



ASSISI
HOSPICE
Caring for Life



55 *Years*

of weaving comfort into lives

ANNUAL REPORT 2024

Franciscan Values

Assisi Hospice was established in 1969 by the Franciscan Missionaries of the Divine Motherhood. We dedicate our efforts to providing palliative care for all who are vulnerable. Our guiding principles in caring for the sick and the poor take root in Franciscan values, as lived by our Patron Saint, St Francis of Assisi.

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

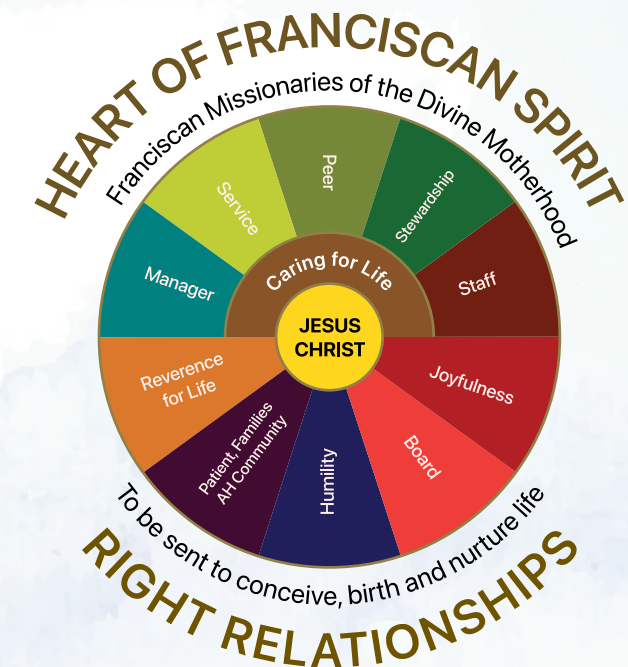


At Assisi we emulate the example set by our Patron Saint in serving all who need our care, with humility and joy, treating everyone with respect and compassion.

We care not only for our patients but also for their families, to provide support for their physical, emotional, psychosocial and spiritual needs. We welcome people of all faiths, ages, races and financial positions. No one will ever be denied 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 diverse individuals from all walks of life, who need our support, love 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 Your peace.
Where there is hatred, let me sow love
Where there is injury, pardon
Where there is discord, unity
Where there is doubt, faith
Where there is error, truth
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



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.



STEWARDSHIP

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



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.



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.



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.

Message from

Wendy Louis

Chairperson

Catholic Health Care Asia



It is a privilege and pleasure to write this message, as Chair of Catholic Health Care Asia (CHCA). The foresight and courage shown by the FMDM congregation and leadership in setting up CHCA has meant that Assisi Hospice, along with the other Health Care ministries founded by FMDM, remains sponsored by the Catholic Church as it continues to witness to the Healing and Compassionate Ministry of Jesus. It has been an inspiring time for all the Canonical Stewards who form CHCA to work alongside the committed and dedicated staff, management and Board Directors.

As I reflect on why Assisi Hospice is critical to our mission, I see that it is a haven for nurturing Franciscan values and hope. When one is at the end of life and time is distilled into the final months, weeks or days, all the meaning that has driven us during our productive and loving lives comes to the fore and provides us with food for the journey. For those for whom serious illness or frail old age has eroded hope, the compassionate and personalised

care provided, the surroundings, and the love experienced in Assisi Hospice give meaning.

In a few lines from a poem by William Blake, an English Poet of the 18th Century, I recognise the work of Assisi Hospice as it welcomes the most vulnerable at a time when many societies are becoming more utilitarian. In this vulnerable human person – the grain of sand – is mystery, infinity and dignity. The witness given through care of body and soul speaks of the fact that every person of every status and state of health is of infinite value and worthy of love because they are human and destined to a life with God.

Assisi Hospice is in a new phase of growth with opportunities to serve even more home-bound sick. With these possibilities come challenges which the Board and management are well equipped to face.

As we celebrated 75 years of FMDM presence in Singapore and the 55th anniversary of the founding of Assisi Hospice in 2024 we are grateful for all the wise, loving and hardworking visionary sisters and others who came before us. We continue to be thankful for

the wonderful professionals and volunteers who work selflessly to carry out the Mission of Assisi Hospice. CHCA is walking with you and supports you in prayer, collaborating with you in our role as Canonical Stewards of Assisi Hospice.

**"To see a World in a Grain of Sand
And a Heaven in a Wild Flower
Hold Infinity in the palm of your hand
And Eternity in an hour."**

William Blake 1757-1827



Message from

Mr Thomas Teo

Chairman

Board of Directors



2024 was a special year for both the Franciscan Missionaries of the Divine Motherhood (FMDM) Sisters and Assisi Hospice. We celebrated our 75th and 55th anniversary respectively of our founding involvement in Singapore.

As we looked back seventy-five years ago, we remembered that the FMDM Sisters had responded generously and graciously to God's calling to bring the Good News of the Gospel to the people of Singapore, through the healing ministry of Jesus. Twenty years later, they started Assisi Hospice, with a mission of love to serve the needs of the community, especially the underserved. Our steep history and Franciscan tradition have taught us to work tirelessly to serve the community, our patients and their loved ones. Today, Assisi Hospice has grown and transformed itself into a highly specialised palliative care provider, caring for about 3,200 patients a year.

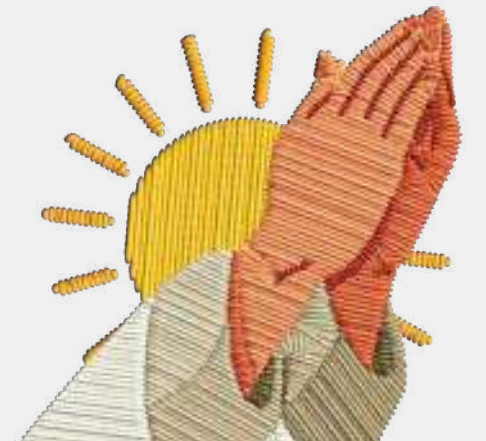
We are pleased to share that in the last quarter of 2024, the government increased its funding support for the sector. All Singapore citizens started to receive government subsidies of at least 50%, regardless of their income level under the revised palliative care subsidy framework. This was in line with the

refreshed National Strategy for Palliative Care launched by Minister Ong Ye Kung in 2023 to bring changes in smoothening care transitions, strengthening financing support, and expanding manpower recruitment and training for the sector. With 65% of our patients means-tested at the lowest income tier, the additional funding will allow us to make our services even more affordable to the lowest income tier patients. Assisi Hospice will continue to stay true to our mission to care for the least and the poorest.

We are also very mindful that a Catholic charity like ours, must uphold the highest standards of corporate governance and be fully accountable to those we serve as well as those who support us. In this regard, we are honoured to be selected once again as a recipient of the Charity Transparency Award in 2024. We share this credit with our hardworking colleagues and staff, donors and volunteers, who hold us accountable for everything we do.

Finally, I would like to express my gratitude to my fellow Board members for their invaluable counsel and advice, to our CEO, Ms Choo Shiu Ling, for her leadership, and to the executive team and staff for their unwavering dedication and service. I would also like to extend my heartfelt thanks to our donors, sponsors, volunteers, and friends for their faithful support and partnership.

We thank God for His blessings in the past 55 years, and may He continue to use us as His instrument of love, to serve our patients and all their loved ones. May we seek His glory in everything we do.



Message from

Ms Choo Shiu Ling

Chief Executive Officer



Intrinsic to the values of palliative care is the respect for the individual's personhood and the need to understand and best respond to how the patient wishes to be cared for. Our Franciscan foundation provides our ministry with the affirmation, and strength of heart and mind, to reach out and care for anyone who is vulnerable.

The combination of Assisi's Franciscan values and chosen ministry in palliative care directs us to provide dignified care by continuously learning and re-inventing ourselves when necessary; so that we may provide the best care that is relevant and meets the changing needs of our patients and families, and the wider healthcare community.

Our patients and families exist within a wider society and healthcare system for all of their psychosocial and medical needs. The Assisi Team actively engages with other healthcare teams

and is well networked to learning institutions and professional bodies, so that we may in turn learn and contribute to the growth and development of palliative care medicine. This allows us to discern with broad perspectives, and bring evidence-based best practices to the care of our patients and families.

We hope that this annual report from our 55th year of service expresses how we care for our patients, and put our best effort in developing our team and those who seek us out. We hope that more like-minded friends will join us in advocating for the needs of our patients and families, as we do our part in building the type of compassionate community we are proud to exist within.

John 13:34-35

"A new commandment I give to you, that you love one another: just as I have loved you, you also are to love one another. By this all people will know that you are my disciples, if you have love for one another."



Board of Directors



Mr Thomas Teo
Chairman



Mr Paul Lee
Deputy Chairman



Ms Fiona Rankine
Director



Ms Jacqueline Wong
Director



Ms Lynna Chandra
Director



Mr Nagaraj Sivaram
Director



Prof Philip Choo
Director



Mr Tony Mallek
Director



Mr Jeff Cheong
Director



Ms Kuah Boon Theng
Director



Mr Linus Tham
Director



A/Prof Lita Chew
Director



Ms Trillion So
Director

Management Team



How we truly are



What people think we are like

Top row from left:

- **Mr Andy Tham** Head, Operations
- **Ms Ann Neo** Head, Information Technology
- **Ms Katherine Tan** Head, Human Resource
- **Ms Juliet Ng** Head, Communications & Community Engagement
- **Ms Karen Poon** Mission Director
- **Ms Jennifer Lum** Head, Finance
- **Ms Jacinta Phoon** Head, Psychosocial Support Services
- **Clin Asst Prof Ong Eng Koon** Head, Medical Services (Homecare)

Bottom row from left:

- **Clin Asst Prof Gwendoline Soh** Head, Medical Services (Inpatient & Day Care)
- **Ms Chiew Cheng Fong** Director, Nursing
- **Ms Choo Shiu Ling** Chief Executive Officer
- **Clin Asst Prof Peh Tan Ying** Clinical Director
- **Ms Sheena Low** Manager, Day Care

Board Committees

Nominations Committee (NC)

- Mr Thomas Teo – Chairperson
- Mr Paul Lee
- Ms Jacqueline Wong

Audit Committee (AC)

- Mr Nagaraj Sivaram – Chairperson
- Ms Jenny Lim
- Mr Mah Kah Loon
- Mr Linus Tham
- Ms Gwendel Tung
- Ms Karen Yeoh

Investment Committee (IC)

- Mr Tony Mallek – Chairperson
- Ms Celestine Khoo
- Mr Paul Lee
- Ms Catherine Loh
- Mr Thomas Teo

Programmes And Services Committee (PSC)

- A/Prof Lita Chew – Chairperson
- Ms Lynna Chandra
- Dr Lim Su-Fee
- A/Prof James Low
- Ms Terina Tan
- Mr Christopher Chong (till 30/06/24)
- A/P Simon Ong (till 30/06/24)

Community Engagement Committee (CEC)

- Ms Fiona Rankine – Chairperson
- Ms Lynna Chandra
- Mr Jeff Cheong
- Mrs Susie Koh
- Ms Susanna Kulatissa
- Ms Azmeen Moiz
- Ms Penny Shone

Finance Committee (FC)

- Ms Trillion So – Chairperson
- Ms Angela Ee
- Mr Paul Lee
- Mr Tony Mallek
- Mr John Ng
- Ms Martina Wong
- Ms Celestine Khoo (till 30/06/24)

Building Management Committee (BMC)

- Mr Linus Tham – Chairperson
- Mr Hoong Bee Lok – Deputy Chairperson
- Mr Andrew Ang
- Mr Chan Heng Lim
- Mr Johnny Goh

Human Resource Committee (HRC)

- Ms Jacqueline Wong – Chairperson
- Mr Samir Bedi
- Ms Lynna Chandra
- Prof Philip Choo
- Ms Geraldine Lee
- Ms Ong Chin Yin

The Board Directors’ attendance at Board Meetings for the period January to December 2024:

Name of Directors	Number of Board Meetings invited to attend	Attendance
Mr Thomas Teo (Chairman)	4	4
Mr Paul Lee	4	4
Ms Lynna Chandra	4	3
Mr Jeff Cheong	4	4
A/Prof Lita Chew	4	3
Prof Philip Choo	4	1
Ms Kuah Boon Theng	4	4
Mr Tony Mallek	4	4
Ms Fiona Rankine	4	4
Mr Nagaraj Sivaram	4	2
Ms Trillion So	4	4
Mr Linus Tham	4	1
Ms Jacqueline Wong	4	4

Non-board Level Committees

Facility Medifund Committee (FMC)

- Ms Linda Auyong – Chairperson
- Ms Michelle Chian
- Ms Rose Lu
- Ms Jacqueline Khoo
- Sr Linda Sim

Ethics Advisory Panel (EAP)

- A/Prof Lalit Krishna – Chairperson
- A/Prof Chan Mei Yoke
- Mr Christopher Chong
- A/Prof Lai Siang Hui
- Ms Terina Tan
- Fr James Yeo

All information is correct and up-to-date as of 31 Dec 2024.

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 (IPC). Assisi Hospice places an ongoing priority on improving its governance and management practices.

Charity Transparency Award

Assisi Hospice has won the Charity Transparency Award every year since its inception in 2016. (There was an award hiatus in 2020 and 2021 due to Covid-19.) We won the award again in 2024.

The Charity Transparency Award was introduced by the Charity Council in 2016 to recognise charities with good disclosure practices. The award aims to emphasise that transparency and good disclosure practices are important pillars of good governance.

In 2017, Assisi Hospice received the Charity Governance Award – Special Commendation Award for Operational Efficiency. The award affirms that Assisi Hospice has established exemplary practices in service delivery, organisational performance, CEO performance and Board effectiveness.

In 2019, Assisi Hospice received the Charity Governance Award for a Large Charity. This is the highest-level award and the winner demonstrates the highest standards in areas of corporate governance and management, clarity of strategy, risk management, transparency, operational efficiency and compliance.

Conflict of Interest

Board members operate under a conflict of interest disclosure process. Annual conflict of interest disclosure statements are undertaken by all members.



Assisi Hospice received the Charity Transparency Awards 2024.

Reserve Policy

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

Disclosure & Transparency

Annual reports are prepared, which include up-to-date information on our programmes, activities, performance and finances as well as a listing of the Board’s key office-bearers. Audited financial information is available on Assisi Hospice’s website as required by the Commissioner of Charities.

Environment, Social & Governance



The Assisi Team articulates its considerations and efforts with respect to ESG (Environment, Social and Governance) in an annual Impact and Sustainability Report which is published at the start of each year to reflect the achievements and progress in the immediate past financial year. "Impact and Sustainability Report 2024" was published in Jan 2025 on the Assisi Hospice website.

The timeless ethos of Franciscan values as translated to our service values, bring life and completeness to the contemporary articulation of sustainability in organisational practice through considerations of ESG.



We launched the Impact & Sustainability Report 2024 in Jan 2025.

Social

We will continue to build a community of colleagues, volunteers and stakeholders who share the desire to build the right relationships and to develop our best abilities in service to the needs of our patients and families in the area of Palliative Care.

