
ASSISI
HOSPICE
Caring for Life
F M D M
ANNUAL REPORT 2011
42 YEARS
1969-2011
REACHING OUT, TOUCHING LIVES

Contents

Name of Charity : Assisi Hospice
Unique Entity No. : S86CC0299K
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ASSISI HOSPICE
Caring for Life

Our Patron

MS HO CHING

Our Vision

To be the Leader and Centre of Excellence for Compassionate and Personalised Palliative Care.

Our Mission

The Assisi Hospice is a Catholic Charity providing compassionate, personalised and quality Palliative Care to adults and children with life limiting illnesses through our Inpatient, Home and Day Care services.

Our Service Values

SERVICE

We accept our positions as servants to those who are in need of our care by providing a healing experience, in an environment that is comfortable, welcoming and assuring.

REVERENCE FOR LIFE

We cherish life and respond to all beings with respect and compassion, by enhancing and preserving the dignity of all beings throughout life, and at its natural cessation in death.

HUMILITY

We employ our skills, opportunities and talents humbly in the service of our fellow beings by improving ourselves as individuals and as a team to serve others better.

JOYFULNESS

We rejoice in life and all the experiences that each day brings by sharing joyfulness with our patients, their families, and anyone in touch with the Hospice.

STEWARDSHIP

We manage the resources and relationships that are entrusted upon us wisely, fairly and responsibly by allocating our resources to serve those most in need.

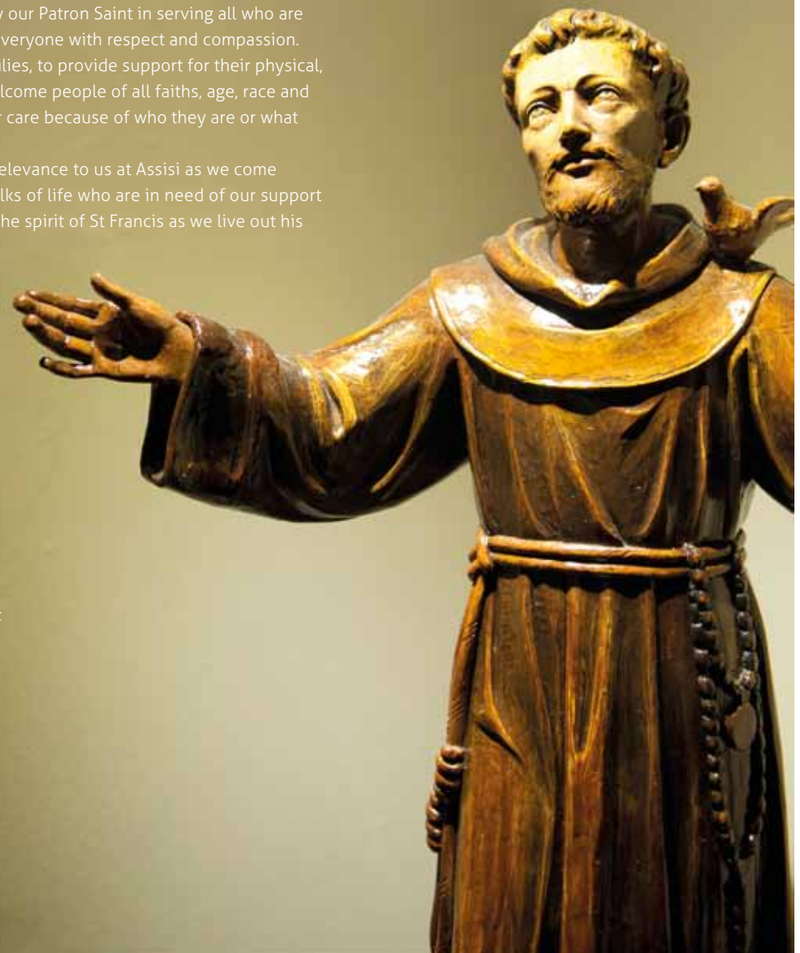
Franciscan Values

Assisi Hospice, established in 1969 by the Franciscan Missionaries of the Divine Motherhood Sisters, dedicates her work to caring for the sick, the dying and the poor. Our guiding principles in living our mission of care takes root in the Franciscan values as lived by our Patron Saint, St Francis of Assisi.

Francis was born the son of a wealthy merchant, but he gave up his life of comfort to follow God's calling to lead a life of brotherly love and peace, caring for the poor, the sick and the marginalised. He was a lover of nature and revered all forms of life as God's creation.

At Assisi we strive to emulate the example set by our Patron Saint in serving all who are in need of our care, with humility and joy, treating everyone with respect and compassion. We care not only for our patients but also their families, to provide support for their physical, emotional, psychosocial and spiritual needs. We welcome people of all faiths, age, race and financial position. No one will ever be denied of our care because of who they are or what they can afford.

The life and teachings of St Francis have much relevance to us at Assisi as we come face-to-face with a multitude of people from all walks of life who are in need of our support and care. May we continue to serve this mission in the spirit of St Francis as we live out his prayer:



THE PRAYER OF SAINT FRANCIS

"O Lord, make me an instrument of Your Peace.
Where there is hatred, let me sow love
Where there is injury, pardon
Where there is discord, harmony
Where there is doubt, faith
Where there is despair, hope
Where there is darkness, light, and
Where there is sorrow, joy.
Oh Divine Master, grant that I may not so much seek
To be consoled as to console
To be understood as to understand
To be loved as to love.
For it is in giving that we receive
It is in pardoning that we are pardoned,
And it is in dying that we are born to Eternal Life."

Message from the Chairman

"I know the plans that I have for you," says the Lord.
"They are plans for good and not for disaster, to give you a future and a hope."
Jeremiah 29:11

An exciting future awaits us...

2011 marked the 42nd year of Assisi's mission of serving the sick, dying and poor. This mission was formed out of the compassionate love for a community in need by the Franciscan Missionaries of the Divine Motherhood Sisters. Today, the Board remains purposeful to provide holistic palliative care to people facing life threatening illnesses and support for their families, regardless of their social, financial and religious backgrounds. We are grateful that the community at large has sustained this mission through generous donations and self-less volunteerism at many levels. To carry forth this mission, I am delighted to share some of the developments in 2011 that will fundamentally shape our future.

Assisi has been negotiating with the Ministry of Health (MOH) on building a new hospice building for the past two years. We were grateful and heartened by MOH's efforts on this project. Minister Gan Kim Yong and his team visited Assisi in August to understand our needs and expressed his support. This exciting collaboration was finalised over the next few months and formally announced at our Charity Dinner in November.

The new building will more than double Assisi's existing capacity and provide the infrastructure for service expansion and new programmes, including training and research. In addition, it will be a family affirming hospice with facilities such as family rooms for family members to stay overnight and common dining rooms where patients and their loved ones can enjoy a meal together.

In December, the Lien Centre for Palliative Care released the National Palliative Care Strategy which was co-chaired by Dr Cynthia Goh, one of Assisi's Board members. The strategy mapped out 10 goals for the development of Palliative Care in Singapore. Many of the recommendations in the national strategy were synonymous with the direction that Assisi has taken in the past years particularly in the areas of coordinated service delivery as exemplified by Assisi's service model of inpatient, home and day hospices; training which has been a main feature of our work plans; promotion of bereavement service where Assisi has taken the lead together with the Lien Centre for Palliative Care to spearhead Project REBUILD, a community bereavement programme and ensuring adequate capacity to meet the increased needs in Palliative Care which the new hospice will provide. We believe that all these efforts will culminate in better care for our patients and their family.

An exciting future awaits us. I am indebted to my fellow board members who, with me, embrace this future and they have diligently provided their professional skills and wisdom in steering Assisi on this journey. As we record our gratitude to Mrs Jennifer Yeo who served on the Board with great passion, we welcome Sr Cyrilla Baptist, FMDM and Mr Lau Beng Long. I am grateful to our volunteers, donors, partners and staff for their dedication, hard work and faith in this mission. Finally, I want to thank our patients and their family for giving Assisi the privilege to care for you at a sensitive time of your lives.

As we construct a new and bigger facility, Assisi Hospice will be working hard to ramp up our delivery capacity and service capability to better attain our motto of "caring for life". I look forward to your support and help in building this future together.

RONNY TAN
Chairman

Message from the Chief Executive Officer

The Year in Review

In 2011, Assisi had more than 1200 admissions into our inpatient, home and day care services. That was a 15% increase in the workload as compared to 2010. The most significant was the 30% increase in our home care service which resulted in more than 6000 visits made to adult and paediatric patients and their families who have chosen to be cared for in their homes.

For the inpatient service, despite a slow start in the first quarter due to shortage of clinical manpower, admissions to the service was 15% higher than 2010 with an average length of stay of 22 days. These included 4 critically ill children who were admitted to the inpatient service.

In the first half of 2011, attendances at the Adult Day Care Centre fell due to the deterioration and deaths of a significant number of patients; however, with increased admissions, attendances improved and we ended the year with an overall utilisation rate of 98%.

By May 2011, the Board of Directors, after much deliberation and with the research done by Management, approved the closure of the Children Day Care Centre. There were two main reasons for the decision. Firstly, the attendance at the centre had been declining over the years due to the availability of other agencies in the community that cater to the educational and developmental needs of children who are sick at the various stages of their illnesses. Secondly, with Assisi's clinical expertise, it should focus on children facing a life threatening illness and providing support for their families.

In March, Assisi welcomed the appointment of Ms Sally Tan as the Assistant Director of Nursing. Her appointment strengthened the leadership and governance of our nursing services. The medical manpower stabilised towards the second half of 2011 with 2 doctors completing their respective specialist and advance training, as well as the employment of another doctor. The fundraising, public relations and volunteer functions were also reorganized and housed under the new Community Engagement department.

Community Engagement

Assisi saw the recruitment of almost 200 volunteers in 2011, which brought the total volunteer manpower to about 570. Volunteers are important to Assisi. Our volunteers' valuable and compassionate contribution to our services has positive impact to our patients, families and staff. St Francis' prayer for peace says, "... it is in giving that we receive" and we are glad that many volunteers have shared that the time they spent at Assisi has been rewarding and personally enriching.

A total of $5.2million was raised in 2011 from Assisi's fundraising projects, general donations and projects organised by corporations and individuals to benefit our mission. The faithful support from the community towards Assisi's mission has provided the much needed financial resource. Behind every project, there is an army of volunteers, who work tirelessly alongside our small in-house team.

Quality & Governance

The quality and governance of our services is one of the main tenets of Assisi. We are passionate in the delivery of quality and most appropriate palliative care for our patients and families. Throughout the year, clinical training and initiatives for the provision of better care have been key features of our work plans. Some examples are as follow.

The Medical Advisory Committee (MAC), headed by Dr Cynthia Goh together with a team of professionals, was set up in 2011. The MAC's role is to advise Assisi on medical, nursing and allied health matters relating to the delivery of patient care and on the maintenance of good clinical governance.

For a long time, Assisi believes that Palliative Care is not just about medical and nursing care but also encompasses the psychosocial and spiritual care of the patient and their families. In 2011, we were particularly pleased when MOH decided to start a 2 year pilot in the funding of home care social workers and counsellors. This was a milestone in the hospice industry as it acknowledges that social workers and counsellors are integral members of the hospice care team. This was made possible through the advocacy of the Singapore Hospice Council workgroup which Assisi was a member.

Assisi will continue in our quest to provide compassionate, personalised and quality Palliative Care for our community. We will also advocate for our mission in ensuring that the provision for this care is sustainable and made available for all who need it.

We thank all our stakeholders for their continued support and trust in us - our patients and their families, who will continue to be the focus of work; our volunteers and supporters, the pillars of our support; and the Franciscan Missionaries of the Divine Motherhood sisters, Board of Directors and members of the various Board Committees, our guiding light.

KHOO CHOW HUAT
CEO

Assisi will continue in our quest to provide compassionate, personalised and quality Palliative Care for our community. We will also advocate for our mission in ensuring that the provision for this care is sustainable and made available for all who need it.

Board of Directors






TOP (from left): **Mr Ronny Tan (Chairman), Ms Anita Fam (Deputy Chairman), Sr Barbara Pereira (FMDM), Dr Cynthia Goh**

MIDDLE (from left): **Sr Cyrilla M Baptist (FMDM), Mr Francis Heng, Mr Gerard Koh**

BOTTOM (from left): **Mrs Jennifer Yeo, Mr Lau Beng Long, Mr Michael Tan, A/Prof Premarani Kannusamy**




Governance Report

Assisi Hospice is committed to practices that ensure good governance and management with specific reference to the principles of the Code of Governance for Charities and Institutions of a Public Character (IPCs). Assisi Hospice takes great effort in improving its governance and management practices and is making steady progress.

1. Board Governance

1.1 The Board oversees Assisi Hospice's business affairs. The key matters for board oversight include:
- (a) approving broad policies, strategies and objectives of the Hospice.
- (b) monitoring management performance.
- (c) overseeing the processes for evaluating the adequacy of internal controls, financial reporting and compliance.
- (d) approving annual budgets.
- (e) assuming responsibility for corporate governance.

1.2 To assist in the execution of its responsibilities, the board has established five Board committees, namely, the Nomination and Remuneration Committee (NRC), Audit Committee (AC), Programme and Services Committee (PSC), Finance Committee (FC) and Medical Advisory Committee (MAC).

1.3 The board meets four times a year. The frequency of meetings and the attendance of each director at every board meeting are disclosed in this Report.

