

GPO BOX 12 Sydney NSW 2001

INDEPENDENT AUDITOR'S REPORT

Greater Southern Area Health Service and its controlled entity

To Members of the New South Wales Parliament

I have audited the accompanying financial report of the Greater Southern Area Health Service (the Service), which comprises the balance sheet as at 30 June 2009, the operating statement, statement of recognised income and expense, cash flow statement, service group statements for the year then ended, a summary of significant accounting policies and other explanatory notes for both the Service and the consolidated entity. The consolidated entity comprises the Service and the entities it controlled at the year's end or from time to time during the financial year.

Auditor's Opinion

In my opinion, the financial report:

- presents fairly, in all material respects, the financial position of the Service and the consolidated entity as at 30 June 2009, and of their financial performance for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations)
- is in accordance with section 45E of the Public Finance and Audit Act 1983 (the PF&A Act) and the Public Finance and Audit Regulation 2005

My opinion should be read in conjunction with the rest of this report.

Chief Executive's Responsibility for the Financial Report

The Chief Executive is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the PF&A Act. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Chief Executive, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

My opinion does not provide assurance:

- about the future viability of the Service or consolidated entity,
- that they have carried out their activities effectively, efficiently and economically,
- about the effectiveness of their internal controls, or
- on the assumptions used in formulating the budget figures disclosed in the financial report.

Independence

In conducting this audit, the Audit Office of New South Wales has complied with the independence requirements of the Australian Auditing Standards and other relevant ethical requirements. The PF&A Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General, and
- mandating the Auditor-General as auditor of public sector agencies but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office of New South Wales are not compromised in their role by the possibility of losing clients or income.

Peter Achterstraat Auditor-General

11 November 2009 SYDNEY

Certification of Parent/Consolidated Financial Statements for period Ended 30 June 2009

The attached financial statements of the Greater Southern Area Health Service for the year ended 30 June 2009:

- Have been prepared in accordance with the requirements of applicable Australian Accounting Standards which include Australian Accounting Requirements, the requirements of the *Public Finance and Audit Act 1983* and its regulations, the Accounts and Audit Determination and the Accounting Manual for the Area Health Services and Public Hospitals;
- ii. Present fairly the financial position and transactions of the Greater Southern Area Health Service; and
- iii. Have no circumstances which would render any particulars in the financial statements to be misleading or inaccurate.

Ms Heather Gray Chief Executive

Greater Southern Area Health

Service

21st October 2009

La Park, Combrack

Ms Angela Edwards Wanager Finance Greater Southern Area Health Service

21st October 2009

Greater Southern Area Health Service Operating Statement for the year ended 30 June 2009

	Actual 2008 S000	28 60 60 70	54,816	327,774 22.763	2.397	12.653	7,09,1,60	103.048	1,557	10.658	3,870	119,133	(2,648)		736,546		669.913	68.086	0	9.257	747,236	10,690
	Budget 2009 S000	24 00 00 00 00 00	55,908	340,370	2.189	13.551	885,302	106,818	1,584	11.210	3.387	122,999	0 (089)		762,933		741,882	13,516	0	9.750	765,148	2,215
CONSOLIDATION	Actual . 2009 . \$000	440.582	55,835	377,684	2,706	13.405	914,432	120,544	1,803	10,571	4,277	137,195	108 (1,553).	The second control of	778,682		740.888	10.180	0	7,551	758,617	(20,065)
	Notes	ന	4	5 2(1), 6	r 00	O)		0,2	<u>/_</u>	12	€5		7. 10		ñ		2(a)	2(d)		2(a)(ii)		
		Expenses excluding losses Operating Expenses Emoloyee Related	Personnel Services Visiting Medical Officers	Other Operating Expenses Depreciation and Amortisation	Grants and Subsidies Finance Costs	12.953 Payments to Affiliated Health Organisations	855, 507 Total Expenses excluding losses	Revenue Sale of Goods and Services	Investment Revenue	19,915 Grants and Contributions	3.870 Other Revenue	(28.390 Total Revenue	(2.648) Gain/(Loss) on Disposal (1.424) Other Gains/(Losses)		727,289 Net Cost of Services	Government Contributions NSW Department of Health	Recurrent Allocations NSW Department of Health	Capital Allocations (Assaf Sale Proceeds transferred to the	NSVV Department of Health) Acceptance by the Crown Entity of	Empioyee Benefits	737,979 Total Government Contributions	10,690 RESULT FOR THE YEAR
	Actual 2008 S000	y C	429,151 P	327,774 C 22,763 De	2.397 Gr 1.753 Fir	12,953 Pa	01 /04,168	703.048 Sa	1,557 inv	19,915 Gr	3,870 0	128,390 To	(2.648) Ga (1.424) Ott		727,289 Ne	9 2	669.943 R	68,068 C	00 0	0	737,979 To	10,690 RE
PARENT	Budget 2009 S000	·	449,083	340,370 22,713	2,189	13.551	205,302	106.818	1.584	11,210	3,337	122,999	0 (083)	the state of the s	762,933		741,882	13,516	0	0	755,398	(7,535)
	Actual 2009	0	440,582	377,584 22,631	2,706	13,405	374,432	120,544	1,803	18,122	4.277	144,745	108 (1.553)	,	771,131		740.886	10,180	0	0	751,066	(20,055)

The accompanying notes form part of these Financial Statements

Greater Southern Area Health Service. Statement of Recognised Income and Expense for the year ended 30 June 2009

	Actual 2008 S000	0	0	0	10,690	10,690
	Budget 2009 S000	0	637	637		2,852
CONSOLIDATION	Actual 2009 S000	43,930	(277)	43,653	(20,065)	23,588
	Notes					
	Actual 2008 S000	Net Increase/(Decrease) in Property, Plant and Equipment 0 Asset Revaluation Reserve	0 Administrative Restructure	0 TOTAL INCOME AND EXPENSE RECOGNISED DIRECTLY IN EQUITY	10.890 Result for the Year	19,650 TOTAL INCOME AND EXPENSE RECOGNISED FOR THE YEAR
PARENT	Budget 2009 S000	Ö	637	637	(7.535)	الح
	Actual 2009 S000	43,930	(277)	43,653	(20,065)	23,588
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The accompanying notes form part of these Financial Statements

Greater Southern Area Itealth Service Balance Sheet as at 30 June 2009

	PARENT						CONSOLIDATION	
Actual 2009	Builgat 2000	Actual 2008		Notes		Actual 2009	Budget 2009	Actual 2008
\$000	\$000	\$000				\$000	\$000	\$000
			ASSETS					
			Current Assets					
11,000	3.731		Cash and Cash Equivalents	18		11,006	3,731	8,826,
10,998	10,464		Receivables	0.0		10,008	10,464	15,476
3,648	2,089	3,589	Inventories	20		3,648	2,880	3,589
4.051	0	0	Non Current Assets Held for Sale	22		4,051	0	0
29,703	17,084	27,891	Total Current Assets			29,703	17,084	27,891
			Non-Current Assets					
710	764	764	Receivables	19		710	784	764
			Property, Plant and Equipment					
558,498	523,370	532,067	- Land and Buildings	21		558,498	523,370	532,067
23,951	23,947	22,969	- Plant and Equipment	21		23,951	23,947	22,969
7,885	7,450	7,450	- Infrastructure Systems	21		7,885	7.450	7,450
590,334	554,767		Total Property, Plant and Equipment			590,334	554,767	562,486
591,044	555,531	563,250	Total Non-Current Assets		- 10	591,044	555,531	563,250
620,747	672,615	591,141	Total Assets			620,747	572,615	591,141
	9	c	LIABILITIES					
			Current Liabilities					
53,989	21,640		Payables	24		53,986	21,840	66,271
21,719	21,353		Borrowings	24 25		21.710	21,353	8,040
110,286	114,123		Provisions	26		110,286	114,123	116,865
		Target State (300				
185,994	157,316	190,176	Total Current Liabilities			185,994	157,316	190,176
			Non-Current					
966 587961	NAME OF TAXABLE PARTY.	TUMP PAGE	Liabilities	OWA		nancea	CALLET CALIFORNIA	11.00 1616-0
10,510	16,457		Borrowings	2.5		19,510	16,457	10,525
4,019	9,248	3,703	Provisions	26		4,019	0,248	3,703
24,429	25,705	14,229	Total Non-Current Liabilities			24,429	25,705	14,229
210,423	183,021	204,405	Total Liabilities			210,423	183,021	204,465
410,324	369,694	386,736	Not Assets		VANNE BRIEFSHILL	410,324	389,594	386,736
			EQUITY					
254,550	210,628	210 028	Reserves	27		254,558	210,628	210,628
155,766	178,966		Accumulated Frincis	27		155,766	178,966	176,108
410,324	389,594	386,736	Total Equity		ver	410,324	389,594	386,736

The accompanying notes form part of these Financial Statements

Greater Southern Area Health Service Cash Flow Statement for the year ended 30 June 2009

	PARENT					CONSOLIDATION	
Actual 2009 \$000	Budget 2009 \$000	Actual 2008 \$000		Notes	Actual 2009 \$000	13tidget 2009 8000	Actual 2008 5000
(2,706) (1,697) (893,254)	(2,189) (1,488) (864,341)	(2,397) (1,753) (763,390)	Finance Costs		(442,561) (2,705) (1,697) (450,693)	(447,795) (2,189) (1,488) (436,546)	(380,199) (2,397) (1,753) (403,191)
(897,657)	(888,018)	(787,540)	Total Payments		(897,657)	(888,018)	(787,540]
120,475 1,802 17,912 140,189	108,516 1,584 14,597 124,698	104,755 1,660 14,527 120,951	Interest Received		120,475 1,802 17,912	108,518 1,584 14,597 124,699	104,755 1,669 14,527 120,951
740,882 1,938 0	740,882 13,516 0	66,769	Cash Flows From Government NSW Department of Health Recurrent Allocations NSW Department of Health Capital Allocations Cash Reimbursaments from the Crewn Entity		740,582 1,638 0	740,882 13,516 0	669,913 - 66,769 0
742,820	754,398	736,682	Not Cash Flows from Government		742,820	750,398	736,682
(14,648)	[8,921]	70,093	NET CASH FLOWS FROM OPERATING ACTIVITIES	31	[14,648]	{8,921}	70,093
(6,021)	(24,519)	504 (69,294)	CASH FLOWS FROM INVESTING ACTIVITIES Proceeds from Safe of Land and Buildings, Plant and Equipment and Infrastructure Systems Purchases of Land and Polishings, Plant and Equipment and Infrastructure Systems		186.031)	0 (24,519)	504 (69,294)
(5,835)	(24,519)	(68,750)	NET CASH FLOWS FROM INVESTING ACTIVITIES		(5,835)	(24,519)	(68,790)
25,913 (3,260)	23,640 (4,820)	b	CASH FLOWS FROM FINANCING ACTIVITIES Proceeds from Borrowings and Artvances Repayment of Borrowings and Advances		25,013 (3,250)	23,640 (4,820)	(5,159)
22,663	18,820	(5,159)	NET CASH FLOWS FROM FINANCING ACTIVITIES		22,663	18,820	(5,159)
2,180 8,826	(14,620) 18,351		NET INCREASE / (DECREASE) IN CASH Opening Cash and Cash Equivalents		2,180 8,826	(14,620) 18,351	(3,866) 12,682
11,008	3,731	8,826	CLOSING CASH AND CASH EQUIVALENTS	18	11,006	3,731	8,826

