](mailto:Kate.Chambers@act.gov.au) or on (02) 5124 9428.

Yours sincerely

Robyn Hudson  
Deputy Director-General, Policy and Transformation  
Health and Community Services Directorate  
13 September 2025

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## ACT Data Quality Statement – 2023-24 NHCDC Submission

### 1. Governance processes

#### 1.1 Structure of Local Health Networks (LHN) / Hospitals and Health Services

The ACT Local Hospital Network (ACT LHN) is the main mechanism by which government funding flows to public hospitals. The ACT LHN is administered by the Health and Community Services Directorate (HCSD). Canberra Health Services (CHS) is a major public hospital service provider within the ACT LHN. The other public hospital service provider within the ACT LHN is Tresillian, operates the block-funded Queen Elizabeth II Family Centre.

CHS delivers a range of publicly funded acute, sub-acute, primary, and community-based health services and programs through the following 3 public hospitals. All 3 hospitals are included in the ACT 2023-24 NHCDC data.

**The Canberra Hospital (TCH):** is an acute care teaching hospital which is also a tertiary referral centre that provides a broad range of specialist medical and surgical services to ACT and Southeast NSW.

TCH also operates Community Health Centres, Walk-in Centres, providing a range of general and specialist health services to people of all ages, including early childhood services, youth and women's health, dental health, mental health and alcohol and drug services

**North Canberra Hospital (NCH):** On 3 July 2023, the ACT Government acquired Calvary Public Hospital Bruce, providing a path for a major new hospital on Canberra's northside at Bruce – the North Canberra Hospital. NCH is a fully accredited public hospital of around 243 beds located on the north side of Canberra. Services include an Emergency Department, an Intensive Care Unit, a Coronary Care Unit, medical and surgical wards, a Maternity Unit, a voluntary psychiatric ward, and ambulatory care and outreach facilities and services.

Clare Holland House, a facility within NCH, is the main facility for the provision of specialist palliative care across the ACT and surrounding region. The facility provides a mix of 27 inpatient beds, outpatient and residential / community-based services.

**University of Canberra Hospital:** a dedicated and purpose-built rehabilitation health facility. It provides care and support for people over the age of 18 who are experiencing mental illness or recovering from surgery, illness, or injury. It is the largest rehabilitation centre in the ACT and surrounding region, with 84 beds, 75-day places and additional outpatient services.

## **1.2 Costing process guidelines, including the use of relative value units (RVUs)**

Costing was performed in PowerHealth PPM Version 3 in line with the Australian Hospital Patient Costing Standard version 4.2. Allocation bases include standard AHPCS methods (e.g. allocation statistics, duration, activity volumes).

## **1.3 Costing and activity reporting processes and methodologies**

- **Data custodianship:** CHS prepares General Ledger (GL) and agreed feeder extracts; HCSD performs PPM configuration, allocation, validation and submission.
- **Activity data:** Baseline on the submitted ABF activity data for the 2023-24 financial year.
- **Validation:** Datasets passed IHACPA portal validations prior to lodgement. High-level GL to costed amount reconciliations and QA checks were performed by HCSD.

## **1.4 Consistency of costing practices across the jurisdiction**

Costing is coordinated centrally by HCSD using a consistent methodology across TCH, UCH and NCH, in consultation with CHS.

## **1.5 Contracted care arrangements across jurisdictions or LHNs/Hospitals**

Canberra Hospital manages contracts with private hospitals as part of the Territory's elective surgery programs. The contracted care episodes are reported against Canberra Hospital activity with a contracted care establishment identification referring to the contracted private hospital.

Similarly, for costing purposes, these episodes are included in the NHCDC for TCH. The costs for these episodes were estimated using the Relative Value Unit based on the relevant Diagnosis Related Group (rather than actual invoiced amount, which is currently not available).

## **1.6 Changes from the previous year**

The ACT did not submit to the 2022-23 NHCDC, following challenges from implementing the Digital Health Record (DHR). 2023-24 represents a resumption of the costing capability with the ACT, which involved rebuilding PPM processes and configurations, mappings and business rules to produce the costing data.