2. Board Composition and Balance

2.1 The Board comprises of 11 directors, all of whom are non-executive.

2.2 Each director has been appointed on the strength of his/her calibre, experience and potential to contribute to the Hospice.

2.3 The Board considers that the present Board size facilitates effective decision-making and is appropriate for the nature and scope of the Hospice.

3. Chairman and CEO

3.1 The roles of the Chairman and CEO are separate and their responsibilities are clearly defined to ensure a balance of power and authority within the Hospice.

3.2 The Chairman manages the business of the Board and the Board committees, and monitors the translation of the Board's decisions and wishes into executive action.

3.3 The Chairman approves the agendas for Board meetings and exercises control over the quality, quantity and timeliness of information flow between the Board and management.

3.4 The CEO manages the business of the Hospice and implements the Board's decisions. The CEO is assisted by a Management Team.

4. Board Membership

4.1 All members of the Board are appointed by the Congregational Leader and her Council, acting on behalf of the FMDM Congregation.

4.2 The Chairman is appointed for a term of three years by the Congregational Leader and her Council. A member may serve as the Chairperson for two consecutive terms. Under special circumstances, this could be extended to a third and final term.

4.3 The Board members are appointed for a term of three years. A member may serve for two consecutive terms. Under special circumstances, this could be extended to a third and final term with the exception of the Finance Committee Chairman whereby there shall be a maximum term limit of four consecutive years.

5. Nomination and Remuneration Committee (NRC)

5.1 The NRC is chaired by Mr Ronny Tan, the Chairman of the Hospice. It comprises of five members, including the NRC Chairman.

5.2 The NRC recommends all appointments and re-appointments of the directors to the Board, Board committees and Senior Management. All appointments and re-appointments to the Board are approved by the Congregational Leader and her Council.

5.3 The NRC reviews the composition of the Board and the Board Committees annually and ensures that the Board members provide the diversity of expertise and experience required to meet the Hospice's mission and goals.

5.4 The NRC also decides how the Board's performance may be evaluated and proposes objective measures of performance.

5.5 The NRC ensures the Board renewal by nominating changes to the Board composition, including the re-nomination of existing directors whose terms expire where appropriate, to FMDM directly.

5.6 Frequency of meetings: as and when required, subject to at least once a year.

6. Audit Committee (AC)

6.1 The AC is chaired by Mr Michael Tan and comprises of four members, including the AC Chairman.

6.2 The AC ensures that a review of the effectiveness of the organisation's material internal controls, including financial and compliance controls, and that risk management is conducted periodically.

6.3 The AC ensures the compliance with the Code of Governance for Charities and IPCs.

6.4 The AC meets with the external and internal auditors at least twice annually and reviews the independence of the external and internal auditors annually.

6.5 The annual audit of the Hospice's financial accounts is carried out by an approved firm, KPMG.

6.6 The internal audit is performed by an approved firm, Deloitte & Touche.

6.7 Frequency of meetings: at least twice a year.

7. Finance Committee (FC)

7.1 The FC is chaired by Mr Francis Heng and comprises five members, including the FC Chairman.

7.2 The FC advises the Board on all financial matters. Specifically, the Committee reviews the annual budget before it is tabled to the Board. The FC will also carry out a mid-year review of the actual results.

7.3 The FC also ensures compliance with the Code of Governance with regard to financial matters.

7.4 The FC reviews and recommends suitable investment policies to the Board for endorsement before submitting to the General Council in UK, for approval.

7.5 Frequency of meetings: at least three times a year.

8. Programme and Services Committee (PSC)

8.1 The PSC is chaired by Ms Anita Fam and comprises four members, including the PSC Chairperson.

8.2 The PSC is responsible for the entire programme and service content of Assisi Hospice and monitors its effectiveness, ensuring the goals and objectives are being met.

8.3 Frequency of meetings: at least four times a year.

9. Medical Advisory Committee (MAC)

9.1 The MAC is chaired by Dr Cynthia Goh and comprises five members, including the MAC Chairperson.

9.2 The MAC advises on medical, nursing and allied health matters relating to the delivery of patient care and on the maintenance of good clinical governance.

9.3 The MAC reviews and approves policies and procedures to maintain a high level of patient care, as well as monitors and evaluates the quality and appropriateness of the care provided.

9.4 The MAC identifies and resolves problems that may have arisen in connection with the care provided and makes recommendations to improve the quality of care.

9.5 The MAC oversees the continuing professional education programmes of the staff.

9.6 Frequency of meetings: at least once every 6 months.

10. Fundraising Committee

10.1 There was no Fundraising Committee in 2011 as there are plans to have it reconstituted as the Community Engagement Committee at a later date.

10.2 Mr Lau Beng Long, a Board member, provides the oversight on fundraising matters.

10.3 Fundraising budget is approved by the Board in the preceeding year.

11. Conflict of Interest

11.1 Board members operate under a conflict of interest disclosure process.

11.2 Annual conflict of interest disclosure statements are undertaken by all members.

12. Reserve Policy

12.1 The Board established a Reserve Policy of not more than five years of operating expenditure to meet its operational needs.

13. Disclosure and Transparency

13.1 Annual reports are prepared, which include up-to-date information on its programmes, activities, performance and finances as well as a listing of the Board's key office-bearers.

13.2 Audited financial information is available at Assisi Hospice's website as required by the Commissioner of Charities.

The Board Members' attendance at Board Meetings for the period January to December 2011 is shown below:

Name of Directors	Number of Board Meetings	Attendance
Mr Ronny Tan	4	4
Ms Anita Fam	4	3
Sr Barbara Pereira, FMDM	4	2
Dr Cynthia Goh	4	3
Sr Cyrilla M Baptist (joined in Feb 2011)	3	3
Mr Francis Heng	4	4
Mr Gerard Koh	4	2
Mrs Jennifer Yeo	4	1
Mr Lau Beng Long	4	4
Mr Michael Tan	4	4
A/Prof Premarani Kannusamy	4	2

ASSISI HOSPICE BOARD COMMITTEE 2010

NOMINATION AND REMUNERATION COMMITTEE
- Mr Ronny Tan (Chairman)
- Sr Barbara Pereira, FMDM
- Dr Cynthia Goh (stepped down in February 2011)
- Mr Gerard Koh
- Mr Lau Beng Long

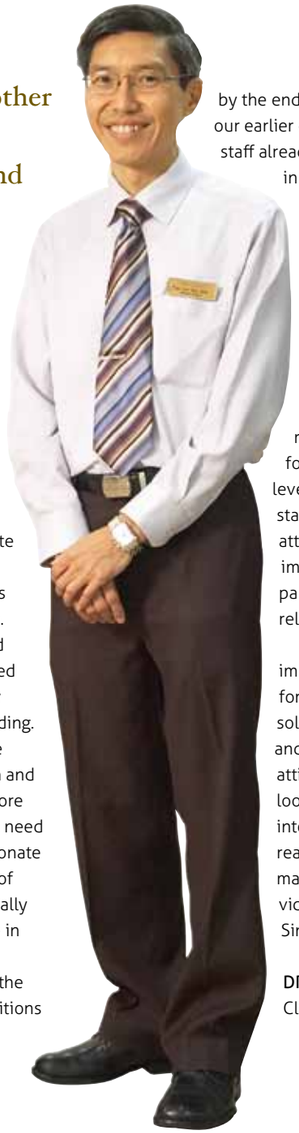
AUDIT COMMITTEE
- Mr Michael Tan (Chairman)
- Ms Mimi Ho
- Mr Paul Lee
- Mr Ronny Tan

FINANCE COMMITTEE
- Mr Francis Heng (Chairman)
- Ms Catherine Loh
- Mr Joseph Wong
- Ms Maureen Ding
- Mr Michael Tan

PROGRAMME AND SERVICES COMMITTEE
- Ms Anita Fam (Chairman)
- Dr Cynthia Goh
- Mr Lau Beng Long
- A/Prof Premarani Kannusamy

MEDICAL ADVISORY COMMITTEE
- Dr Cynthia Goh (Chairman)
- Dr Cosmas Chen
- Mrs Helen Yeo
- A/Prof Premarani Kannusamy
- Dr Wu Huey Yaw

I am pleased to report that for another year, Assisi Hospice managed to provide much needed treatment and care to more than one thousand people in their last phases of life, and supported an even larger number of their family members.



A trend noted last year was the anticipated increase in the proportion of patients with non-cancer terminal disease, from 8.4% in 2010 to 12.7% in 2011. This would have implications in terms of the type of care provided as well as the duration of service.

But even as we maintain the comprehensive palette of services in the home, inpatient and day centre settings, we were already experiencing the limitations and constraints of the hospice physical infrastructure. It was therefore timely that Assisi Hospice announced its plans to build an 85-bedded hospice with enhanced care and training facilities and innovative ambulatory services at a site adjacent to the current hospice building.

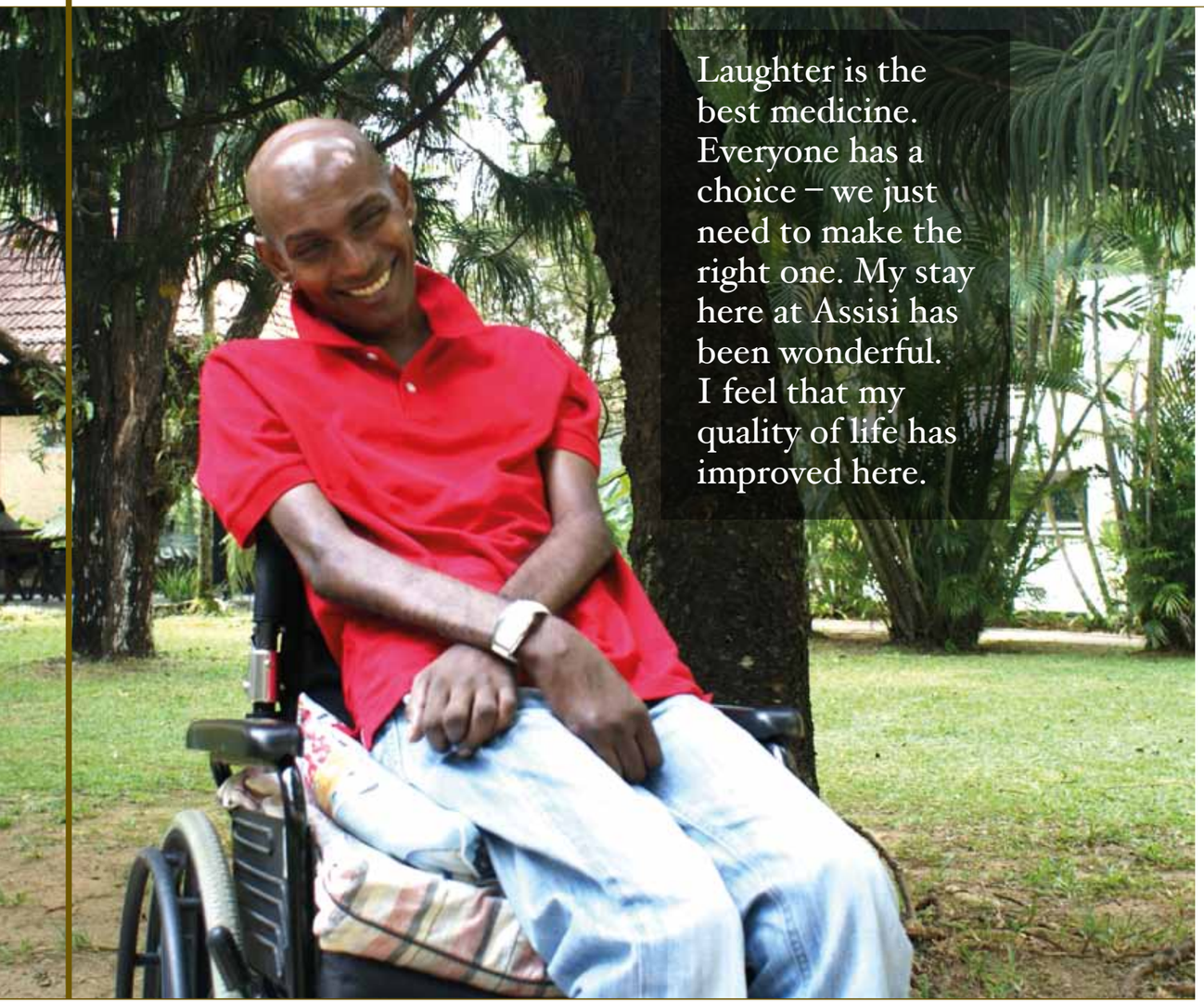
The plans to build a new hospice was however the culmination of a few years of deliberation, discussion and preparation. An area of concern, that became even more pertinent with the plans for the new hospice, was the need to develop and grow the pool of dedicated and passionate staff who can uphold the compassionate philosophy of care that so characterize the hospice. This was especially challenging in the competitive healthcare job climate in Singapore.

Nevertheless, through continued efforts at hiring, the hospice progressively filled many of the planned positions by the end of 2011. We also started to reap the benefits of our earlier efforts to identify, nurture and train promising staff already in the ranks of the hospice. Two of them have in 2011, become leaders in their disciplines and hospice stalwarts – Dr Ong Yew Jin, who had returned to the hospice as a palliative medicine specialist after the completion of the Advance Specialty Training program; and Ms Peh Cheng Wan, who had earlier completed her fellowship in palliative care social work, was promoted to manager of the Psychosocial Support Service.

