



INDEPENDENT AUDITOR'S REPORT

Northern Sydney and Central Coast Area Health Service

To Members of the New South Wales Parliament

I have audited the accompanying financial statements of the Northern Sydney and Central Coast Area Health Service (the Service), which comprises the statement(s) of financial position as at 30 June 2010, the statement(s) of comprehensive income, statement(s) of changes in equity, statement(s) of cash flows, service group statements and summary of compliance with financial directives 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 statements:

- present fairly, in all material respects, the financial position of the Service and the consolidated entity as at 30 June 2010, and of the financial performance for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations)
- are in accordance with section 45E of the Public Finance and Audit Act 1983 (the PF&A Act) and the Public Finance and Audit Regulation 2010

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

Chief Executive's Responsibility for the Financial Statements

The Chief Executive is responsible for the preparation and fair presentation of the financial statements 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 statements that are 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 statements 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 statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, 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 statements 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 statements.

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

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
- 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

- Awest

15 October 2010 SYDNEY

NORTHERN SYDNEY CENTRAL COAST NSW@HEALTH

Pursuant to Section 45F of the *Public Finance and Audit Act*, 1983; I state that to the best of my knowledge and belief:

- 1) the financial statements have been prepared in accordance with:
 - Australian Accounting Standards
 - Public Finance and Audit Act 1983
 - Public Finance and Audit Regulations 2010
 - Health Services Act 1997 and its Regulations
 - the Accounts and Audit Determination
- 2) the financial statements exhibit a true and fair view of the financial position and the financial performance of the Northern Sydney and Central Coast Area Health Service for the year ended 30 June 2010.

3) there are no circumstances which would render any particulars included in the financial statements to be misleading or inaccurate.

Wendy Hughes

Director, Financial Operations

Date:

15/10/10

Matthew Daly Chief Executive

Date: 15/10/10

Start of Financial Statements

Northern Sydney and Central Coast Area Health Service Statement of Comprehensive Income for the Year Ended 30 June 2010

	Actual 2009 \$000	1,093,759 58,884 508,443 58,841 21,044 2,097 46,862	1,749,930	294,768 5,255 35,738 6,730 342,491	(1,153) (1,812) 1,410,404	1,332,504 52,903 17,453	1,402,860	(30)
	Budget 2010 \$000	1,072,275 65,644 549,314 62,216 119,663 684 39,037	1,808,833	287,127 5,558 29,824 22,629 345,137	(23,550) (1,640) 1,488,886	1,405,537 40,939	1,463,134	(28,752)
CONSOLIDATION	Actual 2010 \$000	1,082,833 65,467 557,347 60,341 21,455 3,268	1,828,878	315,475 3,748 34,637 3,617 387,477	(21,270) (3,396) 1,496,067	1,407,801 36,163 (5,400)	1,454,624	77,933
	Notes	3 4 5 2(i), 6 7 7 8 8		<u> </u>	15 33	2(d) 2(d) 2(a)(ii)		22(b)
		Expenses excluding losses Operating Expenses Employee Related Personnel Services Visiting Medical Officers Other Operating Expenses Depreciation and Amortisation Grants and Subsidies Firence Costs Payments to Affiliated Health Organisations	Total Expenses excluding losses	Revenue 294,768 Sale of Goods and Services 5,255 Investment Income 53,191 Grants and Contributions 6,730 Other Revenue	(1,153) Gairt/(Loss) on Disposal (1,812). Other Gairs/(Losses) 1,392,951. Net Cost of Services	Government Contributions NSW Department of Health Recurrent Allocations NSW Department of Health Capital Allocations (Asset Sale Proceeds Transferred to the NSW Department of Health) Acceptance by the Crown Entity of employee benefits	35,407 Total Government Contributions (7,544) RESULT FOR THE YEAR Other Comprehensive Income	
•	Actual 2009 \$000	1,053,759 58,884 58,844 508,444 21,044 2,097 46,862	1,749,930	294,768 5,255 53,191 6,730 359,944	(1,153) (1,812) 1,392,951	1,332,504	1,385,407	(30).
PARENT	Budget 2010 \$000	1,072,275 65,644 549,314 62,216 19,663 684 39,037	1,808,833	287,127 6,558 6,482 22,629 361,795	(23,550) (1,640) 1,472,228	1,405,537	1,446,476	(25,752)
	Actual 2010 \$000	1,082,833 65,467 657,347 60,341 21,455 3,268 38,167	1,828,878	315,475 3,748 50,697 3,617 373,537	(21,270) (3,396) 1,480,007	1,407,801 36,163 (5,400)	1,438,564	77,933

The accompanying notes form part of these Financial Statements.

Northern Sydney and Central Coast Area Health Service Statement of Financial Position as at 30 June 2010

	PARENT				c	CONSOLIDATION	
Actual 2010 \$000	Budget 2010 \$000	Actual 2009 \$000) 	Notes	Actual 2010 \$000	Budget 2010 \$000	Actual 2009 \$000
			ASSETS		•		
			Current Assets				
85,203	71,411	79,939	Cash and Cash Equivalents	19	85,203	71,411	79,939
47,592	41,834	40,725		20	47,592	41,834	40,725
11,959	12,456	12,456		21	11,959	12,456	12,456
17,219		********	Non-Current Assets Held for Sale	24 _	17,219		
161,973	125,701	133,120	Total Current Assets	_	161,973	125,701	133,120
			Non-Current Assets				
69,337	1,408	1 405	Receivables	20	69,337	1,408	1,405
00,001	1, 100	1,100	Property, Plant and Equipment		,	,	
1,299,605	1,246,000	1,282,772	- Land and Buildings	22	1,299,605	1,246,000	1,282,772
89,717	98,185		- Plant and Equipment	22	89,717	98,185	85,900
48,510	41,107		- Infrastructure Systems	22	48,510	41,107	41,107
1,437,832	1,385,292		Total Property, Plant and Equipment		1,437,832	1,385,292	1,409,779
5,259	5,259			23	5,259	5,259	
1,512,428	1,391,959	1,411,184	Total Non-Current Assets		1,512,428	1,391,959	1,411,184
1,674,401	1,517,660	1.544.304	Total Assets		1,674,401	1,517,660	1,544,304
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-			LIABILITIES				
			Current Liabilities				
108,601	87,366		Payables	26	108,601	87,366	105,964
7,254	6,278		Borrowings	27	7,254	6,278	8,478
306,289	182,779	277,772	Provisions.	28	306,289	182,779	277,772
7,979	2,629	3,431	Other	29 _	7,979	2,629	3,431
430,123	279,052	395,645	Total Current Liabilities		430,123	279,052	395,645
			Non-Current Liabilities				
42,328	41,705	45 741	Borrowings	27	42,328	41,705	45,741
8,255	127,306		Provisions	28	8,255	127,306	8,573
100,346	37,262	36,259		29	100,346	37,262	36,259
150,929	206,273	90,573	Total Non-Current Liabilities		150,929	206,273	90,573
	405 205	400.040	Tatul Liabilitian	_	681.052	485,325	486,218
581,052	485,325	486,218	Total Liabilities	<u> </u>	581,052	465,325	400,210
1,093,349	1,032,335	1,058,086	Net Assets		1,093,349	1,032,335	1,058,086
			EQUITY				
372,487	312,564	312,564	Reserves		372,487	312,564	312,564
715,340	719,771		Accumulated Funds	_	715,340	719,771	745,522
			Amounts Recognised in Equity Relating to Assets			•	
5,522			Held for Sale	24	5,522		
	4,000,000	4.050.000	Takah Carrier	_	1,093,349	1,032,335	1,058,086
1,093,349	1,032,335	1,058,086	Total Equity		1,033,348	1,032,333	1,000,000

Northern Sydney and Central Coast Area Health Service Statement of Changes in Equity for the year ended 30 June 2010

	4	Accumulated Funds	Asset Revaluation Surplus	Assets Held For Sale Reserve	Total
	Notes	\$000	8000	\$000	\$000
At 1 July 2009		745,522	312,564		1,058,086
Result For The Year		(41,443)		***************************************	(41,443)
Other Comprehensive Income:					
Net Increase in Property, Plant & Equipment	22		77,933	the section of the se	77,933
Available for Sale Financial Assets:					
-Transfers on Disposal		12,488	(12,488)	111111111111111111111111111111111111111	[
-Transfers of Asset Revaluation Reserve to Assets Held for Sale	24			5,522	100 to day 140 to
Fotal Other Comprehensive Income		12,488	59,923	5,522	77,933
Total Comprehensive Income For The Year		(28,955)	59,923	5,522	36,490
Transactions With Owners In Their Capacity As Owners					
Increase/(Decrease) in Net Assets from Equity Transfers	34	(1,227)	1		(1,227)
At 30 June 2010		715,340	372,487	5,522	1,093,349
At 1 July 2008		763,963	315,794		1,079,757
Result For The Year		(7,544)			(7,544)
Other Comprehensive Income:					·
Net Increase/(Decrease) in Property, Plant & Equipment	22		(30)		(30)
Available for Sale Financial Assets: -Transfers on Disposal		3.200	(3.200)	\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Total Other Comprehensive Income		3,200		111-11	(30)
Total Comprehensive Income For The Year		759,619			1,072,183
Transactions With Owners In Their Capacity As Owners	78	(14 097)	!	1	(14 097)
At 30 June 2009	5	745,522	312,564		1,058,086

The accompanying notes form part of these financial statements.

Northern Sydney and Central Coast Area Health Service Statement of Cash Flows for the Year Ending 30 June 2010

	PARENT				CONSOLIDATION	
Actual 2010 \$000	Budget 2010 \$000	Actual 2009 \$000	Notes	Actual 2010 \$000	Budget 2010 \$000	Actual 2009 \$000
			CASH FLOWS FROM OPERATING ACTIVITIES			
			Payments	(4.000.574)	(4.004.070)	(1,003,275)
(22 504)	(19,663)	(23,135)	Employee Related Grants and Subsidies	(1,038,574) (23,601)	(1,031,878) (19,663)	(23,135)
. (23,601) (3,268)	(684)	(23, 133)		(3,268)	(684)	(273)
(1,681,979)	(1,704,272)	(1,682,096)		(643,405)	(672,394)	(678,821)
(1,708,848)	(1,724,619)	(1,705,504)	Total Payments	(1,708,848)	(1,724,619)	(1,705,504)
						•
240.682	286,017	288.092	Receipts Sale of Goods and Services	240,682	286,017	288,092
3,748	5,558	6,968	Interest Received	3,748	5,558	6,968
94,588	52,453	99,396	Other	94,588	52,453	99,396
339,018	344,028	394,456	Total Receipts	339,018	344,028	394,456
			Oct Floor Continues		•	
4 407 004	4 405 507	4 222 504	Cash Flows From Government NSW Department of Health Recurrent Allocations	1,407,801	1,405,537	1,332,504
1,407,801 36,163	1,405,537 40,939		NSW Department of Health Capital Allocations	36,163	40,939	57,015
30,703	40,555	37,010	Asset Sale Proceeds Transferred to the	55,155	10,000	4.,
(5,400)	*****		NSW Department of Health Cash Reimbursements from the Crown Entity	(5,400)		
1,438,564	1,446,476	1,389,519	Net Cash Flows From Government	1,438,564	1,446,476	. 1,389,519
			NET CASH FLOWS FROM OPERATING			
68,734	65,885	78,471	ACTIVITIES 33	68,734	65,885	78,471
		, , , ,				
			CASH FLOWS FROM INVESTING ACTIVITIES Proceeds from Sale of Land and Buildings, Plant and Equip	amont		
9,513		1.385	and Infrastructure Systems	9,513		1,385
0,010			Purchases of Land and Buildings, Plant and Equipment	.,		
(68,345)	(62,919)	(87,671)	and Infrastructure Systems	(68,345)	(62,919)	(87,671)
(58,832)	(68,178)	(86,286)	NET CASH FLOWS FROM INVESTING ACTIVITIES	(58,832)	(68,178)	(86,286)
			CARLELONG FROM FINANCING ACTIVITIES			
4 204	(4.402)	45.720	CASH FLOWS FROM FINANCING ACTIVITIES Proceeds from Borrowings and Advances	1,391	(4,193)	15,739
1,391 (6,029)	(4,193) (2,042)		Repayment of Borrowings and Advances	(6,029)	(2,042)	(2,009)
(4,638)	(6,235)	13,730	NET CASH FLOWS FROM FINANCING ACTIVITIES	(4,638)	(6,235)	13,730
5,264	(8,528)	5,945	NET INCREASE / (DECREASE) IN CASH	5,264	(8,528)	5,915
79,939	79,939		Opening Cash and Cash Equivalents	79,939	79,939	83,645
,	,		Cash Transferred In/(Out) as a result of			
		(9,621)	Administrative Restructuring	diversity where	· ·	(9,621)
85,203	71,411	70 020	CLOSING CASH AND CASH EQUIVALENTS 19	85,203	71,411	79,939
00,200	11,411	10,000	OLOGINO ONON AND ONON ENGINALENTO 10	50,200		,

