

*Everything you do
should be done in love.*

1 CORINTHIANS 16:14



Annual Report 2013

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 in 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

*“Lord, make me an instrument of Thy Peace.
Where there is hatred, let me sow love
Where there is injury, pardon
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.”*





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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.

MESSAGE FROM THE CHAIRMAN

For the last 44 years, Assisi Hospice (AH) has been part of the Singaporean fabric of healthcare, weaving a rich tapestry of love, care, compassion and support for patients with life-limiting illnesses. The key to our success lies in the words of the late Mother Teresa, who said *“Not all of us can do great things. But we can do small things with great love”*. Juxtaposed with our core values of Service, Reverence for Life, Humility, Joyfulness and Stewardship, these words resonate strongly in the hearts of Board members, staff, volunteers and donors of Assisi Hospice.

2013 was a year of progress and opportunities for AH where we channelled our efforts to meet the growing demand for palliative services in Singapore.

We were very happy to have Health Minister Gan Kim Yong grace the ground-breaking ceremony for the construction of the new 85-bedded facility. We envision a hospice where love, warmth and comfort are available to everyone leading up to, and at the end of life. To this end, we are planning for a more homely surrounding and therapeutic environment to promote well-being amongst patients, families and care givers.

As part of organisational transformation to prepare for a larger facility in 2 year's time, AH established its own Finance and Human Resource Departments. For this, we are indeed grateful to our colleagues at Mount Alvernia Hospital for previously providing these essential services.

During the year, the Quality Management, Education and Research (QER) Department was set up to streamline our quality improvement initiatives, including the development of a quality dashboard to help us track the various clinical and organisational performance indicators. Besides introducing evidence-based practice guidelines, we also upgraded our patient administration IT system and adopted new social media platforms to reach out to more people on what we do.

Finally, we could not achieve so much without the dedication and hard work of our wonderful staff, volunteers and supporters. On behalf of the Board of Directors, I thank you for supporting Assisi Hospice, and we look forward to your continued support in fulfilling our mission.

Ronny Tan
Chairman

“2013 was a year of progress and opportunities for Assisi Hospice where we channelled our efforts to meet the growing demand for palliative services in Singapore.”



MESSAGE FROM THE CEO



“AH’s mission of compassionate, personalised and quality care for individuals with life-limiting illnesses mandates our work as one of the highest expressions of love and healing.”

More than a year into my tenure at Assisi Hospice (AH), as I look back on our triumphs over the many challenges of 2013, I remain motivated and privileged to continue touching lives together with my team of dedicated palliative care professionals.

True to our vision to be the leader and centre of excellence for palliative care, AH has stood its ground firmly against the ever-changing backdrop of the healthcare landscape. Additions to the management team have injected new life and brought about a positive transformation in the form of improved patient care at AH, driven by quality evidence-based guidelines, manpower recruitment and training, development of Advanced Practice Nurses, and Project Next Door advancements.

AH's mission of compassionate, personalised and quality care for individuals with life-limiting illnesses mandates our work as one of the highest expressions of love and healing. To uphold this, we strive as a team to fully address the holistic range of medical, psychosocial and spiritual needs of those entrusted in our care. The opportune introduction of a Speech Therapist and an Art Therapist to the Assisi family has supported us greatly in this quest.

Guided by our core values of Service, Reverence for Life, Humility, Joyfulness and Stewardship, we have indeed touched numerous lives and hearts, as attested by the 180 compliments received from February to December 2013. These accolades will spur us to continuously develop and move AH forward in accordance with our vision, mission and service values.

I wish to take this opportunity to give recognition to our gracious volunteers and sponsors. An indispensable group of special individuals, you have defined community spirit through your altruistic actions. The importance of your continuous contributions and selfless efforts cannot be over-stated, for they are life-transforming and empowering for us, our patients, their families and caregivers.

Having already laid much of the groundwork, I believe that AH is well-positioned to meet future challenges ahead. We will continue with organisational development and cultural transformation to establish a strong and committed "One-Assisi Team".

Assisi Hospice has given me a profound sense of gratitude because I see the unification of compassion and care, and it strengthens my hope and resolve to live up to our vision, mission and service values. I thank you for your support and commitment in making all these possible.

A/Prof Premarani Kannusamy
Chief Executive Officer

BOARD OF DIRECTORS



Mr Ronny Tan
Chairman



Ms Anita Fam
Deputy Chairman



Sr Barbara Pereira
FMDM



Sr Cyrilla M Baptist
FMDM



Mr Francis Heng



Mr Michael Tan



Mr Gerard Koh



Mr Paul Lee



Mr Jeffrey Seah



Dr Chong Yoke Sin
(w.e.f. 01/02/13)



A/Prof Cynthia Goh
(till 23/05/13)



Mr Lau Beng Long
(till 01/08/13)

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 six Board committees, namely, the Nomination and Remuneration Committee (NRC), Audit Committee (AC), Programme and Services Committee (PSC), Finance Committee (FC), Fundraising Committee (FRC) 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 10 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 Chief Executive Officer (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 Franciscan Missionaries of the Divine Motherhood (FMDM) Congregation.
- 4.2 The Board members are appointed for a term of three years, and may be reappointed subject to approval by the FMDM Leadership. A member may serve on the Board for up to three consecutive terms, with the exception of the Finance Committee Chairman, whereby there shall be a maximum term limit of four consecutive years.
- 4.3 The Chairman is appointed for a term of three years by the FMDM Congregational Leader and her Council, and may be reappointed subject to approval by the FMDM Leadership.

5. Nomination and Remuneration Committee (NRC)

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

5.2 The NRC recommends all appointments and reappointments of the Directors to the Board, Board committees and Senior Management. All appointments and reappointments to the Board are approved by the FMDM 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.

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 Paul Lee and comprises five 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 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 LLP.

6.7 Frequency of meetings: at least twice a year.

7. Finance Committee (FC)

7.1 The FC is chaired by Mr Michael Tan and comprises six 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 financial 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 three members, including the PSC Chairperson.

8.2 The PSC is responsible for all the programmes and services of the 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. Fundraising committee (FRC)

9.1 The FRC is chaired by Mr Jeffrey Seah and comprises eight members, including the FRC Chairperson.

9.2 The FRC has overall responsibility for the development of a fundraising strategy for AH to achieve targets agreed with the Board; monitoring and evaluation of fundraising efforts by AH and ensuring that ethical fundraising practices are in place in AH and that fundraising efforts are cost-effective.

9.3 The FRC reports regularly to the Board on its activities.

9.4 Frequency: at least four times a year.

10. Medical Advisory Committee (MAC) (dissolved w.e.f. 25/04/2013)

- 10.1 The MAC was chaired by A/Prof Cynthia Goh and comprised four members including the MAC Chairperson.
- 10.2 The MAC advised on medical, nursing and allied health matters relating to the delivery of patient care and on the maintenance of good clinical governance.
- 10.3 The MAC reviewed and approved policies and procedures to maintain a high level of patient care, as well as monitoring and evaluating the quality and appropriateness of the care provided.
- 10.4 The MAC identified and resolved problems that may have arose in connection with the care provided and made recommendations to improve the quality of care.
- 10.5 The MAC oversaw the continuing professional education programmes of the staff.
- 10.6 Frequency of meetings: at least once every 6 months.

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.

Assisi Hospice Board Committees 2013

Nomination and Remuneration Committee

- Mr Ronny Tan (Chairperson)
- Sr Barbara Pereira
- Mr Francis Heng
- Mr Gerard Koh
- Mr Lau Beng Long (till 01/08/13)

Programme and Services Committee

- Ms Anita Fam (Chairperson)
- A/Prof Cynthia Goh
- Dr Chong Yoke Sin
- Mr Lau Beng Long (till 01/08/13)

Audit Committee

- Mr Paul Lee (Chairperson)
- Mr Michael Tan
- Mr Ronny Tan
- Mrs Mimi Ho
- Ms Angela Ee

Finance Committee

- Mr Michael Tan (Chairperson)
- Mr Francis Heng
- Mr Joseph Wong
- Ms Catherine Loh
- Ms Kwok Wai Ling
- Ms Maureen Ding

Fundraising Committee

- Mr Jeffrey Seah (Chairperson)
- Sr Agnes Tan Gek Choo
- Mr Aloysius Lee
- Mr Krishnasamy Ravendran
- Mr Yeong Wai Cheong
- Ms Diana Ee-Tan
- Ms Eunice Tan
- Mrs Susie Koh

Medical Advisory Committee (dissolved w.e.f. 25/04/13)

- A/Prof Cynthia Goh (Chairperson)
- Dr Cosmos Chen
- Dr Wu Huei Yaw
- Mrs Helen Yeo

The Board Member's attendance at Board Meetings for the period January to December 2013 is shown below:

Name of Directors	Number of Board Meetings	Attendance
Mr Ronny Tan	4	4
Ms Anita Fam	4	4
Sr Barbara Pereira	4	4
Sr Cyrilla M Baptist	4	3
Mr Francis Heng	4	3
Mr Michael Tan	4	4
Mr Gerard Koh	4	3
Mr Paul Lee	4	3
Mr Jeffrey Seah	4	2
Dr Chong Yoke Sin (w.e.f. 01/02/13)	4	3
Mr Lau Beng Long (till 01/08/13)	2	1
A/Prof Cynthia Goh (till 23/05/13)	1	0

Non-Board Level Committees

Facility Medifund Committee

- Mr Kenneth Ling (Chairperson)
- Sr Agnes Tan Gek Choo
- Sr Angelo Tan Guay Khim
- Ms Janet Chan Poh Goon
- Ms Rose Lu Soo Ying

Quality Assurance Committee (established w.e.f. 25/04/13)

- A/Prof Cynthia Goh (Chairperson)
- Dr Hum Yin Mei, Allyn (Vice Chairperson)
- Mrs Helen Yeo

Hospice Development Committee

- Mr Francis Heng (Chairperson)
- Dr Chng Nai Wee
- Mr Edward D'Silva
- Ms Ow Peck Har
- Mr Billy Wong
- Ms Mavis Seow
- Mr Hoong Bee Lock

Hospice Development Committee - Human Resource

(established w.e.f. 01/10/13)

- Mr Gerard Koh (Chairperson)
- Dr Chong Yoke Sin
- Dr Christopher Cheok
- Ms Esther Lim Mien Leng

(All information are accurate and up-to-date as at 31 December 2013.)

REPORT FROM THE MEDICAL DIRECTOR



2013 had been a busy year for Assisi Hospice. The first area of “busyness” continued to be in patient care. In the inpatient hospice, while it looked like we dipped 1.7% in total patient admissions compared with 2012, closer examination revealed that the hospice actually had a 2.1% increase in patient days. These results came about partly because patients had relatively longer stays in the hospice, and partly from the efforts in ensuring that beds remained operational. As for home care, we also recorded a decline (7.7%) in the number of patient admitted to the service, although the number of visits made by the team was actually maintained (-0.7%). The reasons for the decline in patient admission included the variability in the number of doctors posted to the hospice, and difficulty in recruitment. The fact that visit numbers were maintained despite having a smaller team at various times, indicated that the home care staff worked diligently to keep up with the visits required by the patients and families. This commensurated with a sense that many of the home care patients were clinically more complex and hence required more visits. For day care, the hospice recorded an admirable 8.5% increase in the total number of patients admitted, which came about from optimising the use of space and introducing new workflows at the Day Centre.