As mentioned in the report last year, Assisi Hospice went through an organizational restructuring towards the end of 2010. This was followed by several changes at the management level in early 2011. But in what might be a sign of staff affirmation of these changes, the 2011 staff attitude and teamwork survey showed overall improvements across almost all domains and in particular, the conspicuous absence of management related issues.

Perhaps these experiences in 2011 hold important reminders for the hospice as it gears itself for expansion. Firstly, it is imperative to be guided solely by our primary purpose of serving the patients and their families even as we morph physically and attitudinally into a larger organization. And secondly, looking inwards to build a more nurturing and robust internal environment that will enable the staff to realize their potential as caregivers and leaders may hold the key to steer the hospice through the vicissitudes of the changing healthcare landscape in Singapore. The future would then be ours to behold.

DR TAN YEW SENG
Clinical Director



Laughter is the best medicine. Everyone has a choice – we just need to make the right one. My stay here at Assisi has been wonderful. I feel that my quality of life has improved here.

Manimaran Kanniah (1964 – 2012)

Manimaran was 47 years old when he came to our care at Assisi Hospice. Mani, as he was known to us, was suffering from Motor Neuron Disease. At that time, he was still able to communicate his thoughts, emotions and goals of his care to his Medical Social Worker, Jayne Leong.

Within 12 months, Mani became fully dependent on others for his basic daily living activities. He was totally immobile from the neck down and had lost his ability to speak. His only means of communication then was to use his eyes and facial muscles, and laboriously pick out the letters of every word from a 'communication chart', which we had created with the help of volunteers.

Such is the debilitating nature of Motor Neuron Disease, where patients progressively lose control of voluntary muscle activity including speaking, walking, general movement of the body and eventually swallowing and breathing.

Yet despite his mammoth challenge, Mani kept his spirits up with an amazing outlook to life which he summed up in his conviction that "we have only one life and we should make the best of it".

"He was very much the same man I knew when we first met, if not more - brave, positive, motivated... and most importantly, he never stopped believing that we cared for him," says Jayne, who took care of Mani together with a team of caregivers comprising of his doctor, nurses and volunteers.

How did he keep his spirits up? Mani shared with us, via the use of his 'communication chart' that the key was in being able to accept that he was dying. "Although I am dying, I am still alive now. I will live my life to the fullest. I am happy. Laughter is the best medicine. Everyone has a choice – we just need to make the right one. My stay here at Assisi has been wonderful. I feel that my quality of life has improved here. I am always surrounded by a bevy of beauties," has said with a grin. His humour never failed to amaze anyone who had the benefit of meeting him.

Mani attributed his strength and courage to his girlfriend, Yuka. She was the most important reason why he continued to be happy. "She is my pillar of strength. She has never treated me like a sick person. When I am out of line, she shows me no mercy, even in my present condition! She makes me laugh!"

"He never allowed himself to feel like a sick person," says Janice, one of Mani's volunteer caregivers. "He cracked jokes, even provided a listening ear and advice for anyone who needed it. He used to check out the football schedules for Liverpool matches like any other avid football fans. At times when I had difficulty understanding what he was trying to tell me, he continued to remain jovial, exhibiting remarkable patience."

Dr Komal who was his attending doctors says, "He made the best of his situation, not only fighting his own battle but also inspiring others."

And inspire us he did.

In caring for him, we strived to respect his dignity as an individual and acknowledged him for the person he was and still remained, despite his illness. Most crucially, we were able to keep the channels of communication open which enabled us to continue to understand his needs and to provide him with the support and care that was defined by him.

Mani passed away peacefully in the early morning of 7 April 2012, with his beloved Yuka by his side.

Inpatient Care

2011 saw a renewal of leadership within the inpatient nursing team when we welcomed Sally Tan as the Assistant Director of Nursing, who brings with her 37 years of nursing experience, including 5 years as our hospice administrator.

This was also the year where several nurses worked towards upgrading themselves with the passing of the required Singapore Nursing Board, Licensure Examinations. In April and June, we saw 3 Patient Care Assistants upgraded to Enrolled Nurses, and in November, 1 Enrolled Nurse moved up the ranks to become a Registered Nurse. We are proud of their achievements and they have certainly inspired their peers to strive for advancements in their careers.

In our inpatient wards, nursing resources were realigned so that each ward had the same staff for 3 months. This was to allow our nurses to provide continued care to the same patients and their families for a longer period of time.

Regular training continued to be a focus to ensure that the team remained constantly mindful of areas for improvement and learnings which they can attain from each other's experiences. On top of the weekly trainings for the Assisi team, the nurses had an additional training session every Friday, led by Associate Consultant, Dr Ong Yew Jin, where the programme was tailored to specific topics and learning needs as identified by the nurses.

Other training programmes attended by the nurses in 2011 included:

- **4-5 March** – Singapore Palliative Care Conference 2011.
- **28-31 May** – "Palliative Care Foundation Workshop" in Kuala Lumpur, where our nurses had the opportunity to learn and share experiences in palliative care with their counterparts in Malaysia.
- **15-17 July** – 9th Asia Pacific Hospice Network Conference held in Penang, Malaysia.
- **1-3 September** – 1st Joint Asia Pacific Wound Conference, in Singapore, where local and international speakers shared their expertise and experiences on wound care.

We also celebrated the achievement of Staff Nurse Sukdev who received the Health Manpower Development Programme (HMDP) award from the Ministry of Health to continue her studies for an Advanced Diploma in Palliative Care Nursing at the Nanyang Polytechnic.

Achievement in wound care treatment

One distinctive area of achievement for the nursing team was in the area of palliative wound management. Based on the needs of our patients, it was recognised that greater efforts were needed to find better and more effective ways to manage and treat the wounds of our patients. Special wound products were identified but they were expensive, and a donation drive was carried out to enable us to raise the funds for these products.

With these, we were able to achieve good results in treating our patients with extensive bed sores and that relieved their pain and provided more comfort. Our nurses were given training on effective ways to treat wounds including the use of Vacuum Assisted Closure (VAC) Therapy, a method of wound healing. Besides better treatment of wounds, they learned to recognise which wounds were curable and which were not and how they could be more effective in preventing the development of sores and minimise further deterioration of existing sores.

In caring for our patients, we will continue to keep learning and acquiring new technology, knowledge and skills which will enable us to provide greater care and comfort to our patients.

In 2011, we had a few staff movements and were pleased to welcome Staff Nurse Umedevi, Enrolled Nurse Claire Ricafort, Therapy Aide Wilfranor Basa and Thomas Sim, a previous staff who returned after successfully completing a Therapy Aide Course with HMI Institute of Health Sciences.

At our Children's Centre, we were pleased to see the majority of our children with their cancer in remission and able to return to main stream school at the start of the year. However, with our children leaving Assisi coupled with the fall of new referrals to our centre, because of the availability of other agencies providing developmental and educational support, it seemed no longer viable to continue its operations. The Board approved the closure of the Children Day Centre in May 2011.

As such, the children's MultiSensory room was refurbished and converted for use by our adult patients. OSIM International kindly sponsored 3 massage chairs and patients are now able to relax and enjoy a full body massage in these chairs in the midst of soothing music and aromatherapy.

FROM OUR PATIENT:

Mr K C Lee

Mr K C Lee, aged 92, is a cancer patient who lives with his elderly wife and a younger son who is working. As his wife was not able to care for him by herself, his family decided to use the services of our Day Centre. When he first came to the Day Centre, he was weak and had poor balance but the palliative rehabilitation programme has helped him in numerous ways. His daughter-in-law, Mdm Tan, has this to share:

"The family has peace of mind to concentrate on our work, knowing that he is safe and going to a place he enjoys. He really looks forward to going there every day. He also always comes back with small gifts and crafts he made and would very happily give them to his grandchildren when they visit.

We are also happy with the monthly doctor reviews which gives us the assurance that he is coping well, and any abnormalities in his condition can be picked up right away, instead of waiting for the six months review at the hospital. The doctor also attends to his other medical needs. He listens to the doctor and feels safe.

He is lucky to go there and can improve with the exercises. Now he can go out with his wife on a public bus. It gives him independence and he can do the things he enjoys."

Day Care

The Day Centre was also fortunate to receive the donation of a Nintendo WII console and TV set which enabled the setup of a digital games corner to provide entertainment to patients who enjoy such challenges. This corner saw a few regulars enjoying their time pitching their skills against each other.

FROM OUR PATIENT:

Mr J K Lim

Mr J K Lim, a patient of our Hospice Home service, joined our rehabilitation programme upon advice from his occupational therapist who visited him at home. Mr Lim, 82, was wheelchair-bound and needed constant help for his daily living, including feeding. He spent most of his time in bed and was beginning to develop bed sores. The rehabilitation programme was designed to help improve his mobility as well as provide caregiver training to his wife on his exercises, transfer skills and assisted daily living. Advice was also given on home modifications to suit Mr Lim's needs. After undergoing this rehabilitation programme twice weekly over 3 months, Mrs Lim shared her thoughts:

"My husband and I went there (Assisi's Day Centre) twice a week for his physiotherapy. His condition has improved tremendously within three months. He is able to stand, walk with a walker, to eat and even brush his teeth.

I am very grateful to Assisi Hospice and the staff. Without your kind assistance I am unable to help my husband."

FESTIVITIES AND OUTINGS

Chinese New Year

To celebrate Chinese New Year, corporate sponsor Travellers DMC once again took our patients to Chinatown and treated them to a sumptuous lunch, followed by a stroll along Kreta Ayer where patients had some time to shop and soak in the festive ambience. They went home laden with New Year gifts and goodies from the generosity of donors from Travellers DMC.

Asian Civilisation Museum

Our patients also had the opportunity to visit the Asian Civilisation Museum, through the generosity of donor and volunteer, Dr Kenneth Lee. Their treat started with a special lunch at Temasek Club before visiting the museum. The day ended with a leisurely walk along a short stretch of the Singapore River and the Anderson Bridge, where many of the patients reminisced about their childhood.

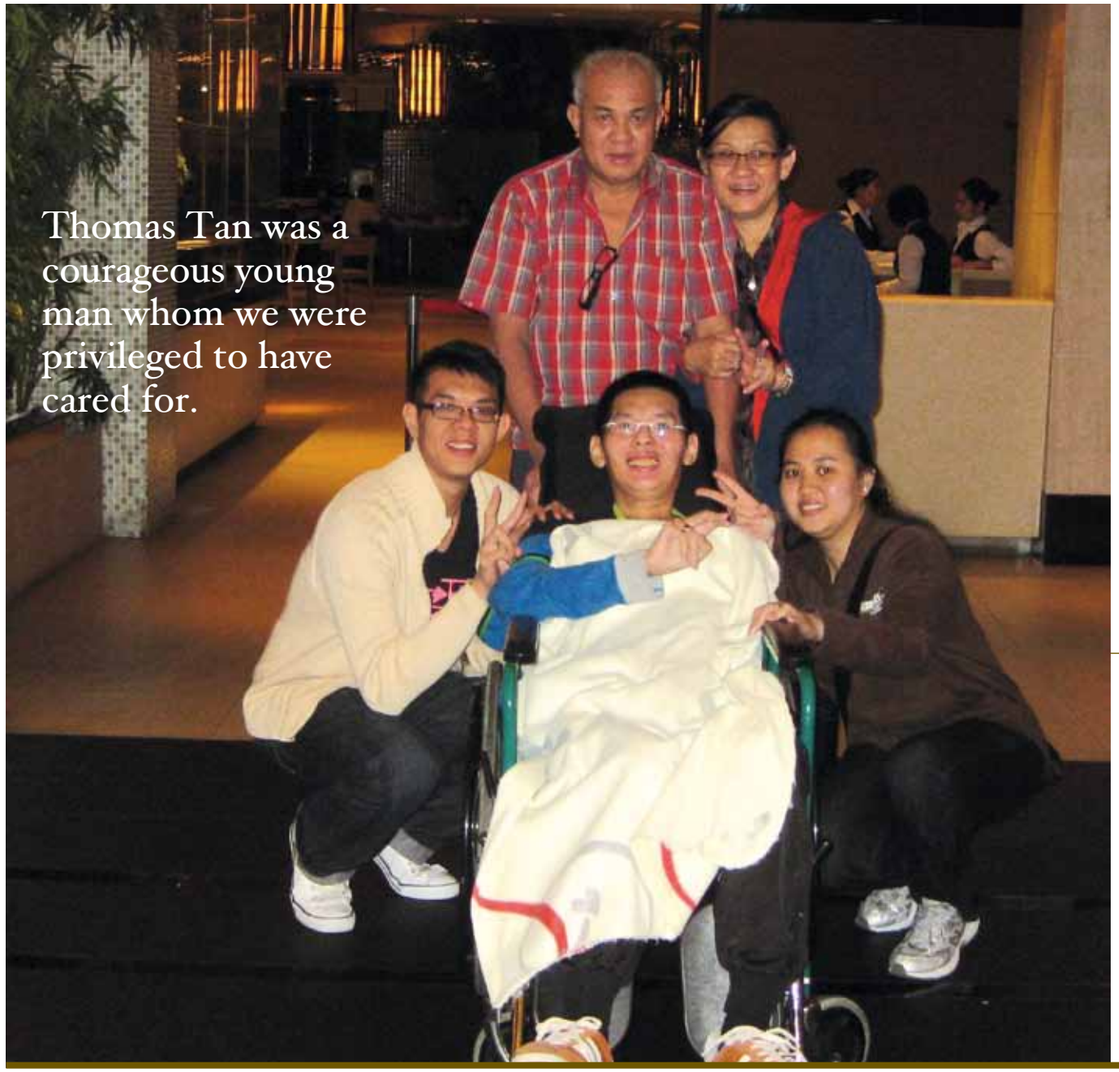
Mid-Autum Festival

31 August 2011, saw the celebration of the Mid-Autumn Festival by courtesy of our long-term corporate sponsor, City Developments Limited. The night celebration began with the distribution of mooncakes and lanterns to inpatients who were too ill to join the party at our Day Centre. This was open to all patients and their families, volunteers and staff. A delectable buffet spread was served, followed by delightful entertainment comprising of a fan dance, swordsmanship moves and singing that involved everyone. Smiling faces, laughter and cheers from the audience, reflected the mood throughout the celebration. It was a memorable time indeed for our patients and their families.