Northern Sydney and Central Catast Avea Health Scryico Servico Group Statements for the Year Ended 30 June 2010

SERVICE'S EXPENSES AND	Service Group	div	Service Group	Group	Service Group	Group	Service Group	TO-LIE	Service Group		Service Group	Serv	Service Group	Sarvis	Service Group	Service Group	Group	Service Group	dnas	Non Attributable		Total	
INCOME	5		. 77		ភ្ន		. 2.7		2.2		2.3 *		3.1	1,4		F.4	•	B.1					
	2010	2000	DL02	2002	2010	2009	2010	2009	2010	2009 2010	10 2008	2010	2006	2010	2009	2010	2009	2040	5000	\vdash	\vdash	┝	7
	0005	2000	2000	\$000	3000	0003	2000	000\$	2000	3000	000\$ 00	000\$	0003	000\$	\$000	000\$	\$000	000\$	\$000	000	2003	000\$	Š
Expenses excluding fosses Oberation Expenses																							ve o
Employee Related	80,416	78,640	505	583	126,974	124,189	55,828	54,594	}	Ŀ		1	-	1	_			127,120	124,312	1	1,08	082,833 1,053	053,758
Visiting Medical Officers	479	88	o	Ī	8,841	7,952	3,841	3,455	32,277	28,951	4,540 4,1	4,174 2,428	2,045	430	387	760	984	11,769	10,588	[. "	_	28
Other Operating Expenses	21,276	19,089	195	173	60,926	54,763	25,578	22,782				_	_		_			37,058	33,437	1	1		443
Depreciation and Amortisation	2,763	2,649		18	10,912	10,459	4,281	4,103		_								2,052	1,96,7	1	3		¥,
Grants and Subsidies	6,952	7,078	-	-	258	260	249	253										944	655	1	~ -		740
Finance Costs	258	162	64		469	284	184	122				8				_		387	243	i	 		160
Payments to Affiliated Health Organisations	6	11	-	-	-			-							_		ł	270	320	1	7		1,862
Total Expenses excluding losses	112,153	108,279	813	776	208,377	197,897	89,971	85,309	817,353	_	84,848 80,169	109 173,004	_	134,919	140,589	58,139	26,677	178,301	171,520]	1,62	٦,	930
Revenuo					0.00								Ž,								200		Ų
Sale of Goods and Services	14,571	13,626	7.9	7.4	38,599	36,517	12,716	11,802	_	_							3,468	50 352	47,397	!			768
Invastment Ravenue	178	244	-	63	517	708	\$	213			_		•				62	648	883	!	-	3,748	255
Greats and Contributions	1,47	1,639	89	6	4,280	4,768	1,286	1,433									417	3,404	6,022	ļ			738
Other Revenue	207	287	7		601	836	181	251	_								ß	759	1,050			_	730
Total Revenue	18,420	15,796	80	86	43,697	42,832	14,336	3,789	Ì	Ŀ							4,020	57 163	55,362	4-111	36	L	481
Gain / (Loss) on Disposal	(982)	(63)	(9)	I	(3.402)	(185)	(1,521)	(55)	(10,830)	(cos)	(1,344)	(73) (31)	31) 11	(1,084)	(ag) ((298)	(16)	(2,272)	(123)	-	(3	_	(1,153)
Other Gains / (Losses)	(157)	. 94	3	3	(5/3)	(290)	(163)	(87)									(22)	(363)	(1931)	i		_	(812)
Net Coat of Services	96,866	92,620	731	691	168,325	165,540	76,817	71,662		612,698 67		32,386 163,285	35 151,882	118,135	**	N	22,698	124,773	118,474		9,1	-	410,404
Government Contributions						No.				THE REAL PROPERTY.										454,624 1,40	1,402,860 1,45	454,624 1,402	,402,560
RESULT FOR THE YEAR																					(4	(41,443)	(7,54A)
Other Comprehensive Income	r c				7				50.0								-	i.		_			
I I I I DESCRIPTION DE COMPANION LA COMPANION LA COMPANION DE COMPANION LA COMPANION DE COMPANIO	2,007				100		200	1	75.7		4,451	1	***	,,00,1		87C	1	0 20	j	ļ		2001	ž
Total Other Comprehensive Income	2,847		20]	11,726		4,800	-	43,325		2,277		134	1,80	**************************************	328	- Constitution	25.548	1000	1000	(30)		8
AND THE PROPERTY OF THE PROPER	The second secon	The second second	No.	Close Alone		The second second		STATE OF THE PARTY OF	TO CONTRACTOR		Charles Vol.	100000000000000000000000000000000000000		の以上になっている。	The second				A CONTRACTOR OF THE PARTY OF TH	Transmission of the Party of th	Diff.Co. Carpendaria	200	

Service Group Statements focus on the key measures of service delivery parforments.

- The narme and purpose of task reviving more than 16.
The Service Group Statement tasks reduce that the 10 to services 2000 to allicate the current periods for another information on expenses and revenue to each service group. No changes 2000 to allicate the 2010 that have been all the services frames and the service damper and receiver damp the period between 1 January 2010 to allicate this work makes and propagative and present and the services and services and propagative that the service of the service damper and 100 to all 100 to all 100 to the 2010 to all 100 to

Northern Sydney and Central Coast Araa Health Service Service Group Statements (Continued) for the Year Ended 30 June 2010

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SERVICE'S ASSETS AND	Service Group		Service Group	<u></u>	service Group	dno	Service Group 2.1		Service Group		Service Group 2,3 *	Service	Service Group	Service Group	ono.	Service Group 5.1 *	9	Service Group 6.1		Non Attribulable		Total
	2010	2000	2010	2006	-	2008	-	\vdash	-	2010	-	2010	5003	2010	2009	2010	5005	9010	, i	2010 200	╁	-
	\$2000	\$000	\$000	\$000	0003	\$900	\$000	0008	\$000	000\$	3000	8000	0003	2000	\$000	\$000	2000	0005	F	2003	\$000	Sonn
ASSETS		· · · · · · · · · · · · · · · · · · ·	世界の変なの様			Se Contract	2000年		30		100		No. of the last of		St. Market	10 PM 500 St.	AS 104153		504		100	200
Current Assets																						
Cash and Cash Equivalents	6,225	3,177	8	23	9,708	5,807	4,182	2,503						6,286	4 125	1,311	783	8,520	37,558	1	•	L
Receivables	2,187	1,883	12	5	5,857	5,045	1,909	90	23,248 2			1,286		2,402	2,064	557	479	7,610	6,548	ī	-	
Inventories	8	468	₹	4	1,307	1,342	549	999		6,793 1,188	1,268		£	548	554	183	187	785	619	1	-	11,959 12,456
Non-Current Assets Held for Sale	6,784	ļ	Ī	l	1	-	1:	l	I			Arrest.	Ī	I	1	Ī			-	1	1	
Total Current Assets	14,652	5,528	54	37	16,872	12,194	6,649	4,704	67,663	49,791 18,087	87 5,784	9,773	1,954	9236	6.743	2,061	1450	16,926	44,828		Ĺ	61.973 133.120
Non-Current Assets	大 信徳 電子	世 阿 海 江	水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水水				AND STREET	Sales Sales			の歴史の歴史を	2000		在各種類所	題 衛連接線	10 march 100 m	推 調明	一般の大学	他を表現が		200	
Receivables	ę	55	0	I	168	174	25	22	68.637	684	72 75	37	55	69	K	92	17	219	228	W 10 10 10 10 10 10 10 10 10 10 10 10 10		18 337
Property, Plant and Equipment	大路通過		U CONTRACTOR		THE PERSON NAMED IN		THE PERSON NAMED IN	THE REAL PROPERTY.	が ない	を は 日本の 日本の	あると	CONTROL OF	の変数は多い	200000000000000000000000000000000000000	軍者不養也以	· · · · · · · · · · · · · · · · · · ·	SAME AND AND	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IN COLUM	のなるななの	が できる	金属 医医	· · · · · · · · · · · · · · · · · · ·
- Land and Bulldings	56,378	52,329	398	372	231,183	217.173	80,693	85,167		_		107.181	99 495	35.410	32.867	5.483	6.090	113.808	105,030	1000	4.5	267 CR2 1 282 772
Plant and Equipment	4,027	3,867	27	29	15,903	15,289	6,239		_	45,145			6,771	2,674	2,567	446	428	2.991	2.872	ļ		_
- Infrastructure Systems	916	821.	7	12	8,138	6,793	3,163	2,665			1,580 1,319	6,281	5,638	2,569	2,306	228	191	1,531	1,278	-	4	
Other	-	-	l	[I		_				_]	1	Ì	İ			-	_
Total Non-Current Assets	61,381	57,082	437	410	255,392	230,408	100,179	03,909		708,008 49,62B		120,816	111,930	40,722	37,811	7,174	6,726	118,648	109,376	1	1,51	.512,428 1,411,184
TOTAL ASSETS	76,034	62,610	101	447		251,803	108,828	8,613		757,797 67,714	L	L	ı	49,857	44.554	9,234	8,185	135,574	154.302	1	1,67	ļ
LIABILITIES	で 一般の			THE STREET	10 CASCAGE	Sec. 1988.	Sec. 12, 12, 12, 13, 13, 13, 13, 13, 13, 13, 13, 13, 13		1000 TEST	CANADO CANA	The state of	が ないない は	15000000000000000000000000000000000000	のなるとは、	STATE OF THE PARTY	100 CO CO CO	TO CHARLES	· · · · · · · · · · · · · · · · · · ·	が有るなのであ	KO ST. MENTO	CHAZ CE	18
Current Liabilities													eria Vria									14 14 14 14 14
Payables	4,148	3,978	38	36	11,872	11,414	4,984			_		eri	3,865	4,977	4,710	1,754	1,678	7,221	6969	ı	2	108,601 105,964
Berrowings	445	979	e	4	828	926	357		_	3,776			772	535	681	112	129	725	831	I	į	
Provisions	22,746	20,787	169	154	35,816	32,821	15,791	14,431	127,047		6,383 5,842	38,308	33,174	18,890	17 263	5,073	83	35,857	32,859	-	39	~
Olher	489	3	4	-	808	357	363			_			258	283	75	123	8	798	310	1	1	
Total Current (Jabilities	27,826	25,486	213	195	48,523	45,551	21,525	19,746		78,048 17,	(7,884 17,162	43,519	38,089	24,891	22,008	7,062	8.491	44,701	40,969	ł	4	Ľ
Non-Current Liabilities		とはなるなが			0 500000	代表の記録の	が、国際の	(語) (200 m) (100 m)				2000 600	大阪 はちが	THE STATE OF	(A. A. A	がないないのかの	·	ので ので 風々	於本 次流激光	THE WASH	100 400	70
Borrowings	2,586	2,830	-81	윘	4,823	5,173	2,082	_						3,123	3,674	159	269	4,233	4,483	ī	1	
Provisions	673	283	u)	4	808	920	426			4,033	172	1,932	930	209	484	137	130	896	821	1		8,573
Other	480	448	3	3	877	819	378	_	Ì					625	581	119	110	25,398	30,000	1	10	
Total Non-Current Liabilities	3,689	3,861	27	27	6,608	6,912	2,887	_	- 1					4,257	4,739	208	937	30,600	35,404	-	15	_
TOTAL LIABILITIES	31,515	29,347	240	222	56, 191	62,463	24,412	22,733	286,544 20	208,411 20,371	171 19,753	49,262	43,841	29,248	27,647	7,988	7,428	75,301	76,373	-	28	
NET ASSETS	44,518	33,263	251	225	216,074	188,140	82,417	Ш	[Ш	70,043	20,710	16,907	1,266	757	60,273	77,629	1	1.09	,093,348 1,058,086