The accompanying notes form part of these l'imancel Statements

SERVICE'S EXPENSES AND Service Group	Service Group	conos	Service Group		Service Group		0	~	Service Group		Service Group		Service Group	Service	Service Group	Service Group	Groco	Service Group		Non Attributable	able	Total	
REVENUES	v:		, ,				2.3		2.2	*******	23 .		. 1.2	4	۸. د.			ó					
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Expanses excluding losses					*****																ļ		
sested Expedises		100 4 1 7				***									****							200	11
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		120		t C						197,381	07.086 38,570	10 14,895	13,732	29.392	21 239	8,538	1,00,0	524	248	Ī	ï	377,584	327,774
And The state of t	3	11000	1 0					100		****		2 5508	5525	1,659	1,435	350	382	00	01	1	ī	22.831	22,753
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Grants and Scottings	775	1 0	9	3	9 (2 5	4 9	10									55	10	õ	1	1	000	1,753
Finance Costs	22/-	1)	n))>	n 2	2	()	2	0						,		(C			2000	22 043
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יסומן אפעפונום	7,550	232	100	1000/	200	1200			_		c	C	0	0	0	0	0	ਨ	Ç		0	100	(2.648)
Gain / (Loss) on Disposal	D 1	5	0	2	3 3	(000)	2 1	(00r)	> 6	, c	· (c						Ö	3	Ö		· 5	(1,553)	(1,424)
Other Gains / (Losses)	0 201 01	70 //6	(010)	5.07.5		1077 47				381,6321 83	121 73		53	53,57	4 61,315	13 8:2	13.891	3,086	2,175	0	2	778 832	736,546
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RESULT FOR THE YEAR

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The Service Group Statement uses statement as to Department of the Service Group Statement uses statement to each Service Group.

No changes have cocurred during the period barween 1 January 2008 to allocate the current period's financial information on Expenses and income to each Service Group.

No changes have cocurred during the period barween 1 January 2008 and 30 June 2008 which would materially information.

Greater Southern Arez Health Service Service Group Statements for the Year Ended 30 June 2009

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Total Current to Assessment	55	1,352	1,13	93	978	252	1,955	1.527		3.16	160 3.738	5 1.478	838	4,930	1.853	555	225	102	33	O	0	29,703 2	27,890
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Total Non-Current Assets	58,725	56.237	2,597	2.894	13,747	11.269	34,375	30,512 30	303,000-1 325,	128 89,877	77 66,737	6	53	40	35,337	9.542	8,440	1.537	1.436	3	1.		202, 400
10.00 ASSESS	69,620	56,588	2.712	2,757	14,395	11,527	36.330	31,533 31	317,870 344,839	539 72,537	37 1 70,525	5 58.911	1 23,578	45,740	38.845	10,093 }	5.555	1,539	1,439	O	0 95	620,747 (55	557,140
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Total Current Liabilities	17,026	19,192	1,008	970	5.502	4,169	17.37.5	10,588	56.354 103.	183	20,255	16,513	10.20.	3	10.000	0,102	0.000	1 000	-	,			
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Remaning assets and lebritues are apportioned to service groups in accordance with the mathocology advised in Note 2 ap), thereby ensuring that the banefit of each asset and the Habitites incurred in the provision of services are culy recognised in each service and the statistical control Service Group.

1 The Health Service Reporting Entity

The Greater Southern Area Health Service was established under the provisions of the Health Services Act with effect from 1 January 2005.

The Health Service, as a reporting entity, comprises all the operating activities of the Hospital facilities and the Community Health Centres under its control. It also encompasses the Special Purposes and Trust Funds which, while containing assets which are restricted for specified uses by the grantor or the donor, are nevertheless controlled by the Health Service. The Health Service is a not for profit entity.

The Greater Southern Area Health Service Special Purpose Service Entity was established as a Division of the Government Service on 17 March 2006 in accordance with the Public Sector Employment and Management Act 2002 and the Health Services Act 1997. These Divisions provide personnel services to enable a Health Service to exercise its functions.

As a consequence the values in the annual financial statements presented herein consist of the Health Service (as the parent entity), the financial report of the special purpose entity Division and the consolidated financial report of the economic entity. Notes capture both the parent and consolidated values with notes 3, 4, 12, 24, 26 and 31 being especially relevant.

In the process of preparing the consolidated financial statements for the economic entity consisting of the controlling and controlled entities, all inter-entity transactions and balances have been eliminated.

The reporting entity is consolidated as part of the NSW Total State Sector Accounts.

These financial statements have been authorised for issue by the Chief Executive on 21 October 2009.

2 Summary of Significant Accounting Policies

The Health Service's financial report is a general purpose financial report which has been prepared in accordance with applicable Australian Accounting Standards (which include Australian Accounting Interpretations), the requirements of the Health Services Act 1997 and its regulations including observation of the Accounts and Audit Determination for Area Health Services and Public Hospitals.

Property, plant and equipment, investment property, assets held for sale and financial assets at "fair value through profit and loss" and available for sale are measured at fair value. Other financial statement items are prepared in accordance with the historical cost convention.

The consolidated entity has a deficiency of working capital of \$156.3 million (2008 \$162.3 million). Notwithstanding this deficiency the financial report has been prepared on a going concern basis because the entity has the support of the New South Wales Department of Health.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

Judgements, key assumptions and estimations made by management are disclosed in the relevant notes to the financial report.

Comparative figures are, where appropriate, reclassified to give a meaningful comparison with the current year.

No new or revised accounting standards or interpretations are adopted earlier than their prescribed date of application. Set out below are changes to be effected, their date of application and the possible impact on the financial report of the Greater Southern Area Health Service.

Accounting Standard/Interpretation

AASB 127 and AASB 2008-3, Business Combinations, has application in reporting periods beginning on or after 1 July 2009 and determines information to be disclosed in respect of business acquisitions. Its applicability to not for profit entities is yet to be determined.

AASB 8 and AASB 2007-3 Operating Segments, has application in reporting periods beginning on or after 1 January 2009. It relates to for profit entities specifically and is therefore not applicable to the Health Service.

AASB 101, Presentation of Financial Statements, effective for reporting periods beginning on 1 July 2009, has reduced the disclosure requirements for various reporting entities. However, in not for profit entities such as the Health Service there is no change required.

AASB 123 Borrowing Costs, has application in reporting periods beginning on or after 1 January 2009. The Standard, which requires capitalisation of borrowing costs, has not been adopted in 2008/09 nor is adoption expected prior to 2009/10.

AASB 1039, Concise Financial Reports, responds to changes in Section 314 of the Corporations Law. It is not applicable to Health Services.

AASB 2008-1, Share Based Payments has no applicability to the Health Service.

AASB 2008-2, Puttable Financial Instruments and Obligations Arising on Liquidation, effective from 1 July 2009 has no application to the Health Service.

AASB 2008-5 and AASB 2008-6, Annual Improvements Project, has application from 1 July 2009 and comprises changes for presentation, recognition or measurement purposes which are currently assessed as having no material impact on the Health Service.

AASB 2008-7 Investment in a Subsidiary, Jointly Controlled Entity or Associate, has no impact on the Health Service.

AASB 2008-8 Eligible Hedged Items, has application from 1 July 2009 but has no current applicability to the Health Service.

AASB 2008-9 Amendments to AASB 1049 for Consistency with AASB 101, has mandatory application from 1 July 2009 and will not be early adopted by the Health Service.

AASB 2008-11 Business Combinations Among Not for Profit, has application from 1 July 2009 and focuses largely on Local Government.

AASB 2008-13, Distribution of Non Cash Assets to Owners, has application in reporting periods beginning on or after 1 July 2009 but is assessed as having no applicability to the Health Service.

AASB 2009-2, Improving Disclosures about Financial Instruments, has mandatory application from 1 July 2009. Changes to be advised by NSW Treasury concerning fair value measurement and liquidity risk will be adopted by the Health Service.

Interpretation 15 Construction of Real Estate, applies from 1 July 2009 but has no impact on the Health Service which is not involved in the construction of real estate for sale.

Interpretation 16, Agreements for the Hedges of a Net Investment in a Foreign Operation, has application from 1 July 2009 but has no relevance to the Health Service.

Interpretation 17 & AASB 2008-13 Distributions of Non Cash Assets to Owners, applies from 1 July 2009 and principally addresses share holder distributions. It is not applicable to the Health Service.

Other significant accounting policies used in the preparation of these financial statements are as follows:

a) Employee Benefits and Other Provisions

i) Salaries & Wages, Annual Leave, Sick Leave and On Costs

At the consolidated level of reporting liabilities for salaries and wages (including non monetary benefits), annual leave and paid sick leave that fall wholly within 12 months of the reporting date are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

All Annual Leave employee benefits are reported as "Current" as there is an unconditional right to payment. Current liabilities are then further classified as "Short Term" or "Long Term" based on past trends and known resignations and retirements. Anticipated payments to be made in the next twelve months are reported as "Short Term". On costs of 17% are applied to the value of leave payable at 30 June 2009, such on costs being consistent with actuarial assessment (Comparable on costs for 30 June 2008 were also 17%).

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

The outstanding amounts of workers' compensation insurance premiums and fringe benefits which are consequential to employment, are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised.

ii) Long Service Leave and Superannuation

At the consolidated level of reporting Long Service Leave employee leave entitlements are dissected as "Current" if there is an unconditional right to payment and "Non Current" if the entitlements are conditional. Current entitlements are further dissected between "Short Term" and "Long Term" on the basis of anticipated payments for the next twelve months. This in turn is based on past trends and known resignations and retirements.

Long Service Leave provisions are measured on a short hand basis at an escalated rate of 9.8% (also 8.1% at 30 June 2008) for all employees with five or more years of service. The escalation applied is consistent with actuarial assessment and is affected in the main by the fall in the Commonwealth Government 10 year bond yield which is used as the discount rate.

The Health Service's liability for the closed superannuation pool schemes (State Authorities Superannuation Scheme and State Superannuation Scheme) is assumed by the Crown Entity. The Health Service accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as "Acceptance by the Crown Entity of Employee Benefits". Any liability attached to Superannuation Guarantee Charge cover is reported in Note 24, "Payables".

The superannuation expense for the financial year is determined by using the formulae specified by the NSW Department of Health. The expense for certain superannuation schemes (ie Basic Benefit and First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (ie State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

iii) Other Provisions

Other provisions exist when: the agency has a present legal or constructive obligation as a result of a past event; it is probable that an outflow of resources will be required to settle the obligation; and a reliable estimate can be made of the amount of the obligation.

These provisions are recognised when it is probable that a future sacrifice of economic benefits will be required and the amount can be measured reliably

b) Insurance

The Health Service's insurance activities are conducted through the NSW Treasury Managed Fund Scheme of self insurance for Government Agencies. The expense (premium) is determined by the Fund Manager based on past experience.

c) Finance Costs

Finance costs are recognised as expenses in the period in which they are incurred.

d) Income Recognition

Income is measured at the fair value of the consideration or contribution received or receivable. Additional comments regarding the accounting policies for the recognition of revenue are discussed below.

