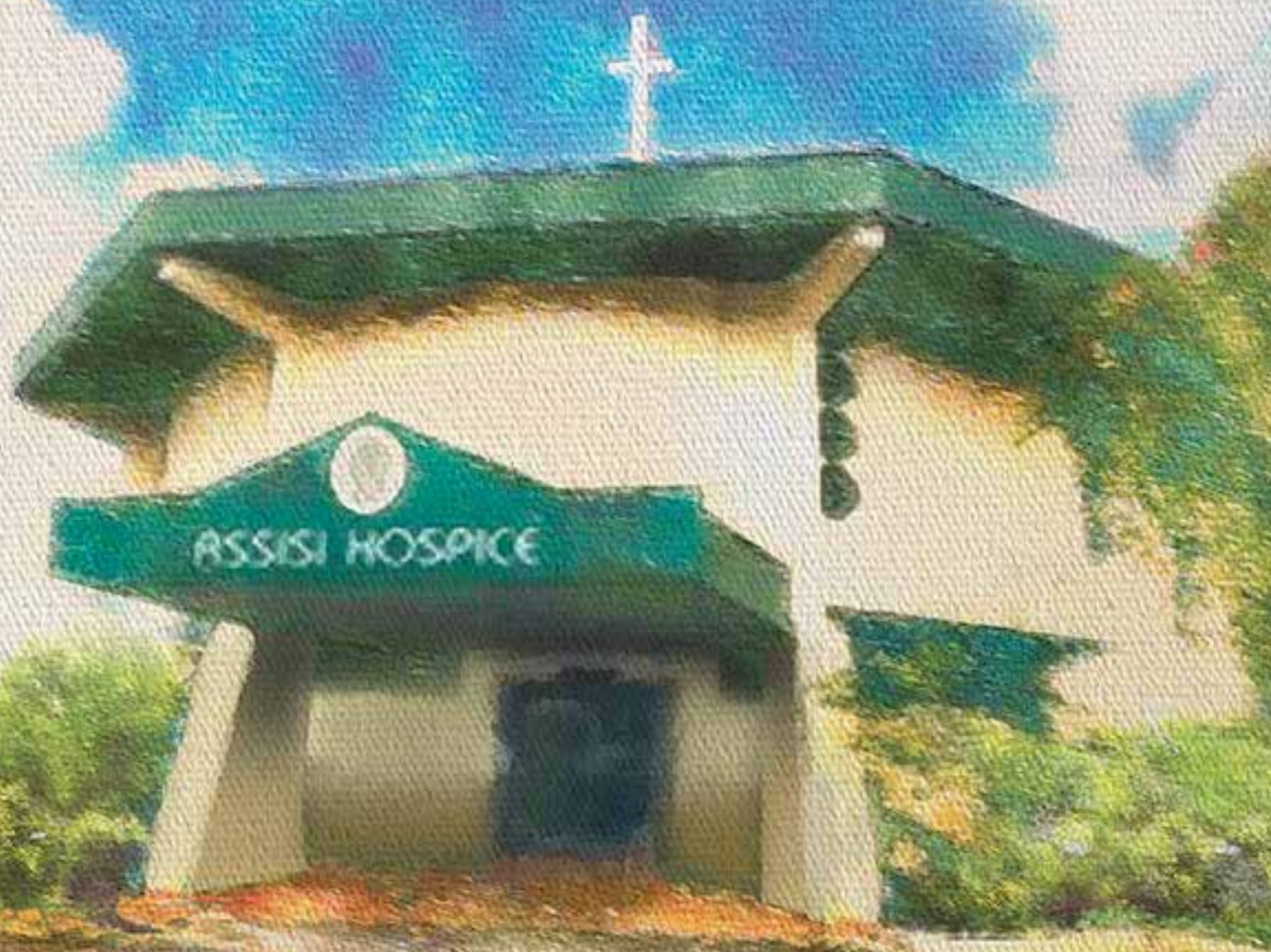


Annual Report 2016





Franciscan Values

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

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

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

We care not only for our patients, but also their families, to provide support for their physical, emotional, psychosocial and spiritual needs. We welcome people of all faiths, age, race and financial position. No one will ever be denied of our care because of who they are or what they can afford.

The life and teachings of St Francis have much relevance to us at Assisi, as we come face-to-face with diverse individuals from all walks of life, who are in need of our support and care.

May we continue to serve this mission in the spirit of St Francis as we live out his prayer:

THE PRAYER OF SAINT FRANCIS

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



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Our Patron

Ms Ho Ching

Our Vision

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

Our Mission

The Assisi Hospice is a Catholic charity providing compassionate, personalised and quality palliative care to adults and children with life-limiting illnesses through our inpatient, home and day care services.

Our Service Values



Service:

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



Reverence for Life:

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



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.



Stewardship:

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

Message from Sister Jane

Congregational Leader, Franciscan Missionaries of the Divine Motherhood

One thing I am sure of is that things keep changing and we have no idea what the fruits of our ministry and service today will look like in 30 years' time. I say 30 years because it was in 1986 that Khoo Block in Mount Alvernia Hospital began offering respite care for patients with terminal or chronic illnesses. Why did they do this? They did it because, in the spirit of St Francis of Assisi, they saw a need amongst those who were vulnerable and needy and responded to it. The fruits of that decision is our beautiful new hospice today.