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1. The Health Service Reporting Entity

The Northern Sydney and Central Coast 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 (as profit is not its principal objective).

The Northern Sydney and Central Coast 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 statements of the special purpose entity division and the consolidated financial statements of the economic entity. Notes capture both the parent and consolidated values with notes 3, 4, 26, 28 and 33 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 financial statements prepared for both the NSW Department of Health and the NSW Total Sector Accounts.

These consolidated financial statements for the year ended 30 June 2010 have been authorised for issue by the Chief Executive on 9 September 2010.

2. Summary of Significant Accounting Policies

The Health Service's financial statements are general purpose financial statements which have 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 (or disposal groups) 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 \$268M (2009 \$263M). Notwithstanding this deficiency the financial statements have 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.

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

Except when an Australian Accounting Standard permits or requires otherwise, comparative information is disclosed in respect of the previous period for all amounts reported in the financial statements.

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 statements of the Northern Sydney and Central Coast Area Health Service.

Accounting Standard/Interpretation

AASB 9, Financial Instruments and AASB 2009-11, Amendments to Australian Accounting Standards arising from AASB 9, have application from 1 July 2013 and focus on simplifying the classifications of financial assets into those carried at amortised cost and those carried at fair value. They also simplify the requirements for embedded derivatives and remove the tainting rules associated with held-to-maturity assets. They have been assessed as having no material impact on the Health Service.

AASB 1053, Application of tiers of Australian Accounting Standards, has application from 1 July 2013 and establishes a differential reporting framework consisting of two tiers of reporting requirements. Tier 1 entities will continue to apply existing Australian Accounting Standards. Tier 2 entities will apply the same recognition, measurement and presentation requirements but reduced disclosure requirements. Tier 2 entities include the majority of public sector entities. This standard has been assessed as having no material impact on the Health Service.

AASB 2009-5, Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project, has application from 1 July 2010 and comprises accounting changes for presentation, recognition or measurement purposes. This standard has been assessed as having no material impact on the Health Service.

AASB 2009-8, Amendments to Australian Accounting Standards – Group Cash-settled Share-based Payment Transactions, has application from 1 July 2010 and makes amendments which clarify the scope of AASB 2 by requiring an entity that receives goods or services in a share-based payment arrangement to account for those goods or services no matter which entity in the group settles the transaction, and no matter whether the transaction is settled in shares or cash. This standard has been assessed as having no impact on the Health Service.

AASB 2009-9, Amendments to Australian Accounting Standards- Additional Exemptions for First-time Adopters, has application from 1 July 2010 and makes amendments to ensure that entities applying Australian Accounting Standards for the first time will not face undue cost or effort in the transition process in particular situations. This standard has been assessed as having no impact on the Health Service.

AASB 2009-10, Amendments to Australian Accounting Standards- Classification of Rights Issues, has application from 1 July 2010 and provides clarification concerning equity instruments. This standard has been assessed as having no material impact on the Health Service.

AASB 124, Related Party Disclosures and AASB 2009-12, Amendments to Australian Accounting Standards, have application from 1 July 2011 and simplify the definition of a related party. They have been assessed as having no impact on the Health Service.

Interpretation 19, Extinguishing Financial Liabilities with Equity Instruments and AASB 2009-13, Amendments to Australian Accounting Standards arising from Interpretation 19, have application from 1 July 2010 and addresses the accounting by an entity when the terms of a financial liability are renegotiated and result in the entity issuing equity instruments to a creditor to extinguish all or part of the financial liability. They have been assessed as having no impact on the Health Service.

AASB 2009-14, Amendments to Australian Interpretation- Prepayments of a Minimum Funding Requirement, has application from 1 July 2011 and makes limited-application amendments to Interpretation 14 AASB 119 - The Limit on a Defined Benefit Asset, Minimum Funding Requirements and their Interaction. This standard has been assessed as having no impact on the Health Service.

AASB 2010-1, Amendments to Australian Accounting Standards- Limited Exemption from Comparative AASB 7 Disclosures for First-time Adopters, has application from 1 July 2010 and provides additional exemption on IFRS transition in relation to AASB 7 Financial Instruments: Disclosures, to avoid the potential use of hindsight and to ensure that first-time adopters are not disadvantaged as compared with current IFRS-compliant preparers. This standard has been assessed as having no impact on the Health Service.

AASB 2010-2, Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements, has application from 1 July 2013 and determines disclosures in Australian Accounting Standards from which Tier 2 entities are exempt. This standard has been assessed as having no material impact on the Health Service.

AASB 2010-3 and AASB 2010-4, Amendments to Australian Accounting Standards arising from the Annual Improvements Project, have application from 1 January 2011 and amend a number of different Australian Accounting Standards. These standards have been assessed as having no material impact on 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 are due to be settled within 12 months after the end of the period in which the employees render the service 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 2010, such on-costs being consistent with actuarial assessment (Comparable on costs for 30 June 2009 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 tax 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 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 18.3% (also 9.8% at 30 June 2009) 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 26, "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 (i.e. Basic Benefit and First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e. 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 Health Service 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 claim experience.

c) Finance Costs

Finance costs are recognised as expenses in the period in which they are incurred, in accordance with the NSW Department of Health's mandate to not-for-profit general government sector agencies.

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

Revenue from the sale of goods is recognised as revenue when the agency transfers the significant risks and rewards of ownership of the assets.

Rendering of Services

Revenue from the rendering of services is generally recognised as revenue when the service is provided.

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.

Royalty revenue is recognised in accordance with AASB118 on an accrual basis in accordance with the substance of the relevant agreement.

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 Statement of Comprehensive Income 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 **Hope Healthcare and Royal Rehabilitation Centre**, **Sydney** have only been included in the Statement of Comprehensive Income 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 Statement of Financial Position. 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 that:

- * 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 Statement of Cash Flows 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 calendar 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 2008/09 activity data using standard cost weighted separation values to reflect estimated costs in 2009/10 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 11.

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 (See also assets transferred as a result of an equity transfer Note 2(z)).

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

Where payment for an asset 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 of Property, Plant and Equipment

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. All material separately identifiable components of assets are depreciated over their shorter useful lives.

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%
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.

The Health Service holds a number of Lease Hold Improvements. These Lease Hold Improvements are amortised over the life of the lease.

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(o).

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 its Land and Buildings and Infrastructure at a minimum every three years by independent valuation. The last revaluation for assets assumed by the Health Service as at 1 July 2007 was based on an independent assessment.

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) Assets Not Able to be Reliably Measured

The Health Service may at times hold certain assets that are not recognised in the Statement of Financial Position because the Health Service is unable to measure reliably the value for the assets. The Health Service does not currently hold any of these types of assets.

m) 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.

n) 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.

o) 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.

p) 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.

Computer software developed or acquired by the Health Service are recognised as intangible assets and are amortised over the useful life of the asset using the straight line method based on the useful life of the asset for both internally developed assets and direct acquisitions.

Intangible assets are tested for impairment where an indicator of impairment exists. If the recoverable amount is less than its carrying amount the carrying amount is reduced to recoverable amount and the reduction is recognised as an impairment loss.

q) Maintenance

Day-to-day servicing costs or maintenance are charged as expenses as incurred, except where they relate to the replacement of a part or component of an asset, in which case the costs are capitalised and depreciated.

r) 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 Statement of Comprehensive Income in the periods in which they are incurred.

s) inventories

Inventories are stated at cost, adjusted when applicable for any loss of service potential. A loss of service potential is identified and measured based on the existence of a current replacement cost that is lower than the carrying amount.

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

t) 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 recognised in the Result for the Year 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.

u) 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 Northern Sydney and Central Coast 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 Northern Sydney and Central Coast 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 Result for the Year.

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 Northern Sydney and Central Coast 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 Result for the Year 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 in other comprehensive income until disposed or impaired, at which time the cumulative gain or loss previously recognised in other comprehensive income is recognised in the Result for the Year. However, interest calculated using the effective interest method and dividends are recognised in the Result for the Year.

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 Statement of Financial Position date.

v) 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 Result for the Year.

When an available for sale financial asset is impaired, the amount of the cumulative loss is removed from equity and recognised in the Result for the Year, 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 Result for the Year.

Any reversals of impairment losses are reversed through the Result for the Year, 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.

w) 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 Health Service 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.

x) 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.

y) 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 Result for the year on derecognition.

The finance lease liability is determined in accordance with AASB 117, Leases.

z) 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". This treatment is consistent with AASB1004, Contributions and Australian Interpretation 1038 Contributions by Owners Made to Wholly Owned Public Sector Entities

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.

aa) Equity and Reserves

(i) Asset Revaluation Reserve

The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets. This accords with the Health Service's policy on the revaluation of property, plant and equipment as discussed in Note 2(j).

(ii) Accumulated Funds

The category "accumulated funds" includes all current and prior period retained funds.