Environment

Our core values reflect our respect for all life and indeed the environment that sustains humanity. The Assisi Hospice is a purpose-built, Platinum Green Mark facility that provides a life-affirming environment. We are committed to continuous improvements and sustainability in our operational practices.

Governance

Assisi Hospice serves the unmet needs of the community; we belong to the community and exist only with the support of our stakeholders. It is imperative that we pursue the expressed standards of clinical and corporate governance, as a foundation of our accountability to all whom we serve.



Scan here for our Impact & Sustainability Report 2024.

Patient Profile

Ethnicity



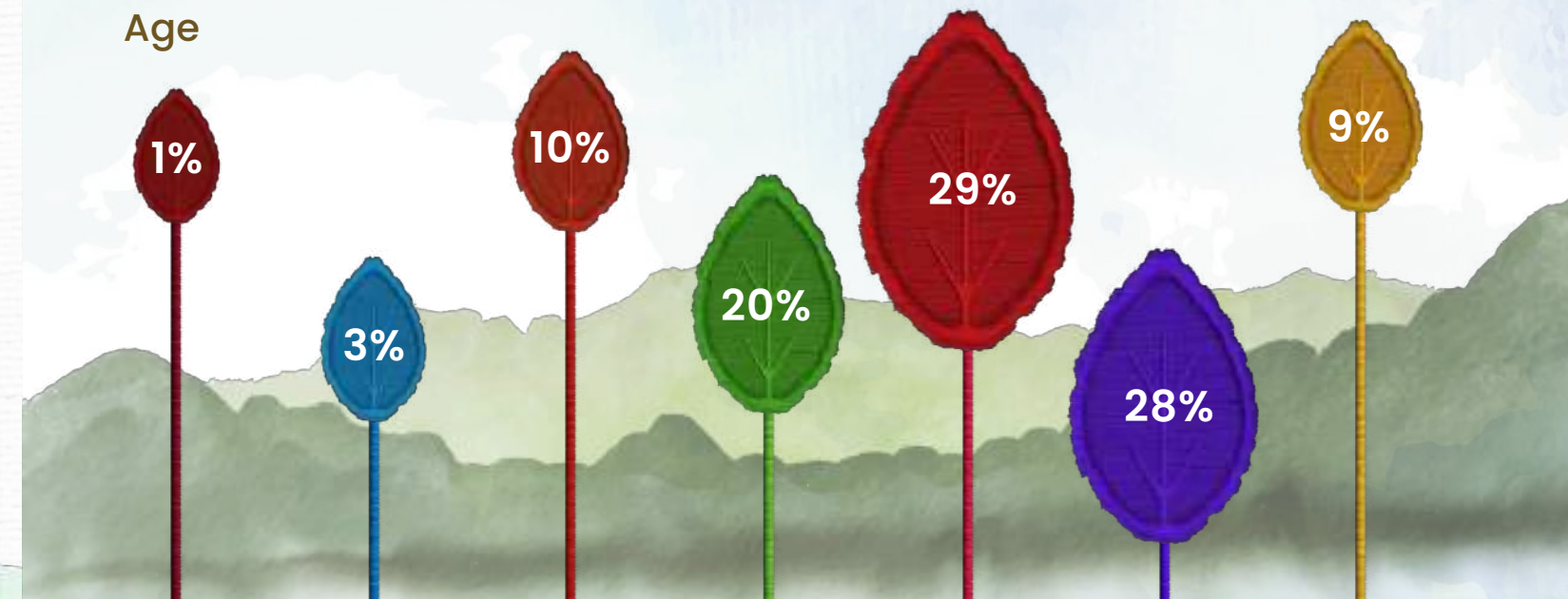
- 84% Chinese
- 8% Malay
- 5% Indian
- 3% Others
- 1% Eurasian

Religion



- 37% Buddhist
- 22% Christian
- 9% Muslim
- 5% Taoist
- 8% Catholic
- 6% Free Thinker
- 3% Hindu
- 10% Others

Age






- <41
- 41-50
- 51-60
- 61-70
- 71-80
- 81-90
- >90



Average length of stay
16 days



Bed occupancy
71%

Patients by Service Type		New Admissions	Patients Under Care
	Home Care	1,605	2,092
	Inpatient	819	866
	Day Care	147	223
Total		2,571	3,181


Referral Source




Caring for the Underprivileged



65%
of our patients are means-tested at the lowest income tier. All our patients receive substantive Assisi subsidies, which are funded by donations, for their care.



Number of pro bono funerals:
7



38
Instances

In addition to our substantive subsidies for palliative healthcare, we provided 38 instances of patient support with cash in hand for daily living while waiting for formal financial assistance from other agencies, and financial support in areas like ambulance transfers, transport, supermarket vouchers, and rental of oxygen concentrators.

A Mission to Care

We celebrated 75 years of FMDM in Singapore.

"A willingness to respond wholeheartedly to all that will be asked of you."

That would be the response you will hear if one were to ask what motivated, and what has sustained the mission of the Franciscan Missionaries of the Divine Motherhood (FMDM), the Catholic religious congregation that founded Assisi Hospice.

75 years ago, the FMDM Sisters travelled from Surrey in the UK to China and Singapore. They wanted to bring the love of Christ, and the Gospel of Joy and Peace to all. They have been women prepared to do whatever it takes, with a willingness to respond wholeheartedly to all that was asked of them. Through the decades, this passion for Life has inspired many others.



"Pioneering Sisters who came from China" Sisters Camillus, Angela & Baptista arrived in Singapore in 1949 upon the invitation of Bishop Olcomendy to care for tuberculosis patients.

The missionary spirit led the sisters to not only build up the Tuberculosis (TB) Ward in Tan Tock Seng Hospital, but in addition, a home to care for persons with leprosy, naming it Trafalgar Home (at the current site of the Institute of Mental Health). Within Trafalgar Home, the sisters were not only nurses, but they did all that was needed, including being teachers to the children who were not able to attend school. The sisters had to find innovative ways to create a community at Trafalgar where life could still flourish, despite the isolation faced by patients with leprosy.

In the years that followed, as more women joined the FMDM Sisters, they were sent from Singapore to work in Africa, Jordan, Australia and, closer to home, to the Philippines and Malaysia.

In 1969, after twenty years in Singapore, the FMDM Sisters founded Assisi Home to serve the underserved. We began at the Khoo Block of Mount Alvernia Hospital, caring for chronically ill and elderly patients in financial need. In 1988, the FMDM Congregation decided to expand into hospice care, and we began to accept only patients requiring respite and hospice care. To meet the increasing needs for palliative care, the FMDM Sisters vacated their convent for it to be used as a much larger space with single rooms for patients. We moved in and were renamed Assisi Home and Hospice in 1993, providing Inpatient, Home Care and Day Care services. In 2007, we were named Assisi Hospice. Responding to the growing need for palliative care in the community, we moved to our new six-storey purpose-built hospice in Jan 2017. The increase in the number of beds and the spacious and conducive environment enabled us to provide care and comfort to many more patients and their families.

The FMDM Sisters' lives in Singapore have inspired so many with their ministry of love and gift of steadfast service. They have given us their mantle of care to cover the community with love and clothe it with care.

To celebrate their enduring legacy, we had a year-long programme at Assisi Hospice and Mt Alvernia Hospital to reflect the FMDM heart and soul, and the love for Christ and Life. To honour the FMDM Sisters' lives in mission, we gave thanks for the FMDM Sisters' missionary spirit and remembered their contributions in serving the underserved in Singapore. Just as we celebrate the lives of our patients and each person who walks through our Assisi Hospice door, we also celebrate the richness of our sisters' lives with their own personalities and gifts; they brought their own colour and vigour to the multiple roles they played, inspiring us to do our best in our service to patients and their loved ones.



We grew from a block in Mt Alvernia Hospital, to the Sisters' convent, and now to a purpose-built 6-storey hospice.

Annual Thanksgiving Mass in Assisi Hospice

On 19 Jan 2024, we had our Annual Thanksgiving Mass at Assisi Hospice, and we gave thanks to God for the FMDM Sisters who have gone before us, and for Assisi Hospice's 55th Anniversary. In a special Missioning and Blessing segment during the Mass, our Board members and staff present committed to ensuring that the values of Assisi Hospice – which reflect the values of our FMDM Sisters – of Service, Stewardship, Humility, Reverence for Life and Joyfulness, are practiced by all who minister in this place, and that we will lead and support "Caring for Life" so that it may be experienced by all who come to Assisi Hospice.



Our Board members and staff present, committed to ensuring that the values of Assisi Hospice are practiced by all who minister in this place in a special Missioning and Blessing segment.



A special blessing of the FMDM Sisters.

The 75th Anniversary Celebratory Mass

A special FMDM 75th Anniversary Thanksgiving Mass was held on 15 Nov 2024 at Novena Church with Friar John-Paul Tan OFM as celebrant. It was a gathering of old and new friends of the FMDM Sisters and the Missions they founded. Attending in person were 27 sisters from Singapore, Malaysia and the UK; more Sisters and mission partners joined in online.

It was a touching moment as the Mass began with all the FMDM Sisters, including those in wheelchairs, in a procession into the Church, carrying symbols of their mission to the front of the church, signifying the missionary journey they took 75 years ago. Each symbol in the form of a sphere was mounted on a stem to form a dandelion, the spheres symbolically ready to be scattered to various parts of the world, just as the Sisters were sent to work in various parts of the world.

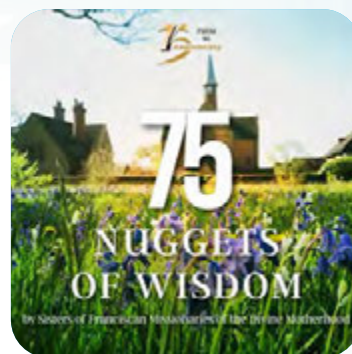
Mr Thomas Teo, Chairman of Assisi Hospice and Sr Jane Bertelsen, FMDM International Congregational Leader, shared messages of thanks.

Working together with the FMDM Sisters, we launched a commemorative e-collection of “75 Nuggets of Wisdom” from the Sisters, both past and present – those who came to Singapore from overseas and locals who answered the call to respond wholeheartedly to all that was asked of them. It is our hope that more will be inspired and blessed by their sharing.

All who were present were invited to take part as one family to make a renewed commitment and receive a blessing for the work we do in our shared mission to care.



The FMDM Sisters with the dandelion display.



Scan to read
“75 Nuggets of
Wisdom”



Friar Derrick Yap shared the Franciscan thoughts and perspectives.

Feast of the Stigmata of St Francis

The Feast of the Stigmata is celebrated each year when the missions founded by the FMDM Sisters – Assisi Hospice and Mount Alvernia Hospital in Singapore – come together with the FMDM Sisters for a time of reflection. This year's gathering on 17 Sep 2024 was extra special because, in addition to the FMDM Sisters' 75th Anniversary, we came together as one FMDM family to commemorate the 800th Anniversary of the Feast of the Stigmata of St Francis with the wider Franciscan family. In one of

his messages, Pope Francis reminded us that the stigmata marks are signs of God's love and a call to reach out with God's love to the “stigmatised” – those who are suffering. Friar Derrick Yap OFM was invited to facilitate and share Franciscan thoughts and perspectives with us.

In addition, another night of reflection was hosted in Assisi Hospice when the Church and Franciscan community, and anyone interested in knowing more and being steeped in the Spirit of God's love and fraternitas, were welcomed.

Feast of St Francis of Assisi

Feast Day on 4 Oct 2024 was a day of gaiety and celebration, Singapore style, with lots of food as well as song and performances, just as St Francis was known to do when he rejoiced in the Lord. Following in the footsteps of the FMDM Sisters, the Management Team of Assisi Hospice and Mt Alvernia Hospital served food to all staff members and mission partners. It was such a lovely day that even sisters who usually use walking sticks and wheelchairs got up to do a little dance.



The FMDM Sisters and staff of Assisi Hospice and Mt Alvernia Hospital, enjoying the time of fellowship.



Participants were invited to reflect on the theme of “Growing in Fraternity”.

Joint Catholic Health Care Asia & Boards Retreat

The annual joint missions retreat was organised by Catholic Health Care Asia (CHCA) for the Board Members and the Executive Team members of all three ministries – Assisi Hospice, Mt Alvernia Hospital and Mount Miriam Cancer Hospital (Penang). Held in Assisi Hospice on 16 Nov 2024, members were invited to reflect on the theme of “Growing in Fraternity”, led by Sr Jane Bertelsen, FMDM Congregation Leader and facilitated by Mr Lance Ng, a spiritual director in the Ignatian tradition.

Members shared and discussed on experiences and wisdom, such as Pope Francis' Fratelli Tutti #8, “Here we have a splendid secret that shows us how to dream and to turn our life into a wonderful adventure. No one can face life in isolation... We need a community that supports and helps us, in which we can help one another to keep looking ahead. How important it is to dream together... By ourselves, we risk seeing mirages, things that are not there. Dreams, on the other hand, are built together.”

Growing Capabilities for Better Care



We equipped ourselves to provide better care to our growing number of patients and meet their increasingly complex needs.

Develop Team Capabilities for Sustainability in Meeting Complex & New Needs

In recognition of the increasing needs of the community, we made significant adjustments to our team structure and composition to create a stronger foundation for service growth and continuous improvement.

Leadership Team

We augmented our leadership structure across various teams to improve our support for our team members. Part of this effort included developing effective pipelines for future leaders.

Team Composition

We achieved the goal of significantly shifting the composition of skills and capabilities of the team. In the example of the nursing team, we adhere to the acute hospitals' nurse staffing ratios; additionally, the inpatient nursing team comprise 75% registered nurses (RNs) with the majority, beyond diplomas, holding degrees and/or post-grad qualifications relevant to palliative care.

All team members are actively encouraged to work collaboratively with professionals in other organisations and engage in joint projects to ensure continuous learning amongst peers to better care for our patients and families.



The inpatient nursing team comprise 75% registered nurses, with the majority, beyond diplomas, holding degrees and/or post-grad qualifications relevant to palliative care.

Delivering Care for Complex Needs – Transform How Nurses Learn

In 2024, we adopted the Entrustable Professional Activities (EPA) framework as the foundation for onboarding and developing Home Care nurses. Originally designed for medical education, this framework has been adapted to suit the complexities of community-based palliative care. It offers a structured, work-based approach to training and assessment, focusing on real-world clinical responsibilities. All new Home Care nurses joining Assisi from 2024 onwards are trained using this model. EPAs define key activities that nurses must competently perform, allowing educators and clinical leads to make informed, real-time decisions about the level of supervision or autonomy each nurse requires in patient care.

This approach supports a smoother transition from theory to practice, especially in the unpredictable and emotionally demanding environment of home hospice care. The EPA framework ensures consistency in skill development, enhances clinical judgment, and supports nurses in managing symptoms, responding to emergencies, and coordinating care with families and the broader healthcare team. Ultimately, the goal is to equip nurses with the confidence and competence to be fully entrusted with patient care, while maintaining the high standards required for safe, compassionate, and responsive palliative service delivery in the home setting.

EPA Training Framework Gave Her Confidence in Professional Practice



Home Care Nurse Rain Lim (left) demonstrating the settings of a syringe driver to her preceptor, Nurse Yumi Teo.