Recently two of the staff from Assisi Hospice visited Ladywell (our FMDM Motherhouse in the UK) and met Sister Monica Anne (FMDM) who was in-charge when the respite ward opened in Khoo Block. It was a special connection and for Monica who is elderly and quite frail herself, it was a reminder of our FMDM legacy.

One of the learnings of recent years is that around the world, our FMDM sisters become fewer and our lay colleagues take on the challenge of continuing what we had begun, is that these original dreams and visions will be kept alive and will continue to evolve if we always keep in our minds and hearts our founding stories and the original vision which inspires the particular ministry and service.

For Assisi Hospice, our founding story goes back to the 12th century when St Francis and St Clare of Assisi, both of whom responded to the call of God and the Gospel, journeyed out of their comfort zones both internally and externally in order to love and serve those on the edges, those who were vulnerable and those who no one else loved or served.

The very ministry of Assisi Hospice is to reach out to and care for those who are vulnerable, who are on the edge, in fact the very edge of life along with their families and loved ones. One of St Francis Admonitions to the brothers in the 12th century - and still relevant for us today - says:

Blessed is the one who bears with their brother or sister in their weakness in the same way as they would hope to be sustained by them if found in the same circumstance (Admonition XVIII)

Since 1949 this admonition has been lived out by our FMDM sisters as they reached out to the TB patients at Mandalay Road Hospital (part of Tan Tock Seng Hospital) and the lepers in Trafalgar Home in Woodbridge. This FMDM legacy will now be lived out through the gift of Assisi Hospice. Those three pioneer sisters - Angela McBrien, Camillus Walsh and Baptista Hennessy have long

gone to their eternal home but I am sure, like Monica, they would never have imagined how their ministry has borne fruit.

On behalf of all our FMDM sisters around the world who have served in Assisi Hospice, I want to thank Anita and the Board, Shiu Ling and her Team, our staff and volunteers for doing what FMDM can no longer do but who, over the past twelve months of huge transition, have certainly worked in the spirit of our founders and our early sisters who showed such courage, vision and generosity.

We may not be leading from the front and working the demanding long hours but I know our FMDM sisters will always support Assisi through their prayer and pastoral presence in whatever ways they can.



Message from Ms Anita Fam

Chairman, Board of Directors

As I look back on 2016, I am reminded of how much we are grateful for. First, my deepest gratitude to our past Chairman, Ronny Tan, who retired from the Board on 30 June 2016 after giving nine years of service to Assisi Hospice. Under Ronny's conscientious stewardship and leadership, we saw the conception and development of the beautiful hospice building that we are now in. Secondly, I am grateful to all my Board members, management, and in particular our hospice development committee members, for ensuring that the new building was well and thoughtfully designed, built and completed in time to commence operations in early 2017. What cannot be underestimated is the role of our CEO, Choo Shiu Ling, executive team and staff who undertook the challenge of transforming our Hospice to what it is now – a new space which aims to be constantly life-affirming in an ever changing care environment. Thirdly, I am also grateful to all our funders, volunteers and supporters for making this dream of a new hospice building a reality for us. And above all, I must acknowledge the hand of God in all of this as none of this would have been possible without Him. To Him be the glory!

Assisi Hospice is no stranger to me as both my late parents-in-law had the benefit of Assisi's home palliative care service in 2002. In late 2014,

my late father too received the care and support of our home palliative care team. All three care experiences were deeply impactful as they allowed my loved ones to live well to the end. Palliative care sees the person beyond the disease. It combines pain and symptom management together with emotional and spiritual support and with that, it impacts the quality of life in a far more positive way. It has been a personal privilege for me to be able to pay back in some small way by being a Board director from 2005, and more recently from 2010 – 2015 as Deputy Chairman, and now as Chairman after taking a year's hiatus.

Our Board wholeheartedly supports Assisi Hospice's vision to be the leader and centre of excellence for compassionate and personalised palliative care. We believe that good end-of-life care should mean that people are treated with dignity and respect, and where possible, in their preferred place of care and we fully subscribe to the introduction of the National Guidelines for Palliative Care. The Board does however acknowledge that this transformational care journey is not an easy one. From a 37-bed facility last year to one now with 85 inpatient beds and an expanded day care centre for 50 patients plus an increased capacity to support patients in the community with home

care, our annual operating expenses will grow from \$15 million in 2016 to \$26 million in 2017 and our manpower needs too will grow from a staff strength of 126 in 2016 to 216 in 2017. A very daunting prospect ... but we are confident that with the institutional commitment of our management and staff together with the support of our funders, volunteers and supporters that we will be able to meet these challenges.

On behalf of the Board, may I express my deepest gratitude to all of you for all your support.



Message from Ms Choo Shiu Ling

Chief Executive Officer

For the Assisi Team, 2016 required much gumption, courage and commitment as we pulled together to ready and steady ourselves for transition to being a very much larger palliative care provider in a new hospice.

There were so many changing and moving parts through which the team had to navigate. The organisational and departmental structures evolved, the nursing leadership team was formed, and the fast growth in staff strength all meant that the team had to transition under very dynamic circumstances.

We also completed building a new hospice, and readied ourselves with a wide range of new policies and practices to be able to deliver services in a new environment.