Sale of Goods and Services

Revenue from the sale of goods and services comprises revenue from the provision of products or services, ie user charges. User charges are recognised as revenue when the service is provided or by reference to the stage of completion.

Patient Fees

Patient Fees are derived from chargeable inpatients and non-inpatients on the basis of rates specified by the NSW Department of Health from time to time.

Investment Revenue

Interest revenue is recognised using the effective interest method as set out in AASB139, "Financial Instruments: Recognition and measurement". Rental revenue is recognised in accordance with AASB117 "Leases" on a straight line basis over the lease term. Dividend revenue is recognised in accordance with AASB118 "Revenue" when the Health Service's right to receive payment is established.

Debt Forgiveness

Debts are accounted for as extinguished when and only when settlement occurs through repayment or replacement by another liability.

Use of Hospital Facilities

Specialist doctors with rights of private practice are subject to an infrastructure charge for the use of hospital facilities at rates determined by the NSW Department of Health. Charges consist of two components:

a monthly charge raised by the Health Service based on a percentage of receipts generated
 the residue of the Private Practice Trust Fund at the end of each financial year, such sum being credited for Health Service use in the advancement of the Health Service or individuals within it.

Use of Outside Facilities

The Health Service uses a number of facilities owned and maintained by the local authorities in the area to deliver community health services for which no charges are raised by the authorities. The cost method of accounting is used for the initial recording of all such services. Cost is determined as the fair value of the services given and is then recognised as revenue with a matching expense.

Grants and Contributions

Grants and Contributions are generally recognised as revenues when the Health Service obtains control over the assets comprising the contributions. Control over contributions is normally obtained upon the receipt of cash.

NSW Department of Health Allocations

Payments are made by the NSW Department of Health on the basis of the allocation for the Health Service as adjusted for approved supplementations mostly for salary agreements, patient flows between Health Services and approved enhancement projects. This allocation is included in the Operating Statement before arriving at the "Result for the Year" on the basis that the allocation is earned in return for the health services provided on behalf of the Department. Allocations are normally recognised upon the receipt of Cash.

General operating expenses/revenues of Affiliated Health Organisations have only been included in the Operating Statement prepared to the extent of the cash payments made to the Health Organisations concerned. The Health Service is not deemed to own or control the various assets/liabilities of the aforementioned Health Organisations and such amounts have been excluded from the Balance Sheet. Any exceptions are specifically listed in the notes that follow.

e) Accounting for the Goods & Services Tax (GST)

Income, expenses and assets are recognised net of the amount of GST, except where:

- * the amount of GST incurred by the Health Service as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of an item of expense;
- * receivables and payables are stated with the amount of GST included.

Cash flows are included in the Cash Flow Statement on a gross basis. However, the GST components of cash flows arising from investing and financing activities which is recoverable from, or payable to, the Australian Taxation Office are classified as operating cash flows.

f) Inter Area and Interstate Patient Flows

Inter Area Patient Flows

Health Services recognise patient flows for patients they have treated that live outside the Service's regional area. The flows recognised are for acute inpatients (other than Mental Health Services), emergency and rehabilitation and extended care.

Patient flows have been calculated using benchmarks for the cost of services for each of the categories identified and deducting estimated revenue, based on the payment category of the patient. The flow information is based on activity for the last completed calender year. The NSW Department of Health accepts that category identification for various surgical and medical procedures is impacted by the complexities of the coding process and the interpretation of the coding staff when coding a patient's medical records. The Department reviews the flow information extracted from Health Service records and once it has accepted it, requires each Health Service and the Children's Hospital at Westmead to bring to account the value of patient flows in accordance with the Department's assessment.

The adjustments have no effect on equity values as the movement in Net Cost of Services is matched by a corresponding adjustment to the value of the NSW Department of Health Recurrent Allocation.

Inter State Patient Flows

Health Services recognise the outflow of acute inpatients that are treated by other States and Territories within Australia who normally reside in the Service's residential area. The Health Services also recognise the value of inflows for acute inpatient treatment provided to residents from other States and territories. The expense and revenue values reported within the financial statements have been based on 2007/08 activity data using standard cost weighted separation values to reflect estimated costs in 2008/09 for acute weighted inpatient separations. Where treatment is obtained outside the home health service, the State/Territory providing the service is reimbursed by the benefiting Area.

The reporting adopted for both inter area and interstate patient flows aims to provide a greater accuracy of the cost of service provision to the Area's resident population and disclose the extent to which service is provided to non residents.

The composition of patient flow expense/revenue is disclosed in Notes 5 and 10.

g) Acquisition of Assets

The cost method of accounting is used for the initial recording of all acquisitions of assets controlled by the Health Service. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the specific requirements of other Australian Accounting Standards.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition except for assets transferred as a result of an administrative restructure. (Note 2(y) refers)

Fair value means the amount for which an asset could be exchanged between knowledgeable, willing parties in an arm's length transaction.

Where settlement of any part of cash consideration is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. the deferred payment amount is effectively discounted at an asset-specific rate.

Land and Buildings which are owned by the Health Administration Corporation or the State and administered by the Health Service are deemed to be controlled by the Health Service and are reflected as such in the financial statements.

h) Capitalisation Thresholds

Individual Items of property, plant & equipment are capitalised where their cost is \$10,000 or above.

i) Depreciation

Depreciation is provided for on a straight line basis for all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to the Health Service. Land is not a depreciable asset.

Details of depreciation rates initially applied for major asset categories are as follows:

Buildings	2.5%
Electro Medical Equipment	
- Costing less than \$200,000	10.0%
- Costing more than or equal to \$200,000	12.5%
Computer Equipment	20.0%
Infrastructure Systems	2.5%
Motor Vehicle Sedans	12.5%
Motor Vehicles, Trucks & Vans	20.0%
Office Equipment	10.0%
Plant and Machinery	10.0%
Linen	25.0%
Furniture, Fittings and Furnishings	5.0%

"Infrastructure Systems" means assets that comprise public facilities and which provide essential services and enhance the productive capacity of the economy including roads, bridges, water infrastructure and distribution works, sewerage treatment plants, seawalls and water reticulation systems.

Depreciation rates are subsequently varied where changes occur in the assessment of the remaining useful life of the assets reported.

j) Revaluation of Non Current Assets

Physical non-current assets are valued in accordance with the NSW Department of Health's "Valuation of Physical Non-Current Assets at Fair Value" policy. This policy adopts fair value in accordance with AASB116, "Property, Plant & Equipment" and AASB140, "Investment Property". Investment property is separately discussed at Note 2(n).

Property, plant and equipment is measured on an existing use basis, where there are no feasible alternative uses in the existing natural, legal, financial and socio-political environment. However, in the limited circumstances where there are feasible alternative uses, assets are valued at their highest and best use.

Fair value of property, plant and equipment is determined based on the best available market evidence, including current market selling prices for the same or similar assets. Where there is no available market evidence the asset's fair value is measured at its market buying price, the best indicator of which is depreciated replacement cost.

The Health Service revalues Land and Buildings and Infrastructure at minimum every three years by independent valuation and with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value at reporting date. The last revaluation for assets assumed by the Area as at 30 June 2007 was completed on 30 June 2007 and was based on an independent assessment. To ensure that the carrying amount for each asset does not differ materially from its fair value at reporting date, indices provided in expert advice from the Department of Lands are applied. The indices reflect an assessment of movements made in the period between revaluations

Non-specialised assets with short useful lives are measured at depreciated historical cost, as a surrogate for fair value.

When revaluing non-current assets by reference to current prices for assets newer than those being revalued (adjusted to reflect the present condition of the assets), the gross amount and the related accumulated depreciation are separately restated.

For other assets, any balances of accumulated depreciation existing at the revaluation date in respect of those assets are credited to the asset accounts to which they relate. The net asset accounts are then increased or decreased by the revaluation increments or decrements.

Revaluation increments are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of asset previously recognised as an expense in the Result for the Year, the increment is recognised immediately as revenue in the Result for the Year.

Revaluation decrements are recognised immediately as expenses in the Result for the Year, except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.

As a not-for-profit entity, revaluation increments and decrements are offset against one another within a class of non-current assets, but not otherwise.

Where an asset that has previously been revalued is disposed of, any balance remaining in the asset revaluation reserve in respect of that asset is transferred to accumulated funds.

k) Impairment of Property, Plant and Equipment

As a not-for-profit entity with no cash generating units, the Health Service is effectively exempt from AASB 136" Impairment of Assets" and impairment testing. This is because AASB136 modifies the recoverable amount test to the higher of fair value less costs to sell and depreciated replacement cost. This means that, for an asset already measured at fair value, impairment can only arise if selling costs are regarded as material. Selling costs are regarded as immaterial.

I) Restoration Costs

The estimated cost of dismantling and removing an asset and restoring the site is included in the cost of an asset, to the extent it is recognised as a liability.

m) Non Current Assets (or disposal groups) Held for Sale

The Health Service has certain non-current assets (or disposal groups) classified as held for sale, where their carrying amount will be recovered principally through a sale transaction, not through continuing use. Non-current assets (or disposal groups) held for sale are recognised at the lower of carrying amount and fair value less costs to sell. These assets are not depreciated while they are classified as held for sale.

n) Investment Properties

Investment property is held to earn rentals or for capital appreciation, or both. However, for not-for-profit entities, property held to meet service delivery objectives rather than to earn rental or for capital appreciation does not meet the definition of investment property and is accounted for under AASB 116 Property, Plant and Equipment. The Health Service does not have any property that meets the definition of investment Property.

o) Intangible Assets

The Health Service recognises intangible assets only if it is probable that future economic benefits will flow to the Health Service and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition. All research costs are expensed. Development costs are only capitalised when certain criteria are met.

The useful lives of intangible assets are assessed to be finite. Intangible assets are subsequently measured at fair value only if there is an active market. As there is no active market for the Health Service's intangible assets, the assets are carried at cost less any accumulated amortisation. The Health Service's intangible assets are amortised using the straight line method based on the useful life of the asset for both internally developed assets and direct acquisitions. In general, intangible assets are tested for impairment where an indicator of impairment exists. However, as a not-for-profit entity the Health Service is effectively exempted from impairment testing (see Note 2[k]).

p) Maintenance

The costs of maintenance are charged as expenses as incurred, except where they relate to the replacement of a component of an asset in which case the costs are capitalised and depreciated.

q) Leased Assets

A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to ownership of the leased assets, and operating leases under which the lessor effectively retains all such risks and benefits.

Where a non-current asset is acquired by means of a finance lease, the asset is recognised at its fair value at the commencement of the lease term. The corresponding liability is established at the same amount. Lease payments are allocated between the principal component and the interest expense.

Operating lease payments are charged to the Operating Statement in the periods in which they are incurred.

r) Inventories

Inventories are stated at cost. Costs are assigned to individual items of stock mainly on the basis of weighted average costs.

Obsolete items are disposed of in accordance with instructions issued by the NSW Department of Health.

s) Loans and Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. These financial assets are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Any changes are accounted for in the operating statement when impaired, derecognised or through the amortisation process.

Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

t) Investments

Investments are initially recognised at fair value plus, in the case of investments not at fair value through profit or loss, transaction costs. The Greater Southern Area Health Service determines the classification of its financial assets after initial recognition and, when allowed and appropriate, re-evaluates this at each financial year end.