(iii) Separate Reserves

Separate reserve accounts are recognised in the financial statements only if such accounts are required by specific legislation or Australian Accounting Standards.

ab) Trust Funds

The Health Service receives monies in a trustee capacity for various trusts as set out in Note 30. 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.

ac) Budgeted Amounts

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

ad) Emerging Asset

The Health Service's emerging interest in the Royal North Shore carpark has been valued in accordance with the Department of Health's methodology. The estimated written down replacement cost was then allocated on a systematic basis over the concession period of 28 years using the annuity method and a rate of 6.0% at commencement of the concession period.

ae) Service Group Statements Allocation Methodology

Expenses and revenues are assigned to service groups in accordance with statistical data for the twelve months ended 31 December 2009 which is then applied to the current period's financial information. In respect of assets and liabilities the Department requires that all Health Services take action to identify those components that can be specifically identified and reported by service groups. Remaining values are attributed to service groups in accordance with values advised by the NSW Department of Health, eg depreciation/amortisation charges form the basis of apportioning the values for Intangibles and Property, Plant & Equipment.

		io. ale your ended to the ended		
PAR	RENT		CONSOLI	NOITAC
2046	2000		2010	2009
2010 \$000	2009 \$000		\$000	\$000
	3.	Employee Related		
		Employee related expenses comprise the following:		
		Salaries and Wages	811,958	804,694
		Superannuation [see note 2(a)] - Defined Benefit Plans	, 16,060	17,453
		Superannuation [see note 2(a)] - Defined Contributions Plans	70,831	67,044
		Long Service Leave [see note 2(a)]	40,016	28,902
		Annual Leave [see note 2(a)]	86,623	90,631
		Sick Leave and Other Leave	30,512	29,700
		Redundancies	8,630	2,421
	min 4:49	Workers' Compensation Insurance	18,203	12,914
			1,082,833	1,053,759
•		The following additional information is provided:		
****		Employee Related Expenses Capitalised - Land and Buildings	766	1,476
		Employee Related Expenses - Maintenance	9,590	9,415
	4.	Personnel Services		
		Personnel Services comprise the purchase of the following:		
044.050	804,694	Salaries and Wages		
811,958 16,060	17,453	Superannuation [see note 2(a)] - Defined Benefit Plans	*****	
70,831	67,044	Superannuation [see note 2(a)] - Defined Contributions Plans	*****	
40,016	28,902	Long Service Leave [see note 2(a)]		
86,623	90,631	Annual Leave [see note 2(a)]		
30,512	29,700	Sick Leave and Other Leave	named Ad, Adminis	
8,630	2,421	Redundancies	2207-	
18,203	12,914	Workers Compensation Insurance		*****
1,082,833	1,053,759		p. vs. 4/4/19	*****
	,	The following additional information is provided:		
		•		
766 9,590	1,476 9,415	Personnel Services Expenses Capitalised - Land and Buildings Employee Related Expenses - Maintenance		
	5.	Other Operating Expenses		
455 044	154,791	Allocations towards Inter Area Patient Outflows, NSW (see (d) below)	155,814	154,791
155,814 10,195	9,968	Blood and Blood Products	10,195	9,968
18,579	16,848	Domestic Supplies and Services	18,579	16,848
61,684	57,026	Drug Supplies	61,684	57,026
29,472	25,382	Food Supplies	29,472	25,382
11,572	8,898	Fuel, Light and Power	11,572	8,898
34,003	24,245	General Expenses (See (b) below)	·34,003	24,245
7,036	7,560	Hospital Ambulance Transport Costs	7,036	7,560
11,607	10,094	Information Management Expenses	11,607	10,094
1,853	1,003	Insurance	1,853	1,003
4,754	4,144	interstate Patient Outflows (see (e) below) - Maintenance (See (c) below)	4,754	4,144
18,590	14,325	Maintenance Contracts	18,590	14,325
13,335	9,893	New/Replacement Equipment under \$10,000	13,335	9,893
6,325	8,168	Repairs	6,325	8,168
90,548	83,435	Medical and Surgical Supplies	90,548	83,435
4,692	4,957	Postal and Telephone Costs	4,692	4,957
3,512	4,229	Printing and Stationery	3,512	4,229
1,625	2,361	Rates and Charges	1,625	2,361
2,573	3,787	Rental	2,573	3,787
59,109	42,765	Special Service Departments	59,109	42,765
2,712	6,692	Staff Related Costs	2,712	6,692
33		Sundry Operating Expenses (See (a) below)	33	
7,724	7,874	Travel Related Costs	7,724	7,874
557,347	508,445		557,347	508,445

2010 2000 \$6
333 359 33 3549 7 359 3 3549 7 359 3 3549 7 359 3 359 3 3549 7 359
333 359 33 3549 7 359 3 3549 7 359 3 3549 7 359 3 359 3 3549 7 359
339 33
359 3 549 7
1,248 1,7 1,248 1,7 1,248 1,7 1,148 1,7 1,148 1,7 800 4 279 1 244 3 nimum Lease Payments 3,970 4,5 ease Payments 1,003 1,6 14 189 3 1,062 9 852 5 2,824 3,5 6,186 4,3 2,655 643 1,9 560 5 10,180 1,1 34,003 24,2
1,248 1,7 1,248 1,7 315 3 71 800 4 279 1 244 3 nimum Lease Payments 3,970 4,5 ease Payments 1,003 1,6 14 189 3 1,062 9 852 5 2,824 3,5 6,186 4,3 2,655 643 1,9 560 5 10,180 1,1 34,003 24,2
1,248 1,7 315 3 71 800 4 279 1 244 3 nimum Lease Payments 3,970 4,5 ease Payments 1,003 1,6 189 3 1,062 9 1,062 9 852 5 2,824 3,5 6,186 4,3 2,655 643 1,9 560 5 10,180 1,1
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71 800 4 279 1 244 3 nimum Lease Payments 9,970 4,5 ease Payments 1,003 1,6 189 3,1,662 9,1,662 9,52 2,824 3,5 6,186 4,3 2,655 643 1,9 560 5 10,180 1,1 34,003 24,2
800 4 279 1 1 244 3 nimum Lease Payments 3,970 4,5 ease Payments 1,003 1,6 14 189 3 1,062 9 852 5 2,824 3,5 6,186 4,3 2,655 643 1,9 560 5 10,180 1,1 34,003 24,2
279 1 244 3 nimum Lease Payments 3,970 4,5 ease Payments 1,003 1,6 189 3 1,062 9 852 5 2,824 3,5 6,186 4,3 2,655 643 1,9 560 5 10,180 1,1 34,003 24,2
244 3 nimum Lease Payments 3,970 4,5 ease Payments 1,003 1,6 14 189 3 1,062 9 852 5 2,824 3,5 6,186 4,3 2,655 643 1,9 560 5 10,180 1,1 34,003 24,2
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14 189 3 1,062 9 852 5 2,824 3,5 6,186 4,3 2,655 643 1,9 560 5 10,180 1,1 34,003 24,2
189 3 1,062 9 852 5 2,824 3,5 6,186 4,3 2,655 643 1,9 560 5 10,180 1,1 34,003 24,2
1,062 9 852 5 2,824 3,5 6,186 4,3 2,655 643 1,9 560 5 10,180 1,1 34,003 24,2
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2,824 3,5 6,186 4,3 2,655 643 1,9 560 5 10,180 1,1 34,003 24,2
6,186 4,3 2,655 643 1,9 560 5 10,180 1,1 34,003 24,2
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643 1,9 560 5 10,180 1,1 34,003 24,2
560 5 10,180 1,1 34,003 24,2 and Other (non employee
10,180 1,1 34,003 24,2 and Other (non employee
34,003 24,2
nd Other (non employee
nd Other (non employee
18,590 14,3 nance expense included in Notes 3 and 4 9,590 9,4
28,180 23,7
NSW on an Area basis are as follows:-
50,676 50,2
44,660 44,0
19,257 18,6
12,817 12,9
1,221 1,1
379 4
671 6
26,133 26,6

Т		CONSOLIDA	ATION
2009 \$000		2010 \$000	2009 \$000
6.	Depreciation and Amortisation		
41,171	Depreciation - Buildings	43,678	41,087
242	Amortisation - Leased Buildings	275	242
16,148		15,053	16,148
1,280	Depreciation - Infrastructure Systems	1,335	1,364
58,841		60,341	58,841
w 2 ho 1 h 2 h 2 h 2 h 2 h 2 h 2 h 2 h 2 h 2 h	Grants and Subsidies		
		•	
		•	8,580
3,432	Grants to Community Aged Care Packages		3,432
9,032	Other	8,937	9,032
21,044		<u>21,455</u>	21,044
8.	Finance Costs		
2.021	Interest on Bank Overdrafts and Loans	3,258	2,021
74	Other Interest Charges	. 10	74
2,095		3,268	2,095
	•		
9.	Payments to Affiliated Health Organisations		
	(a) Recurrent Sourced		
•	· · · · · · · · · · · · · · · · · · ·	-	19,756
27,106	Royal Rehabilitation Centre, Sydney	19,742	27,106
46,862		38,167	46,862
	2009 \$000 6. 41,171 242 16,148 1,280 58,841 7. 8,580 3,432 9,032 21,044 8. 2,021 74 2,095 9.	\$000 6. Depreciation and Amortisation 41,171 Depreciation - Buildings 242 Amortisation - Leased Buildings 16,148 Depreciation - Plant and Equipment 1,280 Depreciation - Infrastructure Systems 58,841 7. Grants and Subsidies 8,580 Non-Government Voluntary Organisations 3,432 Grants to Community Aged Care Packages 9,032 Other 21,044 8. Finance Costs 2,021 Interest on Bank Overdrafts and Loans Other Interest Charges 9. Payments to Affiliated Health Organisations (a) Recurrent Sourced Hope Healthcare Royal Rehabilitation Centre, Sydney	2009 \$000

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2010

10. Administrative Restructure

	2010 \$000	2009 \$000
Land transferred to Graythwaite Trust	1,227	*****
Net assets transferred to Pathology North (Hunter New England Area Health Service)	·	13,651
Net assets transferred to Health Support Services		446
	1,227	14,097

On the basis of a Government direction, the Service transferred certain assets/liabilities to another Health Entity during the year. These transfers are recognised as contribution by owners and recognised as an adjustment to the Accumulated Fund.