The executive team held steady as we supported and guided staff to take on the learning and training for better expertise and clinical standards, many new areas of work, and new roles and accountabilities while continuing to serve more patients.

Particularly in a specialist healthcare charity, flexibility, a certain nimbleness, strong governance, inventiveness and passion are critical to achieving

our mission. I believe that if the correct need and challenge is identified, there will be a way to find a solution and support can be found. Resource is not the limitation; we need to have the broadest perspective on plausible solutions and access to knowledge of best practices, coupled with passion and commitment.

Underpinning all of this is our philosophy of care and why we do what we do. At Assisi Hospice we believe in being life affirming and to provide for the comfort and dignity of all whom we serve. This includes our staff, patients, caregivers and volunteers. This philosophy of care together with our service values, guide us in the decisions and choices we make. We are committed to deepening our understanding of our mission and values, and therefore continually improving our ability to provide what our staff, patients, caregivers and volunteers need.

We wish for each patient to feel loved and cared for.

In all of this I give thanks to God and acknowledge all glory to Him. In every step of the way Assisi Hospice has been blessed with His divine guidance and perfect timing.



Board of Directors



Mr Ronny Tan
Chairman
(till 30/06/16)



Ms Anita Fam
Chairman
(w.e.f. 01/07/16)



A/Prof Cynthia Goh
Deputy Chairman
(till 30/06/16)
Director
(w.e.f. 01/07/16)



Sr Cyrilla M Baptist
Director



Mr Jeffrey Seah
Director



Dr Chong Yoke Sin
Director



Ms Kwok Wai Ling
Director



Mr Paul Lee
Director
(till 30/06/16)
Deputy Chairman
(w.e.f. 01/07/16)



Mr Francis Heng
Director



Mr Gerard Koh
Director



Ms Mimi Ho
Director



Mr Edward D'Silva
Director



Thomas Teo
Director
(w.e.f. 19/05/16)



Linus Tham
Director
(w.e.f. 01/09/16)

Governance Structure

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

Charity Transparency Award 2016

Assisi Hospice is a proud recipient of the Charity Transparency Award in 2016. This inaugural 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.

Assisi Hospice Board Committees 2016

1. **NOMINATIONS COMMITTEE (NC)**
w.e.f. 01/09/16, formerly known as
NOMINATION/REMUNERATION COMMITTEE (NRC)
 - Mr Ronny Tan (Chairperson till 30/06/16)
 - Ms Anita Fam (Chairperson w.e.f. 01/07/16)
 - Mr Francis Heng (till 31/08/16)
 - Mr Paul Lee (w.e.f. 01/09/16)
 - Mr Gerard Koh (w.e.f. 01/09/16)

2. **AUDIT COMMITTEE (AC)**
 - Mr Paul Lee (Chairperson till 31/8/16;
Member w.e.f. 01/09/16 - 31/12/16)
 - Mr Thomas Teo (Chairperson w.e.f. 01/09/16)
 - Ms Angela Ee
 - Ms Pat Lynn Leong
 - Mr Ronny Tan (till 30/06/16)
 - Mr Linus Tham (w.e.f. 01/09/16)
 - Ms Tina Thai (w.e.f. 01/10/16)

3. **FINANCE COMMITTEE (FC)**
 - Ms Kwok Wai Ling (Chairperson)
 - Mr Joseph Wong
 - Ms Catherine Loh
 - Ms Mimi Ho
 - Ms Celestine Khoo
 - Ms Maureen Ding (till 09/02/16)

4. **PROGRAMME AND SERVICES COMMITTEE (PSC) and QUALITY ASSURANCE COMMITTEE (QAC) merged w.e.f. 01/09/16**
 - A/Prof Cynthia Goh (Chairperson)
 - Dr Chong Yoke Sin
 - Ms Maureen Fung
 - Dr Vasanthi Rajalingam
 - Ms Karen Poon
 - Ms Anita Fam (till 30/6/16)
 - Mrs Helen Yeo (till 31/8/16)
 - A/Prof Ong Yew Kuang, Simon (w.e.f. 01/09/16)
 - Ms Lian Swee Bee (w.e.f. 01/09/16)
 - Ms Terina Tan Pei Yin (w.e.f. 01/09/16)
 - Mr Christopher Chong (w.e.f. 01/09/16)

5. **FUNDRAISING COMMITTEE**
 - Mr Jeffrey Seah (Chairperson)
 - Mrs Susie Koh
 - Sr Agnes Tan Gek Choo (till 30/09/16)
 - Mr Krishnasamy Ravendran (till 30/09/16)
 - Mr Yeong Wai Cheong (till 30/09/16)
 - Ms Diana Ee-Tan (till 30/09/16)
 - Ms Eunice Tan (till 30/09/16)
 - Ms. Jacqui Lim (w.e.f. 01/10/16)
 - Mr Goh Theng Kiat (w.e.f. 01/10/16)
 - Ms Fiona Rankine (w.e.f. 01/10/16)