She found the EPA framework useful as the goals and skill sets required at specific milestones are clearly stated, and she could prepare herself and work towards the goals. It also gave her confidence that she was competent and ready for specific levels of autonomy for the range of complexity in patient care, when she had been assessed to have the necessary skill sets; for example, seeing patients in a stable condition with on-demand supervision by her preceptor at the 6-week timeline.

For Rain's preceptor, Senior Staff Nurse Yumi Teo, she joined the Home Care team a year ago before the implementation of the EPA framework. She said, "Previously, we learned mainly by shadowing our preceptor and consulting them when in doubt." She found the EPA useful in communicating expectations for a new nurse, and to make sure that the nurse was on track in her training.

Senior Staff Nurse Rain Lim joined Assisi Hospice as a Home Care nurse in Oct 2024, and was among the new team members trained under the EPA framework. Although she brought prior experience from both acute hospital and community nursing, palliative home care was a new area of service for her.

"For palliative patients, the goals and extent of care can be quite different," she shared. "I had to develop communication skills to have meaningful discussions with families about what to expect, and learn to recognise symptoms associated with various end-stage illnesses."



We Supported a Loving Wife as She Cared for Her Terminally-ill Husband

For our patient 61 year-old Mr Rozali Bin Aguschik and his wife, Mdm Mariam Bte Suhaimi, their love story was one that spanned over 40 years.

Being neighbours in the same kampong in Tai Seng, they became each other's first love in their teens. However, they parted ways due to a misunderstanding and eventually lost touch with each other.



Mr Rozali and Mdm Mariam at their wedding.

Mr Rozali graduated from ITE and went on to become a seaman. He fell into bad company and became addicted to drugs, and was in and out of the rehabilitation centre. Mdm Mariam completed basic education in a madrasah and worked as a production line operator in a semiconductor factory. Despite having suitors, she remained single.

After over 20 years, they met again by chance. Not wanting to miss the second opportunity that fate had given them, Mr Rozali asked Mdm Mariam out for a date, and they got married when they were in their 40s. Mr Rozali was determined to give her a loving family, so he steered away from bad influences and found work doing container maintenance at the Port of Singapore Authority. Later, he sought to improve himself and managed to get certification as a security officer, working at St Patrick's School for about 5 years. Mdm Mariam said, "He worked 12 hours a day, reaching the school at 7 am and

ending work at 7 pm. Though he is usually quite tired at the end of the day, he gets along well with his colleagues and the students there."

However, in Jan 2024, Mr Rozali was diagnosed with end-stage renal cell cancer during a medical checkup. He stopped work and went for chemotherapy treatment, but it was futile.

Mdm Mariam said, "He was feeling breathless and had no appetite. He fainted when he was alone at home, and I was at work." So she stopped work in Feb 2024 to care for him.

61 year-old Mdm Mariam became Mr Rozali's sole caregiver. She had kidney issues herself, and found it challenging to take care of him when his condition deteriorated. She struggled to transfer him and push him around in the wheelchair. They also faced financial challenges as they were surviving on limited savings and borrowing money from family members. She was experiencing caregiver stress and physical fatigue.

Mr Rozali came under the care of Assisi Hospice Home Care service in Feb 2024. We provided them with interim urgent cash assistance, while linking them up with the Social Service Office for financial assistance, and other organisations for early withdrawal of CPF and medical insurance claims. As Mr Rozali preferred to be cared for at home, we also engaged a care aide to assist Mdm Mariam in caring for him when he was in a critical condition.

Mr Rozali passed away peacefully on 20 Apr 2024.

Psychosocial Support Service – Enhancing Processes & Guidelines for Better Care



Our Psychosocial Support Service (PSS) team grew their capabilities by enhancing processes and guidelines to provide better care for patients across our Inpatient, Home Care and Day Care services.



Our medical social worker supporting patients and their families.

Reviewing Processes & Guidelines

Our PSS team started quarterly quality audits of the patients' psychosocial and spiritual assessment intake forms to ensure that all patients and their families were assessed consistently using the Bio-Psycho-Social-Spiritual framework. Through identifying any gaps of holistic assessment, the team is working towards providing more consistent identification of patients and their families' difficulties.

The team also revised the clinical guidelines informing the day-to-day clinical work across Home Care, Inpatient and Day Care services, offering a resource and communication tool to ensure consistent and thorough care. This is important, especially for newly recruited Medical Social Workers (MSW), as we increase our MSW staff strength and service to the community.

The PSS Team had also revised the protocol for handling patients and family members with low to high risk of suicidality, to ensure that the members of the clinical team have a standardised framework to respond to these patients and family members, thus ensuring their physical safety.

New Dashboard for Better Visibility & Analysis

The team embarked on constructing the PSS Clinical Dashboard by analysing the demographic data of our patients and their families, as well as tracking the patients' and caregivers' feedback on their experience of the psychosocial and spiritual care offered by MSWs across our Inpatient, Day Care and Home Care services. This enables the team to understand the patient profiles that require psychosocial and spiritual support and assess if our psychosocial and spiritual interventions make a difference to how our patients and their families experience their care. A clinical dashboard offers a one-glance view to stakeholders, management, PSS staff, patients and families on the impact of PSS intervention, creating more transparency.

New Framework & Research to Improve Care

Our medical social workers for all settings have refined the Categorisation framework, which helps guide team members in assessing the intensity of case requirements and in planning future social work interventions.

The Home Care service medical social workers have embarked on a research project titled "Identifying the Psychosocial-spiritual Needs of Palliative Care Patients in a Local Home Hospice Setting", where they explore and understand the needs of patients receiving care at home. This project aims to help the team understand the unique needs of this patient group, which will help inform future service enhancement.

As part of the Spiritual History Taking Quality Improvement Project, the team also conducted a retrospective review of the presence of spiritual history taking in the Home Care Hospice First Assessment (HFA) written by nurses and doctors. They then conducted training to equip team members to use the FICA (Faith, Importance/Influence, Community, Address) spirituality history taking tool.

Clinical Pastoral Care – Development of Self, Learning Culture & Community

Attending to the spiritual needs of our patients and their families often presents the Clinical Pastoral Care (CPC) team with unknowns. Each spiritual care encounter is shaped by the unique needs and personality of the individual, requiring the CPC team to remain grounded, flexible, and creative in our responses. The complexities of addressing existential questions – such as the meaning of life and death, belief and unbelief, suffering and hope, guilt and forgiveness – call for the team to continuously develop its ability to offer personalised, quality spiritual care. Through these capability-building initiatives, the CPC team has improved its ability to integrate comprehensive, specialised spiritual care into our holistic approach to patient care.

We helped his family fulfil his last wish

Dear Assisi Hospice Home Care Team,

Words really cannot express how grateful and thankful we are to the Home Care Team for its dedication, responsiveness, kindness, compassion, personalised care and love in supporting my family as we attended to my nephew, Phillip S. K. W, in the worst of our times during his last 2 months at home.

Such unwavering commitment has made a huge difference in calming us down and minimising our stress, especially for me, being the main caregiver. I would call the hotline even in the wee hours of the morning for help and follow up. Every interaction I had with the Home Care team, I was comforted by a professional who cared deeply. More importantly, the Team – doctors who managed the hotline, and the nurses and doctors who visited, had made Phillip’s final days comfortable, lifting his spirit as he left us with dignity.

You all worked diligently to provide quality care to him at home, spending time engaging him with words of comfort, checking him and preparing different cocktails of medicines and injections to ease his suffering. This has helped to provide a home environment filled with empathy, support, warmth and love. We are joyful to be able to fulfil his last wish of leaving from home for God’s home.

With heartfelt gratitude and warmest regards,
Linda & Family

Use of Self

The team focused on enhancing the capabilities of the Self in order to be more grounded in caregiving interactions with patients and their loved ones. Daily team reflections before ward rounds, creating safe spaces for sharing both professional and personal experiences, and engaging in spiritual retreats (group and personal) fostered greater self-awareness, deepened insights into their own spirituality and professional calling, and enhanced their capacity to provide compassionate, skilled care.

This intentional focus on the Self strengthened the CPC team’s ability to support patients and families during spiritual crises and complexities. Existential questions such as “What will happen when I die?” or “Has God rejected me?” are common among our patients. Spiritual distress often arises from a collapse in usual ways of perceiving the world, and the inability to find new meaning can intensify this distress. Therefore, it is essential to support patients in imagining and constructing new meanings. This process is relational, as complex existential questions are rarely resolved on a purely cognitive level. By nurturing both personal and group spiritual well-being, the CPC team enhanced its ability to form dynamic, trusting relationships with patients, helping them find renewed meaning amid suffering, confusion, and despair.

Learning Culture

The CPC team also actively cultivated a learning culture to further enhance its capabilities. This included team members attending relevant courses and conferences, as well as discussing and critiquing journal articles related to CPC’s work. Intentional knowledge-sharing among team members created a supportive learning ecosystem.

These initiatives enabled the CPC team to better understand the complex intersection of spiritual concerns, worldviews, and faith traditions among our patients and their families. This deeper understanding empowered the team to develop more comprehensive spiritual care assessments and tailor care plans

that addressed each patient’s specific needs. As a result, the CPC team became more adept at working with individuals from diverse belief systems and existential situations.

Part of cultivating a learning culture also involves sharing our knowledge with the broader community. The CPC team had the opportunity to give back through teaching engagements and participation in the Assisi Learning Festival.

Community



A networking session with Muslim clerics at Mosque Al-Muttaqin to better understand the spiritual needs of our Muslim patients.

The CPC team collaborated with various faith groups to enhance spiritual care for our patients. Some of our patients’ complex spiritual issues are deeply tied to their faith beliefs. While the CPC team is well-equipped to address complex religious issues within Catholic-Christian traditions, intentional networking with Muslim clerics, Buddhist faith leaders, and Taoist masters ensured that these resources were accessible to patients facing metaphysical challenges related to their faith.

Grateful for the spiritual support

We would like to express our heartfelt and grateful thanks to Assisi Hospice for granting our late mother, Winifred Lau, not only a bed but a bed in a single room, so quickly after receiving the referral.

As a devout Catholic, she had wanted to be in Assisi especially for the spiritual support and comfort which she gratefully received daily from Friar William and the pastoral care team. When the physiotherapist offered to take her to the Chapel, we hadn’t expected that he would wheel her in her bed up to the Chapel. We were very touched by the extent you went to support her spiritual needs.

Our family is also grateful to the teams of doctors and nurses in St Mark Ward for making sure she was comfortable.

We all feel the staff nurses who cared for her really deserve a special mention. We appreciate very much their quiet, comforting and compassionate ways when they attended to our mum. Similarly, with us, they were professional, sensitive and empathetic while they patiently explained her deteriorating condition and the appropriate care she needed, and in preparing us for her final moments.

The peaceful and serene environment is a thoughtful touch, and we are grateful that our mum could spend her last days in such a restful place.

With heartfelt appreciation and thanks
from the family of late Winifred Lau

We Helped Mr Tan to Reconcile With His Loved One



Our Care team helped Mr Tan reconnect with his loved one (stock photo).

At Assisi Hospice, our patients come to us not only for medical care. Many times, there are other wounds and needs.

Li Shan* had been lingering outside a room in Assisi Hospice’s inpatient ward. Numerous times, she would walk right up to the door, but stop in hesitation. Many thoughts flashed through her mind – Should she go in? Would he even recognise her? They had not met for over 20 years.

Our nurse noticed Li Shan outside the room of Mr Tan*, and alerted our social worker, Calista. When Calista approached her, she discovered that she was Mr Tan’s ex-wife, whom we were trying to get in touch with.

67 year-old Mr Tan was diagnosed with a rare tumour behind his abdominal area (retroperitoneal liposarcoma), and was admitted to Assisi Hospice in Jun 2023. He had been divorced for over 20 years and was working as a cleaner and staying in a one-room rental flat before admission. When he came under our care, he expressed his wish to reconnect with his ex-wife Li Shan and his only son. Over the years, he went to the church that the family used to worship together on several occasions, and saw her from afar, but did not have the courage to approach her.

Our Clinical Pastoral Care staff approached the church’s pastor, who knew the family. The pastor informed Li Shan about Mr Tan’s condition and that he had been admitted to Assisi Hospice.

As Li Shan shared with Calista about the circumstances she faced leading up to the divorce, she broke down and cried. Mr Tan struggled with gambling and substance abuse, which eventually led to her leaving the marriage in the interest of their child.

“I came because I want to tell him that I forgive him,” Li Shan shared with Calista. “But I don’t know why I cannot bring myself to go into the room.”

Calista listened patiently and offered Li Shan the emotional support she needed. With her company, Li Shan mustered up her courage and went into the room. Though she was wearing a mask, Mr Tan recognised her immediately. He stretched out his hand, and she rushed to hold it. They started to sob and could not utter a word. After a long while, he finally gathered enough strength for the two words, in between sobs – “I’m sorry”. Still in tears, she replied softly, “I forgive you. You can go in peace.”

After that day, Li Shan continued to visit. Mr Tan deteriorated rapidly and passed on peacefully in Jul 2023. Our volunteers from the No One Dies Alone programme supported the family by keeping vigil at Mr Tan’s side during his final moments. In addition to Assisi’s substantial subsidies supported by donations, our social worker also helped to apply for Medifund to pay for his medical bill and arranged a pro bono funeral for him.

*Names have been changed

Technology & Digital Transformation

In 2024, we achieved all the foundational elements of our journey of digital transformation, which began in 2021. To deliver high-touch palliative care in an increasingly complex environment, it is necessary to best leverage technology to enable the Assisi Team to focus on direct patient care.

Some key elements of our achievements are as follows:



“Single source of truth” for patients’ electronic medical records across all services to ensure accountability, clinical governance and traceability.



Consolidation and integration of data sources to support scalability in developing useful clinical and corporate dashboards.



Analytical tools and metrics to provide real-time or updated clinical and corporate dashboards.



Donor Relationship Management System for better communication and outreach to best engage our donors who graciously support us.

She was truly the light leading us through in hope

Dear Director of Homecare Services & Homecare Team,

I know a thank you alone would not be enough to show how grateful my family and I were for all the assistance rendered by the Home Care nurse when my father was under the care of the home care team in his palliative stage.

I remember all those doubts, home visits, calls and messages we had during those difficult days, and the Home Care nurse was very patient and kind to clarify. It was a ride full of turmoil for all of us, and we didn’t know what to expect each time. Everything was new to us, and we were truly lost. She guided us on what we needed to do, specified every medication and the doses clearly, which I had to administer for my father to ease his pain and discomfort.

In every call, she was calm and composed and took note of every detail that was shared with her. She was always well prepared when she came over during home visits. I must say my father was always delighted to see her come by and check on him. Despite the real struggles we were facing, she was truly the light leading us through in hope. She always suggested alternatives when we were struggling with an issue. Despite her busy schedule, she also checked on my father on the days she did not see him.

The care and concern were truly heartwarming. She is such a warm person and truly cares for her patients and their families.

With gratitude,
The family of the late Mr Santosom

Talent Development & Commitment to Nurture Our Team

Every team member has an annually reviewed personal Learning & Development plan that provides the appropriate training and opportunity for skills development. We hope to be able to serve more patients and families, and to do this with continuous improvements in our service and care. The various awards received by team members reflect our spirit of continuous learning and service improvement.

