

## Election Costing Request Form

Details of request	
Party:	Liberals & Nationals Government
Name of Policy:	NSW leads in paediatric operations
Date of request:	Updated 15 February 2019 (Original 12 February 2019)

Description of policy	
Summary of policy (please attach copies of relevant policy documents and include information on what the policy aims to achieve):	<p>A NSW Liberals &amp; Nationals Government will</p> <ul style="list-style-type: none"> <li>• Invest \$24 million to deliver an additional 8,000 paediatric elective surgeries over four years</li> <li>• Employ an additional 42 staff (2.4 FTE surgeons, 2.4 FTE anaesthetists, 4.8 FTE registrars, 24.6 FTE nurses, 1.2 FTE allied health staff and 6.6 FTE non-clinical support staff)</li> <li>• Slash the time taken to receive non-urgent elective surgeries by more than three months, and halve the time taken to receive semi-urgent surgeries</li> <li>• The NSW Government will then fund the extra 4,000 surgeries to be performed in the private system.</li> </ul>
Has the policy been publicly released yet?	No

	2018/19 \$'000	2019/20 \$'000	2020/21 \$'000	2021/22 \$'000	Total \$'000
Impact on GGS expenses					
Impact on GGS revenue					
Impact on General Government Sector (GGS) net operating result <sup>1</sup>					
Impact on GGS capital expenditure <sup>2</sup>					
Impact on GGS net lending/borrowing					

**Note:** Has the policy been costed by a third party?  
If yes, can you provide a copy of this costing and its assumptions?

<b>Key assumptions made in the policy</b>	
Does the policy relate to a previous announcement? If yes, which announcement?	Yes, it relates to the 5000 Nurses and Midwives policy. The nurse FTE component for this policy is included in the nurses costing.
What assumptions have been made in deriving the financial impacts in your estimated costing? <i>(See checklist)</i>	Note that the policy would include nurse FTE's, but this costing does not include nurse costs as they are incorporated in the 5000 Nurses costing. <ul style="list-style-type: none"> <li>Any activity contracted to the private sector is paid the same rate as for activity in the public sector. All private sector activity counts as other operating expenses.</li> <li>The Commonwealth fund 45 per cent of additional activity. If patients outsourced to the private system remain public patients and the activity data is returned to Health, the additional activity will be eligible for Commonwealth funding.</li> </ul>
Is there a range for the costing or any sensitivity analysis that you have undertaken?	If patients outsourced to the private system remain public patients and the activity data is returned to Health, the additional activity will be eligible for Commonwealth funding.

<sup>1</sup> Negative for a saving that reduces expenditure

<sup>2</sup> Negative for a reduction in capital expenditure.

Are there associated savings, offsets or, in the case of a revenue proposal, offsetting expenses? If yes, please provide details.	No
Are there significant costs or savings <b>outside</b> the forward estimates period which should be considered in costing this policy? <sup>3</sup>	No

<b>Administration of policy</b>	
Intended date of implementation:	2019-20
Intended duration of policy <sup>4</sup> :	Ongoing
Who will administer the policy (e.g. Government entity, non-government organisation, etc.)?	Government as well as private and not-for-profit hospitals
Are there any specific administrative arrangements for the policy that need to be taken into account (e.g. agreements between different levels of government)?	Government will utilise capacity in private and not-for-profit hospitals to deliver 4,000 of the 8,000 surgeries.
Are there transitional arrangements associated with policy implementation?	No

<b>If the policy is mainly an expenditure<sup>5</sup> commitment</b>	
Demand driven or a capped amount:	Capped
Eligibility criteria or thresholds:	

<b>If the policy is mainly a revenue commitment</b>	
Transaction based or capped:	
Thresholds and/or exemptions:	
Collection method:	
Additional expenditure associated with collection:	

<sup>3</sup> Particularly important for large projects with long lead times, policies with a delayed timetable for implementation, or policies where up-front investment is required to achieve long term savings.

<sup>4</sup> Where a policy is intended to be ongoing, please indicate "ongoing" in the space to the right

<sup>5</sup> Expenditure is operating expenses, e.g. salaries, interest cost and grants. Expenditures are fully included in the impact on operating balance.

<b>If the policy is mainly a capital costs<sup>6</sup> commitment</b>	
<b>Nature of Capital Spending</b>	
Type of work, size and capacity:	
Proposed start and completion date of work:	
Intended construction schedule/cashflow:	
Associated asset sell off (if any):	
<b>Recurrent Impacts</b>	
Offsetting expenditure savings:	
On-going maintenance, depreciation and operational expenses:	
Third party funding involvement:	
Delivery model <sup>7</sup>	

**Checklist for key assumptions** (please be comprehensive and include all relevant assumptions). Assumptions could include, but are not limited to, questions such as:

- What is the expected community impact?
- How many people will be affected by the policy?
- What is the likely take up or other behavioural response you expect?
- Is there a cap on total spending proposed, a funding formula, resource agreement or other mechanism of this nature associated with the policy?
- Will third parties have a role in funding or delivering the policy (e.g. Commonwealth Government)?
- Will funding/program cost require indexation?
  - If yes, do you have any assumptions about the index that should be applied?
- What assumptions have you made about costs of administering the policy?
- Will additional staff be needed in the agency responsible for the policy?
  - How many and at what approximate levels?
- Are there other resources required?
- Are you assuming administrative costs will be absorbed within the agency?

**Please note that:**

- The costing will be on the basis of information provided in this costing request.

<sup>6</sup> Capital costs differ from expenditure in that only depreciation will be included in the impact on operating balance.

<sup>7</sup> There is a range of possible delivery models, e.g. built, owned and operated by a NSW government agency; built and transferred to a private operator; privately built for public operation; privately built and operated with government assuming risk or providing a guarantee in relation to future income (often applicable to public/private partnership arrangements), and so on. The policy should provide assumptions about the proposed delivery model.

- The PBO is not bound to accept the assumptions provided by the requester. If there is a material difference in the assumptions used by the PBO, the PBO will consult with the requester in advance of the costing being completed.
- Where the details of the policy costing request differ from the announced policy, the costing will be on the basis of the information provided in the costing request.
- These guidelines are intended to facilitate requests for costing election policies. Persons preparing such requests who wish further assistance are invited to contact the staff of the Parliamentary Budget Office.