6. **HUMAN RESOURCE COMMITTEE (HRC) w.e.f. 01/09/16, formerly known as HOSPICE DEVELOPMENT COMMITTEE - HUMAN RESOURCE (HDC-HR)**
 - Mr Gerard Koh
 - Mr Linus Tham (w.e.f. 01/09/16)
 - Dr Chong Yoke Sin (till 30/09/16)
 - Dr Christopher Cheok (till 30/09/16)
 - Ms Esther Lim Mien Leng (till 30/09/16)
 - Ms Sylvia Lee (w.e.f. 01/10/16)
 - Ms Mimi Ho (till 30/10/16)

The Board Member's attendance at Board Meetings for the period January to December 2016 is shown below:

Name of Directors	Number of Board Meetings	Attendance
Mr Ronny Tan (till 30/06/16)	2	2
Ms Anita Fam (w.e.f. 01/07/16)	2	2
Sr Cyrilla M Baptist	4	4
Mr Francis Heng	4	4
Mr Gerard Koh	4	3
Mr Paul Lee	4	4
Mr Jeffrey Seah	4	3
Dr Chong Yoke Sin	4	3
Ms Kwok Wai Ling	4	4
Ms Mimi Ho	4	1
Mr Edward D'Silva	4	3
A/Prof Cynthia Goh	4	1
Mr Thomas Teo (w.e.f. 01/07/16)	2	2
Mr Linus Tham (w.e.f. 01/09/16)	1	1

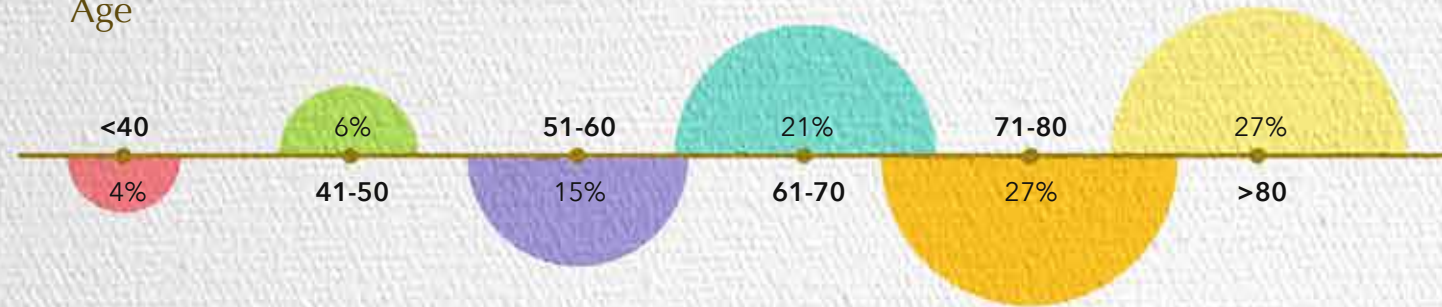
Non-Board Level Committees

1. **FACILITY MEDIFUND COMMITTEE**
 - Mr Krishnasamy Ravendran (Chairperson)
 - Sr Agnes Tan Gek Choo
 - Sr Angelo Tan Guay Khim
 - Ms Janet Chan Poh Goon
 - Ms Rose Lu Soo Ying
 - Ms Linda Auyong
2. **QUALITY ASSURANCE COMMITTEE merged with PROGRAMME AND SERVICES COMMITTEE (PSC) w.e.f. 01/09/16 (see previous)**
 - A/Prof Cynthia Goh (Chairperson)
 - Mrs Helen Yeo (till 31/8/16)
 - A/Prof Ong Yew Kuang, Simon
 - Ms Lian Swee Bee
 - Ms Terina Tan Pei Yin
3. **HOSPICE DEVELOPMENT COMMITTEE**
 - Mr Francis Heng (Chairperson till 2/03/2015)
 - Mr Edward D'Silva (Co-Chairperson w.e.f. 3/03/2015)
 - Mr Hoong Bee Lock (Co-Chairperson w.e.f. 3/03/2015)
 - Dr Chng Nai Wee
 - Ms Ow Peck Har
 - Mr Billy Wong
 - Ms Mavis Seow
4. **HOSPICE DEVELOPMENT COMMITTEE - HUMAN RESOURCE re-constituted as HUMAN RESOURCE COMMITTEE (HRC) w.e.f. 01/09/16 (see previous)**
 - Mr Gerard Koh (Chairperson)
 - Dr Chong Yoke Sin (till 30/09/16)
 - Dr Christopher Cheok (till 30/09/16)
 - Ms Esther Lim Mien Leng (till 30/09/16)
 - Ms Mimi Ho (till 30/10/16)
5. **INFORMATION TECHNOLOGY STEERING COMMITTEE (ITSC)**
 - Dr Chong Yoke Sin
 - Mr Tan Shong Ye
 - Mr Tom Ng

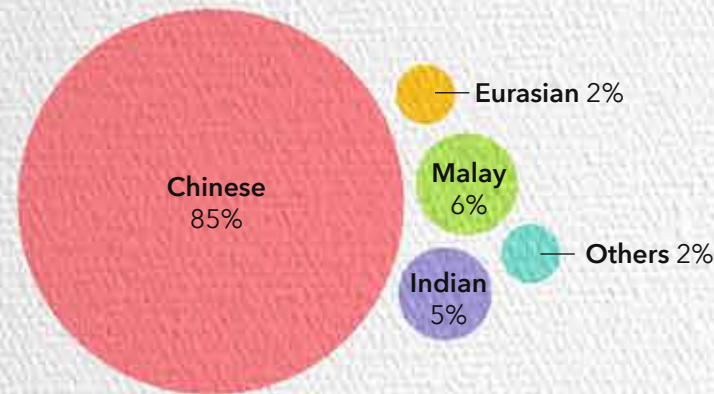
All information is correct and up-to-date as of 31 December 2016.