Nurses' Merit Award 2024

Saw Nandar Nwe, Nurse Manager

Nandar's journey from Staff Nurse to Nurse Manager over the past 13 years is a testament to her unwavering commitment and resilience in the field of nursing. Her exceptional leadership and management skills have been instrumental as our palliative home care team grew in the number of patients served and the complexity of patient management.

On the aspect of patient care, Nandar embodies a "patient-centric" philosophy, delivering an extraordinary nursing care experience to patients and building strong relationships with both patients and their families. Having switched from an ICU setting to palliative care, the high need for palliative care in the community kept her in this field. Nandar said, "I vividly remember caring for a young lady in her late twenties who was terminally ill and wanted to die at home. One day, she called me in panic because an old wound from a previous surgery had reopened and was bleeding heavily. Her voice was filled with pain and fear as she screamed for help over the phone. I rushed to her, guiding her on how to manage the bleeding and pain until I arrived. Her mother had instructed her to call me if anything happened, and she did. She eventually passed away peacefully at home, surrounded by family."



Saw Nandar Nwe (middle) with Choo Shiu Ling, CEO (right) and Chiew Cheng Fong, Director of Nursing.

She shared, "In palliative care, when a patient dies, it is not just the family who feels the loss — we, the caregivers, grieve as well. Each patient leaves an indelible mark on our hearts. Despite the emotional toil, I am profoundly grateful to contribute as a palliative home care nurse, supported by an incredible team."

Nandar's involvement as faculty for the Asia Pacific Hospice Palliative Care Network and the Lien Collaborative for Palliative Care Projects demonstrates her commitment to enhancing palliative care capacity in the region. Her participation in mentorship programmes and regular visits to Myanmar and Bhutan underscores her dedication to impactful and systemic changes in palliative care services, advocacy efforts, and medical and nursing education.



You put a smile on her face when the going was difficult

Dear staff of Assisi Hospice, in particular, the staff of St Anthony Ward,

I would like to thank all the staff of Assisi Hospice for taking such good care of my late wife, Ang H. K., during her last days. All staff, including the doctors, nurses, therapists, cleaners, social workers, counsellors and volunteers, have shown such great compassion and dedication in their work.

You have made her last days so memorable and managed to put a smile on her face when the going was so difficult and painful, when in her own words, "living one more second is too long". I remember the words your doctor said to her, "We will not make you live longer, neither will we shorten it. We only want to help you live more comfortably and more happily."

I was impressed by the extent you had gone to make her stay as comfortable as possible. You took the trouble to wheel her to the garden to admire her favourite beautiful flowers and plants. You also brought her to the Chapel to admire the beautiful surroundings and enjoy the peace it brought her. The therapist made a special effort on her sick leave to buy H.K.'s favourite flowers so that she could make her flower arrangements. The social worker and therapist took the trouble to come to her wake after work, even though it was such a rush for them.

I wish to thank each and every one of you from the bottom of my heart.

Goh S.K. (Husband of Ang H.K.)



Community Care Manpower Development Award 2024

Five colleagues were awarded the Community Care Manpower Development Award 2024. This award is administered by the Agency for Integrated Care and provides new entrants, mid-career switchers and current staff working in the Community Care sector with opportunities to pursue and grow a career.

The five recipients were:

Lucy Chin

Senior Staff Nurse, pursuing Specialist Diploma in Palliative Care Nursing

Calista Chua

Senior Medical Social Worker, pursuing Professional Certificate in Palliative Care for Social Workers

Esther Lim

Senior Staff Nurse, pursuing Specialist Diploma in Palliative Care Nursing

Juliet Ng

Head, Communications & Community Engagement, pursuing Postgraduate Diploma in Counselling Psychology

Rachael Adeline Wong

Senior Staff Nurse, pursuing Specialist Diploma in Palliative Care Nursing

Thank you for treating him not just as a patient, but as a person

Dear Assisi doctors, nurses, therapists and volunteers,

My dad was with you in St Mark’s Ward, and it was a most memorable and special period for him and us because of you! You have shown love and care in so many ways, and you have served him and us so excellently.

We appreciate how you were so patient with him and us, so caring as you spoke with him and offered him food, so gentle as you bathed him and changed him, and so attentive to his needs and to us too. Thank you for treating him not just as a patient, but as a person, listening to him, sitting and speaking and being with him, and even enjoying him.

We would love to thank you in person and name each one of you, each of you unique and special-but there were many of you and everyone has extended so much care. We see your faces as we write this card. The work you do is certainly not easy, and I can imagine that it takes a lot from each of you to give like you do. And there are certainly good days and bad days for you, yet you still offer your care and skills so cheerfully and personally.

We thank you for your professionalism, but before that, we thank you for your touch of humanity that you bring to what you do.

Love,
Family of Goh K.C.

The gentleness & kindness everyone has shown my family have transcended into my daily work

Dearest Social Worker and Nursing/Medical Team of St Clare Ward,

You might not remember me, but I am the granddaughter of the late Mdm Lu Mei-Hui, who was under the care of you and the team at Assisi Hospice at St Clare Ward. I would like to convey my most heartfelt gratitude to you and those at Assisi, especially the nursing team whom I think of fondly. I remember how gentle you have been with my family from the day she was admitted and how you continue to be even after her death. What you have as a social worker but also as a human being is an absolute gift. I hope you always hold onto your gift because you truly help your patients die a good death, in living and remembrance. I am nothing but grateful to you and Assisi Hospice for helping my grandmother pass in the best way I could have imagined.

Grief has been constantly intertwined in my life since her passing. I am in the warm presence of grief even in my work as a nurse, and it seems the gentleness and kindness everyone has shown my family have transcended into my daily work. I am perpetually reminded and inspired by your passion and can only hope to do the same as you do for my patients. Thank you, always.

Warmest,
Kiera See



Care That Enables

We improve the health-related quality of life for patients with chronic progressive illness.

Palliative care is an approach aimed at improving the quality of life for individuals with serious, life-limiting illnesses. It focuses on providing symptom relief and addressing the physical, psychological, social and spiritual needs of patients and their loved ones. Chronic non-cancer progressive illnesses like advanced chronic obstructive pulmonary disease (COPD) and end-stage renal disease (ESRD) can severely impact patients' daily functioning and quality of life. For these individuals, palliative care offers significant benefits in managing the multifaceted challenges these conditions present.

To tackle the complex and multidimensional issues these patients face, Assisi Hospice employs an interdisciplinary approach to provide comprehensive care throughout the disease trajectory and across the three community settings of inpatient hospice, hospice day care and hospice home care. Our interdisciplinary team, comprising doctors, nurses, medical social workers, pharmacists, therapists and pastoral care counsellors, work together in close collaboration to provide a personalised, holistic approach to care. Our team not only manages physical symptoms but also addresses the emotional and spiritual concerns of patients and their families, offering counselling and also bereavement support where needed.

Palliative care has much to offer for individuals with these conditions by focusing on symptom management and improving comfort. For patients like Mdm Hoe Sau Fong (story behind), our

palliative care specialists, together with the therapists, nurses and the rest of the interdisciplinary team, work hand in hand with the patients to alleviate breathlessness, optimise function, and manage anxiety and depression, which are common comorbidities in chronic progressive respiratory disease. For ESRD patients, palliative care can help manage the discomfort associated with fluid retention, dialysis, and the complex emotional strain of facing end-of-life decisions.

A critical component of palliative care is its focus on enhancing the overall health-related quality of life (HRQoL) for patients. For individuals with chronic progressive illnesses, this involves addressing both physical and non-physical aspects of their well-being. Effective communication and advanced care planning are key components of palliative care. Conversations about patients' wishes, goals of care, and preferences for end-of-life care are central to ensuring that their choices are respected and that they receive care that aligns with their values.

Assisi's commitment to enhancing HRQoL extends beyond the patient to the family unit. Caregiver support is a critical part of our service, recognising the strain placed on loved ones who are caring for individuals with complex and terminal illnesses. Assisi provides support to allow families to navigate and better cope with the challenges of caring for a loved one with a serious illness, while also providing grief and bereavement care after their loved one's passing.

Every patient is unique, and there is no one-size-fits-all solution. Our interdisciplinary team creates personalised care plans, carefully assessing and addressing each patient's specific needs to ensure a holistic approach that prioritises dignity and comfort.

By adopting a person-centred approach, we strive to help more patients like Mdm Hoe regain the ability to engage in activities that bring them joy and meaning, enabling them to live their lives in the most fulfilling way possible.

STEP Programme for Patients With Chronic Progressive Respiratory Disease

The STEP programme is an example of how Assisi Hospice's Day Care team supports patients with chronic progressive respiratory disease in their management of symptoms and optimisation of function, empowering them with self-management strategies.



Our patients under the STEP programme receive support to cope with their symptoms.

S

Support Symptom Management

Our medical and nursing team provides regular medication review and titration to help patients cope with their symptoms. Patients will receive individualised action plans to help recognise early signs of exacerbation. We also assist with oxygen titration and optimisation of airway clearance techniques when required.

T

Transform Life Circumstances

Each patient is unique, and we have conversations to establish goals of care with patients beyond their physical needs.

E

Empower Patient and Caregiver

Together with our occupational therapist, we redesign the patient's active life with energy conservation techniques, equipment prescription and other solutions to help the patient cope better at home and in the community.

P

Personalised Care

Our Day Care Centre provides a range of exercise programmes. Our physiotherapist will prescribe exercises customised to each patient's ability and work together with the patient to scale the exercise intensity and level of exertion.

We Helped Mdm Hoe Walk Again



Mdm Hoe with our physiotherapist, Mr Joseph Chen.

Breathlessness is a common symptom for patients with advanced lung disease. For 67 year-old Mdm Hoe Sau Fong, she used to have slight breathlessness due to asthma, but it worsened significantly in recent years, and the doctor diagnosed her with severe lung disease in Jun 2023.

She felt helpless and scared when episodes of bad breathlessness happened, and she would rush to the hospital emergency department when she felt her chest tightening and was struggling to breathe. This would usually result in a hospital stay, where the doctors and nurses would work to optimise symptom control and her functional lung capacity before discharge.

After being discharged home, she would spend her days in bed and sit out only for meals and showers. She spent most of her time watching YouTube or playing handphone games.

She said, "I was scared that I would become breathless when I moved around. Time passed very slowly. I was just struggling to survive and had given up hope."

Mdm Hoe came under the care of Assisi Hospice Day Care in Oct 2023. She joined our STEP programme, which assists and supports patients with chronic progressive respiratory disease in their management of symptoms and optimisation of function, empowering them with self-management strategies. Our doctor conducts regular medical reviews to provide timely control of her symptoms of breathlessness and pain. Our physiotherapist prescribes exercises customised to her ability and works together with her to scale the exercise intensity and level of exertion. Our social worker supports her emotionally, while our therapists from the Care team take time to understand her personality, interests and challenges she is facing.

In the first six months after she came under our care, she rushed to the hospital emergency department only once, which was a decrease compared to three times in the six months before she came to Assisi Hospice Day Care. Initially, she was only able to walk 10 metres with the rollator frame and required assistance in most activities of daily living. Now, she can now walk and perform daily activities independently at home.

Mdm Hoe was a homemaker who enjoyed cooking and also used to do a variety of sports. However, she was anxious and reluctant to try out new activities when she first joined us. Now, she participates actively in the art therapy group, cooking interest group and music therapy relaxation group in Day Care.

She said, "I come to Day Care five times a week. My son feels that I've become stronger, and I feel stronger too! The staff here are very caring, and they have the heart to help."

Connecting Our Patients to the Community

- 93% of inpatients admitted received palliative rehabilitation, and 50% were reviewed at least 3 times a week, enabling them to move and engage in activities despite being at the end of life.
- 260 home visits were conducted by the physiotherapist and the occupational therapist to support patients and caregivers in coping with care at home.
- 38 patients were admitted under the STEP programme at Day Care over the past year, and 37% of them are oxygen dependent.
- 29 corporate communities were engaged with our patients through meaningful activities such as music and crafts.
- 155 volunteers and 19 staff were involved to support community integration through outings. 160 patients participated in these outings and visited 12 places such as Gardens by the Bay, Sentosa and Geylang Serai.



Patients having fun at a Durian Omakase Workshop.



With the help of volunteers and staff, our patient, Haslina, was able to enjoy a beach outing, which she truly missed, with an oxygen concentrator in tow.

He felt loved & cared for in Day Care

Dear Doctors, Nurses, and Volunteers @ Assisi Day Care Centre,

I am writing to express my heartfelt gratitude to each and every one of you for the extraordinary care and compassion you showered towards my late father, Chit A.P., during his time at the Day Care Centre. All your dedication and kindness made a profound difference in his life, and in ours.

My late father always spoke fondly of his day spent at the Centre. He cherished the warmth and friendship he received from all of you, and he often mentioned how much he enjoyed his time there. Knowing that he felt loved and cared for brought us tremendous comfort and peace of mind.

Your professional expertise combined with the genuine affection you showered towards him created an environment where he felt safe, valued and understood. For that, we will be forever grateful.

In times of difficulty, it is rare to find individuals who not only excel in their profession but also have such big hearts. You all exemplify what true caregiving is all about, going above and beyond to ensure the well-being of everyone at the Day Care.

Heartfelt thanks, Annie & family of late Chit A.P

Caring for the Grieving

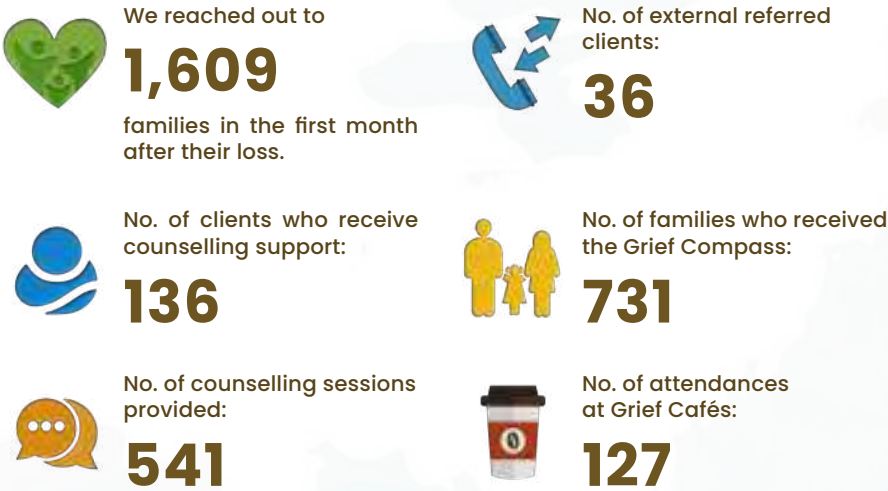
We provide bereavement care services to any bereaved individual in the community who needs support to cope with grief and reintegrate into life after loss.



Grief and Bereavement Counsellor Ms Ijee Tee at an educational talk for the public.

Grief and Bereavement Care is an intrinsic component of end-of-life care. Our programme has expanded from one-on-one counselling to equipping the community with resources to help bereaved individuals. We have built a community of people, Grief Cafés, where individuals come to share freely about their grief. Designed to be like a café or community space with a casual, inclusive and comforting atmosphere, it is a place where people can come together to share their stories, emotions, and experiences in a compassionate and non-judgmental environment. Led by trained grief counsellors, individuals are guided in navigating their grief journey through open conversations.