Altogether, the overall patient service statistics at the hospice were comparable to those in 2012. But this belies the numerous developments as it prepares for the eventual move to the new hospice. One such development was the formation of the Quality Management, Education and Research (QER) Department. This department represents the hospice’s commitment to training as a path to better patient care. Since its inception, it has set up a framework to plan and implement training programs systematically. The department also coordinated the training for medical, nursing and social work students,

advanced diploma nursing students, doctors on advanced specialty training (AST), as well as various interns doing their master degree and interns from other local and overseas professional groups. Together with the new Head of Nursing, nursing care had improved appreciably. They have collaboratively reviewed the care processes and launched evidence-based nursing care initiatives, such as "Assessment & prevention of falls", "Prevention & management of pressure ulcers", and "Management of naso-gastric tube feeding".

In 2013, the hospice also undertook a review of the work processes for one of the most challenging services in the hospice – home care. The staff providing home care do so in the patients' residences, under varying social and environmental circumstances, sometimes having to manage this alone and also being on roster to provide 24/7 coverage. With very dedicated staff who are very focused on providing good care, it is not difficult to imagine how easily they can be overwhelmed by work. Changes were therefore implemented to ensure adequate rest for the staff, adjusting the workload to ensure that they can be comfortable about spending more time to provide care for patients and their families, and an equitable compensation for their after-hours work. The adjustment to the work load was probably another reason for the decline in home care patient numbers in 2013. Nonetheless, we believed that this was a more congruent approach to better patient care. The staff are after all, people in the same journey of life as our patients, and we all deserve compassionate care.

The other major initiative in 2013 was the revamp of the volunteer management department. We recognised that volunteers have different aspirations and their circumstances may permit them to

serve in different ways, notwithstanding their good intentions. We also believe that there are lay volunteers who have the capacity to support patients deeply. The hospice therefore started a new program that trains selected volunteers in direct patient care and support. This may also go some way to help forge a sense of empowerment about end-of-life in the lay community. To show our appreciation to our volunteers, regardless of where they serve, various hospice staff came together to organise and perform for volunteers at the first Assisi Volunteer Day.

It was quite remarkable that we have filled our vacant positions. We finally caught up with the staff shortage that held back development in many areas. However, with the influx of new staff who may not share the same ethos and values with the hospice, maintaining the strength of the hospice's mission and purpose could be challenging. As such, efforts were initiated in 2013 to reinforce in all staff the core values of the hospice and to encourage them to live those values.

These are but a few of the many developments in 2013. As the hospice continues to morph into its new incarnation, there are still many areas that we need to address, but we believe that as long as the hospice firmly focuses on the care of the patient and family, we will get there soon.

Dr Tan Yew Seng
Medical Director

In Patient Care

The Inpatient Care is an integral part of Assisi Hospice as it provides round-the-clock care for patients who need symptom management or have chosen the Hospice as the place to spend their final days. Our multi-disciplinary team of doctors, nurses, social workers and pastoral care counsellors provide palliative care, including support for their emotional and spiritual needs. It also caters to patients who need respite care or have care-giver issues.

We believe that it is imperative that we do all we can to alleviate patients' suffering. Only then can we help to attend to their emotional and spiritual needs and improve their quality of life.



"Besides giving patients comfort in dying, we support the patient's well-being through pain control and other symptoms, supporting their emotional, spiritual and cultural needs. The patients see us every day and sometimes they confide in us about their personal lives, their hopes and dreams. It is a life-giving place."

Senior Staff Nurse Sukhdev Kaur and Staff Nurse Lee Buckland



"We let them know that they are not alone. We strive to give our patients the best hope and the best care."

Patient Care Assistant Herlina Boru



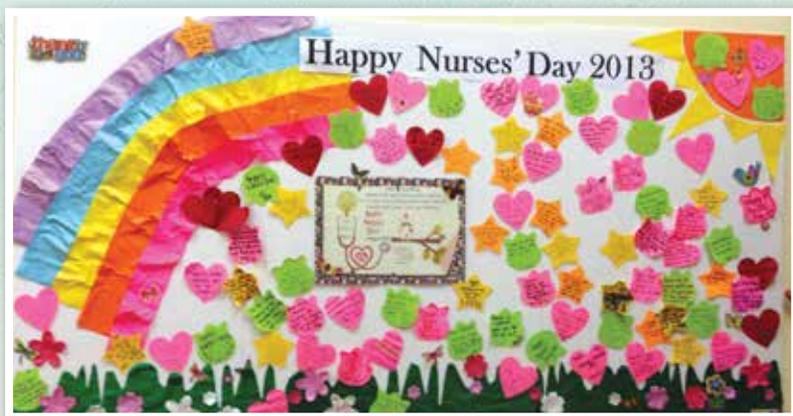
Inpatient teams at sharing session



Photo taken on Nurses' Day 2013

"Reflecting on Florence Nightingale's words – 'I think one's feelings waste themselves in words; they ought all to be distilled into actions which bring results.' We continue to be grateful to our community that encourages us to grow and change, in order to better serve patient needs better. It is not how much we do but how much love we put in the doing as a team."

Ms Florence Chng, Head of Nursing



Notes of appreciation from guests and visitors for Nurses' Day 2013

"We are there to listen to each patient and to let them know that we are always there for them, and that each day and every moment is special."

Senior Staff Mose Lee.

What patients said about us...

"... I was impressed by the nurses' attention and kind gestures to my father, as well as to the other patients in the ward. Some of the nurses were foreigners who did not speak Mandarin, and my father spoke no English. But a common language is not needed when care, concern and love are so clearly demonstrated."

Daniel Chan Wai Piew (Bouquets, Straits Times, 19 April 2013)

"Assisi Hospice helped my father and then my mother. Our experience both time with Assisi Hospice was wonderful. I share with many how caring the doctors and staff of Assisi Hospice is. I am ever grateful for a place like yours – who help us through our darkest days. Thank you to all at Assisi Hospice – you do great work and you make a difference to the dying and the living. May God continue to bless all of you."

Mrs Rita Dass (Mdm Rita Raj Lal),
email in August 2013

"Last December, my father-in-law, who had opted for palliative treatment, was admitted to Assisi Hospice. All through his stay till the middle of this month, when he passed away, his room there was a place of comfort, dignity and rich humanity... This happened because of the unceasing professional care and genuine efforts of the hospice staff and volunteers. Their personal interactions with my father-in-law made his last days rich and meaningful."

Leonard Tay Wai Ming (Bouquets, Straits Times, 26 April 2013)

"Their services really exceed our expectations. Thank you very much, dear Assisi Angels!"

Mdm Mary Lim, card sent in January 2014.

Day Care



The Day Care Centre provides a respite for caregivers as they go about their daily activities while promoting patients' physical and emotional well-being at the same time. Its planned programme focuses on enriching the patients' lives through activities that build upon their skills, knowledge, unique abilities and strengths.

The multi-disciplinary team delivers a wide range of activities and services that are holistically adapted to suit each patient's individualised care plan – these were derived from patients' overall prognosis, potential to regain function as well as their desire to and motivation for participation. More importantly, the Day Care Centre gives our patients an opportunity to socialise and enjoy the fellowship of other patients, staff and volunteers in a safe and supportive environment.



Morning exercise during Christmas season

Outings and festive celebrations

Over the year, our patients were invited to several outings and events. One of these was the Temasek Club lunch on 18 September 2013. Besides sumptuous lunch, staff and volunteers of Temasek also entertained our guests with musical performances and a magic show. Events like these never failed to bring cheer and joy to our patients and their families.

New activities introduced in 2013



Art therapy session

Art Therapy

The Centre continuously explores new ideas and activities to further engage its patients. Art Therapy sessions were introduced in 2013 to encourage patients' self-expression and reflection. An art therapist would use his or her understanding of the patient's interaction with their artwork to bring about a greater self-awareness in the patient. Through these weekly sessions, we hope to encourage the patients to grow on a personal level.

Pet Therapy

Volunteers from *Save Our Street Dogs* came by every month with their therapy dogs. A patient can receive comfort from the touch of petting an animal, thus providing them a respite from their constant fears and worries.. The experience helps to build relationships beyond the patient's illness and helps the patient to address issues that might otherwise be difficult to do so.

Yoga breathing exercises

Yoga breathing exercises are conducted every week in our Day Care Centre with emphasis to bring forth abundant benefits to the patients' physical, mental and spiritual state. Through the manipulation of breath, one can attain a powerful sense of connection, expansion, and rejuvenation. Yoga breathing aims to set in motion one's spiritual journey through a relaxed body and a tranquil mind.

Madam Ang Bonk

Since her first visit to Assisi Hospice Day Care Centre in May 2012, Mdm Ang Bonk has been a familiar face at Assisi Hospice. All the staff, patients and volunteers know her as the petite lady with a ready smile for everyone.

However, this was not always the case. Prior to her admission, Mdm Ang's weak legs and her life-limiting illness make her prone to falls at home. One incident in December 2012 rendered her incapable of travelling to the Day Care Centre for a month. Our doctors and nurses visited Mdm Ang and her family at their home and monitored her recovery process until she was well enough to return to the Day Care Centre.

A year later, the 84 year old lady had another fall at home and our physiotherapist visited her and assessed how we could help the family make the home more elderly-friendly and accident-free. Meanwhile, Mdm Ang was admitted to the Hospice for weekday



respite care. Medical social workers held a family conference with her family to better understand their concerns and explore how the Hospice team could help. Financial concerns were also addressed and eventually, Mdm Ang was admitted into the hospice's inpatient ward in January 2014.

Today, Mdm Ang is back to her cheerful self. Her bruises and swelling from the fall have subsided and she is happy to stay in the Hospice as she appreciates the care and concern. The friendships she had forged in the Day Care Centre had also given her new meaning to her daily life.

Home Care



From experience, we understand that some patients prefer to be cared for at home and be with their families instead of being cared for in an institution. The Home Care team of Assisi Hospice is thus committed to help patients and their families cope with their illnesses, as well as adjust to their loss of health and independence, from the comfort of their homes.

Regular home visits are conducted by our team of nurses, doctors and medical social workers. Based on the prognosis and study, relevant therapists and allied health professionals will also be assigned to do follow-up visits and health checks thereafter.

Our Home Care patients need a strong network of support services to help them cope. Thus our team provides appropriate information, medical attention, home care training and guidance, and even psychosocial support round-the-clock. A 24-hour helpline is extended to all patients and their families as well for emergencies and urgent checks or advice.

Mdm Loo W. F.

Mdm Loo was diagnosed with lung cancer in 2004 with spinal cord compression. She understood her prognosis and acknowledged that the deterioration of her neurological status was to be expected and which may affect her mobility.

Mdm Loo was referred to Assisi Hospice in August 2013. She attended Assisi Hospice Day Care Centre twice but her neuropathic pain and tiredness prevented her from returning to the Centre. She is a single mother whose siblings live in Malaysia. Her only daughter, who had to study and work, was her sole caregiver. Since she stopped coming to the Day Care

Centre, our Home Care team was mobilised to visit her as a follow-up measure.

At the first home care visit, our Nursing Officer perceived that Mdm Loo was experiencing great neuropathic pain over her lower limbs. She was wheelchair-bound and could not move her limbs due to her cord compression. She also lacked sleep due to urination problems arising from cord compression. Her daughter seemed tired from juggling with her caregiving, school and work.

A very resilient lady, Mdm Loo tried to care for herself while her daughter went to work or school. Then, she was not aware that her pain could be controlled and managed from home as she had been suffering the pain since her hospitalisation.

After the first visit, the medical social worker, physiotherapist and volunteer were activated to see to Mdm Loo's various needs. Our physiotherapist also checked on her home environment and recommended some modifications, such as the removal of the

toilet door, as her daughter was struggling to bring her for baths due to the narrow door. These modifications helped her and her daughter adjust to the changing needs from the illness. Mdm Loo's bed was also modified so that she could easily move herself in bed using the attached rail handle. A commode chair was made available for her open bowel or to clean herself in her room when she was alone at home.