* Fair value through profit or loss - The Greater Southern Area Health Service subsequently measures investments classified as "held for trading" or designated upon initial recognition "at fair value through profit or loss" at fair value. Financial assets are classified as "held for trading" if they are acquired for the purpose of selling in the near term. Derivatives are also classified as held for trading. Gains or losses on these assets are recognised in the operating statement.

The Hour-Glass Investment facilities are designated at fair value through profit or loss using the second leg of the fair value option i.e. these financial assets are managed and their performance is evaluated on a fair value basis, in accordance with a documented risk management strategy, and information about these assets is provided internally on that basis to the agency's key management personnel.

The risk management strategy of the Health Service has been developed consistent with the investment powers granted under the provision of the Public Authorities (Financial Arrangements) Act. T Corp investments are made in an effort to improve interest returns on cash balances otherwise available whilst also providing secure investments guaranteed by the State market exposures.

The movement in the fair value of the Hour-Glass Investment facilities incorporates distributions received as well as unrealised movements in fair value and is reported in the line item 'investment revenue'.

- * Held to maturity investments Non-derivative financial assets with fixed or determinable payments and fixed maturity that the Greater Southern Area Health Service has the positive intention and ability to hold to maturity are classified as "held to maturity". These investments are measured at amortised cost using the effective interest method. Changes are recognised in the operating statement when impaired, derecognised or through the amortisation process.
- * Available for sale investments Any residual investments that do not fall into any other category are accounted for as available for sale investments and measured at fair value directly in equity until disposed or impaired, at which time the cumulative gain or loss previously recognised in equity is recognised in the operating statement. However, interest calculated using the effective interest method and dividends are recognised in the operating statement.

Purchases or sales of investments under contract that require delivery of the asset within the timeframe established by convention or regulation are recognised on the trade date; i.e. the date the Health Service commits to purchase or sell the asset.

The fair value of investments that are traded at fair value in an active market is determined by reference to quoted current bid prices at the close of business on the balance sheet date.

u) Impairment of financial assets

All financial assets, except those measured at fair value through profit and loss, are subject to an annual review for impairment. An allowance for impairment is established when there is objective evidence that the entity will not be able to collect all amounts due.

For financial assets carried at amortised cost, the amount of the allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the impairment loss is recognised in the operating statement.

When an available for sale financial asset is impaired, the amount of the cumulative loss is removed from equity and recognised in the operating statement, based on the difference between the acquisition cost (net of any principal repayment and amortisation) and current fair value, less any impairment loss previously recognised in the operating statement.

Any reversals of impairment losses are reversed through the operating statement, where there is objective evidence, except reversals of impairment losses on an investment in an equity instrument classified as "available for sale" must be made through the reserve. Reversals of impairment losses of financial assets carried at amortised cost cannot result in a carrying amount that exceeds what the carrying amount would have been had there not been an impairment loss.

v) De-recognition of financial assets and financial liabilities

A financial asset is derecognised when the contractual rights to the cash flows from the financial assets expire; or if the agency transfers the financial asset:

- * where substantially all the risks and rewards have been transferred; or
- * where the Health Service has not transferred substantially all the risks and rewards, if the entity has not retained control.

Where the Health Service has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the Health Service's continuing involvement in the asset.

A financial liability is derecognised when the obligation specified in the contract is discharged or cancelled or expires.

w) Payables

These amounts represent liabilities for goods and services provided to the Health Service and other amounts. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Health Service.

x) Borrowings

Loans are not held for trading or designated at fair value through profit or loss and are recognised at amortised cost using the effective interest rate method. Gains or losses are recognised in the operating statement on derecognition.

y) Equity Transfers

The transfer of net assets between agencies as a result of an administrative restructure, transfers of programs/functions and parts thereof between NSW public sector agencies is designated or required by Accounting Standards to be treated as contributions by owners and is recognised as an adjustment to "Accumulated Funds".

Transfers arising from an administrative restructure involving not for profit entities and for profit Government Departments are recognised at the amount at which the asset was recognised by the transferor immediately prior to the restructure. Subject to below, in most instances this will approximate fair value.

All other equity transfers are recognised at fair value, except for intangibles. Where an intangible has been recognised at (amortised) cost by the transferor because there is no active market, the agency recognises the asset at the transferor's carrying amount. Where the transferor is prohibited from recognising internally generated intangibles, the agency does not recognise that asset.

The Statement of Recognised Income and Expense does not reflect the Net Assets or change in equity in accordance with AASB 101 Clause 97.

z) Trust Funds

The Health Service receives monies in a trustee capacity for various trusts as set out in Note 29. As the Health Service performs only a custodial role in respect of these monies, and because the monies cannot be used for the achievement of the Health Service's own objectives, they are not brought to account in the financial statements.

aa) Budgeted Amounts

The budgeted amounts are drawn from the budgets agreed with the NSW Health Department at the beginning of the financial reporting period and with any adjustments for the effects of additional supplementation provided.

PARE	ENT		CONSOLID	ATION
2009 \$000	2008 \$000		2009 \$000	2008 \$000
	3.	Employee Related		
		Employee related expenses comprise the following		
O	0	Salaries and Wages	320,084	312,692
0	0	Awards	16,253	13,516
0	0	Superannuation - defined benefit plans	7,551	9,257
Q	0	Superannuation - defined contributions	28,331	26,555
0	0	Long Service Leave	10,427	15,007
0	0	Annual Leave	30,788	31,709
0	0	Sick Leave and Other Leave	11,539	9,310
0	0	Redundancies	4,420	0
0	.0	Workers Compensation Insurance	7,933	9,250
0	0	Fringe Benefits Tax	0	258
0	0	Staff Related Costs	3,256	1,597
0	0		440,582	429,151
	4.	Personnel Services		
	-	Personnel Services comprise the purchase of the following:		
220.004	242.609	Total from municipal from the property of the control of the contr	0	0
320,084	312,692 13,516	Salaries and Wages Awards	0	0
16,253 7,551	9,257	Superannuation - defined benefit plans	0	0
28,331	26,556	Superamuation - defined contributions	ŏ	ō
10,427	15,007	Long Service Leave	Ö	0
30,788	31,709	Annual Leave	0	0
11,539	9,310	Sick Leave and Other Leave	0	0
4,420	0	Redundancies	o	0
7,933	9,250	Workers Compensation Insurance	0	0
0	258	Fringe Benefits Tax	0	0
3,256	1,597	Staff Related Costs	0	0
440,582	429,151		0	0
	5.	Other Operating Expenses		
54,771	43,739	Allocations towards Inter Area Patient Outflows, NSW (see (d) below)	54,771	43,739
3,039	2,736	Blood and Blood Products	3,039	2,738
7,897	8,004	Domestic Supplies and Services	7,897	8,004
16,646	14,913	Drug Supplies	16,646	14,913
19,896	6,462	Food Supplies	19,896	6,462
6,694	6,034	Fuel, Light and Power	6,694	5,034
17,519	14,060	General Expenses (See (b) below)	17,519	14,080
17,235	14,771	Hospital Ambulance Transport Costs	17,235	14,771
5,223	4,904	Information Management Expenses	5,223	4,904
786	670	Insurance	785	670
123,803	117,160	Interstate Patient Outllows (see (e) below) Maintenance (See (c) below)	123,803	117,160
2 622	2.100	Maintenance Contracts	2,832	3,100
2,832 8,005	3,100 7,203	New/Replacement Equipment under \$10,000	8,005	7,203
5,459	6,644	Repairs	5,459	6,644
0,455	0,044	Maintenance/Non Contract	0,000	0.0.11
957	860	Other	957	860
24,693	22,801	Medical and Surgical Supplies	24,693	22,801
3,668	3,850	Postal and Telephone Costs	3,668	3,850
1,794	1,928	Printing and Stationery	1,794	1,928
1,095	730	Rates and Charges	1,095	730
4,280	3,969	Rental	4,280	3,969
33,608	27,132	Special Service Departments	33,608	27,132
4,365	3,819	Staff Related Costs	4,365	3,819
6,030	5,680	Sundry Operating Expenses (See (a) below)	6,030	5,680
7,390	6,605	Travel Related Costs	7,390	6,605
377,684	327,774		377,684	327,774
			-	

PAI	RENT		CONSOL	NOITAGL
2009	2008		2009	2008
\$000	\$000		\$000	S000
		(a) Sundry Operating Expenses comprise		
3	O	Aircraft Expenses (Ambulance)	3	G
3,924	3,67.4	Contract for Patient Services	3,924	
2,103	2,006	Isolated Patient Travel and Accommodation Assistance Scheme		3,674
0	0	Other	2,103	2,006
6,030	5,680		6,030	5,680
		(b) General Expenses include -		
299	376	Advertising	299	376
145	360	Books, Magazines and Journats	145	360
1,002	1.160	Consultancies	4 200	
0	1 68 0.75 %	- Operating Activities	1.002	1,150
	2	- Capital Works	0	2
1,299	1,518	Couner and Freight	1,299	1,518
90	128	Auditor's Remuneration - Audit of financial reports	90	128
49	159	Auditor's Remuneration - Other Services	49	159
87	54	Data Recording and Storage	87	54
323	424	Legal Servicos	323	424
111	168	Membership/Professional Fees	111	168
4.319	4.387	Motor Vehicle Operating Lease Expense - minimum tease payments	4.319	4,387
2,104	2.295	Other Operating Lease Expense - minimum lease payments	2.104	2,295
(3)	8	Payroll Services		
47.7	242	Quality Assurance/Accreditation	(3)	6
1,381	1,034		477	242
		Security Services	1,381	1,034
5.825	12	Translator Sorvices	10	12
0,023	1,745	Other	5,825	1,745
		the the same and t		
19.000	474.2569	(c) Reconciliation Total Maintenance	120.000	
17,253	17,807	Maintenance expense - contracted labour and other (non-employee	17,253	17,807
		related), included in Note 5		
3,373	2.042	Employee related/Personnal Services maintenance expense included in Notes 3 and 4	3,373	2,042
20,626	19,849	Total maintenance expenses included in Notes 3, 4 and 5	20,626	19,849
		(d) Details of the allocations applied to inter Area Patient Out Flows, MSW on an Area ba as accepted by the MSW Department of Health are as follows.	usis	
		as accepted by the NSVV department of Floath the as longlys.		
12,677	9,994	Sydney South West AHS	12,677	9,994
27,761	22,286	Sydney East Illawarra AHS	27.761	22,286
3,455	2,941	Sydney West AHS	3,455	2,941
2,26G	2,504	Northern Sydney/Central Const AHS	2,266	2,504
458	590	Hunter New England AHS	458	590
.493	343	Morin Coost AHS	493	343
1,588	1,601	Greater Western AHS	1,588	7,601
6,073	3,480	Children's Hospital	6,073	3,480
54,771	43,739		54,771	43,739
	Topic and the second se	(b) Exponses for interstate Patient Places are as follows:		A
V=1=1	-59 S-	MC Linto et trockio introctore Cautteria dall'Aricoltes del Devenor		
70,291	73,455	ACT	70,291	73,455
1.044	756	Queensland	1.044	756
117	196	South Australia	117	196
52.197	42,234	Victoria	52,197	42,234
90	62	Tasataria	90	52
122	113	Northern Territory	122	113
(57)	344	Western Australia	(57)	344
123,804	117,100		123,804	117,160