We also conducted educational talks for the public, to enable more in the community to support a friend or kin who is bereaved. The Chinese version of our guidebook, Grief Compass, was launched to better support our diverse population. We aim to empower both the bereaved and the broader community to navigate the complexities of grief together.



We Journeyed With Her in Her Grief

For 70 year-old Monica Lai, it was a huge blow when her husband passed on suddenly due to a heart attack in 2021. They had been married for 40 years with a loving relationship, and were enjoying their retirement together.

“He was the most selfless person I know, and took very good care of me and the family. His death was sudden. I really did not know how to carry on without him,” she shared.

As her family and close friends were in Hong Kong, she relied on phone conversations with them three to four times a week to keep herself going. Despite so, her grief manifested in physical symptoms like heart palpitations, tension headaches, poor appetite and gastric reflux. She was still plagued by these physical discomforts a year after her husband’s passing. Her friends, whom she was confiding in, advised her to seek help from a professional counsellor. She approached and spoke to a few of them, but did not find it helpful.

In 2023, she attended the Grief Café organised by the Assisi Hospice Grief and Bereavement Care team, when she found out about it through a friend whose husband had passed on in Assisi Hospice.

She said, “I could share my experiences and feelings comfortably and without reservations during the Grief Café. The people in the group have had similar experiences, and they were able to understand how I feel, even without me saying much. They understood the depth of pain and heartbrokenness I felt. I shed a lot of tears. It was like we were in the same boat. It made the journey less scary and lonely. Some also shared on how to face grief, which was helpful to others in similar circumstances.”

Monica also started one-to-one counselling sessions with our grief and bereavement counsellor. She regained confidence in her abilities as she took on new responsibilities with the passing of her husband, and also learned to appreciate the beautiful memories of the times they shared.

She found solace in the bereavement support group sessions with other bereaved individuals, which include sharing and group art and music therapy, supported by our Care Team. She even shared her learnings of Zentangle art with other bereaved individuals and caregivers at a self-care workshop in Assisi Hospice. She said, “I picked up Zentangle art myself. It helps me when I am alone and overwhelmed with emotions, and I hope that it will help other bereaved individuals too.”



Monica shared her learnings of Zentangle art with other bereaved individuals and caregivers at a self-care workshop in Assisi Hospice.



Monica displayed the soft toys which were significant to her husband and her and was able to look back at the memories fondly.

Building a Caring Community

Volunteers join us to provide care, and community partners support us to increase awareness of palliative care and ensure access to care for patients and their loved ones, regardless of financial status.

Volunteers – Touching the Lives of Patients

Assisi volunteers are providers of care and compassion for our patients. They are integral to our care for patients and families.



13

regular volunteer-led service programmes to provide engagement options for patients.



On average, each patient experienced

31 instances

of volunteer care (ie. nursing support, meal service, befriending) during their stay in Assisi Inpatient ward.



436 sessions

of volunteer-led engagements to bring joy to patients and families.



609 vigil hours

were provided under Assisi's No One Dies Alone (NODA) programme so that patients who have no family or friends are accompanied in life's final journey.



Van Escort volunteers supported our door-to-door service and enabled access for our Day Care patients who attended

2,480 day care sessions.



The NODA team journeyed with

38 patients

Sharing from Phoebe Wee, 21 year-old, Van Escort & Day Care Volunteer of 4 Years



Phoebe (left) accompanying a patient on an outing to the zoo.

"My main role is being a van escort at the Day Care Centre, where I assist the driver in picking up about four to five patients from their home, and ensuring their safety while travelling to Assisi. At the Day Care, I help with preparing the patients' breakfast, conducting some activities with them, and just chatting with them.

This volunteer work is profoundly people-centred, and these interactions are what I cherish most. There is a catchphrase printed on the vans that we drive out to pick up patients: "Add life to days." I think this really encapsulates the spirit of Assisi Hospice, which I have felt deeply in my time volunteering here. The atmosphere at the Day Care is always so lively and bustling with activity. It feels like we are one big family as patients, nurses, therapists, volunteers, and staff crack jokes, provide updates, and chat with each other. Of course, there are times when patients go through difficult times, and I am so incredibly grateful for the moments when I see patients light up in our interactions, and for the opportunity to be there for them when they need a listening ear. Knowing that I am making even the smallest of impacts on a patient's day makes the time and effort to volunteer worth it."



Scan to watch what Phoebe does in the feature by AsiaOne.

Celebrating 10 Years of NODA

The No One Dies Alone programme was started in Assisi Hospice in 2014. At Assisi Hospice, we provide our patients with medical care, as well as psychosocial, emotional and spiritual care. We see patients who are single with no or limited family support, or who are estranged from family members, and do not have anyone to be with them at the final stage of their life journey. Hence, we wanted to start a structured volunteer programme to support this need.

No One Dies Alone was conceived by Sandra Clarke, an American nurse whose patient died alone as she had to tend to other patients and was unable to stay by his side. She was devastated



NODA@Assisi volunteers gather to celebrate 10 years of NODA.

that he had to die alone. To Sandra, an idea emerged that night: get together a group of volunteers who would be willing to sit with those alone and dying. Eventually, NODA was born – a volunteer programme that provides vigils for those who are dying alone.

In 2014, a group of experienced Assisi Hospice volunteers and staff members were inspired to establish the NODA programme at Assisi Hospice. They had the opportunity to meet Sandra Clarke at Assisi Hospice, who was supportive of their plans and sent materials to help set up the programme. After training that focused on how to be with a person at the very end of life and in volunteer self-care, No One Dies Alone (NODA) @ Assisi was launched on 21 Jul.

Over the past 10 years, more than 100 volunteers have supported NODA@Assisi. They journeyed with 326 NODA patients and spent more than 4566 hours keeping vigil at their bedside, ensuring they do not die alone.

A gathering was held to appreciate the different generations of NODA@Assisi volunteers who have supported lonely patients on their final journey. Over bowling games and dinner, the Volunteer Management team and volunteers celebrated milestones of the NODA @Assisi programme and reminisced about past patients.

Sharing from Daphne Lim, NODA Volunteer of 9 Years

“The best way to support those who are dying is to realise that they are just like us, and treat them as we would any other person. They have hopes and fears, moods and preferences, ups and downs. We show them the same courtesies as we would anyone else: greeting them by name, making conversation, and finding common ground to bond over.

And right at the end, when conversation is no longer possible and they are in the final hours, we can support them by witnessing this important event in their life. A death, like a birth, is a key milestone in a person’s life, and celebrate the moment by simply being there to witness and celebrate it.”

Engaging the Community

We collaborate with the community to increase awareness of palliative care, bring joy to our patients, and raise funds to ensure that palliative care is accessible to all.

Stories of Care With Nanyang Academy of Fine Arts, University of the Arts Singapore



Visitors could interact with the art piece *The Moulting Knots (2024)*, created by Bong Chai Lee, Jennifer Ivana Sanjaya, Lim Soo Min, Ong Suk Chin, Pabustan Caitlyn Keith Sarmiento and Tan Yew Wai.

“Please forgive me. I forgive you. Thank you. I love you.” – Visitors to the Nanyang Academy of Fine Arts (NAFA) , University of the Arts campus in Dec 2024 had the chance to interact with delicate ceramics and uncover hidden words representing final conversations and unread messages in the interactive art piece “The Moulting Knots”, which sought to address society’s reluctance to discuss death. This and other art pieces and performative works were the results of a collaboration between second-year degree students from the School of Fine Art (SFA) and our colleagues from the interdisciplinary team. Inspired by the sharing of our colleagues’ care experiences, the students translated their stories into meaningful art pieces, which were exhibited at the SFA studios on NAFA’s campus, allowing the wider community to reflect on care work, liminal existences, and the act of living and dying.

Themed “Stories of Care”, this is the fourth edition of our collaboration with NAFA. NAFA students had previously worked with our nursing colleagues in 2021, FMDM Sisters in 2022 and our Psychosocial Support and Clinical Pastoral Care colleagues in 2023.

International Day @ Assisi

Our patients and caregivers travelled around the world at International Day 2024 @ Assisi, which was held on 18 Apr 2024 at Assisi Hospice Courtyard! They enjoyed exotic food bites, traditional games and activities, and authentic local performances from nine countries – Argentina, Cambodia, Costa Rica, Egypt, Indonesia, Lithuania, Panama, Spain, and Turkiye. Friends from Spouses of Head of Mission Group, led by spouses of the respective ambassadors from the nine countries, shared the fun, beauty and delicacies of their culture with our patients and caregivers.

For our Day Care patient 83 year-old Uncle Lee Siew Tong, who had not been travelling for the past 20 years due to his illness, the event brought back fond memories from the past. He reminisced, “I went to Spain with my wife in the 1960s. Tasting the traditional food from the Spain booth reminded me of those times. I like Spain because the people there are passionate and romantic.”

A big thank you to the nine lovely ladies and their teams for bringing joy and excitement to our patients and their caregivers, many whom have not had the chance to travel for a long time due to the impact of serious illnesses.



Our patient enjoying himself at the Spain booth.



Our volunteer therapy dogs at the book launch.

Paws for Love

What do therapy dogs do, and how do they play a part in providing comfort and joy to our patients and their families? Assisi Hospice launched an illustrated book – “Paws for Love”, which chronicles the adventures of Onyx, one of our therapy dogs, as he embarks on his volunteering journey, winning over patients who are initially hesitant to connect with his paw love. Through the eyes of Onyx, the book demonstrates how our therapy dogs and palliative care team bring joy and make a difference to patients on their final journeys. Our lovely volunteer therapy dogs and their owners had a blast at the book launch held in Oct 2024, seeing their experiences presented through the beautiful illustrations. Copies of “Paws for Love” were available to the public for a minimum donation of \$20.

We would like to thank L87 for their support for the dog therapy programme in Assisi Hospice.

Understanding Palliative Care from a Catholic Perspective

The inaugural “Understanding Palliative Care from a Catholic Perspective” session was held on 5 Nov 2024, where Friar Edward Lim and specialist practitioners from the Assisi Care Team, including our doctor and colleagues from the Psychosocial Support and Clinical Pastoral Care team, shared their insights on providing compassionate palliative care in alignment with Catholic values. We received an overwhelming response to the event, which was open to the public, and about 100 attendees benefited from the session, which explored the intersection of palliative care and the Catholic faith, highlighting how the Assisi team supports patients through their end-of-life journey with dignity, compassion, and spiritual guidance. Attendees were deeply engaged and participated actively in the lively Q&A session with the speakers. It was a significant opportunity for reflection and education, reinforcing our commitment to holistic, faith-based care at Assisi Hospice.



The speakers had a lively Q&A session with the attendees.

Assisi Fun Day



CDL Group CEO Sherman Kwek (right) and Group COO Kwek Eik Sheng participated in The CDL Challenge – Rice for Hope.

About 10,000 visitors joined us at the annual Assisi Fun Day 2024 on 9 Jun 2024! All that fun was only possible because of the generosity of our corporate sponsors, volunteers and community groups who came forward and contributed delicious food and merchandise, and gave their time and talents.

The CDL Challenge – Rice for Hope, where various City Developments Limited (CDL) staff, including the whole senior management team, participated in the special charity segment to raise funds for Assisi Hospice, brought much excitement to the



The event was graced by Minister Indranee Rajah and our Patron, Ms Ho Ching.

audience. Two teams competed in a relay to transport 10 kg bags of rice across 30 metres within eight minutes.

Co-organised with CDL, Assisi Fun Day was our biggest fundraising event of the year, and all proceeds from the event went towards the care of Assisi Hospice’s patients and their families. The event was graced by Ms Indranee Rajah, Minister in the Prime Minister’s Office and Second Minister for Finance and National Development and our Patron, Ms Ho Ching.

Wind Beneath My Wings With My Palliative Care Team from Assisi Hospice

About 40 members of the public learned more about palliative care through heartfelt sharing and interactive activities as they joined us at “Wind Beneath My Wings with My Palliative Care Team from Assisi Hospice”, where they met and interacted with members of our palliative care team – Dr Adrian, Home Care Nurse Elena, Medical Social Worker Calista, Day Care Manager Sheena and Music Therapist Trudy. They caught a glimpse of what was in the Home Care Nurse Elena’s luggage, and experienced the power of music in healing with an interactive activity with Music Therapist Trudy. Through a guided tour of the hospice, they

learned about the unique features of the inpatient ward, saw the Day Care service in action as patients engaged in therapeutic programmes such as movement, art and music therapies, and visited the Chapel, a quiet corner for the spiritual needs of patients and caregivers.

The event was a collaboration with My Community as part of My Community Festival 2024, which featured a line-up of guided tours, discussions, and reflections thoughtfully curated around the theme “My Last Journey”.

Assisi Dinner

Our guests joined us on a musical journey at Assisi Dinner 2024: We Are Young held on 24 Aug 2024, as Assisi Hospice celebrated 55 years of providing care and comfort in the community. Singapore's premier event band, The Countdown, performed a medley of classic hits, singing their hearts out and sharing the beauty of music. We shared heartfelt stories of how our services have impacted the lives of our patients and caregivers, and received pledges of support from the guests. We would like to thank Dr Ng Eng Hen, Minister for Defence, for gracing the event as the Guest-of-Honour, and all our supporters for joining us on this journey.



Our volunteer, Daphne Lim, shared about NODA @ Assisi.



Our patient enjoying the interactive magic show.



(Left to right) Ms Choo Shiu Ling, Assisi Hospice CEO, Mr Remus Lim, Cloudera's Senior Vice President, Asia Pacific & Japan and Mr Thomas Teo, Assisi Hospice Chairman, launched the Christmas Light-Up.

Christmas Light-Up

Christmas came early to Assisi Hospice on the evening of 29 Nov 2024, filling the air with warmth, laughter, and joy for our patients and their loved ones. The audience had fun during the interactive performance by magician Mr Linus Ng. Our hearts were touched by the beautiful Christmas carols sung by the AH MAH Choir, made up of staff and volunteers from Assisi Hospice and Mt. Alvernia Hospital, and the incredibly moving, interactive performance by the Senior Boleh Chimes Choir—our very own Day Care patients creating musical magic!

The night sparkled even more with breathtaking fireworks and the grand lighting of our Christmas trees. A huge thank you to the wonderful staff from Cloudera for bringing extra cheer with craft sessions, accompanying patients during performances, and bringing our favourite characters, Reindeer and Olaf, to life.

Learning & Sharing With the Community

Assisi celebrated our 55th anniversary with the Assisi Learning Festival throughout the year. Our healthcare professionals and corporate colleagues also actively engaged with the healthcare community to share knowledge and learn from our interactions.

Assisi Learning Festival

The team's various subject experts presented four symposiums on Volunteering, Spiritual Care, Allied Health and Music Therapy and shared our knowledge with the sector. This series was offered free to all participants as Assisi Hospice's gift to the community to empower Singapore's Intermediate and Long-Term Care sector to do more and build a compassionate society.