Patient Profile for 2016

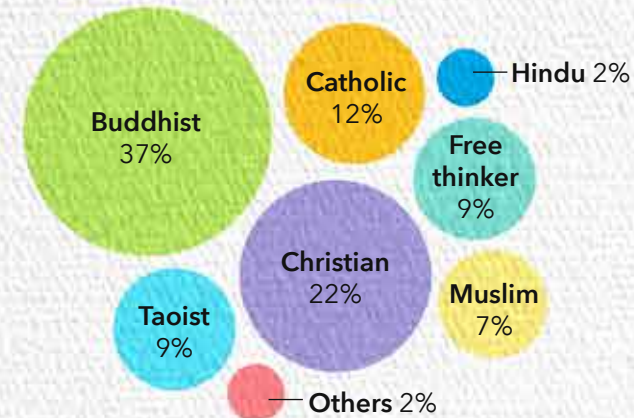
Age



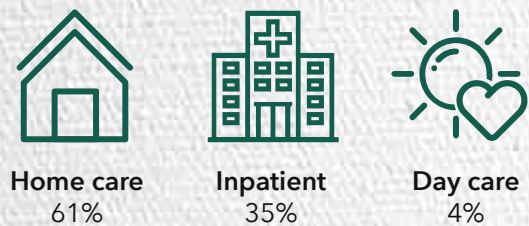
Ethnicity



Religion



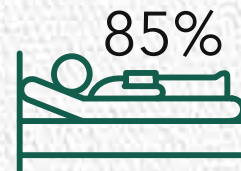
Patients by Service Type



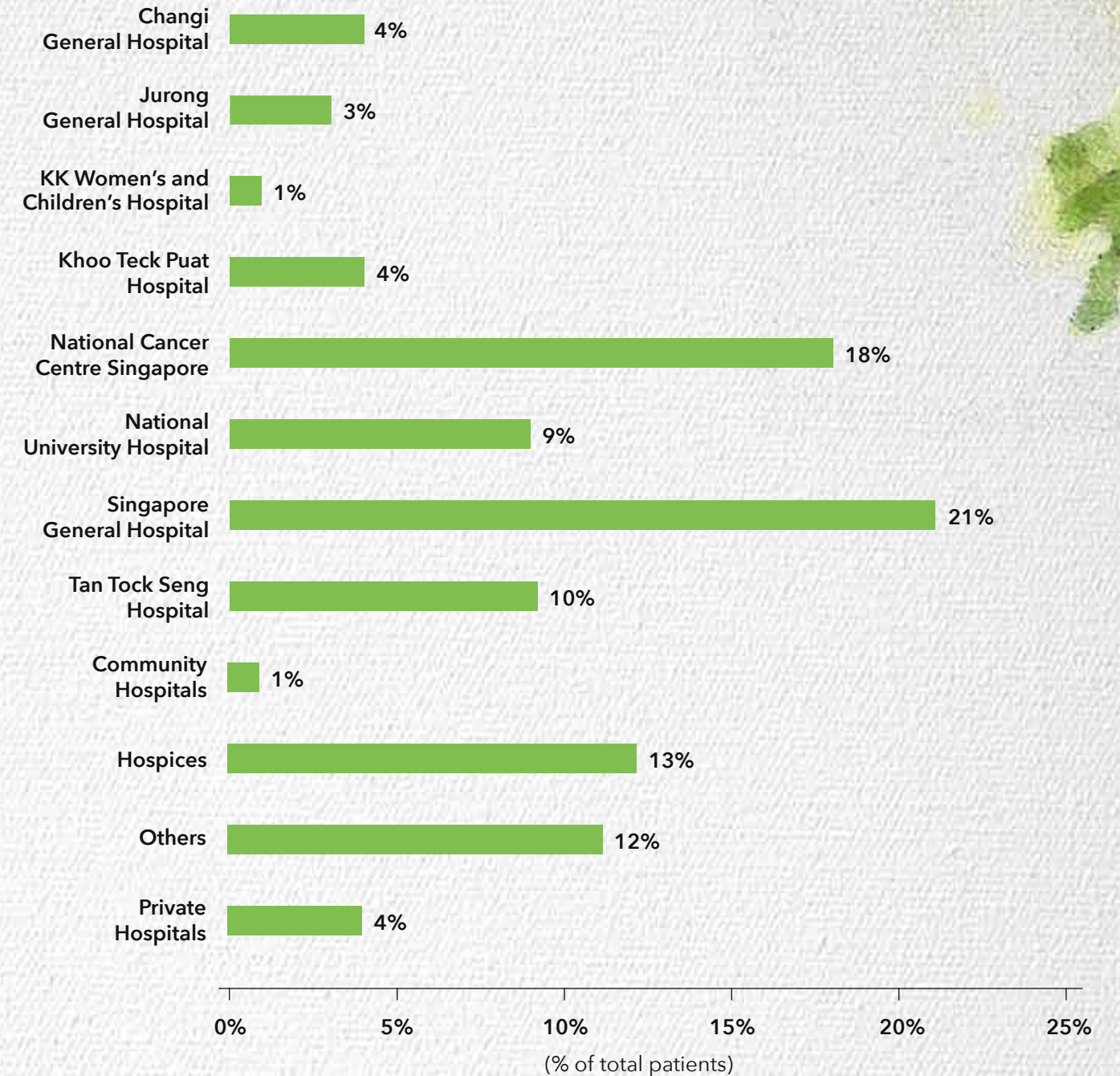
Average Length of Stay



Bed Occupancy



Source of Referrals



Inpatient Services

2016 was a busy and exciting year for the Inpatient service, as the focus was not just on improving the care within our existing service but also on preparation for our impending move.