FROM OUR PATIENT:

Mdm Cheong

Mdm Cheong, a patient with our Day Centre, is 84 years old and stays on her own as her husband is living in a nursing home. Besides her cancer diagnosis, she has very bad arthritis which causes her much pain, making it difficult for her to leave home. She comes 3 times a week to the Day Centre via the Assisi van that transports her on her wheelchair. Mdm Cheong enjoys coming to the day care. She says: "Coming to the centre is really good for me. At least I have a hot meal during lunch - very nice food. There are friends to talk to and you are all very nice to me. I do not need to face the four empty walls and stare at them and be at a loss."



Thomas Tan (1986 – 2012)

Thomas Tan was a courageous young man whom we were privileged to have cared for.

At the young age of 23, Thomas discovered that he had brain cancer. He was then a third year student at the Nanyang Technological University.

When Thomas first came as an inpatient to Assisi Hospice, he had no head and trunk control, was bed-bound, on tube feed and unable to communicate, short of blinking his eyes. His team of doctors, nurses, counsellors and physiotherapists worked and engaged with him constantly and in the 4 weeks he stayed with us, he became more engaged in his communication efforts and was able to sit well in a reclining chair.

When he was ready to go home, our Home Hospice team continued to support his physical and emotional needs at home. He continued with the rehabilitation programme at our Day Centre twice a week. Thomas was transported in a reclining wheelchair by the Assisi transport for his occupational and physiotherapy. He worked hard with his therapists and counsellors and had tremendous support from his family.

Over the next 6 months he experienced significant improvements in his mobility. From being bedridden, Thomas achieved good sitting and standing balance and was able to move from a sitting to a standing position independently with the help of grab bars. He could even walk using a walking stick in one hand and with the help of an assistant. He was also able to feed orally and his slurred speech improved.

Thomas was able to commute by taxi and to go out assisted. He shared with his physiotherapist how happy he was to be able to attend a class get-together with his friends. He enjoyed his new found freedom. His quality of life had significantly improved and he made the best of everyday that he had.

About 6 months later, Thomas suffered a relapse and was chair-bound. But he never complained and always had a ready smile for everyone. His concern was always for others. Despite his condition, he took up a part-time data entry job and worked from home, just because he wanted to help his parents with some finances. He accepted his condition and pending death well and spoke openly about end-of-life issues with his family.

By January 2012 Thomas succumbed to his illness. He was getting weaker and was once again warded as an inpatient at Assisi Hospice. He went home for the Chinese New Year, and on 24 January, he passed away peacefully in the presence of his loved ones.

In caring for Thomas, we were inspired and touched by his courage and selflessness. We are humbled to have been a part of his life and privileged to have been able to fulfill our mission of care that enabled him to live his life to the fullest possible, in comfort and with dignity.

Home Care

Assisi's Home Care team continues to support patients who prefer to be cared for at home and visits them to ensure that symptoms are managed and that they remain comfortable. They provide 24-hour accessibility so that patients and their families can be assured about unforeseen events.

The 2011 Hospice Home team, comprised of a team of 4 nurses, 2 doctors and an administrative assistant. There were several staff movements due to internal transfers and 2 resignations and we were pleased to have 2 new inclusions to the team, SSN Lim Mooi Hong and Administrative Assistant Ruby Chan.

Also with the support of a growing psychosocial team, we had a medical social worker and counsellor assigned specifically to support our patients in home care. This allowed for a more focused approach in providing holistic care to our patients and their families, and is in line with the hospice's progressive development plan of care.

Staff training remains an important area for the team. The programmes attended by the clinical team in 2011 include:

19 February	2nd Tracheostomy Care Day at TTSH
4-5 March	Singapore Palliative Care Conference
1-2 April	Wound Care Seminar
14 June	Palliative Care Seminar Communicating with Patients and their Families on End-Of-Life Care by Professor Timothy E.Quill
14-15 July	Asia Pacific Hospice and Palliative Conference in Penang
27 September	Journal Club on Angst and Agony by Dr Angel Lee
Weekly, every Friday	Journal Club
Weekly, every Thursday	Balint group or Psychosocial teaching session

In 2011, we served a total of 675 patients under our hospice home service. We are indeed privileged to have had the opportunity to care for them. We have witnessed much of their courage and strength as we journey with them through their illness. From our patients, we have obtained many lessons on life.

PATIENT'S STORY:

ST was a 22 year old student at NUS doing her 3rd year studies in Social Work. She was a cheerful and inspiring young lady whose dream was to attain her degree and become a Social Worker working with children.

As the eldest child with 2 younger siblings, ST was eager to start working to be able to help her parents to financially support their family of five.

However, in February 2011, ST was diagnosed with a rare cancer that resulted in her being bedridden. Despite the treatments she underwent, her condition deteriorated and she was eventually referred to our Home Care team in November 2011 to provide care for her at home.

We worked closely with ST and her family to ensure that her pain and other symptoms were well managed and that she was kept as comfortable as possible. More than just medical care, we were also there to support her emotional, psychological and spiritual self, as needed.

What was close to ST's heart was her desire to complete her social work degree. With that in mind the Assisi team contacted ST's lecturers, field supervisors and fellow undergraduates and together they arranged for an informal graduating ceremony. ST was presented with her certificate and testimonial, acknowledging her 3 years of study at NUS and her active involvement in the social work society. It was important to ST and she was grateful and contented to have had this sense of achievement in her life.

ST passed away peacefully the next day, on 23 December 2011. Her parents were appreciative of the holistic care given to ST and they took comfort in knowing that she was happy and at peace.

Psychosocial Support

2011 saw the department being renamed from Medical Social Services to Psychosocial Support Services (PSS) in an effort to more accurately reflect the work and growth of a team that comprises of Social Workers, as well as Counsellors.

The year saw the promotion of Peh Cheng Wan, Senior Medical Social Worker and Counsellor to Manager. Cheng Wan leads the team as they continue to provide psychosocial and emotional support to our patients and their families. It was also the year where the team grew with the inclusion of an additional Counsellor and a Medical Social Worker.

Training remains an important feature for the team. Individual and Group Supervision sessions continue to provide the opportunity for the team to raise cases and issues for discussions and learning as a group. There is also third party Individual or Group Supervision planned monthly for the team by Counselling and Care Centre.

In June 2011, Medical Social Workers Jayne Leong and Sthenos Lim Li Zhen travelled to Miami to attend the 33rd ADEC Annual Conference organised by the Association for Death Education and Counselling, which is an international organisation dedicated to education and research in the areas relating to death, care for the dying and grief counselling. It was a wonderful opportunity for them to hear from global experts and gain deeper insight into issues on grief and bereavement. They brought their learnings home and shared them with the team.

Other external training programmes attended by the team included:

1. Mindfulness-Based Cognitive Therapy (MBCT), 16-20 May 2011
2. Enriching your Relationship with Yourself, 22-23 Oct 2011

We also celebrated Counsellor, Jacinta Phoon's achievement in obtaining her Graduate Diploma in Social Work from NUS in December 2011 after an18-month part-time study.

As the PSS team carries on their mission of care with patients and families, they continue to be also touched and humbled by their experiences with the people they encounter.

Take Angeline, a 38 years old patient who was diagnosed with Motor Neuron Disease. Angeline came into our care in late February 2011 with much fear and uncertainty about her stay at Assisi Hospice. By then, the progression of her disease had left her immobile from the neck down and she had great difficulty communicating with the staff as she was unable to speak clearly. She was feeling very much dejected. She even shut out her daughter from her life as she did not want her daughter to see her in this condition.

In caring for Angeline, the PSS team worked closely with volunteers to schedule time to actively engage with her. They spent time interacting with her, helping to feed her, talk with her and involving her with craft work by chatting with her and getting her comments as she observed the process.

With her difficulty in speaking, one of the volunteers helped to create a communication tool that comprised of a chart with blocks of alphabets and colour codes which allowed Angeline to spell out words by using just her eye movements. This enabled her to communicate her wants, thoughts and feelings to the medical team, the volunteers and especially to her loved ones.

The team also got in touch with the healthcare workers at the Singapore General Hospital and the National Cancer Centre who had taken care of Angeline prior to her admission to Assisi Hospice. Together they organised feasting sessions to bring joy to her and to assure her of the support from a community of caregivers who have and will continue to journey with her through this difficult time.

The PSS team was instrumental in pulling together this support group for Angeline and over the 8 months she was with us, she built meaningful relationships and bonds with the Assisi staff and volunteers. She found comfort and solace staying at the hospice and discovered a new 'family' who cared for her.

From a position of fear, frustration and self-isolation, Angeline started smiling once again and began to find new meaning and beauty in her life despite her limiting condition.

She opened up to express her inner thoughts, feelings and desires to the team and allowed them to facilitate sessions that enabled her to reconcile with loved ones, especially with her daughter.

Angeline passed away peacefully on 24 November 2011 at the Assisi Hospice, surrounded by her family and friends.

In caring for Angeline, the PSS team worked closely with volunteers to schedule time to actively engage with her.

A gentle presence, a companion on the journey...

When struck with an illness, it is always challenging for patients and their loved ones. For those who are warded in Assisi Hospice, our Clinical Pastoral Care (CPC) team has been providing spiritual support during the most difficult journey of their lives.

Regardless of their religion, the CPC team is responsible in facilitating and assisting the patients to get the religious support that is meaningful for them during their time in the hospice.

As a Roman Catholic establishment and following through the tradition from the religious sisters, the CPC team provides the reception of daily Holy Communion, the sacrament of the Anointing of the Sick as well as supporting families in the time of their loved one's passing.

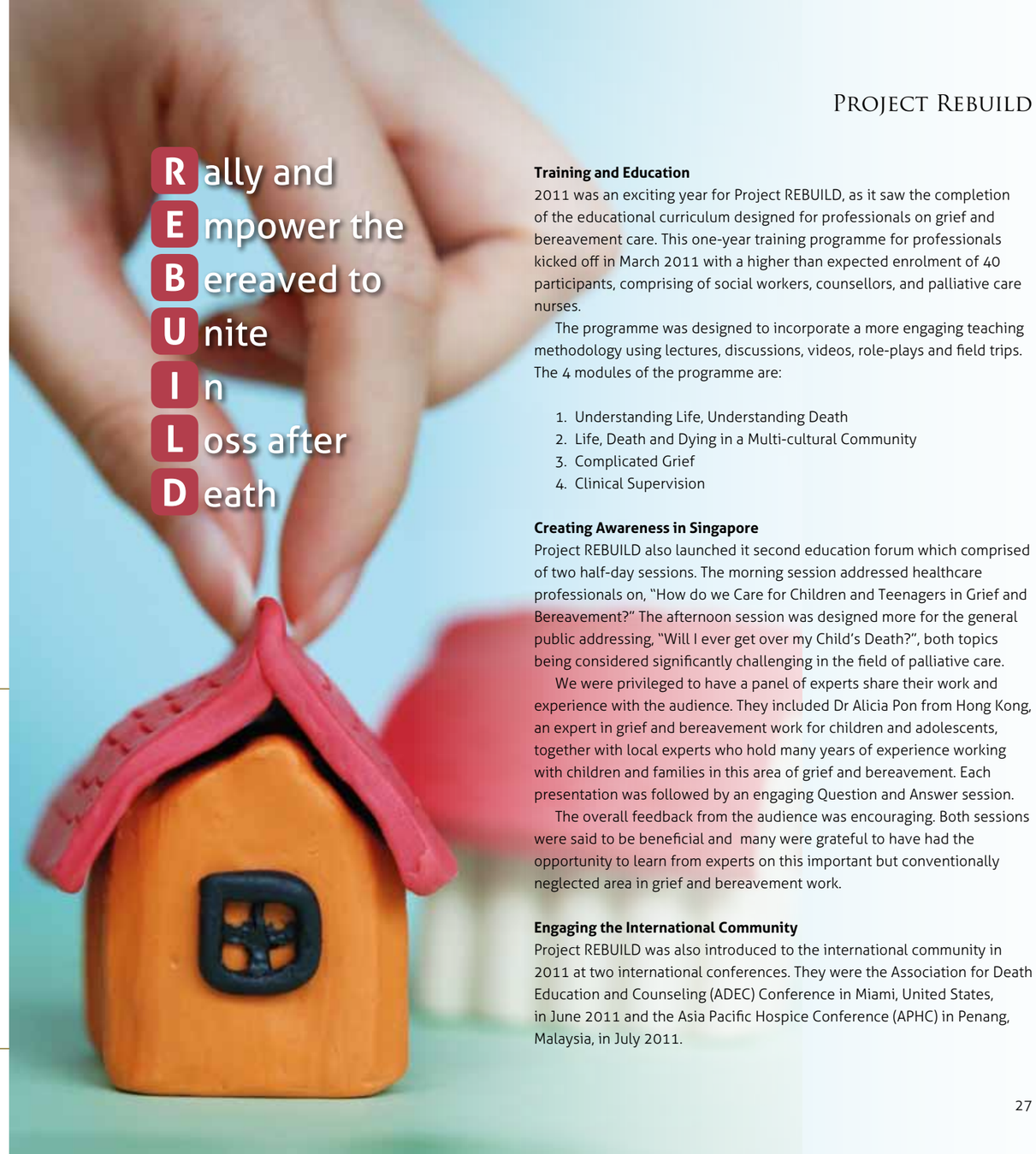
In the course of the year, the CPC team collaborated closely with the Psychosocial Support Services team in fulfilling the final wishes of some of our patients. In such situations, the team picked up the desires of the patients in our interactions with them and worked closely to the fulfillment.