Some challenges related to the Digital Health Record (DHR) implementation remain in the data, which were surfaced during the costing process. These have been documented and will be targeted for resolution in 2024-25 (e.g. qualified/unqualified newborn days, community mental health, forensic mental health).

## 2. Summary of 2023–24 results

**Hospitals:** Three sites (TCH, UCH, NCH) as noted above.

**Scope:** Patient-level costing excluding non-ABF activity's costs (e.g. Teaching, Training and Research, Commercial services, Directorate functions, etc.) and unlinked services.

Unqualified newborns are excluded from costing.

Number of costed records are summarised in the table below.

Hospital	Number of Costed records	Amount submitted in NHCDC (\$'mil)
North Canberra Hospital	175,195	371.6
The Canberra Hospital	1,210,488	1,534.0
University of Canberra Hospital	38,678	95.4
<b>ACT Total</b>	<b>1,424,361</b>	<b>2,001.0</b>

## 3. Compliance to the Australian Hospital Patient Costing Standards (AHPCS) Version 4.2

### 3.1 Summarisation of general ledger reconciliation (LHN level)

Site	GL total (\$m)	Costed total* (\$m)	Variance (\$m)	Notes
NCH	394.4	382.3	-12.1	Some additional costs through TCH GL have been identified related to NCH activity (after NCH submission was made)
TCH	1,732.6	1,735.7	+3.1	Considered immaterial
UCH	96.0	95.5	-0.5	Considered immaterial
<b>Total CHS</b>	<b>2,223.0</b>	<b>2,213.4</b>	<b>-9.6</b>	System-level reconciliation variance 0.4%; overall residual issues disclosed above.

\* Note: Amount costed is different to amount submitted in NHCDC due to excluded costs noted in Section 2.

## 3.2 Compliance or deviations to AHPCS Version 4.2

### Overall compliance statement

The ACT prepared the 2023-24 NHCDC in accordance with AHPCS. The following exceptions/limitations are disclosed with planned remedies:

- **Stage 1 – Identify relevant expenses:** Relevant expenses were identified and included. For the 2023-24 submission, input was provided by CHS for GL extract. Joint GL documentation to be strengthened for 2024-25.
- **Stage 2 – Validation checks:** IHACPA portal validations passed. Residual issues documented for 2024-25 remediation.
- **Stage 3 – Cost allocation methods:** Standard AHPCS allocation methods (including RVUs/time/activity) applied within PPM.
- **Stage 4 – Identify products (activity):** All available patient-level activity and feeder data where available were included; activity data tied to the nationally submitted 2023-24 dataset.
- **Stage 5 – Assign expenses to products:** Patient-level allocation executed in PPM. Service mappings were shared with CHS for review and continuous improvements in the future.
- **Stage 6 – Review and reconcile:** Reconciliations performed as noted above.

## 4. Other relevant information

- 2023-24 NHCDC is a significant effort from the ACT, following many challenges from the DHR implementation. Staff from both the Directorate and the hospitals collaborated under significant time pressure to produce the data. Residual issues have been transparently documented for remediation in 2024-25.
- The ACT welcomes the opportunity to improve the quality of the data. The ACT has participated in the Independent Financial Review, including a site visit by the Scyne/IHACPA team occurred on 4 September 2025; the findings will be integrated into the 2024-25 work.

## 5. NHCDC declaration

All data provided by the ACT to the 2023-24 NHCDC has been prepared in accordance with the IHACPA's Three-Year Data Plan, the Data Compliancy Policy and the Australian Hospital Patient Costing Standards (AHPCS) Version 4.2.

Best endeavours were undertaken to ensure complete and factual reporting and compliance. Data provided in this submission has been reviewed for adherence to the AHPCS Version 4.2 and is complete and free of known material errors.

Assurance is given that, to the best of my knowledge, the data provided are suitable to be used for the primary purpose of the NHCDC, which includes the development of the National Efficient Price.

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