PAR	ENT			CONSOLI	NOITAC
2009 \$000	2008 \$000			2009 \$000	2008 \$000
	6.	Depreciation and Amortisation			
17,822	17,156	Depreciation - Buildings		17,822	17,156
0	0	Amortisation - Leased Buildings		0	0
4,337	5,135	Depreciation - Plant and Equipment		4,337	5,135
472	472	Depreciation - Infrastructure Systems		472	472
0	0	Amortisation - Other Leased Assets		0	0
0	0	Amortisation - Intangible Assets		0	0
0	0	Amortisation - Other		0	O
22,631	22,763		2=	22,631	22,763
	7.	Grants and Subsidies			
1,363	1,851	Non Government Voluntary Organisations		1,363	1,851
660	0	Grants for Home Support and Travel Services		660	0
683	546	Other		683	546
		*			
2,706	2,397			2,706	2,397
	8.	Finance Costs			
	8.	Finance Costs	x ==		
1,571	1,747	Interest on Bank Overdrafts and Loans		1,571	1,747
18	6	Other Interest Charges		18	6
					\simeq
1,589	1,753	Total Finance Costs	_	1,589	1,753
	9.	Payments to Affiliated Health Organisations			
		21 12: 1:			
	/ 1gt , rby harbs	Recurrent Sourced		E TEXT	6.222
5,779	5,777	Mercy Care Centre Young		5,779	5,777
7,572	7,149	Mercy Health Albury		7,572	7,149
54	27	Other		54	27
40.40	40.670			42.807	12,953
13,405	12,953		ii ii	13,405	12,953

	PAF	RENT		CONSOLI	DATION
	2009 \$000	2008 \$000		2009 \$000	2008
	4000	Marino acco	Sale of Goods and Services	2000	\$000
			(a) Sale of Goods comprise the following:-		
	887	658	Sale of Prosthesis	887	658
	1,961	23	Other	1,961	23
	150	131	Pharmacy Sales	150	131
			(b) Rendering of Services comprise the following:-		
	63,800	60,572	Patient Fees [see note 2(d)]	63,800	60,572
	252	296	Staff-Meals and Accommodation	252	296
	97	89	Infrastructure Fees - Monthly Facility Charge [see note 2(d)]	97	89
	5	0	- Annual Charge	5	0
	6,270	6,623	Allocation from Inter Area Patient Inflows, NSW [see note (c) below]	6,270	6,623
	258	259	Cafeteria/Kiosk	258	259
	5,064	4.297	Clinical Services (excluding Clinical Drug Trials)	5,064	4,297
	236	289	Commercial Activities	236	289
	67	58	Fees for Medical Records	67	58
	16	22	Information Retrieval	16	22
	1.	5	Linen Service Revenues - Non Health Services	1	.5
	0	0	Linen Service Revenues - Other Health Services	0	0
	541	780	Meals on Wheels	541	780
	111	115	PADP Patient Copayments	111	115
	23,310	15,592	Patient Inflows from Interstate [see note (d) below]]	23,310	15,592
	38	27	Patient Transport Fees	38	27
	728	316	Salary Packaging Fee	728	316
	346	130	Services Provided to Non NSW Health Organisations	346	130
	0	16	Use of Ambulance Facilities	0	16
	16,406	12,750	Other	16,406	12,750
				15	
000000000000000000000000000000000000000	120,544	103,048		120,544	103,048
			(c) Details of the Allocations received for Inter Area Patient Flows,		
			NSW on an Area basis as accepted by the NSW Department of Health are as follows:		
	599	816	Sydney South West AHS	599	816
	1,432	1,382	Sydney East Illawarra AHS	1,432	1,382
	390	352	Sydney West AHS	390	352
	425	512	Northern Sydney/Central Coast AHS	425	512
	528	464	Hunter New England AHS	528	464
	204	298	North Coast AHS	204	298
	2,692	2,799	Greater Western AHS	2,692	2,799
	6,270	6,623		6,270	6,623

	PARENT	***				CONSO	LIDATION
	2009	2008				2009	2008
	\$000	\$000				\$000	\$000
			(d) Revenues from Patient In	flows from Inters	state are as follows:-		
	3,242	1,849	ACT			3,242	-1,849
	517	495	Queensland			517	495
	331	141	South Australia			331	141
	18,838	12,905	Victoria			18,838	12,905
	260	56	Tasmania			260	56
	76	39	Northern Territory			76	39
	46	107	Western Australia			46	107
Econ	23,310	15,592	* * * * * * * * * * * * * * * * * * * *			23,310	15,592
		11.	Investment Revenue				
	940	886	Interest			940	886
	863	671	Lease and Rental Income			863	. 671
	1,803	1,557				1.803	1.557

PARI	ENT		CONSOLI	NOITAG
2009	2008		2009	2008
\$000	\$000		\$000	\$000
	12,	Grants and Contributions		
0	0	Clinical Drug Trials	0	0
3,470	4,199	Commonwealth Government grants	3,470	4,199
22	0	Commonwealth Teaching Hospital grants	22	0
2,075	1,989	Industry Contributions/Donations	2,075	1,989
3,128	2,952	Cancer Institute grants	3,128	2,952
1,480	1,179	NSW Government grants	1,480	1,179
7,551	9,257	Personnel Services - Superannuation Defined Benefits	0	0
43	0	Research grants	43	0
353	339	Other grants	353	339
18,122	19,915		10,571	10,658
3	13.	Other Revenue		
		Other Revenue comprises the following:-		
		^ :		
62	14	Bad Debts recovered	62	14
64	68	Commissions	64	68
100	111	Conference and Training Fees	100	111
418	8	Sale of Merchandise, Old Wares and Books	418	8
1,822	2,995	Treasury Managed Fund Hindsight Adjustment	1,822	2,995
24	0	Unclaimed Deposits	24	0
1,787	674	Other	1,787	674
4,277	3,870		4,277	3,870
	14.	Gain/(Loss) on Disposal		
30,450	16,185	Property Plant and Equipment	30,450	16,185
30,372	13,033	Less Accumulated Depreciation	30,372	13,033
30,372	10,000	cess Accumulated Depredation	30,312	13,033
78	3,152	Written Down Value	78	3,152
186	504	Less Proceeds from Disposal	186	504
		Gain/(Loss) on Disposal of		
108	(2,648)	Property Plant and Equipment	108	(2,648)
108	(2,648)	Total Gain/(Loss) on Disposal	108	(2,648)
	15.	Other Gains/(Losses)		
(1,553)	(1,424)	Impairment of Receivables	(1,553)	(1,424)
(1,553)	(1,424)	A	. (1,553)	(1,424)
(1)000	7.11.12.17		1.11222/	1777/

PARENT AND CONSOLIDATION

16. Conditions on Contributions

	Purchase of Assets	Health Promotion, Education and Research	Other	Total
	\$000	\$000	\$000	\$000
Contributions recognised as revenues during the current reporting period for which expenditure in the manner specified had not occurred as at balance date	249	75	2,255	2,579
Contributions recognised in amalgamated balance as at 30 June 2008 which were not expended in the current reporting period		288	5,737	6,585
Total amount of unexpended contributions as at balance date	809	363	7,992	9,164
Comment on restricted assets appears in Note 23				

17. Service Groups/Activities of the Health Service

Service Group 1.1 - Primary and Community Based Services

Service Description:

This service group covers the provision of health services to persons attending community health centres or in the home, including health promotion activities, community based women's health, dental, drug and alcohol and HIV/AIDS services. It also covers the provision of grants to non-Government organisations for community health purposes.

Objective:

This service group contributes to making prevention everybody's business and strengthening primary health and continuing care in the community by working towards a range of intermediate results that include the following:

- improved access to early intervention, assessment, therapy and treatment services for claims in a home or community setting
- reduced rate of avoidable hospital admissions for conditions identified in the State Plan that can be appropriately treated in the community and
- · reduced rate of hospitalisation from fall-related injury for people aged 65 years and over

Service Group 1.2 - Aboriginal Health Services

Service Description:

This service group covers the provision of supplementary health services to Aboriginal people, particularly in the areas of health promotion, health education and disease prevention. (Note: This Service Group excludes most services for Aboriginal people provided directly by Area Health Services and other general health services which are used by all members of the community).

Objective:

This service group contributes to ensuring a fair and sustainable health system by working towards a range of Intermediate results that include the following:

- . the building of regional partnerships for the provision of health services
- · raising the health status of Aboriginal people and
- · promoting a healthy lifestyle.

Service Group 1.3 - Outpatient Services

Service Description:

This service group covers the provision of services provided in outpatient clinics including low level emergency care, diagnostic and pharmacy services and radiotherapy treatment.

Objective:

This service group contributes to creating better experiences for people using health services and ensuring a fair and sustainable health system by working towards a range of intermediate results including improving, maintaining or restoring the health of ambulant patients in a hospital setting through diagnosis, therapy, education and treatment services.

Service Group 2.1 - Emergency Services

Service Description:

This service group covers the provision of emergency ambulance services and treatment of patients in designated emergency departments of public hospitals.

Objective:

This service group contributes to creating better experiences for people using the health system by working towards a range of intermediate results including reduced risk of premature death or disability by providing timely emergency diagnostic treatment and transport services.

Service Group 2.2 - Overnight Acute Inpatient Services

Service Description:

This service group covers the provision of health care to patients admitted to public hospitals with the intention that their stay will be overnight, including elective surgery and maternity services.

Objective:

This service group contributes to creating better experiences for people using the health system by working towards a range of intermediate results that include the following:

 timely treatment of booked surgical patients, resulting in improved clinical outcomes, quality of life and patient satisfaction and

reduced rate of unplanned and unexpected hospital readmissions.

Service Group 2.3 - Same Day Acute Inpatient Services

Service Description:

This service group covers the provision of health care to patients who are admitted to public hospitals with the intention that they will be admitted, treated and discharged on the same day.

Objective:

This service group contributes to creating better experiences for people using the health system by working towards a range of intermediate results that include the following:

timely treatment of booked surgical patients resulting in improved clinical outcomes, quality of

life and patient satisfaction and

· reduced rate of unplanned and unexpected hospital readmissions.

Service Group 3.1 - Mental Health Services

Service Description:

This service group covers the provision of an integrated and comprehensive network of services by Area Health Services and community based organisations for people seriously affected by mental illness and mental health problems. It also includes the development of preventative programs which meet the needs of specific client groups.

Objective:

This service group contributes to strengthening primary health and continuing care in the community by working towards a range of intermediate results that include the following:

• improving the health, wellbeing and social functioning of people with disabling mental disorders and

 reducing the incidence of suicide, mental health problems and mental disorders in the community.

Service Group 4.1 - Rehabilitation and Extended Care Services

Service Description.

This service group covers the provision of appropriate health care services for persons with long-term physical and psycho-physical disabilities and for the frail-aged. It also includes the coordination of the Department's services for the aged and disabled, with those provided by other agencies and individuals.