With our existing service, staff were active on many fronts. Preparation for the implementation of the Enhanced Nursing Home Standards (ENHS) were ongoing in the first half of the year. The ENHS was introduced by Ministry of Health (MOH) with the aim to raise the quality of care for seniors in the Intermediate and Long-Term Care sector. With effect from April 2016, this set of standards was used by MOH as the licensing terms and conditions for nursing homes. For Assisi Hospice to meet licensing requirements, workflow processes were reviewed and policies and procedures were reviewed and developed by the clinical team.

The clinical team also reviewed the quality dashboard, in line with recommendations from the National Guidelines for Palliative Care. There was constant monitoring and review of clinical outcomes with staff in reflection of practice and quality improvement projects. Much effort was also put in to instill a no-blame culture, where staff are encouraged to raise issues and discuss these together.

“Our family wishes to express our heartfelt appreciation for your love and excellent care given to our mother/mother-in-law (Lim Ee Koon) during her stay. We are saddened by her death, but we are comforted in knowing that she received the best care available. The great compassion and support of your staff helped us pulled through a very difficult time. Thank you”

Mark & Julie Ngui



With our new in-house pharmacist, we streamlined our medication management system, established a new procurement system in partnership with Tan Tock Seng Hospital, and prepared for the pharmacy in the new hospice. Regular in-service education on medication errors and handling were also conducted.

We spent much effort developing the model of care for dementia patients and children in preparation of the specialised wards that would be opened for these groups of patients in the new hospice. We were fortunate to benefit from the guidance and commitment of a team of dementia experts from TTSH, CGH and KTPH, who advised us on the development of a dementia training programme for Assisi Hospice.

We were also privileged to have the strong support of Temasek Foundation Cares which provided \$2.7million seed funding. The aim is to develop specialised hospice care programmes for patients of the two dedicated wards, and to offer person-centred care to patients and better support their caregivers.

“We, family of late Emmanuel Assa Randhawa wish to express our heartfelt appreciation and gratitude for extending your gentle care in looking after our brother...he found peace, solace and healing.”

Mary Lau (Mum), Katherine, Morgan, Joshua, Natatsha, Geraldine, Joey Paul, Pearl, Bertand, Jo, Josephine, Aaron and Andrea

“My mum, who was there every day to visit my father, received much positive encouragement and support during the difficult phase...the generous, compassionate and comforting nature of the staff truly impressed my mum.”

Angeline Antoine

“We want to convey our deepest appreciation and thanks to your doctors and nurses who have given the late Mr Ho Kim Tay tremendous care, support and help in the past year. We couldn't have coped through this difficult period without your dedicated team of doctors and nurses.”

Family of the late Mr Ho Kim Tay

As Assisi Hospice prepared for its move to the new premise in January 2017, the Nursing and Operations teams worked closely together to ensure that the wards would be operationally ready to receive our patients. There were table top exercises and live rehearsals to enable staff to smoothen workflow processes. In addition to their daily nursing duties and educational activities, staff actively helped to prepare the wards in the new hospice, organising ward areas and preparation rooms, in anticipation of a larger patient workload and better work processes,

With so much going on, care was also taken to ensure that staff were supported in their workplace. The clinical pastoral and HR teams came together to set up programmes and support systems.

2016 has truly been a special year of reflective practice, forging relationships with other healthcare organisations and learning from others. Through continuous improvement, the Assisi team continues to meet changing needs and to endeavour to bring to reality our mission of providing compassionate, personalised and quality palliative care to life.

“On behalf of our late mother Mdm Loi Poh Kiew, I wish to express our most sincere and heartfelt thanks and appreciation of the strong professional care and support you provided to my mom, especially during the last 5 months of her illness. We are so encouraged by your compassionate care and myself, as the primary care provider. You have contributed significantly to alleviate her pain and suffering as well as to her emotional and psychological well-being. I recalled what my mother said after your initial visits, 'They must be Christians. They are so kind and caring.' What a wonderful tribute for your Christ-like devotion and compassionate sacrificial care of the very sick and dying!”

Family of Loi Poh Kiew



About Mr Leo Ah Koon...

A single man in his 70s, Mr Leo Ah Koon used to work at a shipyard, before taking on jobs at hawker centres and coffee shops. Home was a sparsely-furnished rental flat which he shared with a younger brother until the latter moved away, leaving Mr Leo mostly on his own.

In May 2015, a check-up with a doctor after he experienced discomfort and excessive sweating, led to a diagnosis of lung cancer. A stent was immediately inserted to drain the fluids in his lungs. By then, Mr Leo was weak and could no longer work.