Analgesic was adjusted and a urine catheter was inserted – these led to lesser pain and overall better sleep for Mdm Loo. Volunteers also delivered her medication in order to lighten her daughter's caregiving load.

Now, Mdm Loo understands that pain and symptoms management could be done via Home Care visits. She hopes to continue to live at home, for as long as possible and prefers to stay away from hospital – she has not been admitted to hospital since her first visit to Assisi Hospice. She is very satisfied and thankful to our team for bringing care and support all the way to her home.



Home care nurses and doctors visiting Mdm Loo



Dying is never just a medical event; it is always a psychosocial and spiritual experience. The experience of dying can leave many with a sense of emotional, social and spiritual isolation and loneliness, as it removes us from our social roles and erodes our sense of self. In our struggle with dying, there may also be fear, confusion and anger, all of which makes it more difficult for us to connect with others and with our caregivers. Caregivers too often have the same experiences of fear, confusion and anger, such that they either shun the dying patient or they try desperately to “save” the patient, rather than be there for them. Often, what liberates the patients from such a “prison” of loneliness is someone with whom the patient can simply share his or her suffering as it is, without any fear or judgment.

The provision of psychosocial care has been well-established at Assisi Hospice over the last few years. And while all hospice workers may engage psycho-emotionally with the patient, the Psychosocial Support Service (PSS) at Assisi Hospice is the team who is designated to focus on this aspect of care for our patients and their families.



Patient Story 1:

Mr Y, a 49 year old man with terminal nasopharyngeal (nose) cancer first came to us as a prickly person, coming from a background of singlehood, poor social support, substance-abuse and incarceration. It would have been easy to label him a “difficult” patient who needed to be controlled. This would not have gone well as he was already mistrusting of his earlier caregivers. Instead, the PSS team, comprising counsellors and medical social workers, persisted in engaging him, and being there for him and eventually found a way through the patient’s own talent in art. His initial belligerence was transformed into a trusting relationship and he even managed to prepare his legacy and funeral arrangement before he died peacefully at the hospice.



Sketch from patient

Within the “social” aspects of care is the vital area of practical support. We are grateful for the support by many community funding schemes, such as the Patient Assistance Fund set up by an anonymous donor and the Respectance Fund provided by the Lien Foundation, both of which had been instrumental in helping patients and families with expedient day-to-day financial needs.

Nevertheless, while expertise and funding are undoubtedly important, we also want to honour the dedication and commitment of the team in serving the needs of the patients and their families.

Patient Story 2:

We had another case of a 49 year old patient with terminal brain tumour who was admitted to the hospice. Just before his mental

faculties failed, it was established that he wanted his belongings to go to his only family contact, his son, who was incarcerated at that time. It would have been easy to acknowledge the constraints in engaging the son and just pass the said items at the time of death. But in this case, the potential psychosocial issues were just as prominent. The team proceeded to visit the son at the Prison to understand the son’s concerns and grief over the impending loss of his father. He was assured of the funeral arrangements and updated on his father’s condition. And when death occurred, the hospice worker even applied personally at the Prison in the wee hours of the morning for the visitation permission in order to inform the son personally and to apply for the son’s compassionate leave from the prison. Surely the access to family members may be more difficult in this case, but this was a demonstration of true *Service*, a core values at Assisi Hospice.



Clinical Pastoral Care

The Clinical Pastoral Care department has been a part of Assisi Hospice's multi-disciplinary team, providing not only religious care to terminally-ill Roman Catholic and Christian patients, but also spiritual care to patients of other faiths.

Clinical Pastoral Care supports the patient's loved ones in coping with the unique challenges that each one faces. The team also encourage the patients and their families to understand that planning for a meaningful departure can be a topic that is discussed before death. By planning ahead, they are able to put together ideas on what will be most significant for both the patient and their loved ones.

We believe that spiritual support is critical in coping with challenging moments of a terminal illness. Through meaningful relationships, many patients can find the courage and strength needed to make meaning out of their experiences.

"Dear William, I would like to specially thank Sr Christine Chua and Mr Andrew Joseph Ng from Clinical Pastoral Care. Sr Christine has been a pillar of strength during my dad's stay in the Hospice. My father enjoyed talking and sharing with her, and he respected and trusted her. Andrew has just been amazing – his assistance and advice with the funeral arrangements have made it a hassle-free experience for me. I could not have done it without his help. He and Sr Christine were God-sent."

Pearlyn Tan, Daughter of the late Edward Tan



Mr Andres Joseph Ng & Mr William Lim, CPC Counsellors



BETTER QUALITY, BETTER SERVICE = HAPPIER PATIENTS & FAMILIES

Established in February 2013, the **Department of Quality Management, Education and Research (QER)** is committed to maintaining the delivery of quality care to patients and families, and developing staff capability at Assisi Hospice. We strive to ensure that our patients and their families receive high standards of service by monitoring key quality outcomes and implementing quality initiatives, supported by a Quality Framework.

A **Quality Corner** was implemented in March 2013 to display information and provide progress updates on the quality matters in Assisi Hospice, specifically in the following areas: Performance Excellence, Service Excellence and Innovation Excellence.



Having identified a list of quality indicators on 'Patient Safety', 'Symptom Management', 'Personalised and Dignity-Conserving Care' and 'Cost and Service Efficiency', for which monthly data was collected, the statistics were analysed and translated into targets on the **Quality Dashboard** in December 2013.



To promote service excellence by giving recognition and showing appreciation to deserving individuals who have provided good service, the monthly **A-STAR** (Assisi Hospice Star) Service Award was implemented in June 2013.



With the notion of fostering a culture of continuous improvement and driving innovation excellence, the **Think-Out-of-The-Box** suggestion scheme was introduced in June 2013 to encourage staff members to be innovative and come up with ideas to improve work processes and the environment.

ENHANCED PATIENT CARE THROUGH EVIDENCE-BASED PRACTICE (EBP)

In our pursuit of best practices in patient care, and to achieve our vision to be the leader in palliative care in Asia, we developed and launched three **Evidence-based Nursing guidelines**, namely, Prevention and Management of Pressure Ulcers (Evidence-Based Pressure Ulcer Bundle), Prevention and Management of Falls (Evidence-Based Fall Bundle), and Nasogastric Tube (NGT) Feeding (Evidence-Based Algorithm for the Assessment of NGT Placement) on 29 July 2013.

EVIDENCE-BASED NURSING GUIDELINES



MAKING ASSISI HOSPICE 'THE EMPLOYER OF CHOICE'

Assisi Hospice (AH) believes in empowering our "assets". Hence, we place emphasis on **staff capability development through training and education**. With the goal of achieving safe and quality care for the patients in the hospice, a **Learning & Development Framework** was developed in March 2013. Its objective is to strategise the training and development of staff capability in Assisi Hospice to continuously raise their level of skill proficiency and professional knowledge.



LEARNING TOGETHER

MANAGE WITH CONFIDENCE

IM POSSIBLE

(September Mondays, 1330hr to 1430hr @ Education Room)

- 02 Sep: Admin update
- 09 Sep: Dysphagia Management (Angela Sho)
- 16 Sep: Medication Management & Safety (KTPH Pharmacist)
- 23 Sep: Organizing & Implementing Group Activities & Recreation Programmes for Seniors
- 30 Sep: Quarterly Patient Safety Review – Sharing by Joanna

A comprehensive in-house training programme with monthly themes has been put in place for all staff. The programme includes weekly 'Learning Together' sessions on Mondays, 'PSS Sharing Day' sessions on Thursdays, 'Sharing Begins With Me' on Fridays for all staff and 'Quest For Knowledge' sessions on Thursdays and Fridays for ward staff.



Staff Nurse, Jia Peiran (left) was sponsored for the Specialist Diploma in Palliative Care Nursing offered by Ngee Ann Polytechnic.

In 2013, two Patient Care Assistants (PCAs) were sponsored for the Nitec in Nursing programme offered by the Institute of Technical Education.

An aspiring art therapist, who had interned at the hospice previously, also received a sponsorship for the Masters in Art Therapy programme offered by LASALLE College of the Arts.

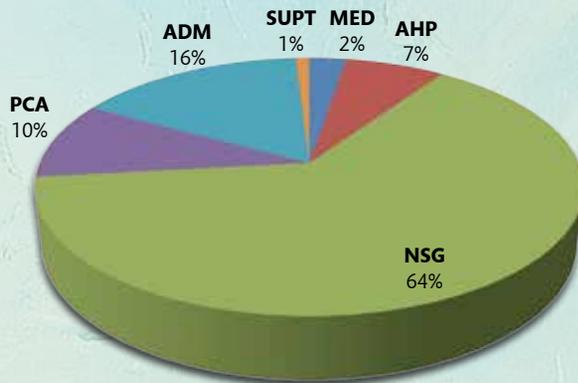


Medical Social Worker, Lim Li Zhen (front, second from right), on HMDP attachment in Taiwan.

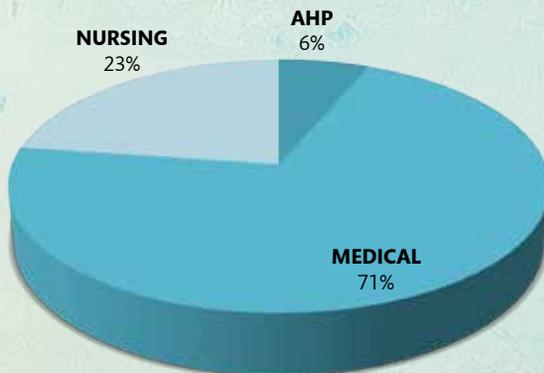


Visitors from Sriphat Medical Center, Chiangmai University, Thailand

Apart from staff training programmes, AH was accredited by the Singapore Nursing Board for nursing clinical education with effect from 28 May 2013, specialising in clinical attachment for palliative and end-of-life care. AH facilitated and coordinated clinical attachments for medical, nursing and social work students from National University of Singapore (NUS), Duke-NUS, Singapore Institute of Technology, Nanyang Polytechnic and Ngee Ann Polytechnic.



In total, we have achieved **13,355 training hours** for staff at Assisi Hospice in 2013, with an average of **116 training hours** per staff member.



To sum up, we have facilitated clinical attachments for 202 trainees and hosted 52 visitors from various local and overseas educational and healthcare institutions at Assisi Hospice in 2013.

AWARDS



On 30 April 2013, Dr Joseph Ong Yew Jin (Associate Consultant) received the Healthcare Humanity Award from President Tony Tan, who is also Patron-in-Chief of the Courage Fund.

In June 2013, Lim Lizhen, a dedicated Medical Social Worker, received the Health Manpower Development Programme For Intermediate and Long-term Care (HMDP-ILTC) Award from the Agency of Integrated Care for the Palliative Social Work Clinical Attachment Programme in Mackay Memorial Hospital, Taiwan.

Project Next Door



Ground-breaking ceremony

On 29 July 2013, Assisi Hospice (AH) conducted the official ground-breaking ceremony for the construction of the new (AH) building and to celebrate the beginning of the new 85-bedded facility. Construction is planned to begin in the first quarter of 2014.

Among those who graced the event were Mr Gan Kim Yong (Minister for Health), His Grace, the Most Reverend Monsignor William Goh (Archbishop of Singapore), Ms Ho Ching (Patron of Assisi Hospice), Sr Barbara Pereira (Regional Leader, Franciscan Missionaries of the Divine Motherhood), Mr Ronny Tan (Chairman of the Assisi Hospice Board) and other Board members, religious sisters of the Franciscan Missionaries of the Divine Motherhood and an assembly of staff.