A patient that we assisted meaningfully was a Thai lady whose final wish was to return to her home country. Working with various parties and with the help of our generous benefactors, she had her family by her side in her final moments.

In August 2011, Mr Puah Haw Koon and his wife, Mdm Tan Kheng Ngoh were admitted to the Assisi Hospice. When Mr Puah passed on, followed by his wife a few days later, it was an extremely challenging time for the family as they had to cope with two losses within a week. Besides supporting the family emotionally and spiritually, CPC assisted with the funeral arrangements. "I am really touched and truly appreciate the support - even during my parent's wake, they're still there for us. There is nothing much we can do to repay their kindness but only to say thank you..." says Tristan Puah, son of Mr & Mrs Puah.

The team continues to support the hospice in the organisation of the Interfaith Memorial Service that is held 3 times a year, in the months of March, July and November. These services continue to be an integral part in the spiritual continuity during the bereavement process of our patients' loved ones.

The CPC team is lead by Manager, Rose Goh. The members of the team, as per the picture below are, (from right to left):
Sr Bernadette Yeo (Senior CPC Counsellor), Rose Goh (Manager), Sr Christine Chua (Senior CPC Counsellor), Elaine Tee, William Lim and Andrew Joseph Ng (CPC Counsellors).



Training and Education

2011 was an exciting year for Project REBUILD, as it saw the completion of the educational curriculum designed for professionals on grief and bereavement care. This one-year training programme for professionals kicked off in March 2011 with a higher than expected enrolment of 40 participants, comprising of social workers, counsellors, and palliative care nurses.

The programme was designed to incorporate a more engaging teaching methodology using lectures, discussions, videos, role-plays and field trips. The 4 modules of the programme are:

1. Understanding Life, Understanding Death
2. Life, Death and Dying in a Multi-cultural Community
3. Complicated Grief
4. Clinical Supervision

Creating Awareness in Singapore

Project REBUILD also launched it second education forum which comprised of two half-day sessions. The morning session addressed healthcare professionals on, "How do we Care for Children and Teenagers in Grief and Bereavement?" The afternoon session was designed more for the general public addressing, "Will I ever get over my Child's Death?", both topics being considered significantly challenging in the field of palliative care.

We were privileged to have a panel of experts share their work and experience with the audience. They included Dr Alicia Pon from Hong Kong, an expert in grief and bereavement work for children and adolescents, together with local experts who hold many years of experience working with children and families in this area of grief and bereavement. Each presentation was followed by an engaging Question and Answer session.

The overall feedback from the audience was encouraging. Both sessions were said to be beneficial and many were grateful to have had the opportunity to learn from experts on this important but conventionally neglected area in grief and bereavement work.

Engaging the International Community

Project REBUILD was also introduced to the international community in 2011 at two international conferences. They were the Association for Death Education and Counseling (ADEC) Conference in Miami, United States, in June 2011 and the Asia Pacific Hospice Conference (APHC) in Penang, Malaysia, in July 2011.

Fundraising

We are happy to report that despite a slow start in the first half of 2011, total donation received for 2011 was $5.2 million. We could not have achieved this without the generous support of donors who made special efforts to donate in the last quarter of 2011.

	Amount Raised	Expenses	Cost/Income Ratio
Charity Fun Day – 19 June 2011	$802,751	$69,966	8.7
Charity Dinner – 07 Nov 2011	$1,011,714	$20,980*	2.1
Christmas Light Up – 02 Dec 2011	$465,071	$24,717	5.3
Total	**$2,279,536**	**$115,663**	**5.1**

* food and facilities sponsored by our ardent supporter Pan Pacific Group

We continued to be well supported and have been prudent with our costs. We managed to achieve an overall cost/income ratio of 5.1 for our 3 major fundraising events. This was possible with the support we continued to receive from sponsors, volunteers and donors.

The pull of our annual Charity Fun Day saw more than 10,000 visitors throng the gates of SJI International as early as 9am. Our staff and volunteers worked alongside our sponsors to ensure the successful execution of the day's event on 19 June 2011. Our Guest of Honour, Ms Indranee Rajah, covered the grounds and made

sure that everyone involved was duly congratulated and thanked for their efforts.

Our Annual Charity Dinner on 7 Nov 2011 was graced by Minister for Health, Mr Gan Kim Yong who also announced the government's approval for the development of the new Assisi Hospice building at a site next to our existing building. Highlights of the dinner included stage entertainment by Vocaluptuous, Martin Elias Reyes and a special segment by Mrs Jeannie Tien who took to the mike to raise additional funds for the night. An auction with items generously sponsored by companies such as Pan Pacific Singapore, The Singapore Shawl, The Hour Glass, The Asmara Bali, Vinum Wines and individual sponsors helped garner more donations from the audience.

The year ended well with the launch of our on-site Christmas Light Up on 2 Dec 2011. This yearly event continues to bring much joy to the hospice as we celebrate the festive season with our patients, their families and well wishers. The Sembcorp Group, our regular sponsor for this annual event was on hand with a full team to ensure that our patients and their loved ones were well taken care of. Everyone went home happy with specially selected gifts for the younger ones.

In 2011, we also re-launched our Teddy Bear adoption project to drive towards having incleased regular pledges of donations which are important to enable us to achieve more sustainable programmes and services for our patients.

We will need the on-going support of the community to enable us to provide the care needed for our patients and their families.

The Assisi Hospice has been most blessed as we continued to have the support of our wonderful partners City Developments Limited, CBM Pte Ltd, Sembcorp Industries Ltd, St Joseph's Institution International, the Pan Pacific Group in Singapore as well as the Singapore Totalisator Board. They have supported multiple projects and have journeyed with us for many years. We look forward to greater and stronger partnerships with them.

In addition to these sponsors, many others have also helped us with our fundraising efforts in their own special way. Our grateful thanks to:

- the golfing fraternity of Keppel Club, SICC and Tractors Singapore
- the students of the many schools and colleges who have put in many hours helping at the hospice and our events
- the schools and their leaders for helping to fundraise (Catholic Junior College and Temasek Junior College)
- our volunteers for their commitment to serve
- our very generous and supportive donors

Our Volunteers

In 2011 we had 196 new volunteers joining us, comprising of 102 adults and 94 students, who were all required to attend our Volunteer Orientation and Training session. A total of 11 such sessions were conducted in the year. Volunteers were then mentored by staff and senior volunteers who helped to train our new volunteers on-the-job. We remain grateful for their continued support in working closely with us in caring for our patients.

We have been blessed to also receive on-going support from the various associations, corporations and individuals who have pulled together to serve in our mission of care. They include:

- The Japanese Association who has consistently spent their Tuesday mornings conducting music and exercise programmes for our patients, and on Thursday mornings providing patients with shoulder and foot massages at our Day Centre.
- Frances Chua and Anthony Tan who have been faithfully coming every month to bring joy to our patients with their sing-a long sessions.
- The students from the United World College who bring cheer to our inpatients when they come to spend time every fortnight as part of their Service Learning Programme.
- City Developments Limited, a major sponsor at our charity events, who annually celebrate Mid-Autumn Festival with a buffet feast, gifts and entertainment for all our patients and families, volunteers and staff.

Our volunteers continue to make a difference in the lives of our patients. We have seen many adult volunteers come forward with a strong compassion to serve. Some were touched by the care they had received when their loved ones were patients at the Assisi and have come back to provide comfort to other patients in turn. During the school holidays we saw an increase in the volunteer activities with more students coming forward to offer their help.

For patients who were cared for at home, our volunteers were also deployed to help in various areas which included spring cleaning of their homes, assistance to bring them for medical appointments or just to provide companionship.

Besides direct patient care, our volunteers have also assisted in other areas, like administrative work or to help at our Interfaith Memorial Service, which we hold for the families of our deceased patients. Many volunteers have also been actively involved in our annual fundraising events like Assisi's Charity Fun Day, Charity Dinner or Christmas Light up, and other external events supported by Assisi Hospice, such as the Singapore Hospice Council's Charity Bicycle event in October 2011.

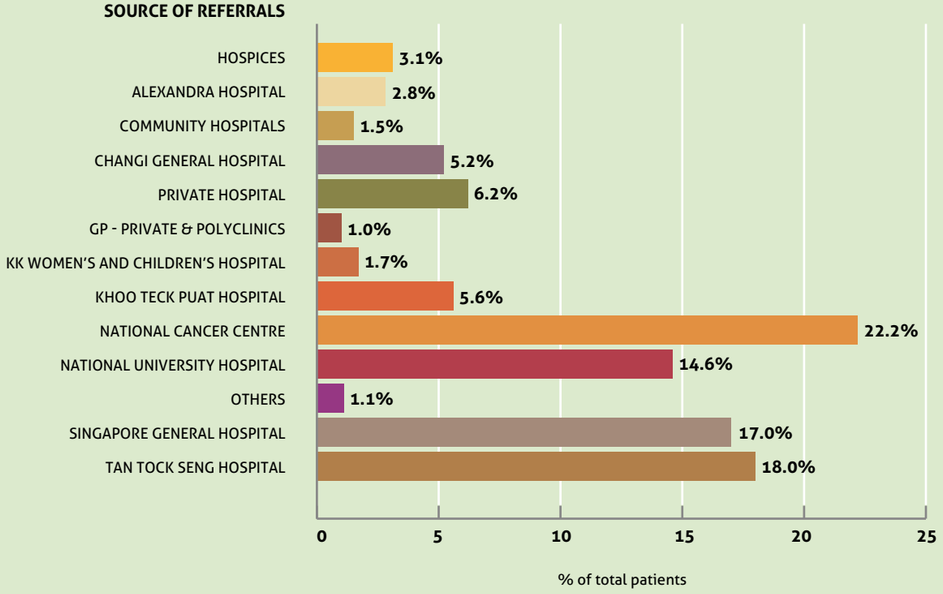
Assisi also provides learning opportunities for students who aspire to become future doctors. A few such students were given the opportunity to undergo a 1 week attachment with our medical team to gain better insights into the field of palliative care. We also hosted 5 Korean students from Kkottongnae Hyundo University for an 11-day attachment programme.

We remain grateful for the constant help we receive from all our volunteers, who have worked closely with us to bring compassionate care and comfort to our patients. Much of what we have been able to achieve has only been possible because of the strong support we have received from them. We thank them for their dedication to our mission.

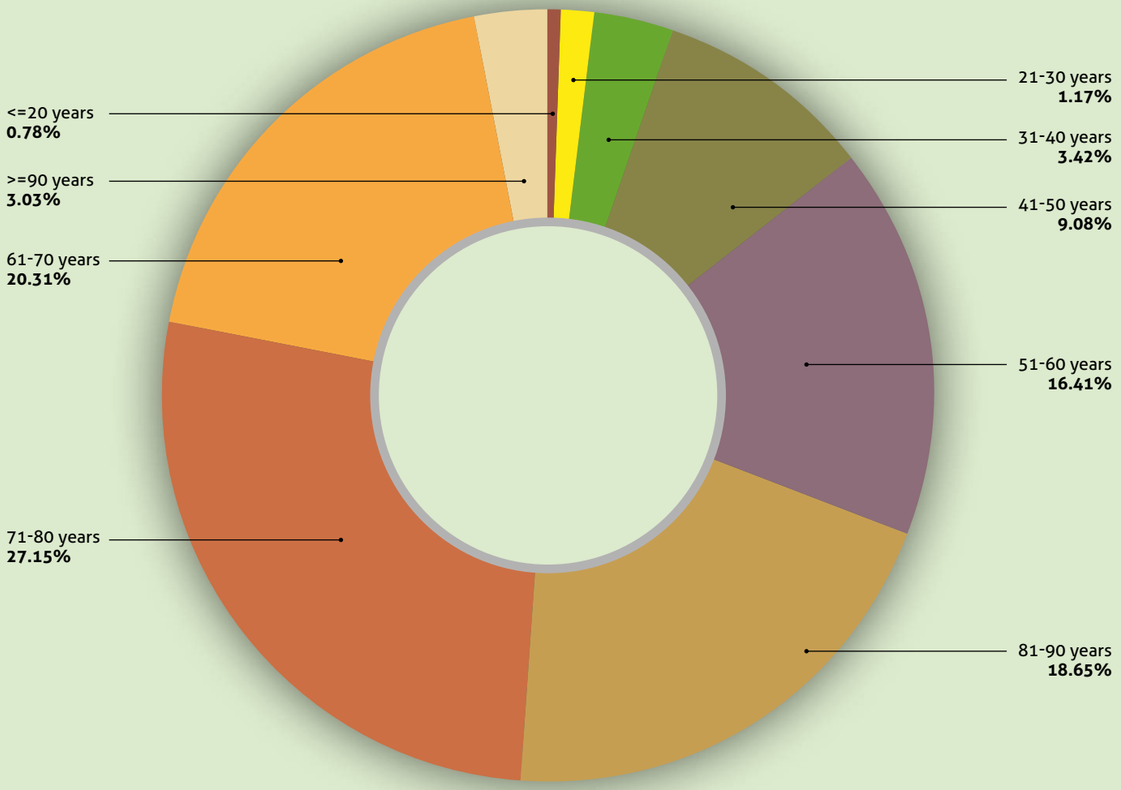
NUMBER OF PATIENTS SERVED IN 2011

Category	Inpatient Adults	Inpatient Children	Day Care Adults	Day Care Children	Home Care Adults	Home Care Children	Sum Total
Patients Carried Forward from 2011	17	1	30	2	144	2	196
New Admission	384	3	60	2	468	2	919
Re-Admissions	38	1	7	0	59	0	105
TOTAL	439	5	97	4	671	4	1220