Objective:

This service group contributes to strengthening primary health and continuing care in the community and creating better experiences for people using the health system by working towards a range of intermediate results including improving or maintaining the wellbeing and independent functioning of people with disabilities or chronic conditions, the frail and terminally ill

Service Group 5.1 - Population Health Services

Service Description:

This service group covers the provision of health services targeted at broad population groups including environmental health protection, food and poisons regulation and monitoring of communicable diseases.

Objective:

This service group contributes to making prevention everybody's business by working towards a range of intermediate results that include the following:

· reduced incidence of preventable disease and disability and

· improved access to opportunities and prerequisites for good health.

Service Group 6.1 - Teaching and Research

Service Description:

This service group covers the provision of professional training for the needs of the New South Wales health system. It also includes strategic investment in research and development to improve the health and wellbeing of the people of New South Wales.

Objective:

This service group contributes to ensuring a fair and sustainable health system by working towards a range of intermediate results that include the following:

developing the skills and knowledge of the health workforce to support patient care and

population health and

 extending knowledge through scientific enquiry and applied research aimed at improving the health and wellbeing of the people of New South Wales.

	PARENT			CONSOLI	DATION
	2009 \$000	2008 \$000	Current Assets - Cash and Cash Equivalents	2009 \$000	2008 \$000
	1,042 9,964	(414) 9,240	Cash at bank and on hand Short Term Deposits	1,042 9,964	(414) 9,240
-	11,006	8,826		11,006	8,826
			Cash & cash equivalent assets recognised in the Balance Sheet are reconciled at the end of the financial year to the Cash Flow Statement as follows:		
	11,006	8,826	Cash and cash equivalents (per Balance Sheet) Bank overdraft	11,006	8,826
Caracteristics	11,006	8,826	Closing Cash and Cash Equivalents (per Cash Flow Statement)	11,006	8,826

Refer to Note 35 for details regarding credit risk, liquidity risk and market risk arising from financial instruments.

PARENT			CONSOLIDA	ATION
2009	2008		2009	2008
\$000	\$000		\$000	\$000
Caraca Albary	19.	Receivables	300-300-320	-
		Current		
8,621	9,095	(a) Sale of Goods and Services	8,621	9,095
(79)	2,991	NSW Health Department	(79)	2,991
2,574	2,700	Goods and Services Tax	2,574	2,700
441	1,385	Other Deblors	441	1,385
14 667	16,171	Sub Total	11,557	16,171
11,557		Sito total		
(1,106)	(1,160)	Less Allowance for impairment	(1,106)	(1,160)
10,451	15,011	Sub Total	10,451	15,011
547	465	Prepayments	547	465
		000 00 ESS (1000 000 000 000 000 000 000 000 000 0		
40.000	45 470		10,998	15,476
10,998	15,476		10,330	1,9,97.0
		(b) Movement in the allowance for impairment		
		Sale of Goods & Services		
(745)	(698)	Balance at 1 July	(745)	(698)
1,570	1,106	Amounts written off during the year	1,570	1,106
Ō	17	Amounts recovered during the year	0	17
~	132	Increase/(decrease) in allowance recognised in		
(1,398)	(1,170)	profit or loss	(1,398)	(1,170)
(573)	(745)	Balance at 30 June	(573)	(745)
		(c) Movement in the allowance for impairment		
		Other Debtors		
(415)	(341)	Balance at 1 July	(415)	(341)
37	197	Amounts written off during the year	37	197
0	0	Amounts recovered during the year	0	0
		Increase/(decrease) in allowance recognised in		
(155)	(271)	profit or loss	(155)	(271)
(533)	(415)	Balance at 30 June	(533)	(415)
(1,106)	(1,160)		(1,106)	(1,160)
		Non Current		
710	764	(a) Prepayments	710	764
2.10	130,5674	(b) 1 (spe) notes	30,899	75.753
740	704		240	764
710	764		710	764
		(b) Sale of Goods and Services Receivables		
637	1,382	(Current and Non Current) include; Patient Fees - Compensable	637	1,382
419	354	Patient Fees - Ineligible	419	354
4,449	4,188	Patient Fees - Other	4,449	4,188
4,440	1,100	Patient Fees - Office	4,444	4,100
5,505	5,924		5,505	5,924
			-	

Details regarding credit risk, liquidity risk and market risk, including financial assets that are either past due or impaired are disclosed in Note 35.

PARE	ENT		2	CONSOLIDAT	ION
2009	2008			2009	2008
\$000	\$000			\$000	\$000
	20.	Inventories			
		Current - at cost (held for Distribution	ution)		
1,798	1,152	Drugs		1,798	1,152
1,524	2,043	Medical and Surgical Supplies		1,524	2,043
84	82	Food and Hotel Supplies		84	82
146	203	Engineering Supplies		146	203
96	109	Other including Goods in Transit		96	109
3,648	3,589			3,648	3,589

PAREN	Ţ		CONSOLIDA:	TION
2009 \$000	2008 \$000		2009 \$000	2008 \$000
	21.	Property, Plant and Equipment		
		Land and Buildings - fair value		
1,095,340	1,012,640	Gross Carrying Amount	1,095,340	1,012,640
		Less Accumulated depreciation		
536,842	480,573	and impairment	536,842	480,573
558,498	532,067	Net Carrying Amount	558,498	532,067
		Plant and Equipment - fair value		
57,840	75,558	Gross Carrying Amount	57,840	75,558
		Less Accumulated depreciation		
33,889	52,589	and impairment	33,889	52,589
23,951	22,969	Net Carrying Amount	23,951	22,969
		Infrastructure Systems - fair value		
18,268	16,216	Gross Carrying Amount	18,268	16,216
		Less Accumulated depreciation		
10,383	8,766	and impairment	10,383	8,766
7,885	7,450	Net Carrying Amount	7,885	7,450
		Total Property, Plant and Equipment		
590,334	562,486	At Net Carrying Amount	590,334	562,486

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Property, Plant and Equipment - Reconciliations

	Land	Buildings	Work in Progress	Leased Buildings	Plant and Equipment	Infrastructure Systems	Other Leased Assets	Total
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
2009								
Net carrying amount at start of year	44,349	409,142	78,577	0	22,969	7,450	0	562,487
Additions	(5)	77,950	(72,626)	0	5,596	41	0	10,956
Reclassifications to Intangibles	0	0.	0	0	0	0	o	04,883900
Recognition of Assets Held for Sale	(3,380)	(671)	0	0	o	0	0	(4,051)
Disposals	(30)	(49)	0	ol.	n	ō	0	(79)
Administrative restructures - transfers	3.37	72.9					=	10.07
in/(out)	.0	o	O	0	(277)	ø	0	(277)
Net revaluation increment less revaluation decrements recognised in			9		A-0.01 X		~	(41.7)
reserves	(4,432)	47,496	٥	0	α	866	0	43,930
Impairment losses (recognised in "other			IIC "	. 70	177		~	10,000
gains/losses)	0	0	o	o	D	ô	0	Ó
Depreciation expense	0	(17,822)	0	0	(4,337)	(472)	0	(22,631)
Reclassifications	0	0	0	0	0	0	ol	0
Net carrying amount at end of year	36,502	516,046	5,951	Ö	23,951	7,885	0	590,335

	Land	Buildings	Work in Progress	Leased Buildings	Plant and Equipment	Infrastructure Systems	Other Leased Assets	Total
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
2008					111 311			
Net carrying amount at start of year	44,761	409,588	34,752	0	23,139	7,403	0	619,643
Additions	138	201	62,845	o.	5,606	619	O	69,309
Reclassifications to Intangibles	0	0	0	0	0	0	.0	n
Recognition of Assets Held for Sale	0	0	0	0	O.	0	0	0
Disposals	(550)	(2,504)	0	0	(99)	0	0	(3,153)
Administrative restructures - transfers		1800000	12.	11.				428,5528
in/(out)	0	(542)	(8)	0	0	0	0	(550)
Net revaluation increment less revaluation decrements recognised in					1			
reserves	0	0	0	0	0	0	0	0
Impairment tosses (recognised in "other	1					- 0		
gains/losses)	0	0	0	0	0	0	0	0
Depreciation expense	.0	(17, 156)	O	0	(5,135)	(472)	0	(22,763)
Reclassifications	0	19,554	(19,012)	0	(542)	0	o	0
Net carrying amount at end of year	44,349	409,141	78,577	0	22,969	7,450	Ö	562,486

- 1. and and Buildings include land owned by the Health Administration Corporation and administered by the Health Service [see note 2(g)].
- Land and Buildings were valued by AON Valuation Services (Certified Practising Valuers) on 30 June 2007 [see note 2(j)]. AON Valuation Services are not an employee of the Health Service.
- (iii) In accordance with the fair value requirements of AASB 116 the land, buildings and infrastructure assets have lad an uplift factor applied in relation to the movement in the market and increase in the building and infrastructure costs. The uplift has been performed on a gross basis in accordance with note 2 (j). This factor gives consideration to the valuation of Physical Non-Current Assets at Fair Value. The following table details the indice to be applied to Non-Current Assets as determined by the Department of Commerce:

Year	Land	Buildings	Infrastructure
08/09	0.90	1.03	1.06

PARE	NT		CONSOL	IDATION
2009 \$000	2008 \$000 22.	Non Current Assets held for sale	2009 \$000	2008 \$000
		Assets held for sale		
4,051	0	Land and Buildings	4,051	0
0	0	Plant and Equipment	0	0
0	ő	Infrastructure systems Other	0.	0
4,051	0		4,051	0

All Land and Buildings listed as Held for Sale has been deemed surplus to requirements during negotiations between the Area Health Service and the NSW Department of Health. It is anticipated all property will be offerred for Auction during the 2009/10 financial year.

PARENT			CONSOLIDATI	ON
2009 \$000	2008 \$000 23. Restricted Assets		2009 \$000	2008 \$000
	assets which are restricted to	ial statements include the following by externally imposed conditions, eg. ssets are only available for application s of the donor restrictions.		
	Category	Brief Details of Externally Imposed Conditions including Asset Category affected		
5,437	5,199 Specific Purposes	Hospital/Ward Specific	5,437	5,199
0	311 Private Practice Funds	Private Practice Trust	g	311
3,727	3,590 Other	Not restricted to Specific hospitals	3,727	3,590
9,164	9,100		9,164	9,100

PARI	ENT		CONSOL	IDATION
	24.	Payables		
2009	2008	1.34tows#u.i	2009	2008
\$000	\$000		\$000	\$000
- A-100-2		Current		2000
O	0	Accrued Salaries and Wages	11,512	11,550
ō	- 6	Taxation and Payroll Deductions	1,224	5,498
12,736	17,048	Accrued Liability - Purchase of Personnel Services	0	
38.844	41,914	Creditors	38,844	41,914
4	62	Interest	4	6:
-4	02	Other Creditors	740	
(2,043)	3,879	- Capital Works	(2,043)	3,879
4,908	2,239	- Intra Health Liability	4,908	2,239
(587)	14	- Other	(587)	1/
	115		127	- 11
127	115	- Taxalion	1,27	
53,989	65,271		53,989	65,271
		credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are o		
	25.	Borrowings		
		Current		
0	:0	Bank Overdraft	0	(
21,719	8,040	Other Loans and Deposits	21,719	8,04
21,719	8,040		21,719	8,04
		Non Current		
(40)			0	4
. 0	0	Bank Overdraft	19,510	10,52
19,510	10,526	Other Loans and Deposits	19,510	10,52
19,510	10,526		19,510	10,52
		Other loans still to be extinguished represent monies to be repaid to the NSW Health Department/ Sustainable Energy Development Authority. Final Repayment is scheduled for 30 June 2016.		
		Repayment of Borrowings		
		(excluding Finance Leases)		
14,185	3,250	Not later than one year	14,185	3,25
25,003	15,181	Between one and live years	25,003	15.18
2,041	136	Later than five years	2,041	13
		Patel Carendage at Index was as		
41,229	18,567	Total Borrowings at face value (excluding Finance Leases)	41,229	18,56
41,420	10,007	Accountable Language Comments	41,220	10,00

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 35.