Guest of Honour, Mr Gan Kim Yong spoke of the need for AH's new hospice building with increased capacity for more patients. The new facility is expected to support the growing needs of the community and to cater to special paediatric needs and to provide for patients with life-limiting illness and concomitant dementia.

"Building a hospice is not like building a hospital. The challenge is to build a hospice that feels like a home, so that patients who are unable to be supported at home, can have a peaceful and restful place to spend their final days meaningfully," said Mr Gan. He also

shared a letter published in the Straits Times from a relative of a patient who passed away at Assisi Hospice that the hospice was "where [his] family spent many hours. [They] shared meals, stories, hopes, aspirations, laughter and tears around his bed".

The new six-storey hospice will house 85 inpatient beds, a bigger Day Care Centre, an Ambulatory Treatment Unit, communal living areas for patients to have their meals together in the family dining rooms and healing gardens. Other facilities include a specialised 16-bedded ward for dementia patients requiring palliative care, and a dedicated paediatric palliative care ward, of which will be the first of its kind in Singapore.

The new hospice building is designed with the aim to create a coherent care for the community and keeping normalities of life for the patients, families and care givers. It will create a supportive environment and culture to foster the humanistic mindset and the right spirit of care. With that in mind, there are spaces designed to support a quiet withdrawal into privacy; and psychosocial support for the families and care-givers to walk the end of life journey with their loved ones and beyond into bereavement.

The building would be completed by 2016.



Artists' impression of new Assisi Hospice



This year, our donors and supporters continued to give generously to our cause - collectively, they gave \$6.85m to help meet our operating cost needs and ensured continuity in our services to our patients. They also gave \$2.15m to support new programmes and services aimed at growing our capability and to meet growing demands.

	Amount Raised	Total
General donations	\$2,504,783	
Fundraising activities by Assisi Hospice	\$3,227,455	
Fundraising activities by supporters	\$1,118,724	
Sub-total (1)		\$6,850,962
Designated donation for Ambulatory Treatment Unit	\$1,000,000	
Designated donation for Home Care	\$1,154,080	
Sub-total (2)		\$2,154,080
Donations to New Hospice		\$4,588,300
Total		\$13,593,342

We have remained faithful to our cause and prudent with our costs. The average cost/income ratio for our three signature events was 6.1%.

S/N	Event	Amount Raised	Expenses	Cost/Income %
1	Charity Fun Day - 16 June 2013	\$831,197	\$70,914	8.5
2	Charity Dinner - 29 September 2013	\$1,046,267	\$51,173	4.9
3	Christmas Light Up - 29 November 2013	\$445,844	\$21,293	4.8

We are blessed and humbled by the strong support and generosity of our sponsors, donors and volunteers. Their steadfast support allowed us to continue our mission of care and achieve our milestones in 2013.



Charity Fun Day -16 June 2013

As the popular Harley Davidson motorbikes kicked off the event with their signature engine roar, we ushered the Guest-of-Honour, Mr Teo Ser Luck (Minister of State, Ministry of Trade and Industry) and Our Patron, Ms Ho Ching, There was so much joy in the air – long-time supporters were happy to meet old friends and everyone was excited as the VIPs walked the grounds and visited stalls for photographs with visitors. What made the event more special was the safe return of Lim Wee Yin, our fundraising cyclist. A total of \$831,197 was raised through the event.

This year, we are happy that more schools have stepped forward to provide volunteer support for the event. We are particularly grateful to the supporters, parents and teachers who enabled these students to have meaningful service learning journeys.

We would also like to thank all our friends and supporters, especially:

- 1) City Developments Ltd and CBM Pte Ltd, our co-organisers
- 2) SJI International School, our venue sponsor
- 3) Sembcorp Industries Ltd, whose staff provided logistic support

Charity Dinner - 29 September 2013

Held on 29 September 2013, our Annual Charity Dinner was graced by Mr Tan Chuan-Jin (Acting Minister for Manpower). Guests were treated to a good time – besides a sumptuous spread prepared by the chefs of Pan Pacific Singapore, they were also entertained by our very own Assisi singers, local premier a capella group *Vocaluptuous* as well as a skit by the Fly Entertainment artistes. It was also a joy watching mapcap Irene Ang at her best as she cajoled our guests to participate in the auction, including a rare lot of 21 original illustrations by Ms Olga Polunin for the children's story *The Littlest Emperor*. More than \$1 million was raised through the sale of tables, donations and charity auctions.

We are grateful to the following sponsors for their support:

- 1) The Pan Pacific Singapore
- 2) Vinum Fine Wines
- 3) JP Capital Pte Ltd
- 4) Mr Michael Tan
- 5) The Hour Glass
- 6) Xpress Print



Christmas Light Up – November 2013

A perennial favourite, the Assisi Hospice Christmas Light Up was particularly meaningful to many of our patients and it was also a rare opportunity for them to enjoy the festivities and the spectacular display of pyrotechnics.

Our sponsor, Sembcorp Ltd, went to great lengths to create an unforgettable experience for our patients and their families with their generous and well-thought gifts. Our Day Care and Home Care patients who attended the party were also sent home in style by their Sembcorp partners for the evening.

We thank our donors for ending our year on a high note.

Other notable partnerships during the year included:

Chef Tony Khoo, Marina Mandarin Executive Chef for 2011, who organised a charity dinner and helped to raise more than \$60,000 for our hospice.

Spokes and Sprouts 2 – Mr Lim Wee Yin, who completed a 50-day and 5,000 km cycling journey from Guiyang, Guizhou, China to Singapore. He cycled most part of the arduous journey alone until he was joined by his teenage son and 30 cyclists from Sembcorp Ltd and ST Kinetics at Malacca. Their efforts raised \$210,000 for our hospice.

The golfing fraternity, including Keppel Club, Singapore Island Country Club, Tractors Singapore Limited and Volunteers of Assisi Hospice, for raising funds for us through various golfing events.

The arts community, including artist Ms Jennifer Wong who held an exhibition for our benefit and the Singapore Watercolour Society, for the donation of sale proceeds of selected works. We were also grateful to The Echo of Love Society, who held their Care Concert 3 at the Kallang Theatre on 2 November 2013 and raised more than \$450,000.

We would like to express our gratitude to our 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. With their help we have been able to fulfil our mission.

To all our donors, supporters, partners and volunteers, we pray for you and your family that you will be blessed abundantly.

Our Volunteers

At Assisi Hospice, our volunteers play an active role in caring and enriching the lives of our patients. Their service and commitment are remarkable, offering a wide spectrum of care from direct clinical patient support such as oral feeding and toileting, sponging, diaper changing to general befriending, van escorts, patient escorts for their medical reviews and provision of special skills services such as manicure, foot massage, hair dressing and dentistry.

In April 2013, the volunteer management system was revamped with the introduction of a new category of volunteers. Known as Volunteer Carers, they have to complete at least 16 hours of lectures, discussions and practical patient care techniques before serving a minimum of 96 hours over six months at the Hospice. As Carers, the volunteers were also given the opportunity to attend further training and support group meetings. Since its inception, we have trained a total of 62 adult and 32 student volunteer carers.

Mrs Beatrice Tan, a 52-year-old homemaker who attended the inaugural Carer training in April shared that her volunteering experience has enriched her life tremendously and she would continue to volunteer at the Hospice.

Mr Sean Lee, an 18-year-old student who was trained as a Carer in July shared his volunteering experiences at Day Care Centre and St Leonard Level 3. "Many of the patients I met were from my van escort duty and general help at Day Care Centre. Although it is sad to see their health deteriorate, I have a lot to take back from caring for them. I have learnt not to take things for granted as life is unpredictable and to count my many blessings. I have also matured since the time I started volunteering at Assisi and I now treasure my family and close friends more than ever. I have learnt to live life to the fullest and without regret. I am now a more patient listener as I have encountered difficulties in understanding patients when

"The best way to find yourself is to lose yourself in the service of others."

Mahatma Gandhi

they are too weak to speak. My dialect has also improved! I am really grateful for this opportunity to volunteer at Assisi Hospice and have found my time here extremely fulfilling. Although it can be depressing at times, I have had my moments of blessings when patients thanked me and even encouraged me. I will definitely come back over the weekends to volunteer even after my enlistment in the army."

In 2013, one of our volunteers, Ms Angela Kwek, was received one of the "Unsung Heroes" award at the International Volunteer Day 2013. An active and passionate volunteer since 2000, Angela started as a befriender at our inpatient wards but has progressed to helping out daily at the Day Care Centre and fundraising activities.

Ms Angela Kwek received her award from Mr Lawrence Wong, Acting Minister for Culture, Community and Youth at the International Volunteer Day 2013.

There are many ways that an individual, company or a social group can contribute towards the physical, emotional and psychological care for our patients. You can also help by being a fundraiser or help out at our events. Besides giving your time, you can also offer your talents and skills in many arenas. We welcome ideas and more offers of help.



Ms Angela Kwek received her award from Mr Lawrence Wong, Acting Minister for Culture, Community and Youth at the International Volunteer Day 2013

DIRECTORS' REPORT

YEAR ENDED 31 DECEMBER 2013

We are pleased to submit this annual report to the members of Assisi Hospice (the Company) together with the audited financial statements of the Company for the financial year ended 31 December 2013.

Directors

The directors in office at the date of this report are as follows:

Ronny Tan Chong Tee

Anita Fam Siu Ping

Francis Heng Hang Song

Michael Tan Jiak Ngee

Sister Barbara Anne Pereira

Gerard Koh Keng Swee

Sister Cyrilla Baptist

Paul Lee Seng Meng

Jeffrey Seah Ting Han

Dr Chong Yoke Sin (Appointed on 1 February 2013)

Ms Kwok Wai Ling (Appointed on 2 January 2014)

Under Article 9 of its Memorandum of Association, the members of the Company guarantee to contribute a sum not exceeding \$1 each to the assets of the Company in the event of it being wound up. The members of the Company are Sister Teresa Anne Mitchell, Sister Barbara Anne Pereira, Sister Leonida Lee Siew Lian, and Sister Gwendoline Mary Cyrilla Baptist.

Directors' interests

As the Company is a company limited by guarantee and has no share capital, the statutory information required to be disclosed by the directors under Section 201(6)(g) and Section 201(12) of the Companies Act, Chapter 50 does not apply.

Neither at the end of, nor at any time during the financial year, was the Company a party to any arrangement whose objects are, or one of whose objects is, to enable the directors of the Company to acquire benefits by means of the subscription to or acquisition of debentures of the Company or any other body corporate.

Since the end of the last financial period, no director has received or become entitled to receive, a benefit by reason of a contract made by the Company or a related corporation with the director or with a firm of which he is a member or with a company in which he has a substantial financial interest.

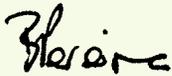
Auditors

The auditors, KPMG LLP, have indicated their willingness to accept re-appointment.

On behalf of the Board of Directors



Ronny Tan Chong Tee
Chairman



Sister Pereira Barbara Anne, FMDM
Director

4 June 2014

STATEMENT BY DIRECTORS

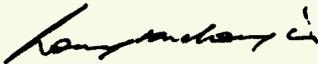
YEAR ENDED 31 DECEMBER 2013

In our opinion:

- (a) the financial statements set out on pages FS1 to FS24 are drawn up so as to give a true and fair view of the state of affairs of the Company as at 31 December 2013 and the results and cash flows of the Company for the year ended on that date in accordance with the provisions of the Singapore Companies Act, Chapter 50, the Singapore Charities Act, Chapter 37 and Singapore Charities Accounting Standards; and
- (b) at the date of this statement, there are reasonable grounds to believe that the Company will be able to pay its debts as and when they fall due.

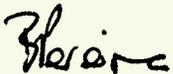
The Board of Directors has, on the date of this statement, authorised these financial statements for issue.