SOURCE OF REFERRALS



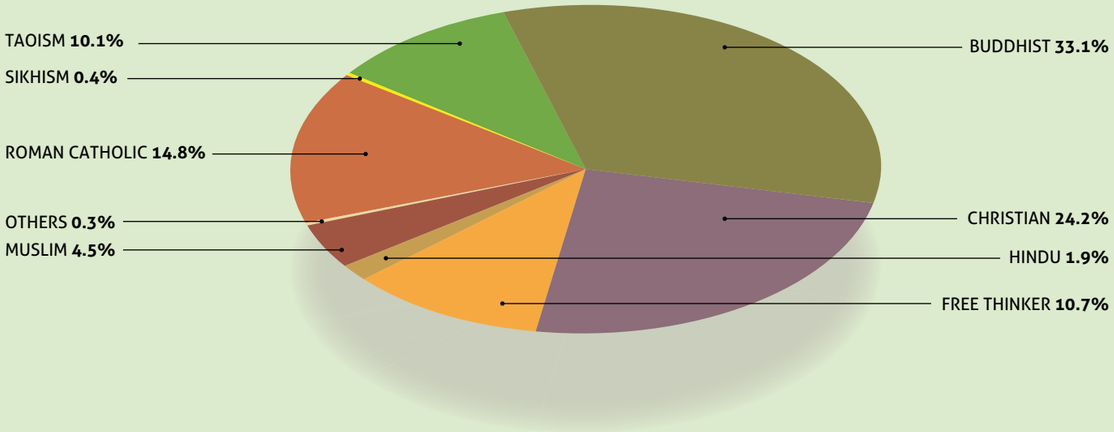
AGE PROFILE OF PATIENTS ADMITTED



ETHNIC GROUP OF PATIENTS

	Inpatient Adults		Inpatient Children		Day Care Adults		Day Care Children		Home Care Adults		Home Care Children		Sum Total	
ETHNIC GROUP	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Chinese	377	89.34	4	100.00	63	94.03	2	100.00	467	88.61	2	100.00	915	89.36
Eurasian	9	2.13	0	0.00	1	1.49	0	0.00	6	1.14	0	0.00	16	1.56
India	19	4.50	0	0.00	1	1.49	0	0.00	18	3.42	0	0.00	38	3.71
Malay	8	1.90	0	0.00	2	2.99	0	0.00	24	4.55	0	0.00	34	3.32
Others	9	2.13	0	0.00	0	0.00	0	0.00	12	2.28	0	0.00	21	2.05
TOTAL	422	100.00	4	100.00	67	100.00	2	100.00	527	100.00	2	100.00	1024	100.00

RELIGION OF PATIENTS



In our opinion:

(a) the financial statements set out on pages 37 to 60 are drawn up so as to give a true and fair view of the state of affairs of Assisi Hospice (the Hospice) as at 31 December 2011 and the results, changes in funds and cash flows of the Hospice for the year ended on that date in accordance with Singapore Financial Reporting Standards; and

(b) at the date of this statement, there are reasonable grounds to believe that the Hospice will be able to pay its debts as and when they fall due.

The Board of Directors has, on the date of this statement, authorised these financial statements for issue.

On behalf of the Board of Directors

Ronny Tan Chong Tee
Chairman

Sister Pereira Barbara Anne, FMDM
Director

30 May 2012

Independent Auditors' Report

The Board of Directors of the Assisi Hospice

Report on the financial statements

We have audited the accompanying financial statements of Assisi Hospice (the Hospice), which comprise the balance sheet as at 31 December 2011, the statement of comprehensive income, statement of changes in funds and cash flow statement for the year then ended, and a summary of significant accounting policies and other explanatory information, as set out on pages 37 to 60.

The Hospice is a segment of the Singapore operations of the Reverend Mother Superior of the Franciscan Missionaries of the Divine Motherhood (Malaya) (FMDM). FMDM is the corporate legal entity, with operations in the region. In Singapore, the operations comprise the following segments: the regional office in Singapore, the Convents, Mount Alvernia Hospital and the Hospice.

Management's responsibility for the financial statements

Management is responsible for the preparation of financial statements that give a true and fair view in accordance with the Singapore Charities Act, Chapter 37 (the Act) and Singapore Financial Reporting Standards, and for devising and maintaining a system of internal accounting controls sufficient to provide a reasonable assurance that assets are safeguarded against loss from unauthorised use or disposition; and transactions are properly authorised and that they are recorded as necessary to permit the preparation of true and fair profit and loss accounts and balance sheets and to maintain accountability of assets.

Auditors' responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Singapore Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about 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 control relevant to the entity's preparation of financial statements that give a true and fair view 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 control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

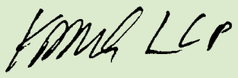
In our opinion, the financial statements of the Hospice are properly drawn up in accordance with the provisions of the Act and Singapore Financial Reporting Standards to give a true and fair view of the state of affairs of the Hospice as at 31 December 2011 and the results, changes in funds and cash flows of the Hospice for the year ended on that date.

Report on other legal and regulatory requirements

During the course of our audit, nothing has come to our attention that causes us to believe that during the year:

(a) the use of the donation moneys was not in accordance with the objectives of the Hospice as required under Regulation 16 of the Charities (Institutions of a Public Character) Regulations; and

(b) the Hospice has not complied with the requirements of Regulation 15 (fund-raising expenses) of the Charities (Institutions of a Public Character) Regulations.



KPMG LLP
Public Accountants and Certified Public Accountants

Singapore
30 May 2012

Balance Sheet

As at 31 December 2011

	Note	2011 $	2010 $
Non-current asset			
Property, plant and equipment	4	1,920,654	1,824,140
Current assets			
Trade and other receivables	5	706,032	286,876
Cash and cash equivalents	6	23,846,901	22,609,512
		24,552,933	22,896,388
Total assets		26,473,587	24,720,528
Funds			
Restricted funds			
Children Camp Fund	7	–	1,878
Development Fund	8	1,375,436	1,419,727
Medical Equipment Fund	9	41,444	47,315
Motor Vehicle Fund	10	–	4,137
Paediatric Palliative Care Programme	11	633,587	633,587
Patient Assistance Fund	12	30,836	12,734
Project Next Door Fund	13	232,900	–
Renovation Fund	14	5,431	21,582
Respectance Fund	15	225,000	–
Singapore Community Bereavement Project Fund	16	–	10,613
Unrestricted funds			
Accumulated Fund		22,819,543	21,277,288
Total funds		25,364,177	23,428,861
Current liability			
Trade and other payables	17	1,109,410	1,291,667
Total liability		1,109,410	1,291,667
Total funds and liability		26,473,587	24,720,528

The accompanying notes form an integral part of these financial statements.

Statement of Comprehensive Income

Year ended 31 December 2011

Financial activities	Note	Unrestricted Funds 2011	Restricted Funds 2011	Total Funds 2011	Unrestricted Funds 2010	Restricted Funds 2010	Total Funds 2010
		$	$	$	$	$	$
Incoming resources							
Incoming resources from generated funds:							
Voluntary income							
- Donation from general public		1,698,099	254,614	1,952,713	1,669,735	27,281	1,697,016
- Donation from Mount Alvernia Hospital	18	588,000	–	588,000	588,000	–	588,000
- Grant/Sponsorship received/receivable		138,034	307,233	445,267	2,082	222,967	225,049
Income from fund-raising activities		3,061,149	232,900	3,294,049	3,909,737	25,152	3,934,889
Incoming resources from charitable activities							
- Government grants		1,486,088	–	1,486,088	1,392,430	–	1,392,430
- Patient fees		686,189	–	686,189	743,819	–	743,819
- Amortisation of funds		54,299	(54,299)	–	72,549	(72,549)	–
Other incoming resources	19	119,983	–	119,983	147,050	–	147,050
Total incoming resources		7,831,841	740,448	8,572,289	8,525,402	202,851	8,728,253
Resources expended							
Cost of generating funds		146,898	–	146,898	153,774	–	153,774
Charitable activities		6,057,357	347,387	6,404,744	5,688,555	221,965	5,910,520
Governance costs		85,331	–	85,331	96,252	–	96,252
Total resources expended		6,289,586	347,387	6,636,973	5,938,581	221,965	6,160,546
Net incoming/(outgoing) resources for the year	20	1,542,255	393,061	1,935,316	2,586,821	(19,114)	2,567,707
Other comprehensive income		–	–	–	–	–	–
Total comprehensive income for the year		1,542,255	393,061	1,935,316	2,586,821	(19,114)	2,567,707

The accompanying notes form an integral part of these financial statements.

Statement of Changes in Funds

Year ended 31 December 2011

	Unrestricted Fund	Restricted Funds											Total Funds
		Children Camp Fund	Development Fund	Medical Equipment Fund	Motor Vehicle Fund	Paediatric Palliative Care Programme	Patient Assistance Fund	Project Next Door Fund	Renovation Fund	Respectance Fund	Singapore Community Bereavement Project Fund	Total Restricted Funds	
	$	$	$	$	$	$	$	$	$	$	$	$	$
At 1 January 2010	18,690,467	1,878	1,464,017	23,492	26,131	633,587	–	–	21,582	–	–	2,170,687	20,861,154
Total comprehensive income for the year	2,586,821	–	–	–	–	–	–	–	–	–	–	–	2,586,821
Donation/Grant received	–	–	–	32,100	–	–	20,333	–	–	–	222,967	275,400	275,400
Utilisation of fund	–	–	–	–	(2,012)	–	(7,599)	–	–	–	(212,354)	(221,965)	(221,965)
Amortisation to statement of comprehensive income	–	–	(44,290)	(8,277)	(19,982)	–	–	–	–	–	–	(72,549)	(72,549)
At 31 December 2010	21,277,288	1,878	1,419,727	47,315	4,137	633,587	12,734	–	21,582	–	10,613	2,151,573	23,428,861
Total comprehensive income for the year	1,542,255	–	–	–	–	–	–	–	–	–	–	–	1,542,255
Donation/Grant received	–	–	–	–	–	–	29,614	232,900	–	225,000	307,233	794,747	794,747
Transfers	–	(1,878)	–	–	–	–	1,878	–	–	–	–	–	–
Utilisation of fund	–	–	–	–	–	–	(13,390)	–	(16,151)	–	(317,846)	(347,387)	(347,387)
Amortisation to statement of comprehensive income	–	–	(44,291)	(5,871)	(4,137)	–	–	–	–	–	–	(54,299)	(54,299)
At 31 December 2011	22,819,543	–	1,375,436	41,444	–	633,587	30,836	232,900	5,431	225,000	–	2,544,634	25,364,177

The accompanying notes form an integral part of these financial statements.

Cash Flow Statement

Year ended 31 December 2011

	Note	2011 $	2010 $
Cash flows from operating activities			
Net incoming resources for the year		1,935,316	2,567,707
Adjustments for:			
Depreciation of property, plant and equipment	4	183,741	179,016
(Gain)/loss on disposal of property, plant and equipment	19	(111)	2,568
Interest income	19	(119,872)	(119,602)
		1,999,074	2,629,689
Changes in working capital:			
Trade and other receivables		(429,268)	479,510
Trade and other payables		(182,257)	418,324
Net cash from operating activities		1,387,549	3,527,523
Cash flows from investing activities			
Interest received		129,984	130,685
Placement of time deposits with maturity of more than 3 months with financial institutions		396,872	(3,530,332)
Proceeds from disposal of property, plant and equipment		155	–
Purchase of property, plant and equipment		(280,299)	(187,862)
Net cash from/(used in) investing activities		246,712	(3,587,509)
Net increase/(decrease) in cash and cash equivalents		1,634,261	(59,986)
Cash and cash equivalents at 1 January		680,476	740,462
Cash and cash equivalents at 31 December	6	2,314,737	680,476

The accompanying notes form an integral part of these financial statements.

Notes to the financial statements

These notes form an integral part of the financial statements.

The financial statements were authorised for issue by the Board of Directors on 30 May 2012.

1. DOMICILE AND ACTIVITIES

Assisi Hospice (the Hospice), a charitable organisation registered in the Republic of Singapore, is owned and operated by the Reverend Mother Superior of the Franciscan Missionaries of the Divine Motherhood in Malaya (FMDM), a Roman Catholic Religious Order, and has its principal place of business at 820 Thomson Road, Singapore 574623.