When Mr Leo was referred to Assisi Hospice Home Care in November 2015, he was in great discomfort and pain. Tiring easily, he had to give up his independence and was confined to his flat. Our doctors and nurses immediately set about relieving his pain symptoms, while the Medical Social Worker sourced for fans and a portable air-conditioning unit to ease the intense body heat and perspiring he experienced.

Due to his condition, he was constantly breathless and each episode would traumatise him greatly, as he was always alone and had no caregiver. Knowing how worried Mr Leo was, the Assisi Hospice team quickly established a safety plan and emergency call list to ensure his safety at home, giving him reassurance in the knowledge that help would always be available. More importantly, they explored creative ways to help Mr Leo manage his breathlessness and regain his independence, so he could restart his walks around the estate.

When Mr Leo's condition began to deteriorate, he was admitted to Assisi Hospice Day Care and Inpatient Care, and we took on the role of caring for him, so that he would not be on his own.

Mr Leo passed away peacefully in Assisi Hospice in July 2016.



Home Care

The Home Care team works to ensure that patients, their families and caregivers receive all the support that they need to enable patients to be cared for in their homes. For many, providing care at this stage is challenging as patients may experience symptoms requiring close medical monitoring and titration, in addition to regular nursing reviews. Immediate support is rendered round the clock by an On-Call Team. Physiotherapy, occupational therapy, speech therapy and music therapy are also employed as part of our services. In addition, pastoral care services and volunteer services are available to provide additional support throughout.

“Thank you for being so sensitive to her needs... talking to her in case she was lonely, encouraging her even when she was down and tired and in her final hours, ensuring that she was not left alone.”

Family of the late Choo Choo Neo





About Mr Louis Lim...

Mr Louis Lim aged 84 years old, used to work as a social worker and was a go-to-man when his neighbours had trouble. Also, he was a loving husband, caring father to 11 children and an awesome grandfather to 17 grandchildren.

He was diagnosed with advanced liver cancer in January 2016 and because he had a poor prognosis and knew that treatment was not going to help him, he declined hospital admission and chose to pass on at home in his familiar space and surrounded by his loved ones. Staying in a hospital, he felt would increase his discomfort as there would be constant questioning, probing and investigative procedures.

Mr Lim was initially averse to the idea of palliative care. His perception was that palliative care means admission to a hospice and waiting to die. His daughter, Priscilla Lim, a physiotherapist and familiar with palliative care, knew that in order to fulfill her dad's wish to pass on at home, palliative care was important to manage his symptoms, deteriorating cognitive and physical functions.

Assisi Hospice Home Care team started to care for Mr Lim in June 2016. The family appreciated that there was a team that they can call on anytime when they became unsure of how to deal with changes in their dad's condition. The team was contactable on the phone and their regular visits helped the family manage their dad's illness symptoms and deterioration. Mr Lim was relatively independent and received many visitors on weekends, having a good quality of life the way he wanted.

The family was deeply appreciative that there was a team member (nurse or doctor) who was contactable at any time in the day or night when there was any uncertainty on how to manage changes in Mr Lim's condition. This gave the family much peace of mind.

"We are very thankful that Assisi Hospice was there for us. They enabled us to provide for my dad with the best care and quality of life at home right till the end of his days. He had a very peaceful and painless passing at home, on his own bed, something that he had always wished for."

Mr Louis Lim passed away peacefully in January 2017.

Day Care

The Day Care centre is a core service in Assisi Hospice, helping relatively able patients to keep active and socially engaged. This year, the Day Care team focused on promoting empowerment, decision making and bonding. With a patient survey to understand preferences, patients were grouped based on their areas of interests, so we could better serve their needs.

"I would like to thank the doctors and staff at level 3 for taking care of my husband, the late Mr Goh Kok Seng. Your care and concern during these two days at the hospice made all the difference. You made him comfortable and he passed away peacefully on 1 July 2016. My heartfelt thanks to Nurse Tan who was always there when I needed her. Your words of comfort and reassurance richly warmed my heart during the last two hours of my husband's life."

Gladys Tan





Activities which focused on the cognitive, physical and creative domains were introduced. This move got the thumbs up as it provided more alternatives for patients to fulfil their interests and learn new things.

Patients' talents were also put into good use when they assisted with the making of corporate gifts and decorations for festive seasons, as well given responsibilities to look out for fellow patients. These purposeful activities developed a sense of pride, usefulness and achievement among patients and allow them to contribute back to Assisi Hospice.

The year also saw the introduction of Open Group Art Therapy. The sessions encouraged self-expression via guided activities. Many meaningful experiences were shared and patients felt

supported by one another. The programme also offered our art therapists the opportunity to identify patients who had needs at a deeper emotional level, and led to supporting some patients with individual art therapy sessions.

The Day Care centre continued to be the avenue for many corporate social responsibility activities as many corporations came forward to do their part for patients, and organised performances and activities for them. Some of these corporations have been regular supporters of our Day Care centre, such as City Development Limited, Tractors Singapore Limited, and IHIS. Their support and commitment also made hospice wide events possible, enabling patients of different settings to come together to celebrate major festivities during the year.

About Mdm Toh Ah Teng...