On behalf of the Board of Directors



Ronny Tan Chong Tee

Chairman



Sister Pereira Barbara Anne, FMDM

Director

4 June 2014

Report on the financial statements

We have audited the accompanying financial statements of Assisi Hospice (the Company), which comprise the balance sheet as at 31 December 2013, the statement of financial activities and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information, as set out on pages FS1 to FS24.

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 provisions of the Singapore Companies Act, Chapter 50 (the Act), the Singapore Charities Act, Chapter 37 (the Charities Act) and Singapore Charities Accounting 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 the 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.

INDEPENDENT AUDITORS' REPORT

MEMBERS OF THE COMPANY ASSISI HOSPICE (A COMPANY LIMITED BY GUARANTEE)

Opinion

In our opinion, the financial statements are properly drawn up in accordance with the provisions of the Act, the Charities Act and Singapore Charities Accounting Standards to give a true and fair view of the state of affairs of the Company as at 31 December 2013 and the results and cash flows of the Company for the year ended on that date.

Report on other legal and regulatory requirements

In our opinion, the accounting and other records required by the Act to be kept by the Company have been properly kept in accordance with the provisions of the Act.

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 Company as required under Regulation 16 of the Charities (Institutions of a Public Character) Regulations; and
- (b) the Company 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
Chartered Accountants*

Singapore

4 June 2014

BALANCE SHEET

AS AT 31 DECEMBER 2013

	Note	2013 \$	2012 \$
Non-current assets			
Property, plant and equipment	3	1,731,671	1,923,254
Investments	4	8,775,900	8,868,598
		10,507,571	10,791,852
Current assets			
Investments	4	-	508,150
Trade and other receivables	5	453,142	694,951
Cash and cash equivalents	6	31,867,460	20,321,535
		32,320,602	21,524,636
Total assets		42,828,173	32,316,488
Funds			
Restricted funds			
Community Silver Trust Fund	7	2,844,406	1,698,413
Development Fund	8	676,645	1,127,741
Medical Equipment Fund	9	76,768	74,994
Paediatric Palliative Care Programme	10	633,587	633,587
Patient Assistance Fund	11	57,220	19,882
Project Next Door Fund	12	6,327,091	1,738,700
Renovation Fund	13	10,725	10,725
Respectance Fund	14	217,436	218,882
Ambulatory Treatment Unit	16	255,988	-
Unrestricted funds			
Accumulated Fund		29,127,678	25,591,759
Staff Welfare Fund	17	274,713	225,768
Salaries Adjustment Fund	18	146,745	-
Total funds		40,649,002	31,340,451
Current liabilities			
Trade and other payables	19	1,465,395	976,037
Deferred income	20	713,776	-
Total liabilities		2,179,171	976,037
Total funds and liabilities		42,828,173	32,316,488

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

STATEMENT OF FINANCIAL ACTIVITIES

YEAR ENDED 31 DECEMBER 2013

Year ended 31/12/2013	Note	← Unrestricted Funds →			←	
		Accumulated Fund \$	Staff Welfare Fund \$	Salaries Adjustment Fund \$	Community Silver Trust Fund \$	Development Fund \$
As at 1/1/2013		25,591,759	225,768	-	1,698,413	1,127,741
Income						
Income from generated fund						
Voluntary income						
- Donation from general public		2,406,795	97,988	-	-	-
- Donation from Mount Alvernia Hospital	21	588,000	-	-	-	-
- Grant/Sponsorship received/receivable		1,287,928	-	705,267	2,000,000	-
		4,282,723	97,988	705,267	2,000,000	-
Income from fundraising activities		4,346,179	-	-	-	-
Income from generated fund		8,628,902	97,988	705,267	2,000,000	-
Income from charitable activities						
- Government grants		1,739,950	-	-	-	-
- Patient fees		754,018	-	-	-	-
Income from charitable activities		2,493,968	-	-	-	-
Other income						
- Investment income	22	906	-	-	-	-
Gross transfers between funds		(166,258)	-	166,258	-	-
Total income		10,957,518	97,988	871,525	2,000,000	-

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

Restricted Funds →

Medical Equipment Fund	Paediatric Palliative Care Programme	Patient Assistance Fund	Project Next Door Fund	Renovation Fund	Respectance Fund	Ambulatory Treatment Unit	Total Restricted Funds	Total Funds
\$	\$	\$	\$	\$	\$	\$	\$	\$
74,994	633,587	19,882	1,738,700	10,725	218,882	-	5,522,924	31,340,451

10,000	-	64,619	4,588,300	-	-	-	4,662,919	7,167,702
-	-	-	-	-	-	-	-	588,000
-	-	-	-	-	-	286,224	2,286,224	4,279,419
10,000	-	64,619	4,588,300	-	-	286,224	6,949,143	12,035,121
-	-	-	-	-	-	-	-	4,346,179
10,000	-	64,619	4,588,300	-	-	286,224	6,949,143	16,381,300

-	-	-	-	-	-	-	-	1,739,950
-	-	-	-	-	-	-	-	754,018
-	-	-	-	-	-	-	-	2,493,968

-	-	-	177	-	-	-	177	1,083
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-	-	-	-	-	-	-	-	-
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10,000	-	64,619	4,588,477	-	-	286,224	6,949,320	18,876,351
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STATEMENT OF FINANCIAL ACTIVITIES

YEAR ENDED 31 DECEMBER 2013

		← Unrestricted Funds →				
Year ended 31/12/2013	Note	Accumulated Fund \$	Staff Welfare Fund \$	Salaries Adjustment Fund \$	Community Silver Trust Fund \$	Development Fund \$
Expenditure						
Cost of generating funds						
- Fundraising expenses		335,148	-	-	-	-
Charitable activities						
- Salaries and related costs		4,034,266	-	677,462	571,826	-
- Contributions to defined contribution plan		423,063	-	-	69,625	-
- Programme expenses		2,503,338	49,043	18,688	212,556	451,096
Expenditure on charitable activities	23	6,960,667	49,043	696,150	854,007	451,096
Governance costs						
- Professional fees	24	58,900	-	28,630	-	-
- Insurance		22,575	-	-	-	-
- Others		13,199	-	-	-	-
Total governance costs		94,674	-	28,630	-	-
Other costs						
- Investment management cost		31,110	-	-	-	-
Total expenditure		7,421,599	49,043	724,780	854,007	451,096
Net income/(expenditure) before tax expense		3,535,919	48,945	146,745	1,145,993	(451,096)
Income tax expense	27	-	-	-	-	-
Net income/(expenditure) for the year	25	3,535,919	48,945	146,745	1,145,993	(451,096)
Reconciliation of Funds						
Total funds carried forward		29,127,678	274,713	146,745	2,844,406	676,645

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

Restricted Funds								
Medical Equipment Fund \$	Paediatric Palliative Care Programme \$	Patient Assistance Fund \$	Project Next Door Fund \$	Renovation Fund \$	Respectance Fund \$	Ambulatory Treatment Unit \$	Total Restricted Funds \$	Total Funds \$
-	-	-	-	-	-	-	-	335,148
-	-	-	-	-	-	18,900	590,726	5,302,454
-	-	-	-	-	-	3,024	72,649	495,712
8,226	-	27,281	-	-	1,446	8,312	708,917	3,279,986
8,226	-	27,281	-	-	1,446	30,236	1,372,292	9,078,152
-	-	-	-	-	-	-	-	87,530
-	-	-	-	-	-	-	-	22,575
-	-	-	86	-	-	-	86	13,285
-	-	-	86	-	-	-	86	123,390
-	-	-	-	-	-	-	-	31,110
8,226	-	27,281	86	-	1,446	30,236	1,372,378	9,567,800
1,774	-	37,338	4,588,391	-	(1,446)	255,988	5,576,942	9,308,551
-	-	-	-	-	-	-	-	-
1,774	-	37,338	4,588,391	-	(1,446)	255,988	5,576,942	9,308,551
76,768	633,587	57,220	6,327,091	10,725	217,436	255,988	11,099,866	40,649,002

STATEMENT OF FINANCIAL ACTIVITIES

YEAR ENDED 31 DECEMBER 2013

← Unrestricted Funds →

Period from 11/4/2012 to 31/12/2012	Note	Accumulated Fund \$	Staff Welfare Fund \$	Community Silver Trust Fund \$	Development Fund \$
Income					
Income from generated fund					
Voluntary income					
- Donation from general public	21	1,626,592	-	-	-
- Donation from Mount Alvernia Hospital		294,000	-	-	-
- Grant/Sponsorship received/receivable		277,656	-	1,974,402	-
		2,198,248	-	1,974,402	-
Income from fundraising activities		2,378,999	-	-	-
Income from generated fund		4,577,247	-	1,974,402	-
Income from charitable activities					
- Government grants		795,294	-	-	-
- Patient fees		340,082	-	-	-
Income from charitable activities		1,135,376	-	-	-
Other income					
- Investment income	22	49,231	-	-	-
Total income		5,761,854	-	1,974,402	-

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

Restricted Funds

Medical Equipment Fund \$	Paediatric Palliative Care Programme \$	Patient Assistance Fund \$	Project Next Door Fund \$	Renovation Fund \$	Respectance Fund \$	Singapore Community Bereavement Project Fund \$	Total Restricted Funds \$	Total Funds \$
39,375	-	2,000	250,200	-	7,000	-	298,575	1,925,167
-	-	-	-	-	-	-	-	294,000
-	-	-	-	-	-	135,098	2,109,500	2,387,156
39,375	-	2,000	250,200	-	7,000	135,098	2,408,075	4,606,323
-	-	-	-	-	-	-	-	2,378,999
39,375	-	2,000	250,200	-	7,000	135,098	2,408,075	6,985,322
-	-	-	-	-	-	-	-	795,294
-	-	-	-	-	-	-	-	340,082
-	-	-	-	-	-	-	-	1,135,376
-	-	-	-	-	-	-	-	49,231
39,375	-	2,000	250,200	-	7,000	135,098	2,408,075	8,169,929

STATEMENT OF FINANCIAL ACTIVITIES

YEAR ENDED 31 DECEMBER 2013

← Unrestricted Funds →

	Note	Accumulated Fund \$	Staff Welfare Fund \$	Community Silver Trust Fund \$	Development Fund \$
Period from 11/4/2012 to 31/12/2012					
Expenditure					
Cost of generating funds					
- Fundraising expenses		142,456	-	-	-
Charitable activities					
- Salaries and related costs		1,921,282	-	231,224	-
- Contribution to defined contribution plan		170,390	-	9,417	-
- Programme expenses		1,262,692	3,117	35,348	225,549
Expenditure on charitable activities	23	3,354,364	3,117	275,989	225,549
Governance costs					
- Professional fees	24	24,000	-	-	-
- Insurance		10,798	-	-	-
- Others		4,946	-	-	-
Total governance costs		39,744	-	-	-
Total expenditure		3,536,564	3,117	275,989	225,549
Net income/(expenditure) before tax expense		2,224,570	(3,117)	1,698,413	(225,549)
Income tax expense	27	-	-	-	-
Net income/(expenditure) for the period	25	2,224,570	(3,117)	1,698,413	(225,549)
Reconciliation of Funds					
Total funds transferred on 1 July 2012	30	23,367,189	228,885	-	1,353,290
Total funds carried forward		25,591,759	225,768	1,698,413	1,127,741