March

Volunteer & Care Symposium

170 participants from 51 organisations

5 talks and 2 workshops by USA expert speaker Dr. Aditi Sethi and Assisi team members over 4 days. The programme is supported by the Community Care Manpower Development Awards (CCMDA). Topics included:

- "Bringing Death Back Into Life" – Inspiring Community Support for End-of-Life Patients
- Building a Sustainable NODA Programme
- Bereavement Support in Palliative Care
- Coping with Grief & Loss for Caregivers
- Culture & Religion in Palliative Care



Participants of the Volunteer and Care Symposium.

Thank you, Assisi Hospice team, for all the hard work to organise this Symposium for the community! The topics discussed are much needed, with overseas and local content to encourage reflective thinking and the germination of new ideas. Everyone was given ample opportunity to have their voices heard, with practitioners and volunteers coming together to share. This is indeed a rich learning community.

Yeo Tan Tan, Senior Care Manager, Alexandra Hospital

Thanks so much for the warm hospitality and all the arrangements when we were in Assisi. The networking opportunities during the event were remarkable. I had the opportunity to meet numerous NODA volunteers and listened to their inspiring stories, guidance, and valuable insights on how to serve better. Their firsthand experiences were invaluable to all participants. These volunteers serve as role models for those aspiring to become NODA volunteers.

Grace Low, Manager, Lentor Health

July

Spiritual Care @ Assisi

144 participants from **53** organisations

1 talk and 1 workshop by the Clinical Pastoral Care team.

Topics included:

- Delivery of Spiritual care in healthcare settings
- Wounded healer workshop to explore how individuals can be in touch with their spiritual being



Talk by the Clinical Pastoral Care team at Spiritual Care @ Assisi.



Art therapy workshop at Allied Health Symposium.

August

Allied Health Symposium

119 participants from **50** organisations

3 talks and 2 workshops. Topics included:

- Community-Based Interdisciplinary approach to supporting Patients with Chronic Progressive Respiratory Disease
- Caring for Patients With Neurological Conditions – A Neuropalliative Approach
- Music and Art therapy workshops

August

Music You & I

33 participants from **24** organisations

1 full-day workshop by 5 music therapists from various health-care organisations.

- Demonstrated how four main music methods can be used to enhance the physical and emotional well-being of patients



Participants and speakers of the Music You and I workshop.

Giving Back to the Healthcare Community

Palliative care teams are uniquely equipped with the skills to manage physical, emotional, and spiritual needs, providing comfort and dignity when patients are most vulnerable. Through our outreach to current and future healthcare professionals, we strive to equip them with the knowledge and skills necessary to offer holistic care to patients. By giving back to the healthcare community, we aim to create a ripple effect that goes beyond the walls of our hospice.

Visits to Assisi Hospice



Local groups/organisations:

22 visits



Overseas groups/organisations:

10 visits

Clinical Expertise Shared

Allied Health/Medical Social Work Students Attachment

	No. of participants	Duration (days) of programme
CHIJ Secondary Toa Payoh – Art Therapist	1	1
Chulalongkorn University – Music Therapist	1	46
LaSalle College of the Arts – Art Therapist	2	92
LaSalle College of the Arts – Music Therapist	1	1
NUS – Music Therapist	1	1
Singapore Institute of Technology – student	4	3
Singapore Institute of Technology – OT	4	23
Singapore Institute of Technology – PT	1	23
University of Melbourne – Music Therapist	1	1
National University of Singapore	3	46
Total	19	

Nursing Students Attachment

	No. of participants	Duration (days) of programme
NYP Advanced Diploma in Nursing	38	5
NYP Advanced Diploma in Nursing (Gerontology)	28	5
NYP Advanced Diploma in Nursing (Oncology)	22	5
NP SDPC	4	5
Total	92	

Medical Students Attachment

	No. of participants	Duration (days) of programme
Duke – NUS Medical School	55	2
NTU Lee Kong Chian School of Medicine	60	1
NUS Faculty of Dentistry	45	1
NUS Yong Loo Lin School of Medicine	2	10
Yale – NUS College	1	5
Others – Job Shadowing	7	1-7
Total	170	

Healthcare Professionals Attachment

	No. of participants	Duration (days) of programme
NUS Faculty of Dentistry	1	3
NIE	1	46
Graduate Diploma in Palliative Medicine (GDPM)	17	2
SNLP (MOH Singapore Nursing Leadership Programme)	13	2 – 5
APN Intern	4	23
LCPC – Assisi PCCN (Palliative Care Course for Nurses)	72	2
NUS Doctor of Pharmacy (Pharm D)	6	23
SingHealth Advanced Internal Medicine Residency	10	5
SingHealth Advanced Internal Medicine Residency	23	5
St Luke’s	4	2
NUHS Residency	1	69
Others	3	2
HMDP	1	2
Total	156	

We would like to thank The Professor & Mrs Wong Hock Boon Foundation for supporting the Assisi-LCPC PCCN (Palliative Care Course for Nurses) programme.

Presentation at Conferences & Publication in Journals

Our colleagues participated in conferences, contributing to greater knowledge in the palliative care sector worldwide through oral and poster presentations. They have also shared their knowledge through the publication of articles in journals.

Oral Presentation

Staff	Conference	Title
Trudy Chua (Music Therapist)	McGill International Palliative Care Congress, Montreal, Canada	Creating heartbeats and song legacies: Music therapy in approaching pre- and post-loss in palliative care

Poster Presentation

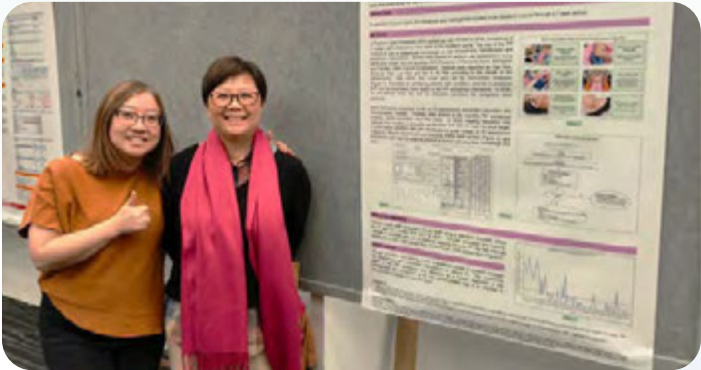
Staff	Conference	Title of Poster
Tammy Lim (Senior Music Therapist)	International Association for Music and Medicine & the International Society for Arts and Medicine (ISfAM) Congress, Berlin, Germany	"Less is More": Music and Imagery (MI) for Enhanced Management of Chronic Lung Disease
Dr Murugam Vengadasalam (Senior Consultant)	The International Forum on Quality and Safety in Healthcare Hong Kong 2024, Hong Kong, China	Remaining at Home
Dr Tan Su-Yen (Senior Resident Physician)	The International Forum on Quality and Safety in Healthcare Hong Kong 2024, Hong Kong, China	Improving Medication Reconciliation For Newly Admitted Patients To An Inpatient Hospice
Lynn Tan (Nurse Manager)	McGill International Palliative Care Congress, Montreal, Canada	Pressure Injury Prevention and Management in a Holistic Manner in an Inpatient Hospice Setting



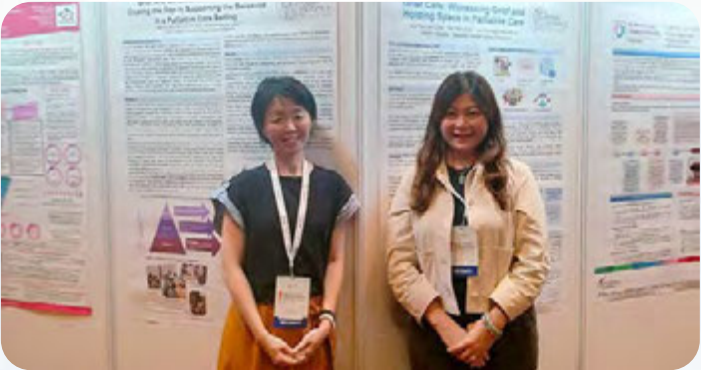
Staff	Conference	Title of Poster
Dr Vibha Prasad (Resident Physician)	McGill International Palliative Care Congress, Montreal, Canada	Falls Reduction Interventions in an Inpatient Hospice in Singapore
Sarah Low (Senior Pharmacist)	The International Forum on Quality and Safety in Healthcare Brisbane 2024, Brisbane, Australia	Reducing Medication Discrepancies due to Prescribing during 3-Monthly Medication Reviews in a Hospice Day Care Service
Ivee Tee (Lead Counsellor/Medical Social Worker)	Grief and Bereavement Conference Singapore	Grief and Bereavement Care Service: Closing the Gap in Supporting the Bereaved In a Palliative Care Setting
Ooi Yinn Shan (Senior Medical Social Worker/ Counsellor)	Grief and Bereavement Conference Singapore	Grief Café: Witnessing Grief and Holding Space in Palliative Care

Article Publication

Staff	Authors	Title of the Article	Journal
Joyce Cheah (Manager, CPC Counsellor) Dr Ong Eng Koon (Head, Medical Services, Homecare)	Yi Zhou, Joyce Cheah, Elisa Sze Hui Tan, Yijun Lim, Yijun Wang, Eng Koon Ong	The role of spiritual support in palliative care – A case illustration	Psychooncology.2024 Mar;33(3):e6320. doi: 10.1002/pon.6320.



Lynn Tan (right) at McGill International Palliative Care Congress, Montreal, Canada.



Ivee Tee (left) and Ooi Yinn Shan at the Grief and Bereavement Conference Singapore.

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Financial Statements

Directors’ statement

We hereby submit this annual report to the members of the Company together with the audited financial statements for the financial year ended 31 December 2024.

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 balance sheet of the Company as at 31 December 2024, the statement of financial activities and statement of cash flows of the Company for the year ended on that date, in accordance with the provisions of the Companies Act 1967 (‘the Act’), the Charities Act 1994 and other relevant regulations (‘the Charities Act and Regulations’) and 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.

Directors

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

- Teo Liang Huat Thomas
- Paul Lee Seng Meng
- Anthony Mallek
- Choo Wee Jin Philip
- Jeffrey Cheong Hwee Han
- Kuah Boon Theng
- Lita Chew Sui Tjien
- Lynna Chandra
- Nagaraj Sivaram
- Rankine Fiona Audrey
- Tham Wai Chung Linus
- Trillion So
- Wong Yit Yeng

Under Article 4 of its Constitution, 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 initial members of the Company are Sister Teresa Anne Michell, Sister Barbara Pereira, Sister Leonida Lee Siew Lian, and Sister Gwendoline Mary Cyrilla Baptists. From 22 August 2024 onwards, the Company’s sole member is Catholic Health Care Asia Limited.

Directors’ statement

Directors’ interests

The Company has no share capital and its member’s liability is limited by guarantee.

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.

Auditors

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

On behalf of the Board of Directors

Teo Liang Huat Thomas
Director

22 May 2025

Paul Lee Seng Meng
Director

Independent auditors’ report

Members of the Company
Assisi Hospice
(A Company Limited by Guarantee)

Report on the financial statements

Opinion

We have audited the accompanying financial statements of Assisi Hospice (‘the Company’), which comprise the balance sheet as at 31 December 2024, the statement of financial activities and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, as set out on pages FS1 to FS24.

In our opinion, the accompanying financial statements are properly drawn up in accordance with the provisions of the Companies Act 1967 (‘the Act’), the Charities Act 1994 and other relevant regulations (‘the Charities Act and Regulations’) and Charities Accounting Standards so as to give a true and fair view of the state of affairs of the Company as at 31 December 2024 and of the financial activities and cash flows of the Company for the year ended on that date.

Basis for opinion

We conducted our audit in accordance with Singapore Standards on Auditing (‘SSAs’). Our responsibilities under those standards are further described in the ‘Auditors’ responsibilities for the audit of the financial statements’ section of our report. We are independent of the Company in accordance with the Accounting and Corporate Regulatory Authority *Code of Professional Conduct and Ethics for Public Accountants and Accounting Entities* (‘ACRA Code’) together with the ethical requirements that are relevant to our audit of the financial statements in Singapore, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the ACRA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other information

Management is responsible for the other information contained in the annual report. Other information is defined as all information in the annual report other than the financial statements and our auditors’ report thereon.

We have obtained all other information prior to the date of this auditors’ report.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Independent auditors’ report

Members of the Company
Assisi Hospice
(A Company Limited by Guarantee)

Responsibilities of management and directors 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 Act, the Charities Act and Regulations and 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 financial statements and to maintain accountability of assets.

In preparing the financial statements, management is responsible for assessing the Company’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

The directors’ responsibilities include overseeing the Company’s financial reporting process.

Auditors’ responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors’ report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SSAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with SSAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls.
- Obtain an understanding of internal controls relevant to the audit 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 Company’s internal controls.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

Independent auditors’ report

Members of the Company
Assisi Hospice
(A Company Limited by Guarantee)

- Conclude on the appropriateness of management’s use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors’ report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors’ report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal controls that we identify during our audit.

Report on other legal and regulatory requirements

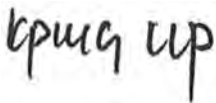
In our opinion, the accounting and other records required be kept by the Company have been properly kept in accordance with the provisions of the Charities Act.

