## **Election Costing Request Form**

Details of request	
Party:	Liberals & Nationals Government
Name of Policy:	Record health building boom to continue in NSW
Date of request:	Updated 12 March 2019 (Original 26 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):	A NSW Liberals & Nationals Government will  Invest an additional \$894 million over the next term of government. This will see a record \$8.4 billion in total capital investment spent on new and redeveloped hospitals and health facilities across the state.  Commence work on 29 new health infrastructure projects.  Continue work on 100 projects currently underway.
Has the policy been publicly released yet?	

	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?

Key assumptions made in the policy	
Does the policy relate to a previous announcement? If yes, which announcement?	No
What assumptions have been made in deriving the financial impacts in your estimated costing?	Work will commence on 29 new projects (see list below)
(See checklist)	Funding will also be provided to Health to commence planning work for a number of other projects including Grafton, Forster-Tuncurry and Wagga Wagga
Is there a range for the costing or any sensitivity analysis that you have undertaken?	No
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>	

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

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

<sup>&</sup>lt;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.

Administration of policy	
Intended date of implementation:	July 1 2019
Intended duration of policy <sup>4</sup> :	Next term of Government
Who will administer the policy (e.g. Government entity, non-government organisation, etc.)?	Health Infrastructure
Are there any specific administrative arrangements for the policy that need to be taken into account (e.g. agreements between different levels of government)?	No
Are there transitional arrangements associated with policy implementation?	No

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

If the policy is mainly a revenue commitment		
Transaction based or capped:		
Thresholds and/or exemptions:		
Collection method:		
Additional expenditure associated with collection:		
If the policy is mainly a capital costs <sup>6</sup> commitment		
Nature of Capital Spending		
Type of work, size and capacity:	Health Infrastructure	
Proposed start and completion date of work:	Various	
Intended construction schedule/cashflow:		
Associated asset sell off (if any):	None	
Recurrent Impacts		
Offsetting expenditure savings:		
On-going maintenance, depreciation and operational expenses:		
Third party funding involvement:		

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

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

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

Delive	ery model <sup>7</sup>
	ist for key assumptions (please be comprehensive and include all relevant assumptions). ptions 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?
	<ul> <li>If yes, do you have any assumptions about the index that should be applied?</li> </ul>
	What assumptions have you made about costs of administering the policy?
	Will additional staff be needed in the agency responsible for the policy?
	<ul> <li>How many and at what approximate levels?</li> </ul>
	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.
- 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.

<sup>&</sup>lt;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.

29 New Projects to commence in the next term of government:

- 1. Bankstown-Lidcombe Hospital
- 2. John Hunter Hospital
- 3. Royal Prince Alfred Hospital
- 4. Sydney Children's Hospital Westmead
- 5. Sydney Children's Hospital Randwick and Comprehensive Children's Cancer Centre.
- 6. Ryde Hospital
- 7. Shoalhaven Hospital
- 8. St George Hospital
- 9. Griffith Base Hospital
- 10. Eurobodalla Hospital
- 11. Manning Base Hospital
- 12. Sutherland Hospital
- 13. Ballina District Hospital14. Moree Hospital
- 15. Cowra Hospital
- 16. Hornsby Ku-ring-gai Hospital
- 17. Bowral Hospital
- 18. Gunnedah Hospital
- 19. Liverpool Hospital Car Park
- 20. Albury Hospital
- 21. Concord Hospital Car Park
- 22. Goulburn Base Hospital
- 23. Dubbo Hospital Car Park
- 24. Shellharbour Hospital Car Park
- 25. Glen Innes Hospital
- 26. Iluka Ambulance Station
- 27. Mona Vale Hospital
- 28. Deniliquin Hospital
- 29. Leeton Hospital

Planning money will also be provided for work to commence work on other health projects including but not limited to the following projects:

- Forster-Tuncurry
- Wagga Wagga
- Grafton Base Hospital Redevelopment