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

Restricted Funds

Medical Equipment Fund	Paediatric Palliative Care Programme	Patient Assistance Fund	Project Next Door Fund	Renovation Fund	Respectance Fund	Singapore Community Bereavement Project Fund	Total Restricted Funds	Total Funds
\$	\$	\$	\$	\$	\$	\$	\$	\$
-	-	-	-	-	-	-	-	142,456
-	-	-	-	-	-	80,576	311,800	2,233,082
-	-	-	-	-	-	9,517	18,934	189,324
2,890	-	7,192	-	2,707	5,823	45,005	324,514	1,590,323
2,890	-	7,192	-	2,707	5,823	135,098	655,248	4,012,729
-	-	-	-	-	-	-	-	24,000
-	-	-	-	-	-	-	-	10,798
-	-	-	-	-	-	-	-	4,946
-	-	-	-	-	-	-	-	39,744
2,890	-	7,192	-	2,707	5,823	135,098	655,248	4,194,929
36,485	-	(5,192)	250,200	(2,707)	1,177	-	1,752,827	3,974,280
-	-	-	-	-	-	-	-	-
36,485	-	(5,192)	250,200	(2,707)	1,177	-	1,752,827	3,974,280
38,509	633,587	25,074	1,488,500	13,432	217,705	-	3,770,097	27,366,171
74,994	633,587	19,882	1,738,700	10,725	218,882	-	5,522,924	31,340,451

STATEMENT OF CASH FLOWS

YEAR ENDED 31 DECEMBER 2013

	Note	Year ended 31/12/2013 \$	Period from 1/4/2012 to 31/12/2012 \$
Cash flows from operating activities			
Net income for the year/period		9,308,551	3,974,280
Adjustments for:			
Depreciation of property, plant and equipment	3	585,164	270,613
Write-off of property, plant and equipment	3	4,779	-
(Gain)/Loss on disposal of property, plant and equipment		(1,638)	2,026
Investment income	22	(1,083)	(49,231)
		9,895,773	4,197,688
Changes in working capital:			
Trade and other receivables		248,685	(74,237)
Trade and other payables		489,358	(310,275)
Deferred income		713,776	-
Net cash from operating activities		11,347,592	3,813,176
Cash flows from investing activities			
Interest received from time deposits		82,623	65,842
Interest received from investments		263,510	-
Placement of time deposits with maturity of more than three months with financial institutions		(5,582,213)	5,318,982
Proceeds from disposal of property, plant and equipment		3,000	101
Purchase of property, plant and equipment		(399,722)	(299,031)
Proceeds from disposal of investments		13,067,412	-
Purchase of investments		(12,818,490)	(9,376,748)
Net cash used in investing activities		(5,383,880)	(4,290,854)
Net increase/(decrease) in cash and cash equivalents		5,963,712	(477,678)
Cash and cash equivalents at beginning of the year/period		4,626,598	-
Cash and cash equivalents transferred		-	5,104,276
Cash and cash equivalents at end of year/period	6	10,590,310	4,626,598

The accompanying notes form an integral part of these 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 4 June 2014.

1 Domicile and activities

Assisi Hospice (the Company) is a charitable organisation registered in the Republic of Singapore and has its principal place of business at 820 Thomson Road, Singapore 574623.

The Company was incorporated under the Singapore Companies Act, Chapter 50 on 11 April 2012 as a company limited by guarantee. Prior to incorporation, Assisi Hospice was a segment of the Singapore operations of the Reverend Mother Superior of the Franciscan Missionaries of the Divine Motherhood in Malaya (FMDMM), a Roman Catholic Religious Order. The Company commenced operations on 1 July 2012, when the assets and obligations, and business were transferred from the previous hospice, bearing the same name, at \$nil consideration after approval was obtained from the Ministry of Health. There were no activities between 11 April 2012 (date of incorporation) and 1 July 2012 (date of transfer of assets and obligations, and business).

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

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

2 Summary of significant accounting policies

2.1 Basis of preparation

The financial statements have been prepared in accordance with Singapore Charities Accounting Standards (CAS) as management elected to adopt CAS for the financial period beginning 11 April 2012.

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

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

The preparation of financial statements in conformity with CAS 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.

NOTES TO THE FINANCIAL STATEMENTS

2 Summary of significant accounting policies (cont'd)

2.2 Foreign currency

Foreign currency transactions

Transactions in foreign currencies are translated to Singapore dollars at the exchange rates 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 the statement of financial activities.

2.3 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 in the statement of financial activities.

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 Company 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 the statement of financial activities 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 the statement of financial activities on a straight-line basis over the estimated useful lives of each part of an item of property, plant and equipment.

2 Summary of significant accounting policies (cont'd)

2.3 Property, plant and equipment (cont'd)

The estimated useful lives are as follows:

Building	over the remaining useful life of 4 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.

2.4 Trade and other receivables

Trade and other receivables excluding prepayments are initially recognised at their transaction price, excluding transaction costs, if any. Transaction costs are recognised as expenditure in the statement of financial activities as incurred. Prepayments are initially recognised at the amount paid in advance for the economic resources expected to be received in the future.

After initial recognition, trade and other receivables excluding prepayments are measured at cost less any accumulated impairment losses. Prepayments are measured at the amount paid less the economic resources received or consumed during the financial period.

2.5 Cash and cash equivalents

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

2.6 Investments

Investments are recognised at cost, plus any directly attributable transaction cost, less any accumulated impairment losses. Investments comprise quoted bonds.

NOTES TO THE FINANCIAL STATEMENTS

2 Summary of significant accounting policies (cont'd)

2.7 Trade and other payables

Trade and other payables excluding accruals are recognised at their transaction price, excluding transaction costs, if any, both at initial recognition and at subsequent measurement. Transaction costs are recognised as expenditure in the statement of financial activities as incurred. Accruals are recognised at the best estimate of the amount payable.

2.8 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 the statement of financial activities 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 Company 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.

2.9 Income

Income is included in the statement of financial activities when the following three factors are met:

- the Company becomes entitled to the income;
- the management are virtually certain that they will receive the income; and
- the monetary value can be measured with sufficient reliability.

Patient fees

Provided it is probable that the economic benefits will flow to the Company, 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.

2 Summary of significant accounting policies (cont'd)

2.9 Income (cont'd)

Government grants

The Company's income mainly comprise grants from the government to meet the Company's operating expenses.

Grants from the government are recognised as income in the statement of financial activities where there is reasonable assurance that they will be received and the conditions attached to them will be complied with. Where uncertainty exists as to whether the Company can meet the conditions, the grants that are received are deferred as a liability until there is sufficient evidence that the conditions attached can be met.

Donation and fundraising income

Donations and revenue from fundraising are recognised as income in the accounting period in which they are received or receivable.

Donation in kind

Donations 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.

Investment income

Investment income comprises interest income on funds invested, and net realised gains/losses on disposal of investments. Interest income is recognised on an accrual basis, using the effective interest method.

2.10 Expenditure

All expenditure is accounted for on an accrual basis and has been classified under headings that aggregate all cost related to that activity. Cost comprises direct expenditure including direct staff costs attributable to the activity. Where costs cannot be wholly attributed to an activity, they have been apportioned on a basis consistent with the use of resources. These include overheads like utilities, amortisation of leasehold improvements and support costs.

Costs of generating funds

Costs of generating funds include the costs of activities carried out to generate income, which will be used to undertake charitable activities.

NOTES TO THE FINANCIAL STATEMENTS

2 Summary of significant accounting policies (cont'd)

2.10 Expenditure (cont'd)

Charitable activities

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

Governance costs

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

2.11 Funds structure

Unrestricted funds are available for use at the discretion of the management in furtherance of the general objectives of the Company.

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

NOTES TO THE FINANCIAL STATEMENTS

3 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 11 April 2012 (date of incorporation)	-	-	-	-	-	-	-	-	-	-
Transfer (Note 30)	1,365,752	121,421	31,414	15,084	17,155	16,187	64,229	20,439	245,282	1,896,963
Additions	-	-	2,428	1,900	-	-	16,760	178,952	98,991	299,031
Disposals	-	-	(11)	-	-	-	(5,240)	-	-	(5,251)
Reclassification	-	-	-	-	-	-	-	103,507	(103,507)	-
At 31 December 2012	1,365,752	121,421	33,831	16,984	17,155	16,187	75,749	302,898	240,766	2,190,743
Additions	-	106,525	8,831	-	67,923	5,650	33,600	7,996	169,197	399,722
Disposals	-	-	(8,086)	-	-	-	(3,521)	(28,387)	-	(39,994)
Write-offs	-	-	-	(1,900)	-	-	-	-	(2,879)	(4,779)
Reclassification	-	-	-	-	-	107,350	-	-	(107,350)	-
At 31 December 2013	1,365,752	227,946	34,576	15,084	85,078	129,187	105,828	282,507	299,734	2,545,692
Accumulated depreciation										
At 11 April 2012 (date of incorporation)	-	-	-	-	-	-	-	-	-	-
Depreciation charge for the period	170,719	24,014	6,367	4,666	7,623	3,804	10,542	42,878	-	270,613
Disposals	-	-	-	-	-	-	(3,124)	-	-	(3,124)
At 31 December 2012	170,719	24,014	6,367	4,666	7,623	3,804	7,418	42,878	-	267,489
Depreciation charge for the year	342,348	43,061	12,088	4,726	20,926	36,589	22,116	103,310	-	585,164
Disposals	-	-	(7,883)	-	-	-	(2,362)	(28,387)	-	(38,632)
At 31 December 2013	513,067	67,075	10,572	9,392	28,549	40,393	27,172	117,801	-	814,021
Carrying amounts										
At 11 April 2012 (date of incorporation)	-	-	-	-	-	-	-	-	-	-
At 31 December 2012	1,195,033	97,407	27,464	12,318	9,532	12,383	68,331	260,020	240,766	1,923,254
At 31 December 2013	852,685	160,871	24,004	5,692	56,529	88,794	78,656	164,706	299,734	1,731,671

NOTES TO THE FINANCIAL STATEMENTS

3 Property, plant and equipment (cont'd)

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

	Note	2013 \$	2012 \$
Carrying amount of computer equipment purchased under Community Silver Trust Fund	7	78,484	128,053
Carrying amount of building purchased under Development Fund	8	676,645	1,127,741
Carrying amount of medical equipment purchased under Medical Equipment Fund	9	39,040	9,459
		<u>894,169</u>	<u>1,265,253</u>

4 Investments

	2013 \$	2012 \$
Non-current		
At 1 January/11 April (date of incorporation)	8,868,598	-
Additions	12,818,490	8,868,598
Disposals	(12,911,188)	-
At 31 December	<u>8,775,900</u>	<u>8,868,598</u>
Current		
At 1 January/11 April (date of incorporation)	508,150	-
Additions	-	508,150
Disposals upon maturity	(508,150)	-
At 31 December	<u>-</u>	<u>508,150</u>

Debt securities as at 31 December 2013 have stated interest at rates ranging from 0.94% to 4.84% (2012: 0.25% to 3.63%) per annum, and mature in 2 to 28 years.

NOTES TO THE FINANCIAL STATEMENTS

5 Trade and other receivables

	2013	2012
	\$	\$
Trade receivables	249,921	187,431
Allowance for doubtful trade receivables	(6,894)	(6,894)
Net receivables	243,027	180,537
Grant receivable from the Agency for Integrated Care	-	339,088
Fund receivable from third parties	103,000	-
Other receivables	235	69,097
	<hr/>	<hr/>
	346,262	588,722
Deposits	23,135	41,557
Interest receivable	44,622	37,746
Prepayments	39,123	26,926
	<hr/>	<hr/>
	453,142	694,951
	<hr/> <hr/>	<hr/> <hr/>

The Company's primary exposure to credit risk arises through its trade receivables and fund receivable from third parties. Concentration of credit risk relating to the trade receivables is limited due to the Company's many varied customers who are normally individuals. No significant risk exposure is expected to arise from the fund receivable from third parties. The Company'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 Company's trade receivables.