The Hospice is a segment of the Singapore operations of FMDM. FMDM is the corporate legal entity, with operations in the region. In Singapore, the operations comprise the following segments: the regional office in Singapore, the Convents, Mount Alvernia Hospital and the Hospice.

The principal activities of the Hospice are to provide in-patient nursing services for chronically sick and terminally ill patients as well as day care and home care services.

The Hospice is approved as an institution of a public character (IPC) under the provisions of the Income Tax Act. The Hospice is registered as a charity under the Singapore Charities Act, Chapter 37 since 27 February 1985.

2. BASIS OF PREPARATION

2.1 Statement of compliance

The financial statements have been prepared in accordance with Singapore Financial Reporting Standards (FRS).

2.2 Basis of measurement

The financial statements have been prepared on the historical cost basis.

2.3 Functional and presentation currency

The financial statements are presented in Singapore dollars which is the Hospice's functional currency.

2.4 Use of estimates and judgements

The preparation of financial statements in conformity with FRS requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimates are revised and in any future periods affected.

2.5 Changes in accounting policies

Identification of related party relationships and related party disclosures

From 1 January 2011, the Hospice has applied the revised FRS 24 Related Party Disclosures (2010) to identify parties that are related to the Hospice and to determine the disclosures to be made on transactions and outstanding balances, including commitments, between the Hospice and its related parties. FRS 24 (2010) improved the definition of a related party in order to eliminate inconsistencies and ensure symmetrical identification of relationships between two parties.

The adoption of FRS 24 (2010) affects only the disclosures made in the financial statements. There is no financial effect on the results and financial position of the Hospice for the current and previous financial years.

3. SIGNIFICANT ACCOUNTING POLICIES

The accounting policies set out below have been applied consistently to all periods presented in these financial statements, except as explained in note 2.5, which addresses changes in accounting policies.

3.1 Foreign currency

Foreign currency transactions

Transactions in foreign currencies are translated to Singapore dollars at the exchange rate at the dates of the transactions. Monetary assets and liabilities denominated in foreign currencies at the reporting date are retranslated to the functional currency at the exchange rate at that date. Non-monetary assets and liabilities denominated in foreign currencies that are measured at fair value are retranslated to the functional currency at the exchange rate at the date that the fair value was determined. Foreign currency differences arising on retranslation are recognised in net incoming resources.

3.2 Property, plant and equipment

Recognition and measurement

Items of property, plant and equipment are measured at cost less accumulated depreciation and accumulated impairment losses.

Cost includes expenditure that is directly attributable to the acquisition of the asset. Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment.

When parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major components) of property, plant and equipment.

Gains and losses on disposal of an item of property, plant and equipment are determined by comparing the proceeds from disposal with the carrying amount of property, plant and equipment, and are recognised net within net incoming resources.

Subsequent costs

The cost of replacing a component of an item of property, plant and equipment is recognised in the carrying amount of the item if it is probable that the future economic benefits embodied within the component will flow to the Hospice and its cost can be measured reliably. The carrying amount of the replaced component is derecognised. The costs of the day-to-day servicing of property, plant and equipment are recognised in net incoming resources as incurred.

Depreciation

Depreciation is based on the cost of an asset less its residual value. Significant components of individual assets are assessed and if a component has a useful life that is different from the remainder of that asset, that component is depreciated separately.

Depreciation on property, plant and equipment is recognised in net incoming resources on a straight-line basis over the estimated useful lives of each part of an item of property, plant and equipment.

The estimated useful lives for the current and comparative periods are as follows:

Building	50 years
Renovations	5 years
Furniture and fittings	5 years
Office and other equipment	4 years
Motor vehicles	4 years
Plant and machinery	4 years
Medical equipment	6 years
Computer equipment	3 years

Assets under construction are stated at cost. Expenditure relating to assets under construction are capitalised when incurred. No depreciation is provided until the assets under construction are completed and the related property, plant and equipment are available for use.

Depreciation methods, useful lives and residual values are reviewed, and adjusted as appropriate, at each reporting date.

3.3 Financial instruments

Non-derivative financial assets

The Hospice initially recognises loans and receivables and deposits on the date that they are originated. All other financial assets are recognised initially on the trade date, which is the date that the Hospice becomes a party to the contractual provisions of the instrument.

The Hospice derecognises a financial asset when the contractual rights to the cash flows from the asset expire, or it transfers the rights to receive the contractual cash flows on the financial asset in a transaction in which substantially all the risks and rewards of ownership of the financial asset are transferred. Any interest in transferred financial assets that is created or retained by the Hospice is recognised as a separate asset or liability.

Financial assets and liabilities are offset and the net amount presented in the balance sheet when, and only when, the Hospice has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

The Hospice has the following non-derivative financial assets: loans and receivables.

Loans and receivables

Loans and receivables are financial assets with fixed or determinable payments that are not quoted in an active market. Such assets are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, loans and receivables are measured at amortised cost using the effective interest method, less any impairment losses.

Loans and receivables comprise trade and other receivables, and cash and cash equivalents.

Cash and cash equivalents comprise cash at bank and in hand.

Non-derivative financial liabilities

The Hospice initially recognised financial liabilities on the trade date, which is the date that the Hospice becomes a party to the contractual provisions of the instrument.

The Hospice derecognises a financial liability when its contractual obligations are discharged, cancelled or expired.

Financial assets and liabilities are offset and the net amount presented in the balance sheet when, and only when, the Hospice has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

The Hospice has the following non-derivative financial liabilities: trade and other payables.

Such financial liabilities are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial liabilities are measured at amortised cost using the effective interest method.

3.4 Impairment

Non-derivative financial assets

A financial asset not carried at fair value through net incoming resources is assessed at the end of each reporting period to determine whether there is objective evidence that it is impaired. A financial asset is impaired if objective evidence indicates that a loss event has occurred after the initial recognition of the asset, and that the loss event has a negative effect on the estimated future cash flows of that asset that can be estimated reliably.

Objective evidence that financial assets are impaired can include default or delinquency by a debtor, restructuring of an amount due to the Hospice on terms that the Hospice would not consider otherwise, and indications that a debtor or issuer will enter bankruptcy.

Loans and receivables

The Hospice considers evidence of impairment for receivables at a specific asset level. All individually significant receivables are assessed for specific impairment.

An impairment loss in respect of a financial asset measured at amortised cost is calculated as the difference between its carrying amount and the present value of the estimated future cash flows discounted at the asset's original effective interest rate. Losses are recognised in net incoming resources and reflected in an allowance account against receivables. Interest on the impaired asset continues to be recognised through the unwinding of the discount. When a subsequent event causes the amount of impairment loss to decrease, the decrease in impairment loss is reversed through net incoming resources.

Notes to the financial statements
These notes form an integral part of the financial statements.

Non-financial assets
The carrying amounts of the Hospice's non-financial assets are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, then the asset's recoverable amount is estimated.

The recoverable amount of an asset or cash-generating unit is the greater of its value in use and its fair value less costs to sell. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset. For the purpose of impairment testing, assets that cannot be tested individually are grouped together into the smallest group of assets that generates cash inflows from continuing use that are largely independent of the cash inflows of other assets or groups of assets (the cash-generating unit, or CGU).

An impairment loss is recognised if the carrying amount of an asset or its CGU exceeds its estimated recoverable amount. Impairment losses are recognised in net incoming resources. Impairment losses recognised in respect of CGUs are allocated to reduce the carrying amounts of the other assets in the unit (group of units) on a pro rata basis.

Impairment losses recognised in prior periods are assessed at each reporting date for any indications that the loss has decreased or no longer exists. An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation, if no impairment loss had been recognised.

3.5 Employee benefits
Defined contribution plans
A defined contribution plan is a post-employment benefit plan under which an entity pays fixed contributions into a separate entity and will have no legal or constructive obligation to pay further amounts. Obligations for contributions to defined contribution plans are recognised as an expense in net incoming resources as incurred.

Short-term employee benefits
Short-term employee benefit obligations are measured on an undiscounted basis and are expensed as the related service is provided.

A liability is recognised for the amount expected to be paid under short-term cash bonus or profit-sharing plans if the Hospice has a present legal or constructive obligation to pay this amount as a result of past service provided by the employee and the obligation can be estimated reliably.

3.6 Incoming resources
(i) Patient fees
Provided it is probable that the economic benefits will flow to the Hospice, and that the income and expenses, if applicable, can be measured reliably, income from patients and related services is recognised when the services are rendered. Revenue excludes goods and services taxes or other taxes.

(ii) Government subvention
Government subvention is recognised in net incoming resources when the right to receive payment is established.

(iii) Jobs Credit Scheme
Cash grants received from the government in relation to the Jobs Credit Scheme are recognised as income upon receipt.

(iv) Donation and fund raising income
Donations and revenue from fund raising are recognised as income in the accounting period in which they are received or receivable.

(v) Donation in kind
Donation in kind are recorded as donation income at an amount equivalent to the estimated value of the items donated when the value can be reasonably and reliably estimated.

Notes to the financial statements
These notes form an integral part of the financial statements.

(vi) Interest income
Interest income from time deposits are recognised as it accrues, using the effective interest method.

(vii) Amortisation of fund balances
The cash received for the specific funds, which are used for property, plant and equipment purchases, are treated as deferred income in nature and amortised over the useful life of the property, plant and equipment by crediting to net incoming resources an amount so as to match the related annual depreciation expenses of property, plant and equipment purchased under these funds.

3.7 Resources expended
Resources expended comprise the following:
(i) Costs of generating funds
Costs of generating funds include the costs of activities carried out to generate incoming resources, which will be used to undertake charitable activities.

(ii) Charitable activities
Charitable activities include both direct and related support costs relating to general running of the Hospice in generating funds and service delivery.

(iii) Governance costs
Governance costs include those costs associated with meeting constitutional and statutory requirements of the Hospice. It includes related staff cost, audit and professional fees related to the governance infrastructure and in ensuring public accountability of the Hospice.

3.8 Funds structure
Unrestricted funds are available for use at the discretion of the management in furtherance of the general objectives of the Hospice.

Restricted funds are subjected to restrictions on their expenditure imposed by the donor or through the terms of an appeal.

3.9 New standards and interpretations not adopted
A number of new standards, amendments to standards and interpretations are effective for annual periods beginning after 1 January 2011, and have not been applied in preparing these financial statements. None of these are expected to have a significant effect on the financial statements of the Hospice.

4. PROPERTY, PLANT AND EQUIPMENT

	Building	Renovations	Furniture and fittings	Office and other equipment	Motor vehicles	Plant and machinery	Medical equipment	Computer equipment	Assets under construction	Total
	$	$	$	$	$	$	$	$	$	$
Cost										
At 1 January 2010	2,233,287	1,258,883	139,495	122,646	250,055	408,739	124,901	100,123	–	4,638,129
Additions	–	108,162	22,114	9,495	–	6,450	27,877	8,177	5,587	187,862
Disposals	–	–	(3,950)	–	–	–	(10,433)	(11,998)	–	(26,381)
At 31 December 2010	2,233,287	1,367,045	157,659	132,141	250,055	415,189	142,345	96,302	5,587	4,799,610
Additions	–	30,350	12,593	9,411	–	14,050	8,406	5,287	200,202	280,299
Disposals	–	–	(40,300)	(3,096)	–	(6,971)	(4,181)	–	–	(54,548)
At 31 December 2011	2,233,287	1,397,395	129,952	138,456	250,055	422,268	146,570	101,589	205,789	5,025,361
Accumulated depreciation										
At 1 January 2010	755,993	1,172,709	114,570	102,582	170,563	384,296	53,411	66,143	–	2,820,267
Depreciation charge for the year	44,666	30,651	8,818	8,722	35,281	13,138	17,997	19,743	–	179,016
Disposals	–	–	(3,950)	–	–	–	(7,865)	(11,998)	–	(23,813)
At 31 December 2010	800,659	1,203,360	119,438	111,304	205,844	397,434	63,543	73,888	–	2,975,470
Depreciation charge for the year	44,666	51,081	12,861	9,522	19,429	11,654	18,852	15,676	–	183,741
Disposals	–	–	(40,296)	(3,096)	–	(6,933)	(4,179)	–	–	(54,504)
At 31 December 2011	845,325	1,254,441	92,003	117,730	225,273	402,155	78,216	89,564	–	3,104,707
Carrying amount										
At 1 January 2010	1,477,294	86,174	24,925	20,064	79,492	24,443	71,490	33,980	–	1,817,862
At 31 December 2010	1,432,628	163,685	38,221	20,837	44,211	17,755	78,802	22,414	5,587	1,824,140
At 31 December 2011	1,387,962	142,954	37,949	20,726	24,782	20,113	68,354	12,025	205,789	1,920,654

The accompanying notes form an integral part of these financial statements.

The following items have been included in the carrying amount of property, plant and equipment of the Hospice:

	Note	2011 $	2010 $
Carrying amount of building purchased under Development Fund	8	1,375,436	1,419,727
Carrying amount of medical equipment purchased under Medical Equipment Fund	9	9,344	15,215
Carrying amount of motor vehicle purchased under Motor Vehicle Fund	10	–	4,137

5. TRADE RECEIVABLES

	2011 $	2010 $
Trade receivables	117,693	144,296
Allowance for doubtful trade receivables	(6,894)	(21,841)
Net receivables	110,799	122,455
Government subvention due from the Ministry of Health	169,381	–
Grant receivable from Agency for Integrated Care	221,031	–
Other receivables	112,812	67,687
	614,023	190,142
Deposits	40,644	16,300
Interest receivable	36,084	46,196
Loans and receivables	690,751	252,638
Prepayments	15,281	34,238
	706,032	286,876

Loans and receivable are financial assets with fixed and determinable payments that are not quoted in an active market. No loans were extended as at 31 December 2011.