PARENT			CONSOLI	DATION
2009	2008		2009	2008
\$000	\$000		\$000	\$000
	26.	Provisions		
		Current Employee benefits and related on-costs		
O	0	Annual Leave - Short Term Benefit	24,271	26,462
0	0	Annual Leave - Long Term Benefit	20,963	22,831
0	. 0	Long Service Leave - Short Term Benefit	8,510	6,304
0	0	Long Service Leave - Long Term Benefit	56,542	61,268
0	0	Sick Leave	0	0
0	0	Other	0	0
110,286	116,865	Provision for Personnel Services Liability	0	0
110,286	116,865	Total Current Provisions	110,286	116,865
		Non Current Employee benefits and related on-costs		
Q	0	Long Service Leave - Conditional	4,919	3,703
0	0	Sick Leave	0	0
0	Q	Other	0	C
4,919	3,703	Provision for Personnel Services Liability	0	0
4,919	3,703	Total Non Current Provisions	4,919	3,703
		Aggregate Employee Benefits and Related On-costs		
110,286	116,865	Provisions - current	110,286	116,865
4,919	3,703	Provisions - non-current	4,919	3,703
0	0	Accrued Salaries and Wages and on costs (Note 24)	12,736	17,048
12,736	17,048	Accrued Liability - Purchase of Personnel Services (Note 24)	Ć.	.0
127,941	137,616		127,941	137,616

PARENT AND CONSOLIDATION								
Equity	Accumulated	Funds 2008	Asset Revaluation	on Reserve 2008	Available for Sale I 2009	Reserves 2008	Total Equ 2009	ity 2008
	\$000	5000	5000	\$000	\$000	5000	\$000	5000
Balance at the beginning of the financial year	176,100	165,418	210,628	211,172	o	0	386,736	376,590
Correction of orrors	0	Ö	0	Ü	Ó	ū	o.	0
Restated Opening Balance	176,100	165,418	210,628	211,172	0	0	386,736	376,590
Changes in equity - transactions with owners as owners								
Increaser(Decrease) in Net Assets from Administrative Restricture Adjustment for building transferred to Health Support	(277)			(544)			(277)	(544)
Total	175,831	165,418	210,628	210,628	Ō	0	386,459	376,046
Changes in equity - other than transactions with owners as owners								
Result for the year	(20,065)	10,600					(20,065)	10,690
Increment/(Decrement) on Revaluation of								
Land and Boldalgs	0	0	43,034	0	0	0	43,064	0
Plant and Equipment	0		.0	0	0	0	0	0
Infrastructure Systems	0	0	666	0	η Ω , (0	866	0
Total	(20,085)	10,690	43,930	0	0	0	23,865	10,690
Transfers within equity								
Asset revaluation reserve balances transferred to								
accumulated funds on disposal of asset	0	0	0.0	O	0	Q.	. 0	0
Other (Roundings camed forward from prior years)	0	0	٥	0	0	Q	0	0
Total	0:	0	0	ō	.0	O	0	0
Balance at the end of the financial year	155,766	175,108	254,558	210,628	o	0	410,324	386,736

The asset revolution reserve is used to record increments and decrements on the revolution of non current assets. This accords with the Neath Service's policy on the "Revolution of Physical Non Current Assets" and "Investments", as discussed in Note 7(i)

PARENT			CONSOLIDAT	nor
2009	579773	28. Commitments for Expenditure	2009	2008
\$000	\$000		\$000	\$000
		(a) Capital Commitments		
		Aggregate capital expenditure for the acquisition of land and buildings, plant and equipment,		
		infrastructure and intangible assets, contracted for at balance date and not provided for		
495	1,432	Not later than one year	495	1,432
4,362	0	Later than one year and not later than five years Later than five years	4,362	0
of ware	(F150/2)	Martiner i extre de la martine de la presenta de responsable trans el esta de la compansión de la compansión de	1.4727647	15,47200
4,857	1,432	Total Capital Expenditure Commitments (including GST)	4,867	1,432
		(b) Other Expenditure Commitments		
		Aggregate other expenditure contracted for the rental payments contracted for all balance date and not provided for.		
3,304	3,264	Not later than one year	3,304	3,264
5,143	5,170	Later than one year and not later than five years	5,143	5,170
85	331	Later than five years	86	331
8,532	8,765	Total Other Expenditure Commitments (including GST)	8,532	8,765
		(c) Operating Lease Commitments		
		Commitments in relation to non-cancellable operating leases are payable as follows:		
4.297	5.104	Not later than one year	4,297	5,104
3,610	3,310	Later than one year and not later than five years	3,610	3,310
157	245	Later than five years	157	245
8,064	8,059	Total Operating Lease Commitments (including GST)	8,064	8,659

The operating lease commitments above are for motor vehicles, information technology, equipment including personal computers, medical aquipment and other equipment.

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29. Trust Funds

The Health Service holds trust fund moneys of \$2.036 million which are used for the safe keeping of patients' monies, deposits on hired items of equipment and Private Practice Trusts. These monies are excluded from the financial statements as the Health Service cannot use them for the achievement of its objectives. The following is a summary of the fransactions in the trust account.

	Patient '	Trust	Refunda Depos	alalo	Private Pr Trust Fu		Yota	Í,
	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000	2009 \$000	2008 \$000
Cash Balance at the beginning of the financial reporting period	1,171	1,180	141	137	765	529	2,077	1,846
Receipts	815	599	91	34	4,340	4,567	5,046	5,300
Expenditure	(455)	(608)	(42)	(30)	(4,590)	(4,431)	(5,087)	(5,069)
Cash Balance at the end of the financial reporting period	1.331	1,171	190	141	515	765	2,036	2,077

30. Contingent Liabilities

a) Claims on Managed Fund

Since 1 July 1989, the Health Service has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of the Health Service all sums which it shall become legally liable to pay by way of compensation or legal liability if sued except for employment related, discrimination and harassment claims that do not have statewide implications. The costs relating to such exceptions are to be absorbed by the Health Service. As such, since 1 July 1989 no contingent liabilities exist in respect of liability claims against the Health Service. A Solvency Fund (now called Pre-Managed Fund Reserve was established to deal with the insurance matters incurred before 1 July 1989 that were above the limit of insurance held or for matters that were incurred prior to 1 July 1989 that would have become verdicts against the State. That Solvency Fund will likewise respond to all claims against the Health Service.

b) Workers Compensation Hindsight Adjustment

Treasury Managed Fund normally calculates hindsight premiums each year. However, in regard to workers compensation the final hindsight adjustment for the 2002/03 fund year and an interim adjustment for the 2004/05 fund year were not calculated until 2008/09. As a result, the 2003/04 final and 2005/06 interim hindsight calculations will be paid in 2009/10.

c) Affiliated Health Organisations

Based on the definition of control in Australian Accounting Standard AASB127, Affiliated Health Organisations listed in Schedule 3 of the Health Services Act, 1997 are only recognised in the Department's consolidated Financial Statements to the extent of cash payments made.

However, it is accepted that a contingent liability exists which may be realised in the event of cessation of health service activities by any Affiliated Health Organisation. In this event the determination of assets and liabilities would be dependent on any contractual relationship which may exist or be formulated between the administering bodies of the organisation and the Department.

d) Interstate Patient Flows, Australian Capital Territory

The Department has agreed with ACT Health that a clinical and resource cost audit be performed on a subset of NSW patient inflows to the ACT.

This review is required to assess the reasonableness of the rapid increases in the number of separations/statistical discharges and same day admissions through ACT emergency departments for NSW patients for both 2006/07 and 2007/08.

It is also expected that the audit will make recommendations on an appropriate process of regular auditing and data checking relating to NSW inflows to the ACT.

The outcome and completion date of the review cannot be reliably estimated and, therefore it is not possible to quantify the contingent liability that may present.

PARENT			1 -	CONSOLID	NOITAG
2009	2008 5000			2009 \$000	2008 \$000
	31	Reconciliation Of Net Cash Flows from Operating Activities To Net Cost Of Services			
(14,648)	70,093	Net Cash Flows from Operating Activities		(14,648)	70,093
(22,631)	(22,763)	Depreciation		(22,631)	(22,763)
54	(122)	Provision for Doublful Debts		54	(122)
0	0	Acceptance by the Crown Entity of Employee Superannuation Genefits		(7,551)	(9,257)
5,363	(14,219)	(Increase)/ Decrease in Provisions		5,363	(14,219)
(4.527)	(756)	Increase / (Decrease) in Prepayments and Other Assets		(4.527)	(756)
11,278	(18,912)	(Increase)/ Decrease in Creditors		11,278	(18,912)
108	(2,631)	Net Gain/ (Loss) on Sale of Property, Plant and Equipment		108	(2,631)
(740,882)	(669,913)	(NSW Health Department Recurrent Allocations)	(*)	740,882)	(669,913)
(5.246)	(68,066)	(NSW Health Department Capital Allocations)		(5,246)	(68,066)
(771,131)	(727,289)	Not Cost of Services		778,682)	(736,546)

32. 2008/09 Voluntary Services

It is considered impracticable to quantify the monetary value of voluntary services provided to the health service. Services provided include:

Chaptaincies and Pastoral Care Pink Ladies#lospital Auxiliaries - Patient Support Groups - Community Organisations -

Patient & Family Support
Patient Services, Fund Raising
Practical Support to Patients and Relative
Counselling, Health Education, Transport,
Home Help & Patient Activities

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33. Unclaimed Moneys

Unclaimed salaries and wages are paid to the credit of the Department of Industrial Relations and Employment in accordance with the provisions of the Industrial Arbitration Act, 1940, as amended.

All money and personal effects of patients which are left in the custody of Health Services by any patient who is discharged or dies in the hospital and which are not claimed by the person lawfully entitled thereto within a period of twelve months are recognised as the property of health services.

All such money and the proceeds of the realisation of any personal effects are lodged to the credit of the Samaritan Fund which is used specifically for the benefit of necessitous patients or necessitous outgoing patients.

34. Budget Review - Parent and Consolidated

Net Cost of Services

The actual Net Cost of Services was higher than budget by \$15.745M (2.1%), this was primarily due to the additional costs incurred by the Area Health Service to attract permanent medical, nursing and allied, health professionals in an environment of increasing demand for rural health services. Within this result total expenditure was \$29.1M (3.3%) unfavourable, during the year Hotel Services was transferred to Health Support Services which has distorted the result between employee related and other operating expenses. Total Revenue was \$14.2M (11.5%) favourable, supported by a favourability in interstate patient flows of \$7.3M and \$8.7M in other user charges.