PARENT				
			CONSOLIDA	ATION
2010 \$000	2009 \$000		2010 \$000	2009 \$000
	11	. Sale of Goods and Services		
		(a) Sale of Goods comprise the following:-		
9,337	7,608	Sale of Prosthesis	9,337	7,608
793	666	Pharmacy Sales	793	666
		(b) Rendering of Services comprise the following:		400.000
112,206	109,989	Patient Fees [see note 2(d)]	112,206 889	109,989 1,743
889 13,813	1,743 18,216	Staff Meals and Accommodation Infrastructure Fees - Monthly Facility Charge [see note 2(d)]	13,813	. 18,216
6,900	2,869	- Annual Charge	6,900	2,869
116,895	120,222	Allocation from Inter Area Patient Inflows, NSW [see note (c) below]	116,895	120,222
15	334	Cafeteria/Kiosk	15	334
4,569	4,526	Car Parking	4,569	4,526
1,894	1,871	Child Care Fees	1,894	1,871
6,741	6,773	Clinical Services (excluding Clinical Drug Trials)	6,741	6,773
1,313	826	Commercial Activities	1,313	826
201	192	Fees for Medical Records	201	192
14	6	Information Retrieval	14	6
	. 35	Linen Service Revenues - Non Health Services		35
330	353	Meals on Wheels	330	353
90	89	Program of Appliances for Disabled People Patient Copayments	90	89
3,380	2,902	Patient Inflows from Interstate [see note (d) below]	3,380	2,902
9	. 28	Patient Transport Fees	9	28
672	758	Salary Packaging Fee	672	758
2,231	2,360	Services Provided to Non NSW Health Organisations	2,231	2,360 8
	8	Use of Ambulance Facilities	20,210	٥
20,210 12,973	12,397	High Cost Drug Revenue* Other	12,973	12,397
Commonwealth High	294,768	I Drug program was varied from 1 July 2009. The State now claims on a recovery basi	315,475 s the cost of highly specialised	294,768 drugs through
315,475 care (Commonwealth High care (Commonwealth) 14,616 10,351 39,974 27,139 16,590 2,264 5,960	ly Specialised	I Drug program was varied from 1 July 2009. The State now claims on a recovery basi years these funds were received within annual Government Allocation from the NSW I (c) Details of the Allocations received for Inter Area Patient Flows, NSW on an Are as accepted by the NSW Department of Health are as follows: Sydney South West South East Illawarra Sydney West Hunter New England North Coast Greater Southern Greater Western	s the cost of highly specialised Department of Health.	
Commonwealth High care (Commonwealth) 14,616 10,351 39,974 27,139 16,590 2,264 5,960	14,628 9,033 41,631 26,859 18,584 2,266 7,221	years these funds were received within annual Government Allocation from the NSW E (c) Details of the Allocations received for Inter Area Patient Flows, NSW on an Are as accepted by the NSW Department of Health are as follows: Sydney South West South East Illawarra Sydney West Hunter New England North Coast Greater Southern	s the cost of highly specialised Department of Health. a basis 14,616 10,351 39,974 27,139 16,590 2,264 5,960	14,628 9,033 41,631 26,859 18,584 2,266 7,221
Commonwealth High tare (Commonwealth) 14,616 10,351 39,974 27,139 16,590 2,264 5,960	14,628 9,033 41,631 26,859 18,584 2,266	years these funds were received within annual Government Allocation from the NSW E (c) Details of the Allocations received for Inter Area Patient Flows, NSW on an Are as accepted by the NSW Department of Health are as follows: Sydney South West South East Illawarra Sydney West Hunter New England North Coast Greater Southern Greater Western	s the cost of highly specialised Department of Health. a basis 14,616 10,351 39,974 27,139 16,590 2,264	14,628 9,033 41,631 26,859 18,584 2,266
14,616 10,351 39,974 27,139 16,590 2,264 5,960	14,628 9,033 41,631 26,859 18,584 2,266 7,221	years these funds were received within annual Government Allocation from the NSW E (c) Details of the Allocations received for Inter Area Patient Flows, NSW on an Are as accepted by the NSW Department of Health are as follows: Sydney South West South East Illawarra Sydney West Hunter New England North Coast Greater Southern	s the cost of highly specialised Department of Health. a basis 14,616 10,351 39,974 27,139 16,590 2,264 5,960	14,628 9,033 41,631 26,859 18,584 2,266 7,221
2 Commonwealth High care (Commonwealth) 14,616 10,351 39,974 27,139 16,590 2,264 5,960 116,895	14,628 9,033 41,631 26,859 18,584 2,266 7,221	(c) Details of the Allocations received for Inter Area Patient Flows, NSW on an Are as accepted by the NSW Department of Health are as follows: Sydney South West South East Illawarra Sydney West Hunter New England North Coast Greater Southern Greater Western (d) Revenues from Patient Inflows from Interstate are as follows:- Australian Capital Territory	s the cost of highly specialised Department of Health. a basis 14,616 10,351 39,974 27,139 16,590 2,264 5,960 116,895	14,628 9,033 41,631 26,859 18,584 2,266 7,221
2 Commonwealth High care (Commonwealth) 14,616 10,351 39,974 27,139 16,590 2,264 5,960 116,895	14,628 9,033 41,631 26,859 18,584 2,266 7,221 120,222	years these funds were received within annual Government Allocation from the NSW E (c) Details of the Allocations received for Inter Area Patient Flows, NSW on an Are as accepted by the NSW Department of Health are as follows: Sydney South West South East Illawarra Sydney West Hunter New England North Coast Greater Southern Greater Western (d) Revenues from Patient Inflows from Interstate are as follows:- Australian Capital Territory Northern Territory	s the cost of highly specialised Department of Health. a basis 14,616 10,351 39,974 27,139 16,590 2,264 5,960 116,895	14,628 9,033 41,631 26,859 18,584 2,266 7,221 120,222
2 Commonwealth High care (Commonwealth) 14,616 10,351 39,974 27,139 16,590 2,264 5,960 116,895	14,628 9,033 41,631 26,859 18,584 2,266 7,221 120,222	years these funds were received within annual Government Allocation from the NSW E (c) Details of the Allocations received for Inter Area Patient Flows, NSW on an Are as accepted by the NSW Department of Health are as follows: Sydney South West South East Illawarra Sydney West Hunter New England North Coast Greater Southern Greater Western (d) Revenues from Patient Inflows from Interstate are as follows:- Australian Capital Territory Northern Territory Queensland	s the cost of highly specialised Department of Health. a basis 14,816 10,351 39,974 27,139 16,590 2,264 5,960 116,895	14,628 9,033 41,631 26,859 18,584 2,266 7,221 120,222
14,616 10,351 39,974 27,139 16,590 2,264 5,960 116,895	14,628 9,033 41,631 26,859 18,584 2,266 7,221 120,222	years these funds were received within annual Government Allocation from the NSW E (c) Details of the Allocations received for Inter Area Patient Flows, NSW on an Are as accepted by the NSW Department of Health are as follows: Sydney South West South East Illawarra Sydney West Hunter New England North Coast Greater Southern Greater Western (d) Revenues from Patient Inflows from Interstate are as follows:- Australian Capital Territory Northern Territory Queensland South Australia	s the cost of highly specialised Department of Health. a basis 14,616 10,351 39,974 27,139 16,590 2,264 5,960 116,895	14,628 9,033 41,631 26,859 18,584 2,266 7,221 120,222 894 90 726 300
2 Commonwealth High care (Commonwealth) 14,616 10,351 39,974 27,139 16,590 2,264 5,960 116,895	14,628 9,033 41,631 26,859 18,584 2,266 7,221 120,222 894 90 726 300 165	(c) Details of the Allocations received for Inter Area Patient Flows, NSW on an Are as accepted by the NSW Department of Health are as follows: Sydney South West South East Illawarra Sydney West Hunter New England North Coast Greater Southern Greater Western (d) Revenues from Patient Inflows from Interstate are as follows:- Australian Capital Territory Northern Territory Queensland South Australia Tasmania	s the cost of highly specialised Department of Health. a basis 14,616 10,351 39,974 27,139 16,590 2,264 5,960 116,895 608 70 1,062 145 216	14,628 9,033 41,631 26,859 18,584 2,266 7,221 120,222 894 90 726 300 365
14,616 10,351 39,974 27,139 16,590 2,264 5,960 116,895	14,628 9,033 41,631 26,859 18,584 2,266 7,221 120,222	years these funds were received within annual Government Allocation from the NSW E (c) Details of the Allocations received for Inter Area Patient Flows, NSW on an Are as accepted by the NSW Department of Health are as follows: Sydney South West South East Illawarra Sydney West Hunter New England North Coast Greater Southern Greater Western (d) Revenues from Patient Inflows from Interstate are as follows:- Australian Capital Territory Northern Territory Queensland South Australia	s the cost of highly specialised Department of Health. a basis 14,616 10,351 39,974 27,139 16,590 2,264 5,960 116,895	14,628 9,033 41,631 26,859 18,584 2,266 7,221 120,222 894 90 726 300
2 Commonwealth High care (Commonwealth) 14,616 10,351 39,974 27,139 16,590 2,264 5,960 116,895 608 70 1,062 145 216 1,081	14,628 9,033 41,631 26,859 18,584 2,266 7,221 120,222 894 90 726 300 165 637	years these funds were received within annual Government Allocation from the NSW E (c) Details of the Allocations received for Inter Area Patient Flows, NSW on an Are as accepted by the NSW Department of Health are as follows: Sydney South West South East Illawarra Sydney West Hunter New England North Coast Greater Southern Greater Western (d) Revenues from Patient Inflows from Interstate are as follows:- Australian Capital Territory Northern Territory Queensland South Australia Tasmania Victoria	s the cost of highly specialised Department of Health. a basis 14,616 10,351 39,974 27,139 16,590 2,264 5,960 116,895 608 70 1,062 145 216 1,081	14,628 9,033 41,631 26,859 18,584 2,266 7,221 120,222 894 90 726 300 165 637
14,616 10,351 39,974 27,139 16,590 2,264 5,960 116,895 608 70 1,062 145 216 1,081 198	14,628 9,033 41,631 26,859 18,584 2,266 7,221 120,222 894 90 726 300 165 637 89 2,902	years these funds were received within annual Government Allocation from the NSW E (c) Details of the Allocations received for Inter Area Patient Flows, NSW on an Are as accepted by the NSW Department of Health are as follows: Sydney South West South East Illawarra Sydney West Hunter New England North Coast Greater Southern Greater Western (d) Revenues from Patient Inflows from Interstate are as follows:- Australian Capital Territory Northern Territory Queensland South Australia Tasmania Victoria	s the cost of highly specialised Department of Health. a basis 14,816 10,351 39,974 27,139 16,590 2,264 5,960 116,895 608 70 1,062 145 216 1,081 198	14,628 9,033 41,631 26,859 18,584 2,266 7,221 120,222 894 90 726 300 165 637 89
14,616 10,351 39,974 27,139 16,590 2,264 5,960 116,895 608 70 1,062 145 216 1,081 198	14,628 9,033 41,631 26,859 18,584 2,266 7,221 120,222 894 90 726 300 165 637 89 2,902	(c) Details of the Allocations received for Inter Area Patient Flows, NSW on an Are as accepted by the NSW Department of Health are as follows: Sydney South West South East Illawarra Sydney West Hunter New England North Coast Greater Southern Greater Western (d) Revenues from Patient Inflows from Interstate are as follows:- Australian Capital Territory Northern Territory Queensland South Australia Tasmania Victoria Western Australia	s the cost of highly specialised Department of Health. a basis 14,816 10,351 39,974 27,139 16,590 2,264 5,960 116,895 608 70 1,062 145 216 1,081 198	14,628 9,033 41,631 26,859 18,584 2,266 7,221 120,222 894 90 726 300 165 637 89
14,616 10,351 39,974 27,139 16,590 2,264 5,960 116,895 608 70 1,062 145 216 1,081 198	14,628 9,033 41,631 26,859 18,584 2,266 7,221 120,222 894 90 726 300 165 637 89 2,902	(c) Details of the Allocations received for Inter Area Patient Flows, NSW on an Are as accepted by the NSW Department of Health are as follows: Sydney South West South East Illawarra Sydney West Hunter New England North Coast Greater Southern Greater Western (d) Revenues from Patient Inflows from Interstate are as follows:- Australian Capital Territory Northern Territory Queensland South Australia Tasmania Victoria Western Australia Investment Income	s the cost of highly specialised Department of Health. a basis 14,816 10,351 39,974 27,139 16,590 2,264 5,960 116,895 608 70 1,062 145 216 1,081 198	14,628 9,033 41,631 26,859 18,584 2,266 7,221 120,222 894 90 726 300 165 637 89