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

- (a)

the Company has not used the donation moneys in accordance with its objectives as required under Regulation 11 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
22 May 2025

Balance sheet

As at 31 December 2024

	Note	2024 \$'000	2023 \$'000
Non-current assets			
Property, plant and equipment	4	39,057	41,353
Investments	5	70,000	69,354
		109,057	110,707
Current assets			
Inventories	6	46	48
Trade and other receivables	7	11,786	14,298
Cash and cash equivalents and time deposits	8	88,864	75,601
		100,696	89,947
		209,753	200,654
Total assets			
Funds			
Restricted funds	9	8,706	10,343
Endowment Fund	10	60,177	60,177
Unrestricted funds	11	132,851	123,087
		201,734	193,607
Total funds			
Current liabilities			
Trade and other payables	12	8,019	7,047
		8,019	7,047
		209,753	200,654
Total funds and liabilities			

Statement of financial activities

Year ended 31 December 2024

2024					2023				
	Note	Total Unrestricted Funds \$'000	Total Restricted Funds \$'000	Endowment Fund \$'000	Total Funds \$'000	Total Unrestricted Funds \$'000	Total Restricted Funds \$'000	Endowment Fund \$'000	Total Funds \$'000
As at 1 January									
		123,087	10,343	60,177	193,607	114,632	11,233	60,177	186,042
Income									
Income from generated fund									
Voluntary income									
- Donation - General	13	8,702	-	-	8,702	6,059	400	-	6,459
- Donation - Mount Alvernia Hospital		588	-	-	588	588	-	-	588
- Grant/Sponsorship received/receivable		4,564	5,673	-	10,237	5,766	6,579	-	12,345
		13,854	5,673	-	19,527	12,413	6,979	-	19,392
Fundraising activities	14	5,426	-	-	5,426	4,614	-	-	4,614
Investment income		2,606	-	-	2,606	2,423	-	-	2,423
		21,886	5,673	-	27,559	19,450	6,979	-	26,429
Income from charitable activities									
- Government grants		12,014	-	-	12,014	11,383	-	-	11,383
- Patient fees		8,878	-	-	8,878	7,409	-	-	7,409
		20,892	-	-	20,892	18,792	-	-	18,792
Total income		42,778	5,673	-	48,451	38,242	6,979	-	45,221
Expenditure									
Cost of generating funds									
- Fundraising expenses	14	376	-	-	376	388	-	-	388
- Investment impairment reversed		(646)	-	-	(646)	(793)	-	-	(793)
		(270)	-	-	(270)	(405)	-	-	(405)

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

Statement of financial activities (cont'd)

Year ended 31 December 2024

2024					2023				
	Note	Total Unrestricted Funds \$'000	Total Restricted Funds \$'000	Endowment Fund \$'000	Total Funds \$'000	Total Unrestricted Funds \$'000	Total Restricted Funds \$'000	Endowment Fund \$'000	Total Funds \$'000
Charitable activities									
- Salaries and related costs		16,235	6,048	-	22,283	14,200	6,693	-	20,893
- Contributions to defined contribution plan		2,414	125	-	2,539	2,024	214	-	2,238
- Programme expenses		15,259	344	-	15,603	14,383	370	-	14,753
		33,908	6,517	-	40,425	30,607	7,277	-	37,884
Governance costs									
- Professional fees	16	59	-	-	59	74	-	-	74
- Insurance		80	-	-	80	86	-	-	86
- Others		30	-	-	30	17	-	-	17
		169	-	-	169	177	-	-	177
Total expenditure		33,807	6,517	-	40,324	30,379	7,277	-	37,656
Net income/(expenditure) before tax expense		8,971	(844)	-	8,127	7,863	(298)	-	7,565
Income tax expense	18	-	-	-	-	-	-	-	-
Net income/(expenditure) for the year	17	8,971	(844)	-	8,127	7,863	(298)	-	7,565
Transfers									
- Transfer between funds									
• Restricted to unrestricted funds	9	793	(793)	-	-	592	(592)	-	-
		793	(793)	-	-	592	(592)	-	-
Net movement in funds		9,764	(1,637)	-	8,127	8,455	(890)	-	7,565
As at 31 December		132,851	8,706	60,177	201,734	123,087	10,343	60,177	193,607

For details on movement in financial activities of the individual funds, please refer to Note 22.

Statement of cash flows

Year ended 31 December 2024

	Note	2024 \$'000	2023 \$'000
Cash flows from operating activities			
Net income for the year		8,127	7,565
<i>Adjustments for:</i>			
Depreciation of property, plant and equipment	4	3,457	3,272
Loss on disposal of property, plant and equipment	4	2	–
Interest income from time deposits	14	(2,606)	(2,423)
Impairment loss reversed for the year	14	(646)	(793)
		8,334	7,621
<i>Changes in:</i>			
Trade and other receivables		2,224	(7,382)
Trade and other payables		972	1,293
Inventory		2	6
Net cash from operating activities		11,532	1,538
Cash flows from investing activities			
Interest received from time deposits		2,894	1,689
Purchase of property, plant and equipment	4	(1,163)	(1,129)
Net cash from investing activities		1,731	560
Net increase in cash and cash equivalents			
Cash and cash equivalents at beginning of the year		13,263	2,098
		75,601	73,503
Cash and cash equivalents at end of the year	8	88,864	75,601

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

Notes to the financial statements

These notes form an integral part of the financial statements.

The financial statements were authorised for issue by the Board of Directors on 22 May 2025.

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 832 Thomson Road, Singapore 574627.

The principal activities of the Company are to provide in-patient hospice 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 1947. The Company is registered as a charity under the Charities Act 1994.

2 Basis of preparation

2.1 Statement of compliance

The financial statements have been prepared in accordance with the Charities Accounting Standards (‘CAS’).

2.2 Basis of measurement

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

2.3 Functional and presentation currency

The financial statements are presented in Singapore dollars which is the Company’s functional currency. All financial information presented in Singapore Dollar has been rounded to the nearest thousand, unless otherwise stated.

2.4 Use of estimates and judgements

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

Notes to the financial statements

Estimates and underlying assumptions are reviewed on an ongoing basis and are consistent with the Company’s risk management where appropriate. Revisions to accounting estimates are recognised in the period in which the estimates are revised and in any future periods affected.

3 Significant accounting policies

The accounting policies set out below have been applied consistently to all periods presented in these financial statements.

3.1 Foreign currency transactions

Transactions in foreign currencies are translated to Singapore dollars at the exchange rate at the dates of the transactions. Monetary assets and liabilities denominated in foreign currencies at the reporting date are translated 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 translated to the functional currency at the exchange rate at the date that the fair value was determined. Foreign currency differences arising from translation are recognised in the statement of financial activities.

3.2 Property, plant and equipment

Recognition and measurement

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

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

If significant 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.

Any gain or loss on disposal of an item of property, plant and equipment is recognised 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.

Notes to the financial statements

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 is recognised as expenditure 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.

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

Building	30 years
Renovations	3 years
Furniture and fittings	5 years
Office and other equipment	4 to 10 years
Motor vehicles	4 years
Plant and machinery	4 to 10 years
Medical equipment	6 years
Computer equipment	3 to 10 years

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

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

3.3 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.

Notes to the financial statements

3.4 Cash and cash equivalents

Cash and cash equivalents comprise cash balances and time deposits with financial institutions.

3.5 Investments

Investments are recognised at cost less any accumulated impairment losses on a portfolio basis. Any impairment recorded is reversed in subsequent periods if there is an increase in the relevant portfolio value. The reversal of an impairment shall not exceed what the cost would have been had the impairment not previously been recognised.

3.6 Inventories

Inventories comprising medical supplies, are measured at the lower of cost and net realisable value. Cost is calculated using weighted average cost formula and comprises all costs of purchase and other cost incurred in bringing the inventories to their present location and condition. Net realisable value is the estimated selling price in the ordinary course of business, less the estimated costs necessary to make the sale.

3.7 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.

3.8 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.

Notes to the financial statements

3.9 Income

Income are 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.

Government grants

The Company's income comprises grants from the government to meet the Company's operating expenses and to fund the Company's capital expenditure.

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

Donation and fundraising income are recognised as income when the following three criteria are met:

- Entitlement – normally arises when there is control over the rights or other access to the resource, enabling the Hospice to determine its future application;
- Certainty – when it is virtually certain that the income will be received; and
- Measurement – when the monetary value of the income can be measured with sufficient reliability.

Donation in kind

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

Notes to the financial statements

Investment income

Investment income comprises interest income from time deposits and income from investment fund. Interest income is recognised on an accrual basis, using the effective interest method. For investments managed by third party fund managers, net realised gains/losses on disposal of investments are recognised as income from investment fund when the portfolio is redeemed in whole or in part.

3.10 Expenditure

All expenditure are 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.

Charitable activities

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

Governance costs

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

3.11 Impairment

(i) Inventories

The Company assesses at each reporting date whether any inventories are impaired. The Company makes the assessment by comparing the carrying amount of each item of inventory with its selling price less costs to complete and sell. If an item of inventory is impaired, the Company reduces the carrying amount of the inventory to its selling price less costs to complete and sell. The Company recognises the reduction as impairment loss immediately in the statement of financial activities.

Notes to the financial statements

(ii) Financial assets

Trade and other receivables

At the end of each reporting period, the Company assess whether there is objective evidence of impairment of trade and other receivables. If there is objective evidence of impairment, the Company recognises an impairment loss immediately in the statement of financial activities.

An impairment loss in respect of trade and other receivables is calculated as the difference between its carrying amount and the undiscounted future cash flows that the Company expects to receive from trade and other receivables. Losses are recognised in the statement of financial activities.

Investments

Impairment loss in respect of investments is calculated as the difference between its carrying amount and the best estimate of the amount that the Company would receive from investment if it was to be sold at the reporting date. For investment managed by third party fund managers, impairment loss is calculated on a portfolio basis. Impairment losses are recognised in the statement of financial activities.

3.12 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.

The endowment fund is also a restricted fund and any income generated is expendable at the discretion of the governing board members.

Notes to the financial statements

4Property, plant and equipment

	Building \$'000	Renovations \$'000	Furniture and fittings \$'000	Office and other equipment \$'000	Motor vehicles \$'000	Plant and machinery \$'000	Medical equipment \$'000	Computer equipment \$'000	Assets under construction \$'000	Total \$'000
Cost										
At 1 January 2023	48,054	16	644	2,735	402	6,636	980	4,962	10	64,439
Additions	-	59	-	9	178	43	99	148	593	1,129
Disposals	-	-	(17)	-	-	-	(33)	-	-	(50)
Reclassification	-	88	-	-	-	6	-	224	(318)	-
At 31 December 2023	48,054	163	627	2,744	580	6,685	1,046	5,334	285	65,518
Additions	-	57	157	142	-	34	56	262	455	1,163
Disposals	-	-	(37)	-	-	(9)	(115)	-	-	(161)
Reclassification	-	-	-	26	-	9	-	571	(606)	-
At 31 December 2024	48,054	220	747	2,912	580	6,719	987	6,167	134	66,520
Accumulated depreciation										
At 1 January 2023	9,611	5	608	1,711	381	3,979	763	3,885	-	20,943
Depreciation charge for the year	1,602	11	13	258	28	671	80	609	-	3,272
Disposals	-	-	(17)	-	-	-	(33)	-	-	(50)
At 31 December 2023	11,213	16	604	1,969	409	4,650	810	4,494	-	24,165
Depreciation charge for the year	1,602	34	29	286	47	686	78	695	-	3,457
Disposals	-	-	(37)	-	-	(7)	(115)	-	-	(159)
At 31 December 2024	12,815	50	596	2,255	456	5,329	773	5,189	-	27,463
Carrying amounts										
At 31 December 2023	36,841	147	23	775	171	2,035	236	840	285	41,353
At 31 December 2024	35,239	170	151	657	124	1,390	214	978	134	39,057

Notes to the financial statements

5Investments

The Company’s investment committee oversees the management of funds set aside for investment purposes. The investments are managed on a portfolio basis by third party fund managers, Lion Global Investors Limited (LGI), Fullerton Fund Management Company Ltd (FFMC) and Schroder Investment Management (S) Ltd (SIMS) at cost of \$20million, \$30million and \$20million respectively. These funds are invested in a portfolio of investments designed to balance risk and returns over the long term. The performance of each of the funds are monitored by the investment committee on a portfolio basis every quarter.

	2024 \$'000	2023 \$'000
Carrying amount – 1 January	69,354	68,561
Impairment loss reversed for the year	646	793
Carrying amount – 31 December	70,000	69,354

The Company has recognised a reversal of impairment loss of \$0.6million (2023: \$0.8million) for the investment portfolio managed by SIMS as the market value of the portfolio was \$20.3million as at 31 December 2024 (2023: \$19.4million).

As at 31 December 2024, the cost and market value of each of the investment portfolio are set out below:

	2024		2023	
	Cost \$'000	Market value \$'000	Cost \$'000	Market value \$'000
LGI	20,000	23,878	20,000	22,060
FFMC	30,000	37,631	30,000	33,593
SIMS	20,000	20,267	20,000	19,354
At 31 December	70,000	81,776	70,000	75,007

Notes to the financial statements

6 Inventories

	2024 \$'000	2023 \$'000
Medical supplies	46	48

7 Trade and other receivables

	2024 \$'000	2023 \$'000
Trade receivables	1,496	1,457
Allowance for doubtful trade receivables	(24)	(54)
Net receivables	1,472	1,403
Amount due from Ministry of Health	8,849	10,839
Fund receivable from third parties	-	300
Other receivables	95	11
Deposits	245	317
Interest receivable	946	1,235
Prepayments	179	193
	11,786	14,298

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 patients. 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, if any, is inherent in the Company's trade receivables.

Notes to the financial statements

8 Cash and cash equivalents and time deposits

	2024 \$'000	2023 \$'000
Cash at bank and in hand	13,646	9,388
Time deposits with financial institutions held by the Company	75,218	66,213
Cash and cash equivalents in the statement of cash flows	88,864	75,601

The interest rates per annum for deposits held by the Company in financial institutions at the reporting date ranges from 2.50% to 4% (2023: 2.50% to 4.35%). Time deposits are placed by the Company with a maturity of one, three, six, nine and twelve months.

Included in the cash and cash equivalents is an aggregate of \$3,033,002 (2023: \$3,764,578) which is subject to usage restriction imposed by the donors (see restricted funds in note 9).

9 Restricted funds

	Note	2024 \$'000	2023 \$'000
Community Silver Trust Fund	(i)	7,597	9,185
Paediatric Palliative Care Programme	(ii)	647	674
Patient Assistance Fund	(iii)	385	403
Respectance Fund	(iv)	38	39
Singapore Ireland Fund	(v)	34	34
Gym Tonic Fund	(vi)	5	8
		8,706	10,343

Notes to the financial statements

(i) Community Silver Trust Fund

	2024 \$'000	2023 \$'000
Balance at 1 January	9,185	10,258
Grant from the Community Silver Trust	5,673	6,579
Expenditure	(6,468)	(7,210)
Fund Transfer	(793)	(442)
Balance at 31 December	7,597	9,185
The fund is represented by:		
Amount due from Ministry of Health	5,673	6,579
Cash and cash equivalents	1,924	2,606
	7,597	9,185

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 to fund programmes for up to 5 years. As such, expenditures incurred and fund transfers made from the fund may not necessarily match the grants received in any single year. 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.

During the year, the Company utilised \$6,468,000 (2023: \$7,210,000) from the fund and transferred \$793,000 (2023: \$442,000) for purpose of depreciation to the Accumulated Fund.

(ii) Paediatric Palliative Care Programme

	2024 \$'000	2023 \$'000
The fund is represented by:		
Cash and cash equivalents	647	674

Notes to the financial statements

The Paediatric Palliative Care Programme was established in 2005 to provide paediatric palliative care to the terminally ill children and their families.

During the year, the Company utilised \$27,000 (2023: \$Nil) from the fund to help needy paediatric patients.

(iii) Patient Assistance Fund

	2024 \$'000	2023 \$'000
The fund is represented by:		
Cash and cash equivalents	385	403

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

During the year, no donations were received (2023: \$250,000) and \$18,000 (2023: \$64,000) was utilised from the fund to help needy patients.

(iv) Respectance Fund

	2024 \$'000	2023 \$'000
The fund is represented by:		
Cash and cash equivalents	38	39

The Respectance Fund was set up in 2011 with the desire to respect and fulfil the preference of our patients to die in their own homes. This fund also provides short-term financial help for needy families whose primary breadwinner is facing death.

During the year, no donations were received (2023: \$ Nil) and \$1,000 (2023: \$2,000) was utilised from the fund to help needy families.

Notes to the financial statements

(v) Singapore Ireland Fund

	2024 \$'000	2023 \$'000
Cash and cash equivalents	34	34

The fund is represented by:

The fund was set up in 2015 with the objective to support palliative nursing care training.

During the year, no donations were received (2023: \$150,000) or utilised (2023: \$Nil) from the fund. In addition, no transfers (2023: \$150,000) were made to the Accumulated Fund during the year for the purpose of depreciation.