Result for the Year

The Result for the Year was unfavourable to budget by \$22.2M. Government contributions totalled \$740.9M and were on line with budget.

Assets and Liabilities

Total Assets were above budget by \$48.1M with the current year balance representing an increase of \$29.6M on last year. This movement in total assets is as a result of a desktop revaluation of land and buildings that was undertaken by the Area with guidance from Treasury in June 2009. Total liabilities exceeded budget by \$27.7M much of this increase relates to loans with NSW Health which have increased \$22.7M on last year.

Cash Flows

Closing Cash and Cash Equivalents has increased by \$2.18M and is \$7.3M favourable to budget. Net Cash Flows from Operating Activities were \$5.7M unfavourable to budget.

Movements in the level of the NSW Department of Health Recurrent Allocation that have occurred since the time of

	'\$000
Initial Allocation 30/06/2008	636,500
Inter Area Patient Flows	48,501
Inter State Patient Flows	5,306
Award Increases	6,511
Leave Adjustments	5,330
Voluntary Redundancies	4,319
Special Projects	
Mental Health Enhancements	2,360
Drug and Alcohol Enhancements	726
HACC Services	464
PADP Services	424
AIDS	453
Aboriginal Health	997
Women's Health	483
Other	
Liquidity Assistance and Other Adjustments	9,645
Financial Assistance	6,067
Mini Budget Dividend	4,133
RDF Adjustment	2,500
Medical (VMO) Costs	3,999
Nursing	1,419
Compacks	387
Clinical Redesign and Leadership	358
Balance as per Operating Statement	740,882

35. Financial Instruments

The Health Service's principal financial instruments are outlined below. These financial instruments arise directly from the Health Service's operations or are required to finance its operations. The Health Service does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The Health Service's main risks arising from financial instruments are outlined below, together with the Health Service's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout this financial report.

The Chief Executive has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risk faced by the Health Service, to set risk limits and controls and monitor risks. Compliance with policies is reviewed by the Audit Committee/Internal auditors on a continous basis.

a) Financial Instrument Categories

PARENT

Financial Assets	8008
	0000
Class: Category	
Cash and Cash Equivalents (note 18) N/A Loans and	8,826
Receivables at Amortised Cost (note 19)1 receivables (at amortised cost) 7,877	12,310
Total Financial Assets 18,883	21,136
Financial Liabilities	
Financial Liabilities	
Borrowings (Note 25) measured at 41,229	18,566
Payables (Note 24)2 amortised cost 53,989	65,270
Total Financial Liabilities 95,218	83,836

Notes

¹ Excludes statutory receivables and prepayments (ie not within scope of AASB 7)

² Excludes unearned revenue (ie not within scope of AASB 7)

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	¥	Total carrying an the Balance			
		2009	2008		
d.		\$000	\$000		
Financial Assets					
Class:	Category				
Cash and Cash Equivalents (note 18)	N/A Loans and	11,006	8,826		
Receivables at Amortised Cost (note 19)1	receivables (at amortised cost)	7,877	12,310		
Total Financial Assets	,	18,883	21,136		
Financial Liabilities					
	Financial Liabilities				
Borrowings (Note 25)	measured at	41,229	18,566		
Payables (Note 24)2	amortised cost	53,989	65,270		
Total Financial Liabilities	-	95,218	83,836		

Notes

- 1 Excludes statutory receivables and prepayments (ie not within scope of AASB 7)
- 2 Excludes unearned revenue (ie not within scope of AASB 7)

b) Credit Risk

Credit risk arises when there is the possibility of the Health Service's debtors defaulting on their contractual obligations, resulting in a financial loss to the Health Service. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from financial assets of the Health Service i.e receivables. No collateral is held by the Health Service nor has it granted any financial guarantees.

Credit risk associated with the Health Services's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards. Authority deposits held with NSW Tcorp are guaranteed by the State.

Cash

Cash comprises cash on hand and bank balance deposited in accordance with Public Authorities (Financial Arrangements) Act approvals. Interest is earned on daily bank balances at rates of approximately 5.63% in 2008/09 compared to 6.80% in the previous year. The TCorp Flour Glass cash facility is discussed in para (d) below.

Receivables - trade debtors

All trade debtors are recognised as amounts receivable at balance date. Collectibility of trade debtors is reviewed on an ongoing basis. Procedures as established in the NSW Department of Health Accounting Manual and Fee Procedures Manual are followed to recover outstanding amounts, including letters of demand. Debts which are known to be uncollectable are written off. An allowance for impairment is raised when there is objective evidence that the entity will not be able to collect the amounts due. The evidence includes past experience and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors.

The Health Service is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors. Based on past experience, debtors that are not past due (2009:\$4,179; 2008:\$6,845 and not more than [3] months past due (2009:\$2,362; 2008:\$2,784) are not considered impaired and together these represent 73% of the total trade debtors. In addition Patient Fees Compensables are frequently not settled with 6 months of the date of the service provision due to the length of time it takes to settle legal claims. Most of the Health Services' debtors are Health Insurance Companies or Compensation Insurers settling claims in respect of inpatient treatments. There are no debtors which are currently not past due or impaired whose terms have not been renegotiated.

The only financial assets that are past due or impaired are 'sales of goods and services' in the 'receivables' category of the balance sheet. Patient Fees Ineligibles represent the majority of financial assets that are past due or impaired.

2009	Total	Past due but not impaired	Considered impaired		
<3 months overdue	6,562	6,541	21		
3 months - 6 months overdue	272	253	19		
> 6 months overdue	2,150	1,084	1,066		
2008					
<3 months overdue	9,632	9,629	3		
3 months - 6 months overdue	712	704	8		
> 6 months overdue	3,669	2,520	1,149		

The ageing analysis excludes statutory receivables, as these are not within the scope of AASB 7.

c) Liquidity risk

Liquidity risk is the risk that the Health Service will be unable to meet its payment obligations when they fall due. The Health Service continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets. The objective is to maintain a balance between continuity of funding and flexibility through effective management of cash, investments and liquid assets and liabilities.

The Health Service has negotiated no loan outside of arrangements with the NSW Department of Health or the Sustainable Energy Development Authority.

During the current and prior year, there were no defaults or breaches on any loans payable. No assets have been pledged as collateral. The Health Service's exposure to liquidity risk is considered significant. However, the risk is minimised as the NSW Department of Health has indicated its ongoing financial support for the Greater Southern Area Health Service (refer Note 2).

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set by the NSW Department of Health. If trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received.

In those instances where settlement cannot be effected in accordance with the above, eg due to short term liquidity constraints, terms of payment are negotiated with creditors.

The table below summarises the maturity profile of the Health Service's financial liabilities together with the interest rate exposure.

Maturity Analysis and Interest rate exposure of financial liabilities

		Interes	st Rate Expos	\$1000 posure			Maturity Dates		Weighted
2009	Fixed Interest Rate %	Variable Interest Rate %	Nominal Amount 1	Variable Interest Rate \$000	Non - Interest Bearing \$000	< 1 Yr \$000	1-5 Yr \$000	> 5Yr \$000	Average Effective Int rate %
Creditors Borrowings Bank Overdraft			41,253	0	41,253	41,253	0	0	
Non Interest Loans Other Loans and Deposits Finance leases	5.53		46,585	281	46,304	15,698	28,725	2,162	5.53
P. Historia			100,574	281	100,293	69,687	28,725	2,162	
2008 Payables:			Victoria de la composición dela composición de la composición dela composición de la	0	I AN MARK	10.770		0	
Accrued salaries Wages and payroll deductions			16,759		16,759	16,759	0	. O	
Creditors Borrowings; Bank Overdraft Non Interest Loans			48,511	0	48,511	48,511	0	· ·	
Other Loans and Deposits Finance leases	5.97		23,485	976	17,591	3,250	15,181	136	5.97
#110.27/1990 PG 020/2/01			88.755	976	82.861	68,520	15,181	136	

Notes:
1The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities, therefore the amounts disclosed above will not reconcile to the balance sheet in respect of non interest bearing loans negotiated with the NSW Department of Health.

d) Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. The Health Service's exposures to market risk are primarily through interest rate risk on the Health Service's borrowings and other price risks associated with the movement in the unit price of the Hour Glass Investment facilities. The Health Service has no exposure to foreign currency risk and does not enter into commodity contracts.

The effect on profit and equity due to a reasonably possible change in risk variable is outlined in the information below, for interest rate risk and other price risk. A reasonably possible change in risk variable has been determined after taking into account the economic environment in which the Health Service operates and the time frame for the assessment (i.e. until the end of the next annual reporting period). The sensitivity analysis is based on risk exposures in existence at the balance sheet date. The analysis is performed on the same basis for 2008. The analysis assumes that all other variables remain constant.

Interest rate risk

Exposure to interest rate risk arises primarily through the Health Service's interest bearing liabilities.

However, Health Services are not permitted to borrow external to the NSW Department of Health (Sustainable Energy Development Authority loans which are negotiated through Treasury excepted). Both SEDA and NSW Department of Health loans are set at fixed rates and therefore are generally not affected by fluctuations in market rates.

e) Fair Value

Financial instruments are generally recognised at cost, with the exception of the TCorp Hour Glass facilities, which are measured at fair value. As discussed, the value of the Hour Glass Investments is based on the Health Service's share of the value of the underlying assets of the facility, based on the market value. All of the Hour Glass facilities are valued using 'redemption' pricing.

Except where specified below, the amortised cost of financial instruments recognised in the balance sheet approximates the fair value because of the short term nature of many of the financial instruments. The following table details the financial instruments where the fair value differs from the carrying amount:

	2009	2009	2008	2008		
	\$'000	\$'000	\$'000	\$'000		
	Carrying	14-14-1	Carrying			
	amount	Fair value	amount	Fair value		
Financial assets						
Cash & Cash Equiv.	11,006	11,006	8,826	8,826		
Receivables	7,877	7,877	12,311	12,311		
Financial liabilities						
Payables	53,989	53,989	65,271	65,271		
Borrowings	41,229	41,229	18,566	18,566		

36. Post Balance Date Events

Establishment of Albury Wodonga Health Division

Albury Wodonga Health (AWH) was established by Victoria, pursuant to the Health Services Act (VIC). On 1 July 2009, AWH assumed responsibility for providing certain health services at Albury Base Hospital and in Wodonga (VIC), in an integrated manner. NSW provides funding to AWH for the provision of health services at Albury Base Hospital (other than mental health, sub acute and community health services), in accordance with the terms of the Intergovernmental Agreement and interim arrangements currently in place.

In accordance with the provisions of the Health Services Act 1997, the Director General established an "Albury Wodonga Health Division" of the NSW Health Service and transferred the group of staff within the Greater Southern Area Health Service Division who will be working at AWH to that Division, effective from 1 July 2009. NSW has delegated the day to day management of staff working with AWH to the Chief Executive of AWH. NSW is providing funding to AWH to cover existing annual leave and long service leave for NSW seconded employees but the net value of the transfer is yet to be agreed.

The Health Administration Corporation will be entering into a lease with the Department of Human Services, VIC, of the Albury Base Hospital Campus. The buildings, plant and equipment at the Albury campus remain assets of NSW and reporting of the new Division will continue through the Greater Southern Area Health Service.

END OF AUDITED FINANCIAL STATEMENTS