5,255

3,748

3,748

5,255

		for the year ended 30 June 2010	CONSOLIDA	ATION
PARE	ENT		COMPORIDA	ATION
2010 \$000	2009 \$000		2010 \$000	2009 \$000
\$330		. Grants and Contributions		•
4 600	0.440	Oliniaal Dwg Triplo	1,862	2,146
1,862	2,146	Clinical Drug Trials	3,995	4,011
3,995	4,011	Commonwealth Government grants	9,658	7,523
9,658	7,523	Industry Contributions/Donations	5,414	5,328
5,414	5,328	Cancer Institute Grants	2,299	3,952
2,299	3,952	NSW Government grants	2,200	0,002
16,060	17,453	Personnel Services - Superannuation Defined Benefits	2,602	2,394
2,602	2,394	Research grants	8,807	10,384
8,807	10,384	Other grants		10,304
50,697	53,191		34,637	35,738
3.003	14	. Other Revenue		
	1-4			
•		Other Revenue comprises the following:-		
55	294	Bad Debts recovered	55	294
263	353	Commissions	263	353
49	40	Conference and Training Fees	49	40
53	56	Sale of Merchandise, Old Wares and Books	53	56
74	226	Sponsorship Income	74	226
17	3,506	Treasury Managed Fund Hindsight Adjustment	17 ,	3,506
173	88	Unclaimed Deposits	173	88
2,259	1,713	Rental Income	2,259	1,713
674	456	Other	674	456
3,617	6,730		3,617	6,730
	15	. Gain/(Loss) on Disposal		
99,512	66,397	Property Plant and Equipment	99,512	66,397
68,729	63,859	Less Accumulated Depreciation	68,729	63,859
30,783	2,538	Carrying Amount Value	30,783	2,538
9,513	1,385	Less Proceeds from Disposal	9,513	1,385
		(Loss) on Disposal of		
(21,270)	(1,153)	Property Plant and Equipment	(21,270)	(1,153)
	16	Other Gain/(Losses)		
			(2.206)	(1,812)
(3,396)	(1,812)	Impairment of Receivables	(3,396)	(1,012)

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17. Conditions on Contributions

	Health Promotion, Purchase of Education and Assets Research		Other	Total 2010	Total 2009
	\$000	\$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	541	17,730		18,271	3,417
Contributions recognised in amalgamated balance as at 30 June 2009 which were not expended in the current reporting period	523	55,785	1,224	57,532	67,438
Total amount of unexpended contributions as at balance date	1,064	73,515	1,224	75,803	70,855

Comment on restricted assets appears in Note 25

18 Service Groups 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

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.

PARE	:NT		CONSOLI	DATION
2010 \$000	2009 \$000	Current Assets - Cash and Cash Equivalents	2010 \$000	2009 \$000
11,064 74,139 85,203	9,764 70,175 79,939	Cash at Bank and On Hand T Corp Hour Glass Cash Facility	11,064 74,139 85,203	9,764 70,175 79,939
05,203	79,909	Cash and Cash Equivalent assets recognised in the Statement of Financial Position are reconciled at the end of the financial year to the Statement of Cash Flows as follows:		
85,203	79,939	Cash and Cash Equivalents (per Statement of Financial Position)	85,203	79,939
85,203	79,939	Closing Cash and Cash Equivalents (per Statement of Cash Flows)	85,203	79,939

PAREN	т	ior the year ended or valle 2010	CONSOLIDA	ATION
2010 \$000	2009 \$000 20.	Receivables	2010 \$000	2009 \$000
		Current		
25,253	21,186	(a) Sale of Goods and Services	25,253	21,186 1,300
 7,529	1,300 8,028	NSW Health Department Goods and Services Tax	7,529	8,028
13,712	9,291	Other Debtors	13,712	9,291
46,494	39,805	Sub Total	46,494	39,805
(3,037)	(2,510)	Less Allowance for Impairment	(3,037)	(2,510)
43,457	37,295	Sub Total	43,457	37,295
4,135	3,430	Prepayments	4,135	3,430
47,592	40,725		47,592	40,725
		(b) Movement in the Allowance for Impairment Sale of Goods & Services		
(1,820)	(2,873)	Balance at 1 July	(1,820)	(2,873)
2,568	2,742	Amounts written off during the year	2,568	2,742
52	120	Amounts recovered during the year Increase/(decrease) in allowance recognised in	52	120
(2,119)	(1,809)	Result for the Year	(2,119)	(1,809)
(1,319)	(1,820)	Balance at 30 June	(1,319)	(1,820)
		(c) Movement in the Allowance for Impairment Other Debtors		
(690)	(1,159)	Balance at 1 July	(690)	(1,159)
301	298	Amounts written off during the year	301	298
1	174	Amounts recovered during the year	1	174
(4.000)	(0)	Increase/(decrease) in allowance recognised in Result for the Year	(1,330)	(3)
(1,330) (1,718)	(3) (690)	Balance at 30 June	(1,718)	(690)
(3,037)	(2,510)	•	(3,037)	(2,510)
 -		(d) Sale of Goods and Services Receivables		
4.000	4 607	(Current) includes: Patient Fees - Compensable	1,226	1,697
1,226 2,182	1,697 1,942	Patient Fees - Compensable Patient Fees - Ineligible	2,182	1,942
9,923	8,023	Patient Fees - Other	9,923	8,023
13,331	11,662		13,331	11,662
		Non-Current		
27.000	٠	(a) Sale of Goods and Services Other Debtors	67,968	40×40
67,968 1,369	1,405	Other Dectors Prepayments	1,369	1,405
69,337	1,405		69,337	1,405

PARENT		•	CONSOLIDATIO	
2010	2009		2010	2009
\$000	\$000		\$000	\$000
	21.	Inventories - at Cost		
		Current - Held for Distribution		
4,280	3,900	Drugs	4,280	3,900
7,066	7,845	Medical and Surgical Supplies	7,066	7,845
86	83	Food Supplies	86	83
69	66	Engineering Supplies	69	66
458	563	Others	458	563
11,959	12,456	<u> </u>	11,959	12,456

PARE	NT		CONSOLIDATION		
2010 \$000	2009 \$000		2010 \$000	2009 \$000	
	22(a	a) Property, Plant and Equipment			
		Land and Buildings - Fair Value	·		
2,227,213	2,110,813	Gross Carrying Amount Less Accumulated Depreciation	2,227,213	2,110,813	
927,608	828,042	and Impairment	927,608	828,042	
1,299,605	1,282,772	Net Carrying Amount	1,299,605	1,282,772	
		Plant and Equipment - Fair Value			
181,576	204,940	Gross Carrying Amount	181,576	204,940	
91,859	119,041	Less Accumulated Depreciation and Impairment	91,859	119,041	
89,717	85,900	Net Carrying Amount	89,717	85,900	
		Infrastructure Systems - Fair Value			
61,205	51,583	Gross Carrying Amount	61,205	51,583	
12,695	10,476	Less Accumulated Depreciation and Impairment	12,695	10,476	
48,510	41,107	Net Carrying Amount	48,510	41,107	
		Total Property, Plant and Equipment	·		
1,437,832	1,409,779	At Net Carrying Amount	1,437,832	1,409,779	

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22(b). Property, Plant and Equipment - Reconciliation

	Land	Buildings	Work in Progress	Leased Buildings	Plant and Equipment	Infrastructure Systems	Total
	\$000	\$000	\$000	\$000	\$000	\$000	\$000
2010							
Net Carrying amount at Start of Year	394,345	824,086	62,482	1,859	85,900	41,107	1,409,779
Additions		1,436	37,433	·	19,076	2,479	60,424
Transfer to Assets Held for Sale	(15,525)	(1,626)				(68)	(17,219)
Disposals	(5,811)	(23,033)			(2,673)		(31,517)
Administrative Restructures - Transfers In/(Out)	(1,227)						(1,227)
Net Revaluation Increment less Revaluation Decrements							
Recognised in Reserves	(9,267)	82,705	*****			4,495	77,933
Depreciation Expense		(43,678)		(275)	(15,053)	(1,335)	(60,341)
Reclassifications		32,743	(36,803)	(239)	2,467	1,832	
Net Carrying amount at end of year	362,515	872,633	63,112	1,345	89,717	48,510	1,437,832

	Land	Buildings	Work in Progress	Leased Buildings	Plant and Equipment	Infrastructure Systems	Total
	\$000	\$000	\$000	\$000	\$000	\$000	\$000
2009							
Net Carrying amount at Start of Year	394,345	750,265	130,570	1,843	84,478	43,440	1,404,941
Additions		(548)	50,945	258	22,659	(1,739)	71,575
Disposals		(2,497)			(42)		(2,538)
Administrative Restructures - Transfers In/(Out)				****	(5,327)		(5,327)
Net Revaluation Increment less Revaluation Decrements		(30)					(30)
Recognised in Reserves		(41,087)		(242)	(16,148)	(1,364)	(58,841)
Depreciation Expense Reclassifications		117,983	(119,033)	` .	280	770	*****
Net Carrying amount at end of year	394,345	824,086	62,482	1,859	85,900	41,107	1,409,779

- (i) Land and Buildings include land owned by the Health Administration Corporation and administered by the Health Service [see note 2(g)].
- (ii) Land and Buildings were valued by Graham Scrymgeaur AAPI (certified practicing valuer), NSW registration No 1578 for and on behalf of Global Valuation Services Ltd as at 1 July 2007 [see note 2(j)]. Graham Scrymgeaur is not an employee of the Health Service.
- (iii) In accoordance with the requirements of AASB 116 the land, buildings and infrastructure assets have been reassessed for fair values at balance date. The adjustments have been accounted on a gross basis in accordance with the Service's Policy.

PAREN	Г		CONSOLIDAT	ION
2010	2009		2010	2009
\$000	\$000		\$000	\$000
	23. No	n Current Assets - Other		
	Non (Current		
5,259	Emer	ging Rights to Assets (refer Note 2(ad))	5,259	
5,259	, settiniste		5,259	

2010 2009 \$000 \$000	14,236 2,915 68	17,219	5,522	5,522
24. Non-Current Assets Held for Sale	Assets held for sale Land Buildings Infrastructure Systems		Amounts Recognised in Equity Relating to Assets Held for Sale Property, Plant and Equipment Asset Revaluation surplus	
2009 \$000 24.				1
2010 \$000	14,236 2,915 68	17,219	5,522	5,522

PARENT		•		CONSOLIDAT	ION
2010	2009			2010	2009
\$000	\$000		•	\$000	\$000
		25. Restricted Assets			
		The Health Service's fina	ncial statements include the following		
		assets which are restricted	ed by externally imposed conditions, eg.		
		donor requirements. The	assets are only available for application		
		in accordance with the te	rms of the donor restrictions.		
		Category	Brief Details of Externally Imposed	*	
			Conditions including Asset		
			Category affected		
35,937	38.452	Specific Purposes	Condition imposed by donor - Cash	35,937	38,452
20,927		Research Grants	Condition imposed by granting body - Cash	20,927	20,027
18,939	12,376	Private Practice Funds	In accordance with NSW Department of Health guidelines - Cash	18,939	12,376
75,803	70,855	<u>-</u>		75,803	70,855