The Hospice's primary exposure to credit risk arises through its trade receivables and amount due from the Ministry of Health. Concentration of credit risk relating to the trade receivables is limited due to the Hospice's many varied customers who are normally individuals. There is no significant risk exposure expected to arise from the amount due from the Ministry of Health. The Hospice's historical experience in the collection of accounts receivable falls within the recorded allowances. Due to these factors, management believes that no additional credit risk beyond the amounts provided for collection losses is inherent in the Hospice's trade receivables.

Impairment losses

The ageing of loans and receivables at the reporting date is:

	Gross 2011 $	Impairment losses 2011 $	Gross 2010 $	Impairment losses 2010 $
Not past due	562,019	–	152,128	–
Past due 0 – 30 days	49,656	–	32,631	–
31 – 60 days	26,052	–	20,578	–
61 – 90 days	3,786	–	2,367	–
Past due more than 90 days	56,132	(6,894)	66,775	(21,841)
	697,645	(6,894)	274,479	(21,841)

The change in impairment loss in respect of loans and receivables during the year is as follows:

	2011 $	2010 $
At 1 January	21,841	4,615
Impairment loss recognised	12,022	104,248
Impairment loss utilised	(26,969)	(87,022)
At 31 December	6,894	21,841

Based on historical default rates, the Hospice believes that no impairment allowance is necessary in respect of receivables not past due or past due, except for specifically identified amounts. These receivables are mainly arising by customers that have a good payment record with the Hospice.

6. CASH AT BANK AND IN HAND

	2011 $	2010 $
Cash at bank and in hand	1,071,788	680,476
Time deposits with financial institutions	22,775,113	21,929,036
	23,846,901	22,609,512
Less: Time deposits with financial institutions with maturity of more than 3 months from the date of placement	(21,532,164)	(21,929,036)
Cash and cash equivalents in cash flow statement	2,314,737	680,476

The weighted average effective interest rate per annum relating to cash and cash equivalents at the reporting date is 0.52% (2010: 0.57%). Interest rates reprice at intervals of one, three, six, nine and twelve months.

Included in the time deposits with financial institutions with maturity of more than 3 months from the date of placement are balances of $1,259,854 (2010: $812,494) which are subject to usage restriction imposed by the donors. These balances include the donation for specified use imposed by the donor (note 17) and those belonging to restricted funds (notes 7 to 16).

7. CHILDREN CAMP FUND

	2011 $	2010 $
The fund is represented by:		
Current asset		
Cash and cash equivalents	–	1,878

This fund was set up in 2004 for the purpose of organising camping activities for the children. During the year, the Hospice had transferred the fund to Patient Assistance Fund with permission from the donors.

8. DEVELOPMENT FUND

	2011 $	2010 $
The fund is represented by:		
Non-current asset		
Building	1,375,436	1,419,727

This fund was set up in 1991 for the purpose of development of a new premise for the Hospice. The fund is amortised to net incoming resources over 50 years, which is consistent with the useful life of building.

9. MEDICAL EQUIPMENT FUND

	2011 $	2010 $
The fund is represented by:		
Non-current asset		
Medical equipment	9,344	15,215
Current assets		
Cash and cash equivalents	32,100	32,100
	41,444	47,315

This fund was set up in 2002 for the purchase of medical equipment. The capital portion of the fund is amortised to net incoming resources over 6 years, which is consistent with the useful life of medical equipment.

10. MOTOR VEHICLE FUND

	2011 $	2010 $
The fund is represented by:		
Non-current asset		
Motor vehicles	-	4,137

This fund was set up in 2006 to fund the purchase of motor vehicles and the daily running cost of the Hospice's motor vehicles. In 2010, the Hospice has utilised the motor vehicles fund for maintenance of motor vehicles amounting to $2,012.

The capital portion of the fund is amortised to net incoming resources over 4 years, which is consistent with the useful life of motor vehicles.

11. PAEDIATRIC PALLIATIVE CARE PROGRAMME

	2011 $	2010 $
The fund is represented by:		
Current asset		
Cash and cash equivalents	633,587	633,587

The Paediatric Palliative Care Programme was established in 2005 primarily for the training of doctors, nurses and allied healthcare workers to provide paediatric palliative care to the terminally ill children and their families.

During the year, the Hospice did not utilse the fund.

12. PATIENT ASSISTANCE FUND

	2011 $	2010 $
The fund is represented by:		
Current asset		
Cash and cash equivalents	30,836	12,734

The Patient Assistance Fund was set up in 2010 to assist lower income needy patients and their families with immediate needs such as, transportation including ambulance, food and milk feeds, consumables and any other needs as deemed necessary.

During the year, the Hospice has utilised the fund to help the needy patients amounting to $13,390 (2010:$7,599).

13. PROJECT NEXT DOOR FUND

	2011 $	2010 $
The fund is represented by:		
Current asset		
Cash and cash equivalents	232,900	–

This fund was set up during the year for the purpose of development of a new hospice building with inpatient capacity of 85 beds.

During the year, the Hospice has received a donation of $232,900.

14. RENOVATION FUND

	2011 $	2010 $
The fund is represented by:		
Current asset		
Cash and cash equivalents	5,431	21,582
	5,431	21,582

This fund was set up in 1998 for the purpose of renovation for space meant for patients' activities. During the year, the Hospice utilised $16,151 for renovations.

The unutilised fund will be used for the renovations of space meant for patients' activities.

15. RESPECTANCE FUND

	2011 $	2010 $
The fund is represented by:		
Current asset		
Cash and cash equivalents	225,000	-

The Respectance Fund was set up during the year. The fund was set up with the objective of fulfilling patients' wishes to pass away in their homes and also to provide help for needy families whose sole breadwinner has passed away.

During the year, the Hospice has received a donation of $225,000 from Lien Foundation.

16. SINGAPORE COMMUNITY BEREAVEMENT PROJECT FUND

	2011 $	2010 $
The fund is represented by:		
Current asset/(liability)		
Cash and cash equivalents	(221,031)	10,613
Grant receivable	221,031	–
	-	10,613

This fund was set up in 2010 to build capacity and capability in the provision of bereavement services in Singapore. The Hospice in collaboration with the Lien Centre for Palliative Care, has been awarded a $1.19 million grant from the Tote Board with another $240,000 grant from the Lien Centre for Palliative Centre for the next three years.

During the year, the Hospice received grant amounting to $86,202 and utilised $317,846 for bereavement services. The grant receivable amounting to $221,031 is due from the Agency of Integrated Care, the administrator of the grant.

17. TRADE AND OTHER PAYABLES

	2011	2010
	$	$
Government subvention received in advance	–	116,551
Amount due to Mount Alvernia Hospital	438,203	420,620
Patients' deposits	800	400
Trade payables	30,116	47,799
Other payables	559	–
Accrued operating expenses	539,732	606,297
Liabilities at amortised cost	1,009,410	1,191,667
Deferred donation income	100,000	100,000
	1,109,410	1,291,667

Outstanding balance with Mount Alvernia Hospital is unsecured, interest-free and repayable on demand.

Deferred donation income relates to donation for specified use imposed by the donor of which the project is still work-in-progress.

18. DONATION FROM MOUNT ALVERNIA HOSPITAL

Donation from Mount Alvernia Hospital of $588,000 represents amounts waived by Mount Alvernia Hospital in respect of support costs charged to the Hospice. With effect from this year, the administrative support from Mount Alvernia Hospital has reduced with the change in the organisation structure of Assisi Hospice, hence there was a corresponding reduction in support costs (note 20). However, there was no reduction in donation from Mount Alvernia Hospital.

19. OTHER INCOMING RESOURCES

	2011	2010
	$	$
Interest income from time deposits	119,872	119,602
Jobs credit grant	–	30,016
Gain/(Loss) on disposal of property, plant and equipment	111	(2,568)
	119,983	147,050

20. NET INCOMING/(OUTGOING) RESOURCES

The following items have been included in arriving at net incoming/(outgoing) resources:

	2011	2010
	$	$
Supplies and consumables	170,945	179,210
Depreciation of property, plant and equipment	183,741	179,016
Repairs and maintenance	117,587	65,766
Mount Alvernia Hospital's support costs to the Hospice (a)	518,004	588,000
Agency manpower services	455,215	576,964
Utilities	134,283	120,140
Staff costs	4,021,407	3,482,303
Contributions to defined contribution plan, included in staff costs	334,538	292,142
Impairment charge on receivables	12,022	104,248

(a) Mount Alvernia Hospital charges the Hospice for its share of the administrative costs in respect of services rendered by Mount Alvernia Hospital to the Hospice.

During the financial year, the Hospice received sponsorships from various donors to be used in its fund-raising events in 2011.

Valuation exercises had been carried out by management for the purpose of determining the value of the sponsorships received. Based on management's assessment, they are of the opinion that due to the nature of the sponsorships received, the exact value cannot be reliably or reasonably quantified. Thus, the sponsorships received have not been recognised as their values cannot be estimated reliably.

Tax deductible donations received amounted to $4,241,842(2010: $4,317,605) for the year ended 31 December 2011.

21. INCOME TAXES

The Hospice is an approved charity organisation under the Singapore Charities Act, Chapter 37 and an institution of a public character under the Income Tax Act, Chapter 134. No provision for taxation has been made in the financial statements as the Hospice is a registered charity with income tax exemption.

22. FINANCIAL INSTRUMENTS

Overview

The Hospice has exposure to the following risks:

- *credit risk*
- *liquidity risk*
- *market risk*

This note presents information about the Hospice's exposure to each of the above risks, the Hospice's objectives, policies and processes for measuring and managing risk, and the Hospice's management of capital. Further quantitative disclosures are included throughout these financial statements.

Risk management is integral to the whole business of the Hospice. The Hospice has risk management policies and guidelines which set out its overall business strategies, its tolerance for risk and its general risk management philosophy.

Credit risk

The Hospice has a credit risk policy in place and the exposure to credit risk is monitored on an ongoing basis with the objective of limiting the Hospice's credit exposure.

Cash and time deposits are placed with banks and financial institutions which are regulated.

At the reporting date, there is no significant concentration of credit risk. The maximum exposure to credit risk is represented by the carrying amount of each financial asset in the balance sheet.

Liquidity risk

The Hospice monitors its liquidity risk and maintains a level of cash and cash equivalents deemed adequate by management to finance the Hospice's operations and to mitigate the effects of fluctuations in cash flows.

The total contractual undiscounted cash flows of the Hospice's non-derivative financial liabilities are the same as its carrying amounts and are repayable within one year.

Market risk

Market risk is the risk that changes in market prices, such as foreign exchange rates, interest rates and equity prices will affect the Hospice's income or the value of its holdings of financial instruments. The objective of market risk management is to manage and control market risk exposures within acceptable parameters, while optimising the return.

In respect of other monetary assets and liabilities held in currencies other than the Hospice's functional currency, the Hospice ensures that the net exposure to currency fluctuation is kept to an acceptable level.

The Hospice's exposure to changes in interest rates relates primarily to the Hospice's time deposits.

The Hospice does not have significant exposure to market risks.

Fair values

The carrying amounts of financial assets and liabilities with maturity of less than one year (including trade and other receivables, cash and cash equivalents, and trade and other payables) are assumed to approximate their fair values because of the short period to maturity.

Financial assets and liabilities

The carrying amounts of financial assets and liabilities shown in the balance sheet are as follow:

	Loans and receivables $	Other financial liabilities within the scope of FRS 39 $	Total carrying amount $
31 December 2011			
Trade and other receivables	690,751	–	690,751
Cash and cash equivalents	23,846,901	–	23,846,901
	24,537,652	–	24,537,652
Trade and other payables	–	1,009,410	1,009,410
31 December 2010			
Trade and other receivables	252,638	–	252,638
Cash and cash equivalents	22,609,512	–	22,609,512
	22,862,150	–	22,862,150
Trade and other payables	–	1,191,667	1,191,667

23. RELATED PARTIES

Key management personnel compensation

As defined in FRS 24 Related Party Disclosures, key management personnel of the Hospice are those having authority and responsibility for planning, directing and controlling the activities of the Hospice. The Board of Directors and executive management team are considered key management personnel of the Hospice.

Key management personnel compensation comprised:

	2011 $	2010 $
Short-term employee benefits	475,921	381,761

Number of key management in remuneration bands:

	2011	2010
Below $100,000	1	–
$100,000 to $150,000	1	1
$200,000 to $250,000	1	1
	3	2

The directors did not receive compensation for their services rendered to the Hospice.

Other than disclosed elsewhere in the financial statements, the transactions with related parties are as follows:

	2011 $	2010 $
Purchase of food and provision, medical supplies and clinical consumables from Mount Alvernia Hospital	340,655	340,524

Blessings to All

We pray upon all our patients and their families, our benefactors, our staff and volunteers, our friends and our families, this most ancient and beautiful of all biblical blessings, imparted by Saint Francis on Mount Alvernia in 1224:

May the Lord bless you
and keep you.

May he show his face to you
and be gracious unto you.

May he turn his countenance to you
and give you peace.

(Numbers 6: 24-26)

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