There was no additional impairment loss recognised or reversed in respect of trade and other receivables during the year.

NOTES TO THE FINANCIAL STATEMENTS

6 Cash and cash equivalents

	2013 \$	2012 \$
Cash at bank and in hand	10,590,310	4,626,598
Time deposits with financial institutions	21,277,150	15,694,937
	<u>31,867,460</u>	<u>20,321,535</u>
Less: Time deposits with financial institutions with maturity of more than three months from the date of placement	(21,277,150)	(15,694,937)
Cash and cash equivalents in the statement of cash flows	<u>10,590,310</u>	<u>4,626,598</u>

The weighted average effective interest rate per annum relating to cash and cash equivalents at the reporting date is 0.35% (2012: 0.41%) 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 three months from the date of placement are balances of \$10,455,954 (2012: \$2,779,663) which are subject to usage restriction imposed by the donors. These balances include the donations for specified use imposed by the donor (Notes 7 to 18).

7 Community Silver Trust Fund

	2013 \$	2012 \$
Balance at 1 January 2013/11 April 2012 (date of incorporation)	1,698,413	-
Receipts from the Community Silver Trust – matching grant	2,000,000	1,974,402
Expenditure	(854,007)	(275,989)
Balance at 31 December 2013/31 December 2012	<u>2,844,406</u>	<u>1,698,413</u>

The fund is represented by:

Current asset

Cash and cash equivalents	<u>2,844,406</u>	<u>1,698,413</u>
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NOTES TO THE FINANCIAL STATEMENTS

7 Community Silver Trust Fund (cont'd)

The Community Silver Trust is a scheme whereby the government will provide a matching grant of one dollar for every donation dollar raised by eligible organisations. The objectives are to encourage more donations and provide additional resources for the service providers in the Intermediate and Long Term Care Sector and to enhance capabilities and provide value-added services to achieve affordable and higher quality care.

Expenditure incurred for the year ended 31 December 2013 includes the utilisation of \$49,569 (2012: \$20,653) to match the depreciation charge for the Ingot Information System and utilisation of \$641,451 (2012: \$240,641) for staff related costs for doctors, nurses and allied healthcare workers.

8 Development Fund

2013	2012
\$	\$

The fund is represented by:

Non-current asset

Building	676,645	1,127,741
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This fund was set up in 1991 for the purpose of development of a new premise for the Company. The balance of the fund transferred from the previous hospice in 2012 amounted to \$1,353,290. The fund is now being written back to income over the remaining life of the building. Amortisation charges amounted to \$451,096 (2012: \$247,694) for the year ended 31 December 2013.

9 Medical Equipment Fund

2013	2012
\$	\$

The fund is represented by:

Non-current asset

Medical equipment	39,040	9,459
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Current asset

Cash and cash equivalents	37,728	65,535
	<u>76,768</u>	<u>74,994</u>

NOTES TO THE FINANCIAL STATEMENTS

9 Medical Equipment Fund (cont'd)

This fund was set up in 2002 for the purchase of medical equipment. The balance of the fund transferred from the previous hospice in 2012 amounted to \$38,509.

During the year, the Company received donations amounting to \$10,000 (2012: \$39,375) and utilised \$8,226 (2012: \$2,890) from the fund as depreciation charge for the medical equipment.

10 Paediatric Palliative Care Programme

	2013	2012
	\$	\$
The fund is represented by:		
Current asset		
Cash and cash equivalents	<u>633,587</u>	<u>633,587</u>

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. The balance of the fund transferred from the previous hospice in 2012 amounted \$633,587.

The Company has not utilised the fund since 2012.

11 Patient Assistance Fund

	2013	2012
	\$	\$
The fund is represented by:		
Current asset		
Cash and cash equivalents	<u>57,220</u>	<u>19,882</u>

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. The balance of the fund transferred from the previous hospice in 2012 amounted to \$25,074.

During the year, the Company received donations amounting to \$64,619 (2012: \$2,000) and has utilised \$27,281 (2012: \$7,192) from the fund to help needy patients.

NOTES TO THE FINANCIAL STATEMENTS

12 Project Next Door Fund

	2013	2012
	\$	\$
The fund is represented by:		
Non-current asset		
Assets under construction	299,735	133,416
Current asset		
Cash and cash equivalents	6,027,356	1,605,284
	6,327,091	1,738,700

This fund was set up in 2011 for the purpose of developing a new hospice building with inpatient capacity of 85 beds. The balance of the fund transferred from the previous hospice in 2012 amounted to \$1,488,500.

During the year, the Company received donations amounting to \$4,588,300 (2012: \$250,200).

13 Renovation Fund

	2013	2012
	\$	\$
The fund is represented by:		
Current asset		
Cash and cash equivalents	10,725	10,725
	10,725	10,725

This fund was set up in 1998 for the purpose of renovating space meant for patients' activities. The balance of the fund transferred from the previous hospice in 2012 amounted to \$13,432. During the year, the Company did not utilise any funds (2012: \$2,707).

NOTES TO THE FINANCIAL STATEMENTS

14 Respectance Fund

	2013	2012
	\$	\$
The fund is represented by:		
Current asset		
Cash and cash equivalents	217,436	218,882

The Respectance Fund was set up in 2011 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. The balance of the fund transferred from the previous hospice in 2012 amounted to \$217,705.

During the year, the Company did not receive any donations (2012: \$7,000) and has utilised \$1,446 (2012: \$5,823) from the fund to help the needy families.

15 Singapore Community Bereavement Project Fund

	2013	2012
	\$	\$
The fund is represented by:		
Current asset/(liability)		
Grant received	-	448,169
Grant receivable from the Agency for Integrated Care	-	339,088
	-	787,257
Donation utilised	-	(787,257)
Cash and cash equivalents	-	-

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, was awarded a \$1.19 million grant from the Tote Board with another \$240,000 grant from the Lien Centre for Palliative Centre from 2010 to 2012. The fund has been fully utilised in 2012.

NOTES TO THE FINANCIAL STATEMENTS

16 Ambulatory Treatment Unit

	2013	2012
	\$	\$
The fund is represented by:		
Non-current asset		
Renovation	49,950	-
Current asset		
Cash and cash equivalents	206,038	-
	<u>255,988</u>	<u>-</u>

The fund was donated by Lien Foundation which pledged \$1 million for 3 years. The Ambulatory Treatment Unit (ATU) which provides ambulatory care will help reduce the number of patients requiring in-patient admission.

During the year, the Company received donations amounting to \$1 million (2012: nil). \$286,224 (2012: nil) was recognised as grant income and the Company utilised \$30,236 (2012: nil) from the fund to set up the ATU to provide ambulatory care. The remaining \$713,776 (2012: nil) was deferred for recognition (Note 20).

17 Staff Welfare Fund

	2013	2012
	\$	\$
The fund is represented by:		
Current asset		
Cash and cash equivalents	274,713	225,768
	<u>274,713</u>	<u>225,768</u>

The fund was set up during the period from January 2012 to June 2012. The objective of the fund was to offer a one-off financial aid for the death of a spouse, child or parent of any staff, to help staff when there is an urgent and unexpected need, to set aside some funds for group activities and subscription of corporate membership to places of interest for staff. The balance of the fund transferred from the previous hospice in 2012 amounted to \$228,885.

During the year, the Company received donations amounting to \$97,988 (2012: nil) and utilised \$49,043 (2012: \$3,117) from the fund for group activities and cooking lessons for the staff.

NOTES TO THE FINANCIAL STATEMENTS

18 Salaries Adjustment Fund

	2013	2012
	\$	\$
The fund is represented by:		
Current asset		
Cash and cash equivalents	146,745	-

The fund was from MOH for the Intermediate and Long-Term Care (ILTC) sector salary adjustment exercise for healthcare professionals. The grant aims to narrow the salary gap between the healthcare professionals in the public acute sector and ILTC sector. The grant is for a period of 2 years beginning April 2012.

During the year, \$166,258 (2012: nil) was transferred from the Accumulated Fund, and the Company received donations amounting to \$705,267 (2012: nil), and utilised \$724,780 (2012: nil) from the fund.

19 Trade and other payables

	2013	2012
	\$	\$
Government subvention received in advance	173,343	27,358
Amount due to Mount Alvernia Hospital	84,393	49,770
Patients' deposits	400	400
Trade payables	82,214	104,292
Accrued operating expenses	1,125,045	794,217
	<u>1,465,395</u>	<u>976,037</u>

The outstanding balance to Mount Alvernia Hospital is unsecured, interest-free and repayable on demand.

NOTES TO THE FINANCIAL STATEMENTS

20 Deferred income

	Year ended 31/12/2013	Period from 11/4/2012 to 31/12/2012
	\$	\$
Donation towards Ambulatory Treatment Unit		
Year 2014	267,672	-
Year 2015	267,672	-
Year 2016	178,432	-
	<u>713,776</u>	<u>-</u>

The fund was donated by Lien Foundation which pledged \$1 million for 3 years. \$1 million has been received this year of which \$286,224 was recognised as grant income during the year (Note 16). The ATU which provides ambulatory care will help reduce the number of patients requiring in-patient admission.

21 Donation from Mount Alvernia Hospital

Donation from Mount Alvernia Hospital of \$588,000 (2012: \$294,000) represents amounts waived by Mount Alvernia Hospital in respect of support costs charged to the Company.

22 Investment income

	Year ended 31/12/2013	Period from 11/4/2012 to 31/12/2012
	\$	\$
Interest income from time deposits	89,499	49,231
Net losses from investments	(88,416)	-
	<u>1,083</u>	<u>49,231</u>

NOTES TO THE FINANCIAL STATEMENTS

23 Charitable activities

Expenditure on charitable activities under Accumulated Fund comprises the following:

Year ended 31/12/2013	Programme expenses	Salaries and related costs	Contributions to defined contribution plan	Total
	\$	\$	\$	\$
Hospice services	1,556,503	2,397,448	220,170	4,174,121
Long term hospice services	99,099	109,315	9,721	218,135
Day care services	473,334	470,045	52,064	995,443
Home care services	374,402	1,057,458	141,108	1,572,968
Total	<u>2,503,338</u>	<u>4,034,266</u>	<u>423,063</u>	<u>6,960,667</u>
Period from 11/4/2012 to 31/12/2012				
Hospice services	800,807	1,073,776	90,138	1,964,721
Long term hospice services	46,994	25,001	2,096	74,091
Day care services	214,457	231,565	21,434	467,456
Home care services	200,434	590,940	56,722	848,096
Total	<u>1,262,692</u>	<u>1,921,282</u>	<u>170,390</u>	<u>3,354,364</u>

24 Professional fees

	Year ended 31/12/2013	Period from 11/4/2012 to 31/12/2012
	\$	\$
External audit fees	30,900	13,000
Internal audit fees	28,000	11,000
Others	28,630	-
	<u>87,530</u>	<u>24,000</u>

NOTES TO THE FINANCIAL STATEMENTS

25 Net income/(expenditure) for the year/period

The following items have been included in arriving at net income/(expenditure) for the year/period:

	Note	Year ended 31/12/2013	Period from 11/4/2012 to 31/12/2012
		\$	\$
Supplies and consumables		371,688	110,096
(Gain)/Loss on disposal of property, plant and equipment		(1,638)	2,026
Write-off of property, plant and equipment		4,779	-
Depreciation of property, plant and equipment	3	585,164	270,613
Repairs and maintenance		145,861	54,902
Mount Alvernia Hospital's support costs to the hospice (Note a)		528,000	264,000
Agency manpower services		504,427	306,540
Utilities		137,020	72,193
Staff costs		5,798,166	2,422,406
Contributions to defined contribution plan, included in staff costs		495,712	189,324
Bad debts written off		-	4,437
		<u> </u>	<u> </u>

- (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 Company.