			CONSOLIDA	
	26.	Payables		4
2010	2009		2010	2009
\$000	\$000		\$000	\$000
****	****	Current		
		Accrued Salaries, Wages and On-Costs	17,907	29,407
		Taxation and Payroli Deductions	5,619	3,943
23,526	33,350	Accrued Liability - Purchase of Personnel Services		
51,265	59,365	Creditors	51,265	59,365
- 1,	,	Other Creditors		
4,815	429	- Capital Works	4,815	429
1,918	4,169	- Intra Health Liability	1,918	4,169
27,077	8,651	- Other	27,077	8,651
108,601	105,964		108,601	105,964
ls regarding cre	dit risk, liquidity ris 27	k and market risk, including a maturity analysis of the above payables are disc Current/Non Current Borrowings	losed in Note 38.	
		Current		
4.000	6 200	Current Loans and Denosits	4.000	6,200
4,000 3.254	6,200 2,278	Loans and Deposits	4,000 3.254	
4,000 3,254 	6,200 2,278		4,000 3,254	6,200 2,278
3,254		Loans and Deposits	,	
3,254	2,278	Loans and Deposits SEDA, Pacific Linen, Food Services, Pathology	3,254	2,278
7,254	2,278 8,478	Loans and Deposits SEDA, Pacific Linen, Food Services, Pathology Non-Current	7,254	2,278 8,478
3,254 7,254 	2,278 8,478 31,913	Loans and Deposits SEDA, Pacific Linen, Food Services, Pathology Non-Current Loans and Deposits	7,254 31,049	2,276 8,476 31,91
7,254	2,278 8,478	Loans and Deposits SEDA, Pacific Linen, Food Services, Pathology Non-Current	7,254	2,276 8,476 31,91: 13,828
3,254 7,254 	2,278 8,478 31,913	Loans and Deposits SEDA, Pacific Linen, Food Services, Pathology Non-Current Loans and Deposits	7,254 31,049	2,276 8,476 31,91: 13,828
3,254 7,254 31,049 11,279	31,913 13,828	Loans and Deposits SEDA, Pacific Linen, Food Services, Pathology Non-Current Loans and Deposits	3,254 7,254 31,049 11,279	2,278 8,478 31,913 13,828
3,254 7,254 31,049 11,279	31,913 13,828	Loans and Deposits SEDA, Pacific Linen, Food Services, Pathology Non-Current Loans and Deposits SEDA, Pacific Linen, Food Services, Pathology Loans are unsecured and repayable to the NSW Department of Health/ NSW Treasury	3,254 7,254 31,049 11,279	2,278
3,254 7,254 31,049 11,279	31,913 13,828	Loans and Deposits SEDA, Pacific Linen, Food Services, Pathology Non-Current Loans and Deposits SEDA, Pacific Linen, Food Services, Pathology Loans are unsecured and repayable to the NSW Department of Health/	3,254 7,254 31,049 11,279	2,278 8,478 31,913 13,828
3,254 7,254 31,049 11,279 42,328	31,913 13,828 45,741	Loans and Deposits SEDA, Pacific Linen, Food Services, Pathology Non-Current Loans and Deposits SEDA, Pacific Linen, Food Services, Pathology Loans are unsecured and repayable to the NSW Department of Health/ NSW Treasury Repayment of Borrowings (excluding Finance Leases)	3,254 7,254 31,049 11,279	2,278 8,478 31,913 13,828
3,254 7,254 31,049 11,279	31,913 13,828	Loans and Deposits SEDA, Pacific Linen, Food Services, Pathology Non-Current Loans and Deposits SEDA, Pacific Linen, Food Services, Pathology Loans are unsecured and repayable to the NSW Department of Health/ NSW Treasury Repayment of Borrowings	31,049 11,279 42,328	2,278 8,478 31,913 13,828 45,741
3,254 7,254 31,049 11,279 42,328	2,278 8,478 31,913 13,828 45,741	Loans and Deposits SEDA, Pacific Linen, Food Services, Pathology Non-Current Loans and Deposits SEDA, Pacific Linen, Food Services, Pathology Loans are unsecured and repayable to the NSW Department of Health/ NSW Treasury Repayment of Borrowings (excluding Finance Leases) Not later than one year	31,049 11,279 42,328	2,276 8,478 31,913 13,828 45,74

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 38.

PAR	ENT		CONSOLIDA	TION
2010	2009		2010	2009
\$000	\$000		\$000	\$000
	. 28	. Provisions		
		Current Employee Benefits and Related On-Costs		
	***********	Employee Annual Leave - Short Term Benefit	82,705	87,169
	****	Employee Annual Leave - Long Term Benefit	53,142	43,493
		Employee Long Service Leave - Short Term Benefit	17,664	28,495
		Employee Long Service Leave - Long Term Benefit	152;778	118,615
306,289	277,772	Provision for Personnel Services Liability		
306,289	277,772	Total Current Provisions	306,289	277,772
		Non-Current Employee Benefits and Related On-Costs		
		Employee Long Service Leave - Conditional	8,255	8,573
8,255	8,573	Provision for Personnel Services Liability		
8,255	8,573	Total Non-Current Provisions	8,255	8,573
		Aggregate Employee Benefits and Related On-costs		
306,289	277,772	Provisions - current	306,289	277,772
8,255	8,573	Provisions - Non-Current	8,255	8,573
	-,	Accrued Salaries, Wages and On-Costs (Note 25)	23,526	33,350
23,526	33,350	Accrued Liability - Purchase of Personnel Services (Note 25)		*****
338,070	319,695	_	338,070	319,695

PARENT	Г		CONSOLIDAT	ION
2010 \$000	2009 \$000		2010 \$000	2009 \$000
	29	. Other Liabilities		
7,979 	1,003 2,428	Current Income in Advance Other	7,979	1,003 2,428
7,979	3,431		7,979	3,431
100,346	36,259	Non-Current Income in Advance	100,346	36,259
100,346	36,259		100,346	36,259

DATION	2009	23,307 40,869 2,320,705	2,384,881			41,599 163,720 1,721,541	1,926,860		4,925	8,772
CONSOLIDATION	2010	4,477 205,460 2,262,562	2,472,499			78,150 177,318 1,682,619	1,938,087		4,367 2,476 52	6,895
	30. Commitments for Expenditure	(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: Not later than one year Later than one year and not later than five years Later than five years	Total Capital Expenditure Commitments (Including GST)	Of the commitments reported at 30 June 2010 it is expected that \$715,524 will be met from locally generated moneys.	(b) Other Expenditure Commitments Aggregate other expenditure contracted for at balance date but not provided for in the accounts:	Not later than one year Later than one year and not later than five years Later than five years	Total Other Expenditure Commitments (Including GST)	(c) Operating Lease Commitments Commitments in relation to non-cancellable operating leases are payable as follows:	Not later than one year Later than one year and not later than five years Later than five years	Total Operating Lease Commitments (Including GST)
ENT	2009 3	23,307 40,869 2,320,705	2,384,881			41,599 163,720 1,721,541	1,926,860		4,925	8,772
PARENT	2010	4,477 205,460 2,262,562	2,472,499			78,150 177,318 1,682,619	1,938,087		4,367 2,476 52	6,895

The Area Health Service has operating lease commitments for a number of items including motor vehicles, medical and computer equipment, photocopiers and building premises. The above amounts reflect the future commitment including GST for payments required under these existing operating leases.

Included in the commitments are amounts in relation to the Royal North Shore Hospital Public Private Partnership (PPP). Refer to Note 32(d) for further details.

CONSOLIDATION	2010 2009 \$000 \$000		s at 30 June 2010 401,479 392,770 scoverable from
	30. Commitments for Expenditure	(d) Contingent Asset related to Commitments for Expenditure	The total of "Commitments for Expenditure" above, i.e. \$4.4 billion as at 30 June 2010 includes input tax credits of \$401.5 million that are expected to be recoverable from the Australian Taxation Office.
	30.		
٦	2009	a far y more soon in the p	392,770
PARENT	2010	The state of the s	401,479

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31. Trust Funds

The Health Service holds trust fund moneys of \$3.922 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 transactions in the trust account:

	Patier	Patient Trust	Refundable Deposits	table sits	Private Practice Trust Funds	actice ınds	Total	-
	2010 \$000	2009	2010 \$000	\$000	\$000	\$000	2010 \$000	\$000
Cash Balance at the beginning of the financial reporting period	704	629	836	752	4,765	5,026	6,305	6,457
Receipts	1,358	1,323	361	312	33,749	39,051	35,468	40,686
Expenditure	1,363	1,298	192	229	36,296	39,312	37,851	40,839
Cash Balance at the end of the financial reporting period	669	704	1,005	835	2,218	4,765	3,922	6,304

32. 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, apart from the exceptions noted above 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 2003/07 fund year and an interim adjustment for the 2005/06 fund year were not calculated until 2009/10. As a result, the 2004/05 final and 2006/07 interim hindsight calculations will be accounted in 2010/11.

It is not possible for the Health Service to reliably quantify the benefit to be received.

c) Affiliated Health Organisations

Based on the definition of control in Australian Accounting Standard AASB127, Consolidated and Separate Financial Statements, Affiliated Health Organisations listed in Schedule 3 of the Health Services Act, 1997 are only recognised in the Health Service'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, the Health Service and the NSW Department of Health.

d) Royal North Shore Hospital Public Private Partnership (PPP)

In October 2008, a private sector company, Infrashore Pty Limited, was engaged to finance, design and construct the new Royal North Shore Hospital, the new Community Health Facility and a new car park. Infrashore will provide facilities management services and delivery of ancillary non-clinical support services for these hospital facilities, the new Research and Education Centre (the Kolling Building) and some existing facilities under a Project Deed. Provision of facilities maintenance commenced in October 2009 and other support services commenced in April 2010. The new development will be completed in stages and full service commissioning is anticipated in 2014.

When construction is completed, the Northern Sydney and Central Coast Area Health Service (NSCCAHS) will operate and recognise the new Royal North Shore Hospital, the new Community Health Facility and the new car park facility as an asset at an estimated value of \$722M.

In addition, NSCCAHS will recognise a corresponding liability to Infrashore, payable over the period to 2036 for the construction of the new Royal North Shore Hospital, new Community Health Facility and new car park facility.

The liability to pay InfraShore for the development of the Royal North Shore Hospital and health facilities is based on a CPI linked financing arrangement. An adjustment to the PPP capital financing payment will be made in accordance with CPI index over the project term. The estimated value of the liability is not reliably measurable at balance date.

ATION	2009 \$000		78,473	(58,841)	1,812	(17,453)	(26,689)	1,006	344	(3,649)	(1,332,504)	(52,903)	State of the State	-	The state of the s	(1,410,404)		(14,097)	(14,097)
CONSOLIDATION	2010		68,734	(60,341)	(3,396)	(16,060)	(28,199)	74,302	(71,273)	(21,270)	(1,407,801)	(36,163)	-	5,400		(1,496,067)		(1,227)	(1,227)
		Reconciliation Of Net Cash Flows from Operating Activities To Net Cost Of Services	Net Cash Used on Operating Activities	Depreciation	Allowance for Impairment	Acceptance by the Crown Entity of Employee Superannuation Benefits	(Increase) / Decrease in Provisions	Increase / (Decrease) in Prepayments and Other Assets	(Increase) / Decrease in Creditors	Net Gain/ (Loss) on Sale of Property, Plant and Equipment	NSW Health Department Recurrent Allocations	NSW Health Department Capital Allocations		Asset Sale Proceeds transferred to the NSW Health Department		Net Cost of Services	Non Cash Financing and Investing Activities	Administrative Restructure	
PARENT	\$000	33.	78,473	(58,841)	1,812		(26,689)	1,006	344	(3,649)	(1,332,504)	(52,903)	ļ	1		(1,392,951)	34.	(14,097)	(14,097)
PA	2010		68,734	(60,341)	(3,396)		(28,199)	74,302	(71,273)	(21,270)	(1,407,801)	(36,163)		5,400		(1,480,007)		(1,227)	(1,227)

35. 2009/10 Voluntary Services

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

	. Chaplaincies and Pastoral Care - Pink Ladies/Hospital Auxiliaries -	Patient & Family Support Patient Services, Fund Raising
•	Patient Support Groups -	Practical Support to Patients and Relative
•	. Community Organisations -	Counselling, Health Education, Transport,
		Home Help & Patient Activities

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36. Unclaimed Monies

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.