(vi) Gym Tonic Fund

	2024 \$'000	2023 \$'000
Cash and cash equivalents	5	8

The fund is represented by:

The fund was set up with the objective to purchase advanced gym equipment and software to improve the functional abilities of patients.

During the year, the Company utilised \$3,000 (2023: \$1,000) from the fund.

Notes to the financial statements

10 Endowment Fund

	2024 \$'000	2023 \$'000
Investments	60,177	60,177

The fund is represented by:

The fund was set up with the objective to create a new ongoing source of income to enhance the long term financial viability to cater for organisational expansion and growth.

11 Unrestricted Funds

	Note	2024 \$'000	2023 \$'000
Accumulated Fund		79,373	66,873
Staff Welfare Fund	(i)	846	937
Building Fund	(ii)	37,002	39,484
Sinking Fund	(iii)	15,630	15,793
		132,851	123,087

(i) Staff Welfare Fund

	2024 \$'000	2023 \$'000
Cash and cash equivalents	846	937

The fund is represented by:

Notes to the financial statements

The fund was set up in 2012. The objective of the fund is 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.

During the year, the Company received donations and grants amounting to \$16,000 (2023: \$16,000) and utilised \$107,000 (2023: \$91,000) from the fund for staff activities.

(ii) Building Fund

	2024 \$'000	2023 \$'000
The fund is represented by:		
Property, plant and equipment	37,002	39,484

During the year, the Company incurred depreciation expense of \$2,482,000 (2023: \$2,483,000), included within programme expenses.

The hospice building held by the Company is for general and not restricted purpose.

(iii) Sinking Fund

	2024 \$'000	2023 \$'000
The fund is represented by:		
Cash and cash equivalents	15,630	15,793

This fund was established in 2018 with the objective to meet the needs of replacing systems and maintaining the building over a 10-year period.

During the year, the Company utilised \$163,000 (2023: \$366,000) from the fund of which \$21,000 (2023: \$Nil) was transferred to Accumulated Fund for the purpose of depreciation, replacements and maintenance to the building.

Notes to the financial statements

12 Trade and other payables

	2024 \$'000	2023 \$'000
Amount due to Mount Alvernia Hospital	203	71
Trade and other payables	670	400
Advance received from Lien Foundation	132	132
Accrued operating expenses	1,526	1,381
Provision for employee bonus	5,333	4,891
GST payable	155	172
	8,019	7,047

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

Advance received from Lien Foundation will be used for future Lien Foundation approved projects.

13 Donation from Mount Alvernia Hospital

Donation from Mount Alvernia Hospital amounted to \$588,000 (2023: \$588,000).

In addition, included in the fundraising activities income was an amount of \$36,000 (2023: \$36,000) donated by Mount Alvernia Hospital during the Charity Dinner.

14 Investment income

	2024 \$'000	2023 \$'000
Interest income from time deposits	2,606	2,423
Impairment reversed for the year		
- Accumulated Fund (see note 5)	646	793
Net investment income	3,252	3,216

Notes to the financial statements

15 Charitable activities

Expenditure on charitable activities under Accumulated Fund comprises the following:

	Programme expenses \$'000	Salaries and related costs \$'000	Contributions to defined contribution plan \$'000	Total \$'000
2024				
Hospice services	8,399	13,248	1,303	22,950
Day care services	2,115	1,785	251	4,151
Home care services	2,014	6,202	860	9,076
Total	12,528	21,235	2,414	36,177
Less: Funded by CST Operating Expense Matching Grant	-	(5,000)	-	(5,000)
	12,528	16,235	2,414	31,177
2023				
Hospice services	7,689	11,982	1,104	20,775
Day care services	1,914	1,880	245	4,039
Home care services	1,840	5,338	675	7,853
Total	11,443	19,200	2,024	32,667
Less: Funded by CST Operating Expense Matching Grant	-	(5,000)	-	(5,000)
	11,443	14,200	2,024	27,667

Notes to the financial statements

16 Professional fees

	2024 \$'000	2023 \$'000
External audit fees	30	29
Internal audit fees	20	16
Others	9	29
	59	74

17 Net income/(expenditure) for the year

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

	Note	2024 \$'000	2023 \$'000
Supplies and consumables		1,215	1,201
Depreciation of property, plant and equipment	4	3,457	3,272
Loss on disposal of property, plant and equipment	4	2	-
Recovery of doubtful debt		-	(6)
Repairs and maintenance		553	790
Support services rendered by Mount Alvernia Hospital		498	415
Agency manpower services		3,709	3,348
Utilities		507	464
Staff costs		22,283	20,893
Contributions to defined contribution plans		2,539	2,238

Notes to the financial statements

18 Income tax expense

The Company is an approved charity organisation under the Charities Act 1994 and an institution of a public character under the Income Tax Act 1947. No provision for taxation has been made in the financial statements as the Company is a registered charity with income tax exemption.

19 Tax deductible donations

Tax deductible donations amounting to \$9,105,000 (2023: \$6,694,000) were received during the year.

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

20 Commitments

As at 31 December 2024, the Company had commitments of \$211,840 (2023: \$364,975) relating to the purchase of computers and other equipment.

21 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:

	2024 \$'000	2023 \$'000
Short-term employee benefits	3,057	2,599

Notes to the financial statements

In compliance with the Code of Corporate Governance for Charities and Institutions of a Public Character, the annual remuneration of the Company's three highest paid staff fall into the following band(s):

	2024	2023
\$200,000 to \$300,000	–	1
\$300,000 to \$400,000	2	1
\$400,000 to \$500,000	1	1

The directors did not receive any compensation for their services rendered to the Company. There are no paid staff who are close members of the family of the Chief Executive Officer or any Board members. Other than disclosed elsewhere in the financial statements, the transactions with related parties are as follows:

Mount Alvernia Hospital

Mount Alvernia Hospital	2024 \$'000	2023 \$'000
Purchase of medical supplies and clinical consumables and provisions	30	32
Purchase of patient meals (net of discount)	313	-
	343	32

Catholic Health Care Asia Limited

Catholic Health Care Asia Limited	2024 \$'000	2023 \$'000
Governance fees	31	29

Notes to the financial statements

22 Funds

← Unrestricted Funds →						← Restricted Funds →								
Note	Accumulated Fund \$'000	Staff Welfare Fund \$'000	Building Fund \$'000	Sinking Fund \$'000	Total Unrestricted Funds \$'000	Community Silver Trust Funds \$'000	Paediatric Palliative Care Programme \$'000	Patient Assistance Fund \$'000	Respectance Fund \$'000	Singapore Ireland Fund \$'000	Gym Tonic Fund \$'000	Total Restricted Funds \$'000	Endowment Fund \$'000	Total Funds \$'000
As at 1 January 2023	55,494	1,012	41,967	16,159	114,632	10,258	674	217	41	34	9	11,233	60,177	186,042
Income														
Income from generated fund														
Voluntary income														
- Donation - General	6,059	-	-	-	6,059	-	-	250	-	150	-	400	-	6,459
- Donation - Mount Alvernia Hospital	588	-	-	-	588	-	-	-	-	-	-	-	-	588
- Grant/Sponsorship received/receivable	5,766	-	-	-	5,766	6,579	-	-	-	-	-	6,579	-	12,345
	12,413	-	-	-	12,413	6,579	-	250	-	150	-	6,979	-	19,392
Fundraising activities	4,598	16	-	-	4,614	-	-	-	-	-	-	-	-	4,614
Investment income	2,423	-	-	-	2,423	-	-	-	-	-	-	-	-	2,423
	19,434	16	-	-	19,450	6,579	-	250	-	150	-	6,979	-	26,429
Income from charitable activities														
- Government grants	11,383	-	-	-	11,383	-	-	-	-	-	-	-	-	11,383
- Patient fees	7,409	-	-	-	7,409	-	-	-	-	-	-	-	-	7,409
	18,792	-	-	-	18,792	-	-	-	-	-	-	-	-	18,792
Total income	38,226	16	-	-	38,242	6,579	-	250	-	150	-	6,979	-	45,221

Notes to the financial statements

← Unrestricted Funds →						← Restricted Funds →								
Note	Accumulated Fund \$'000	Staff Welfare Fund \$'000	Building Fund \$'000	Sinking Fund \$'000	Total Unrestricted Funds \$'000	Community Silver Trust Funds \$'000	Paediatric Palliative Care Programme \$'000	Patient Assistance Fund \$'000	Respectance Fund \$'000	Singapore Ireland Fund \$'000	Gym Tonic Fund \$'000	Total Restricted Funds \$'000	Endowment Fund \$'000	Total Funds \$'000
Expenditure														
Cost of generating funds														
14	- Fundraising expenses	388	-	-	-	388	-	-	-	-	-	-	-	388
	- Investment impairment reversed	(793)	-	-	-	(793)	-	-	-	-	-	-	-	(793)
		(405)	-	-	-	(405)	-	-	-	-	-	-	-	(405)
Charitable activities														
15	- Salaries and related costs	14,200	-	-	-	14,200	6,693	-	-	-	-	6,693	-	20,893
	- Contributions to defined contribution plan	2,024	-	-	-	2,024	214	-	-	-	-	214	-	2,238
	- Programme expenses	11,443	91	2,483	366	14,383	303	-	64	2	-	370	-	14,753
		27,667	91	2,483	366	30,607	7,210	-	64	2	-	1	7,277	-
Governance costs														
16	- Professional fees	74	-	-	-	74	-	-	-	-	-	-	-	74
	- Insurance	86	-	-	-	86	-	-	-	-	-	-	-	86
	- Others	17	-	-	-	17	-	-	-	-	-	-	-	17
		177	-	-	-	177	-	-	-	-	-	-	-	177
Total expenditure		27,439	91	2,483	366	30,379	7,210	-	64	2	-	1	7,277	37,656
Net income/(expenditure) before tax expense		10,787	(75)	(2,483)	(366)	7,863	(631)	-	186	(2)	150	(1)	(298)	7,565
18	Income tax expense	-	-	-	-	-	-	-	-	-	-	-	-	-
	Net income/(expenditure) for the year	10,787	(75)	(2,483)	(366)	7,863	(631)	-	186	(2)	150	(1)	(298)	7,565
Transfers														
9	Transfer between funds													
	Restricted to unrestricted funds	592	-	-	-	592	(442)	-	-	-	(150)	-	(592)	-
		592	-	-	-	592	(442)	-	-	-	(150)	-	(592)	-
Net Movement in funds		11,379	(75)	(2,483)	(366)	8,455	(1,073)	-	186	(2)	-	(1)	(890)	7,565
As at 31 December 2023		66,873	937	39,484	15,793	123,087	9,185	674	403	39	34	8	10,343	193,607

Notes to the financial statements

← Unrestricted Funds →						← Restricted Funds →								
Note	Accumulated Fund \$'000	Staff Welfare Fund \$'000	Building Fund \$'000	Sinking Fund \$'000	Total Unrestricted Funds \$'000	Community Silver Trust Funds \$'000	Paediatric Palliative Care Programme \$'000	Patient Assistance Fund \$'000	Respectance Fund \$'000	Singapore Ireland Fund \$'000	Gym Tonic Fund \$'000	Total Restricted Funds \$'000	Endowment Fund \$'000	Total Funds \$'000
As at 1 January 2024	66,873	937	39,484	15,793	123,087	9,185	674	403	39	34	8	10,343	60,177	193,607
Income														
Income from generated fund														
Voluntary income														
- Donation - General	8,702	-	-	-	8,702	-	-	-	-	-	-	-	-	8,702
- Donation - Mount Alvernia Hospital	588	-	-	-	588	-	-	-	-	-	-	-	-	588
- Grant/Sponsorship received/receivable	4,564	-	-	-	4,564	5,673	-	-	-	-	-	5,673	-	10,237
	13,854	-	-	-	13,854	5,673	-	-	-	-	-	5,673	-	19,527
Fundraising activities	5,410	16	-	-	5,426	-	-	-	-	-	-	-	-	5,426
Investment income	2,606	-	-	-	2,606	-	-	-	-	-	-	-	-	2,606
	21,870	16	-	-	21,886	5,673	-	-	-	-	-	5,673	-	27,559
Income from charitable activities														
- Government grants	12,014	-	-	-	12,014	-	-	-	-	-	-	-	-	12,014
- Patient fees	8,878	-	-	-	8,878	-	-	-	-	-	-	-	-	8,878
	20,892	-	-	-	20,892	-	-	-	-	-	-	-	-	20,892
Total income	42,762	16	-	-	42,778	5,673	-	-	-	-	-	5,673	-	48,451

Notes to the financial statements

← Unrestricted Funds →						← Restricted Funds →								
Note	Accumulated Fund \$'000	Staff Welfare Fund \$'000	Building Fund \$'000	Sinking Fund \$'000	Total Unrestricted Funds \$'000	Community Silver Trust Funds \$'000	Paediatric Palliative Care Programme \$'000	Patient Assistance Fund \$'000	Respectance Fund \$'000	Singapore Ireland Fund \$'000	Gym Tonic Fund \$'000	Total Restricted Funds \$'000	Endowment Fund \$'000	Total Funds \$'000
Expenditure														
Cost of generating funds														
- Fundraising expenses	376	-	-	-	376	-	-	-	-	-	-	-	-	376
- Investment impairment reversed	(646)	-	-	-	(646)	-	-	-	-	-	-	-	-	(646)
	(270)	-	-	-	(270)	-	-	-	-	-	-	-	-	(270)
Charitable activities														
- Salaries and related costs	16,235	-	-	-	16,235	6,048	-	-	-	-	-	6,048	-	22,283
- Contributions to defined contribution plan	2,414	-	-	-	2,414	125	-	-	-	-	-	125	-	2,539
- Programme expenses	12,528	107	2,482	142	15,259	295	27	18	1	-	3	344	-	15,603
	31,177	107	2,482	142	33,908	6,468	27	18	1	-	3	6,517	-	40,425
Governance costs														
- Professional fees	59	-	-	-	59	-	-	-	-	-	-	-	-	59
- Insurance	80	-	-	-	80	-	-	-	-	-	-	-	-	80
- Others	30	-	-	-	30	-	-	-	-	-	-	-	-	30
	169	-	-	-	169	-	-	-	-	-	-	-	-	169
Total expenditure	31,076	107	2,482	142	33,807	6,468	27	18	1	-	3	6,517	-	40,324
Net income/(expenditure) before tax expense														
Income tax expense	11,686	(91)	(2,482)	(142)	8,971	(795)	(27)	(18)	(1)	-	(3)	(844)	-	8,127
	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net income/(expenditure) for the year	11,686	(91)	(2,482)	(142)	8,971	(795)	(27)	(18)	(1)	-	(3)	(844)	-	8,127
Transfers														
Transfer between funds	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Restricted to unrestricted funds	814	-	-	(21)	793	(793)	-	-	-	-	-	(793)	-	-
	814	-	-	(21)	793	(793)	-	-	-	-	-	(793)	-	-
Net Movement in funds	12,500	(91)	(2,482)	(163)	9,764	(1,588)	(27)	(18)	(1)	-	(3)	(1,637)	-	8,127
As at 31 December 2024	79,373	846	37,002	15,630	132,851	7,597	647	385	38	34	5	8,706	60,177	201,734

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*Carry each other's burdens, and in this way
you will fulfil the law of Christ.*

Galatians 6:2