During the financial year, the Company received sponsorships from various donors to be used in its fund-raising events in 2013.

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.

NOTES TO THE FINANCIAL STATEMENTS

26 Employee benefits

Employee benefits during the year/period were as follows:

	Year ended 31/12/2013	Period from 11/4/2012 to 31/12/2012
	\$	\$
Gross salaries and bonuses	5,302,454	2,233,082
Contributions to defined contribution plans	495,712	189,324
	<u>5,798,166</u>	<u>2,422,406</u>

27 Income taxes

The Company 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 Company is a registered charity with income tax exemption.

28 Tax deductible donations

Tax deductible donations amounting to \$11,249,162 were received during the year (\$3,939,264 were received during the period from 11 April 2012 (date of incorporation) to 31 December 2013).

The Company enjoys a concessionary tax treatment whereby qualifying donors are granted 250% tax deduction for the donations made to the Company.

NOTES TO THE FINANCIAL STATEMENTS

29 Related parties

Key management personnel compensation

Key management personnel of the Company are those having authority and responsibility for planning, directing and controlling the activities of the Company. The Board of Directors and executive management team are considered key management personnel of the Company.

Key management personnel compensation comprised:

	Year ended 31/12/2013	Period from 11/4/2012 to 31/12/2012
	\$	\$
Short-term employee benefits	460,425	336,477

Number of key management in remuneration bands on an annualised basis:

	Year ended 31/12/2013	Period from 11/4/2012 to 31/12/2012
Below \$100,000	-	1
\$100,000 to \$150,000	-	2
\$150,000 to \$250,000	2	1
	<u>2</u>	<u>4</u>

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

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

	Year ended 31/12/2013	Period from 11/4/2012 to 31/12/2012
	\$	\$
Purchase of food and provision, medical supplies and clinical consumables from Mount Alvernia Hospital	419,290	199,418

NOTES TO THE FINANCIAL STATEMENTS

30 Restructuring

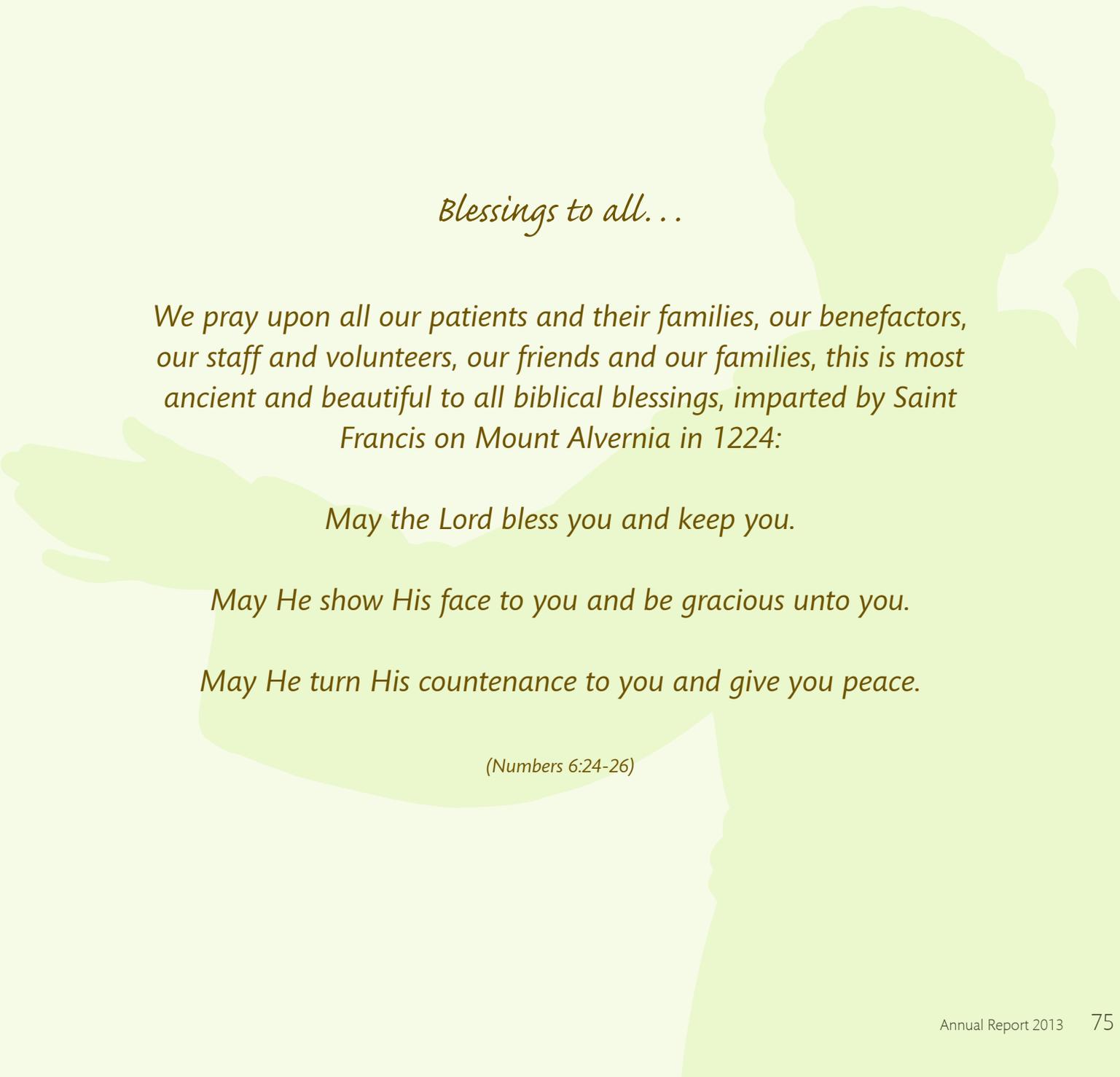
The Company was incorporated under the Singapore Companies Act (Cap 50) on 11 April 2012 as a company limited by guarantee. Prior to incorporation, Assisi Hospice was a segment of the Singapore operations of the Reverend Mother Superior of the Franciscan Missionaries of the Divine Motherhood in Malaya (FMDMM), a Roman Catholic Religious Order. The Company commenced operations on 1 July 2012, when the assets and obligations, and business were transferred from the previous hospice, bearing the same name, at \$nil consideration after approval was obtained from the Ministry of Health. There were no activities between 11 April 2012 (date of incorporation) and 1 July 2012 (date of transfer of assets and obligations, and business).

The effect of the restructuring was as follows:

	Carrying value 1 July 2012 \$
Non-current assets	1,896,963
Current assets (excluding cash and cash equivalents)	637,325
Cash and cash equivalents	26,118,195
Current liabilities	(1,286,312)
Total identifiable net assets acquired	<u>27,366,171</u>
	Carrying value 1 July 2012 \$
<i>Represented by:</i>	
Restricted funds	
Development Fund	1,353,290
Medical Equipment Fund	38,509
Paediatric Palliative Care Programme	633,587
Patient Assistance Fund	25,074
Project Next Door Fund	1,488,500
Renovation Fund	13,432
Respectance Fund	217,705
Unrestricted funds	
Accumulated Fund	23,367,189
Staff Welfare Fund	228,885
	<u>27,366,171</u>

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Blessings to all...

We pray upon all our patients and their families, our benefactors, our staff and volunteers, our friends and our families, this is most ancient and beautiful to 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)

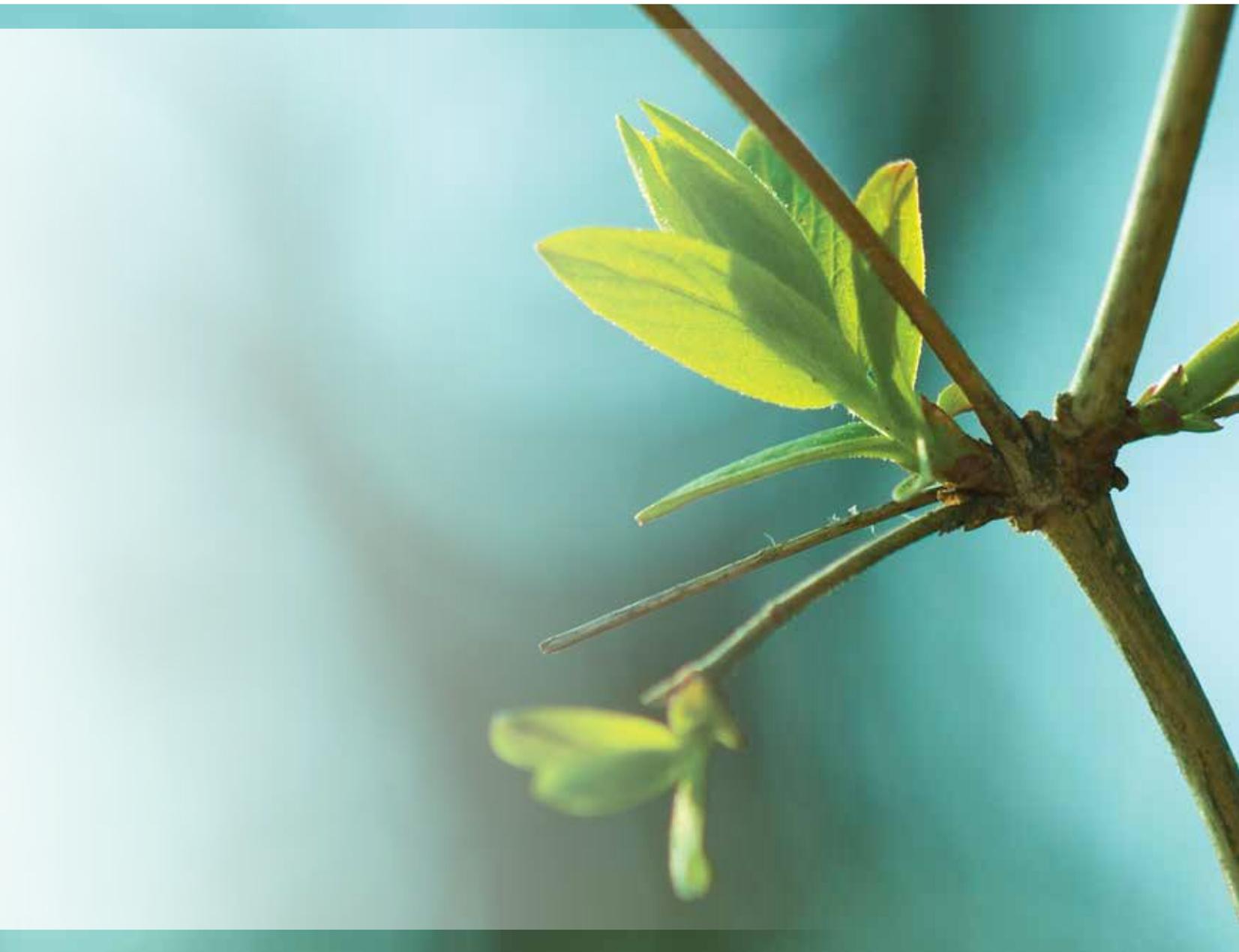


The logo is made up of Mary and Child symbol and modern text lock up. Mary graciously offers her son to the world.

She is not keeping him to herself in a tender embrace.

The Christ-child in his turn, inseparable from his mother, has his arms outstretched to reach out and to welcome all peoples. It is a missionary attitude the FMDM Sisters have chosen to imitate and support Assisi Hospice's mission.

The green colour in the logo connotes "life". The brown is similar to the FMDM shade of brown. Together the 2 colours form the core identity of Assisi Hospice.





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HOSPICE
Caring for Life

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