37. Budget Review - Parent and Consolidated

Net Cost of Services

The actual net cost of services was unfavourable to budget by \$7.18 million (0.49%). This was primarily due to Employee Related expenses being higher than planned. Drug costs and Medical and Surgical Supplies were in excess of budget due to increased pressure on clinical services. It should be noted that the positive impact of the Financial Turnaround Plan during 2009/10 has resulted in an improved position compared with the 2008/09 Net Cost of Services variance of \$34.5 million unfavourable.

Result for the Year

The result of \$15.7 million unfavourable to budget is due to the factors above as well as the transfer of \$5.4 million in asset sale proceeds to NSW Health.

Assets and Liabilities

Total Assets are favourable to budget by \$156.7 million. This was directly related to the indicies based revaluation of Land & Buildings in 2009/10 and the recognition of a \$68.0 million debtor for the 28 year licencing agreement of the Royal North Shore Hospital (RNSH) Carpark. Liabilities are higher than budget by \$95.7 million. Major contributors were the recognition of a \$68.0 million Long Term income in advance amount for the RNSH Carpark, increases in Payables over budget of \$21.2 million and provisions over budget of \$4.5 million.

Cash Flows

Operating cash flows reflect a variance of \$2.8 million above budget related to a shortfall in expected capital allocations and the transfer of asset sale proceeds to the NSW Department of Health. Cash flows from Investing activities show a favourable variance of \$9.3 million, primarily resulting from the favourability in RMR > \$10K capital expenditure. Financing cash flows were favourable by \$1.6 million due to less than planned loan repayments.

Movements in the level of the NSW Health Department Recurrent Allocation that have occurred since the time of the initial allocation on 15 June 2009 are as follows:

	\$000
Initial Allocation, 15 June 2009	1,258,238
Award Increases	4,351
Special Projects	21,113
Capital (DOH)	19,014
Garling funding	2,838
Health Infrastructure transfer of Capital Projects	20,094
Redundancies	11,756
Return of 50% of 27th Pay Cash	10,400
Patient Fees adjustment	20,000
Patient Flows	39,619
Liquidity assistance	19,720
Loan	(2,016)
RNS PPP	8,314
Other	13,035
Balance as per Statement of Comprehensive Income	1,446,476

38. 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 these financial statements.

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 continuous basis.

(a) Financial Instrument Categories

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Financial Assets Class:	Category	Carrying Amount	Carrying Amount
		2010 \$000	2009 \$000
Cash and Cash Equivalents (note 19) Receivables (note 20)1	N/A Loans and receivables (at amortised cost)	85,203 103,896	79,939 29,267
Total Financial Assets	- -	189,099	109,206
Financial Liabilities			
Borrowings (note 27) Payables (note 26)2 Other (note 29)2	Financial liabilities measured at amortised cost	49,582 107,148 	54,219 105,964 2,428
Total Financial Liabilities	-	156,730	162,611

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, including cash, receivables and authority deposits. No collateral is held by the Health Service. The Health Service has not 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 balances deposited in accordance with Public Authorities (Financial Arrangements) Act approvals. Interest is earned on daily bank balances at rates of approximately 3.62% in 2009/10 compared to 4.49% in the previous year. The TCorp Hour 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 Health Service will not be able to collect all amounts due. This 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. Of the total trade debtors balance at year-end, \$27.85M (\$2009: \$13.04M) related to debtors that were not past due and not considered impaired and debtors of \$8.08M (2009: \$5.64M) were past due but not considered impaired. Together these represent 92% (2009: 88%) of total trade debtors. The Receivables include Patient Fees Compensables which are frequently not settled within 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 been renegotiated.

Financial assets that are past due or impaired could be either 'sales of goods and services' or 'other debtors' in the 'receivables' category of the Statement of Financial Position. Patient Fees Ineligibles may represent the majority of financial assets that are past due or impaired.

	Total ^{1,2}	Past due but not impaired ^{1,2}	Considered impaired ^{1,2}
2010	\$000	\$000	\$000
<3 months overdue	5,384	5,384	
3 months - 6 months overdue	2,694	2,694	
> 6 months overdue	3,037		3,037
2009			
<3 months overdue	4,071	4,071	
3 months - 6 months overdue	1,568	1,568	
> 6 months overdue	2,510		2,510

¹ Each column in the table reports "gross receivables".

2 The ageing analysis excludes statutory receivables, as these are not within the scope of AASB 7 and excludes receivables that are not past due and not impaired. Therefore, the "total" will not reconcile to the receivables total recognised in the Statement of Financial Position.

Authority Deposits

The Health Service has placed funds on deposit with TCorp, which has been rated "AAA" by Standard and Poor's. These deposits are similar to money market or bank deposits and can be placed "at call" or for a fixed term. For fixed term deposits, the interest rate payable by TCorp is negotiated initially and is fixed for the term of the deposit, while the interest rate payable on at call deposits can vary. The deposits at balance date were earning an average interest rate of 5.18% (2009- 4.45%), while over the year the weighted average interest rate was 4.46% (2009- 5.36%) on a weighted average balance during the year of \$73.758M (2009 - \$80.866M). None of these assets are past due or impaired.

(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 Northern Sydney and Central Coast 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, e.g. 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

		J F	\$,000					
		Interest Rate Exposure	Exposure			Maturity Dates	Jates	
	Weighted							
	Average		Fixed	Variable	Non -			
	Effective Int.	Nominal	Interest	Interest Rafe	Interest	< 1 Vr	1.5 Vr	× 5\
200						•	:	:
0.07	%	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Payables:								
Accrued Salaries		17,907	-	1	17,907	17,907		
Wages, On-Costs and Payroll Deductions		5,619	AN AM INC. OF STREET		5,619	5,619		1
Creditors	1	83,622			83,622	83,622		1
Borrowings:								
Loans - Non-interest bearing]	14,533			14,533	3,254	11,279	-
Loans - NSW Health 2007/08	9.12	20,000	20,000				18,445	21,555
Loans - NSW Health 2008/09	6.49	15,049	1,555			4,000	12,604	
	-	156,730	21,555		121,681	114,402	42,328	21,555
2009								
Payables:								
Accrued Salaries	i Lewer .	29,407		-	29,407	29,407	-	
Wages, On-Costs and Payroll Deductions		3,943			3,943	3,943	1	
Creditors		72,196			72,196	72,196	\$1 \$1 LE 10 10 LE	1
Borrowings:								
Loans - Non-interest bearing		17,990		1	17,990	2,593	10,375	5,022
Loans - SEDA	90.9	95]		95	***************************************	
Loans - NSW Health 2007/08	9.12	20,000	35,815	1			12,000	23,815
Loans - NSW Health 2008/09	6.49	18,113	19,604			6,200	13,404	
		161,744	55,419	-	123,536	114,434	35,779	28,837

Notes:

1 The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities based on the earliest date on which the Health Service can be required to pay. The tables include both interest and principal cash flows and therefore will not reconcile to the Statement Of Financial Position. 2. Of the \$35M disclosed in the 2010 'other loans and deposits' time band 1-5 yrs, the Health Service has no intent to effect payments in advance of maturity dates on or prior to 30 September 2010.

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 Statement of Financial Position date. The analysis is performed on the same basis for 2010. 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. The Health Service does not account for any fixed rate financial instruments at fair value through profit or loss or as available-for-sale. Therefore, for these, financial instruments, a change of interest rates would not affect profit or loss or equity.

Other price risk - TCorp Hour-Glass facilities

Exposure to 'other price risk' primarily arises through the investment in the TCorp Hour Glass Cash Facilities, which are held for strategic rather than trading purposes. The Health Service has no direct equity investments. The Health Service holds units in the following Hour-Glass investment trusts:

Facility	Investment Sectors	Investment Horizon	2010 \$'000	2009 \$'000
Cash facility	Cash,money market instruments	Up to 1.5 years	71,731	70,175

The unit price of each facility is equal to the total fair value of net assets held by the facility divided by the total number of units on issue for that facility. Unit prices are calculated and published daily.

NSW TCorp is trustee for each of the above facilities and is required to act in the best interest of the unit holders and to administer the trusts in accordance with the trust deeds. As trustee, TCorp has appointed external managers to manage the performance and risk of each facility in accordance with a mandate agreed by the parties. However, TCorp, acts as manager for part of the Cash and Strategic Cash Facilities and also manages the Australian Bond portfolio. A significant portion of the administration of the facilities is outsourced to an external custodian.

Investment in the Hour-Glass facilities limits the Health Service's exposure to risk, as it allows diversification across a pool of funds with different investment horizons and a mix of investments.

NSW TCorp provides sensitivity analysis information for each of the Investment facilities, using historically based volatility information collected over a ten year period, quoted at two standard deviations (ie 95% probability).

A reasonably possible change is based on the percentage change in unit price (as advised by TCorp) multiplied by the redemption value as at 30 June each year for each facility (balance from Hour-Glass Statement).

	Impact on profit/loss				
	Change in unit price*	2010 \$'000	2009 \$'000		
Hour-Glass Investment - Cash facility	+/- 1%	717	702		

e) Fair Value compared to Carrying Amount

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 Statement of Financial Position 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:

	2010	2010	2009	2009
	\$'000	\$'000	\$'000	\$'000
	Carrying		Carrying	
	amount	Fair value	amount	Fair value
Financial assets	•			
Receivables	117,368	71,731	39,031	70,1 7 5
Receivables	117,368	71,731	39,031	

(f) Fair Value recognised in the Statement of Financial Position

The Health Service uses the following hierarchy for disclosing the fair value of financial instruments by valuation technique:

Level 1 - derived from quoted prices in active markets for identical assets/liabilities.

Level 2- derived from inputs other than quoted prices that are observable directly or indirectly.

Level 3 - derived from valuation techniques that include inputs for the asset/liability not based on observable market data (unobservable inputs).

	Level 1	Level 2	Level 3	2010 Total
	\$'000	\$'000	\$'000	\$'000
TCorp Hour-Glass Cash Facility		71,731		71,731

(The table above only includes financial assets as no financial liabilities were measured at fair value in the Statement of Financial Position.)

There were no transfers between level 1 and 2 during the period ended 30 June 2010.

39. Post Balance Date Events

On 20 April 2010 the State of NSW and the Commonwealth agreed on national health reforms to establish Local Health Networks in NSW and to introduce national standards for timely access to emergency care and elective surgery.

Under the Agreement, NSW will remain responsible for system-wide planning, performance and purchasing of public hospital services and supporting the transition process for the Commonwealth to assume full funding and policy responsibility for general practice, primary health care and the national aged care system.

This agreement will result in structural and corporate changes including the establishment of these Local Health Networks in 2010/11. A professional Governing Council will be constituted for each Local Health Network. It is expected that these reforms will significantly change this reporting entity.

END OF FINANCIAL STATEMENTS