

## Request for Costing an Election Commitment

<b>Name of policy proposal:</b>	Extra Security for Staff and Patients at Canberra and Calvary Public Hospitals
<b>Person requesting costing:</b>	Alistair Coe MLA, Shadow Treasurer Canberra Liberals
<b>Date of request:</b>	29 September 2016
<b>Summary of proposal:</b>	The Canberra Liberals will fund additional security positions at the Canberra and Calvary Public Hospitals by increasing security funding by \$250,000 per year.
<b>Issue the proposal will address:</b>	A boost in resources to ensure the safety of patients, staff and visitors at Canberra's public hospitals.

### What are the key assumptions that have been made in the proposal?

**Note:** The costing will developed on the basis of information and assumptions provided in the costing request. The professional judgment of the Under Treasurer will determine whether these assumptions are adopted in the costing of the proposal.

- The proposal seeks to increase security funding by \$250,000 per year, starting from 1 July 2017.
- Funding has been indexed at 2.5% over the forwards as per Treasury advice. As the additional funding will go towards additional security positions, indexation is required to maintain the same level of service.
- The funding will be administered through the Health Directorate to a third party provider.
- There are no implementation costs/additional resources provided as the additional funding will be administered in accordance with current security contracts.

What are the estimated revenue and operating costs each year (if available) and what are the capital requirements for this proposal and estimated costs each year (if available)?

	2016-17	2017-18	2018-19	2019-20	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Revenue<sup>(a)</sup></b>					
<b>Expenses<sup>(a)</sup></b>	0	-250	-257	-263	-770
<b>Capital</b>					
<b>Depreciation</b>					

(a) A negative number indicates a decrease in revenue or an increase in expenses. The expenses row does not include depreciation costs.

Has any specific information or data been utilised in generating the proposal?

n/a

Where relevant, is funding for the proposal to be demand driven or a capped amount?

Funding is to be capped.

Will third parties, for instance the Commonwealth or other State/Territories, have a role in funding or delivering the proposal? Does the proposal provide additional funding to, or redirect, any existing Commonwealth/State or Territory funding arrangements (for example, does an education proposal add to or redirect NERA funding).

The delivery of additional security services will be provided by a third party provider (consistent with current security arrangements).

Will funding/the cost require indexation?

Yes. Indexation has been calculated at 2.5% as per Treasury advice.

Who will administer the proposal?

The proposal will be administered by the Health Directorate in line with current security contracts.

How will the proposal be administered?

The proposal will be administered in accordance with the current security contracts administered by the Health Directorate for security at Canberra and Calvary Public Hospitals.

Is the proposal part of a broader package?

Yes. Proposal was announced as part a wider hospitals package including additional nurses and the protection of frontline staff (both costed and submitted separately).

Has an allowance been made for expenses necessary to support the implementation of this proposal?

- If no, will the government agency be expected to absorb expenses associated with this proposal?
- If yes, please specify the key assumptions.

No. Implementation will be met from within existing resources of the Health Directorate as contracting security for the public hospitals is considered business as usual.

Will the proposal generate savings or offsets?

No.

Has the proposal been previously costed by an external (third) party? Will a copy of this material, including any assumptions, be made available to Treasury?

No.

What are the community impacts associated with the proposal? Who and how many people will be affected?

Community impacts are expected to be positive due to the increased safety of patients, staff and visitors.

Are there any transitional considerations associated with implementation of the proposal? If so, how will they be managed?

No.

What is the intended implementation date of the proposal?

1 July 2017.

When is the proposal expected to be fully operational? Please provide details such as the start and end dates, the level of commitment during each period etc?

Increased funding will become available from 1 July 2017.

Will the proposal cease, and if so, when?

Proposal is ongoing.

Is there any additional information relevant to this proposal?

n/a