Mdm Toh Ah Teng, single retired factory worker aged 77, had lived alone since 2003 after her only friend and flatmate passed away. A year earlier, she had a rare gastrointestinal cancer and underwent surgery, living with a colostomy bag which gave her frequent infections. Fearing that her condition may subject a new flatmate to bad odours and dirty living conditions, she decided to live alone.

A relapse in 2012 led her to lose control of her bladder. She declined treatment because of her age and started attending Assisi Hospice Day Care in June 2015. As she had no income, Day Care fees were waived. Sensing that she felt

embarrassed by the colostomy bag that she had to carry everywhere, our staff sewed a cloth bag which she used to keep the bag hidden from view.

Mdm Toh also faced possible flat eviction as she was not eligible to continue renting. Our social worker made a successful appeal to HDB for her to continue living there.

A routine hospital examination showed that Mdm Toh's condition was deteriorating. Her symptoms became unmanageable in a home setting and she was admitted into Assisi Hospice. The clinical team cared for her around the clock. She had visits from her brother and nieces and was comfortable when she passed on in February 2017.



Psychosocial Support Services

“Words can hardly express our heartfelt gratitude and appreciation for the genuine warmth and compassion that you have bestowed to our mother Mdm Soo Ah Moi. You were there for us and with us, more so like a friend and family. Caring for mum and attending to our needs as well. It is your unreserved care and compassion that helped everyone of us spending fruitful time together. You went beyond the call of duty, and even pulled our family together. Truly, you are our angel shining bright. An unending source of compassion and support, your care and concern continued even after mum's passing. You are truly a beacon of hope. Continue shining bright so others may see and seek comfort in the care you give.”

Denis and Pat Ong



About Mr Kwok Fook Chuen...

Our first impression of Mr Kwok Fook Chuen, aged 59 years, was that he seemed cheerful and candid despite being unemployed, having an amputated leg and difficulties coping with diabetes and multiple conditions. Mr Kwok was attended to by our homecare team fortnightly from November 2015. He tried to be independent with his daily activities and symptoms, and did household chores for a while.

However, Mr Kwok's low moments came when he became physically weaker. He was anxious about his condition as he felt increasing pain and could not perform activities of daily living on his own. When Mr Kwok was offered admission into our inpatient care, he was hesitant because of financial concerns and did not want to burden his family. He felt increasingly lonely and helpless. This is something that some patients feel when they become aware that they are in their final days and know of no one in a similar plight whom they can talk to.

Our social workers journeyed with Mr Kwok to manage his emotions and helped him create meaning out of the events in his life. They are more than a listening ear, guiding and offering affirmation to patients' decisions on their care plan, relationships, personal issues and thoughts about death. He started planning for his death and wrote on social media platforms to his friends to bid them farewell.

When self-care became challenging, he relented and was admitted into Assisi Hospice. Our social workers facilitated a seamless transfer of care

from home care to inpatient care, ensuring that he felt well supported.

Help is also rendered by our social workers to secure for our needy patients a host of financial and welfare support available. Short term assistance for daily living expenses and care relief for family members can be made available to help families tide over difficulties.

Mr Kwok passed away in January 2016.



Clinical Pastoral Care

Clinical Pastoral Care (CPC) practitioners aim to restore persons who suffer loss and grief because of illness; assisting them to recognise themselves within and look beyond the present situation, recalling who they are as a person, apart from their illness, pain or grief.

Pastoral Care is relational and involves listening to the person's life story, being attentive to another person's pain, walking alongside them, honouring their spirit and affirming them with love.

We encounter patients who have difficulty communicating with their family for various reasons and we look for avenues to bridge the gap between patient and family. One such patient was the late Mr Phua Swee Eng who was admitted to the hospice on 7 December 2016. He was a professional photographer and had a son, Tzi Wei, 13 years old, who shared the same interest as him. As both father and son seemed to have difficulty communicating with each other, a CPC staff started a photography project with Tzi Wei, allowing him to take photos around the hospice compound, and printed the photos. When his father was asleep one day, Tzi Wei quietly and proudly pasted the photos he took on the wall to surprise his father. The exercise helped Tzi Wei articulate his thoughts and emotions to his father. Mr Phua was very happy and they spent some time sharing ideas on photography. Mr Phua's sister, Mdm Phua Siew Eng was comforted to see the close relationship between father and son and sent a "Thank You" card after her brother passed on peacefully on 25th December 2016.



Besides caring for the patients and their families, CPC also provides pastoral care support to staff with activities. We support nurses and staff to find closure and peace of mind in 'Five Moments of Care', by leading in a simple prayer in a room where we let in fresh air, sunshine and blessings, ending with a brief time for staff to share memories and anecdotes of their deceased patients and their families; staff sometimes also add in their own prayers in accordance to their own religious practices.

Prayer and Blessing

CPC staff visited various wards and departments to pray for God's blessing and wisdom to continue to give their best to others, good health and strength to undertake whatever that comes their way, peace and harmony as they serve in their various areas of expertise. Prayers were tailored specially for the respective wards and departments.



Self-Care

We engaged staff in self-care sessions during which they were given time to be themselves, shared with each other how their time at work has been for them, what death meant to them and how they coped with the deaths of those they cared for. There were silent moments of self-reflection, meditation, followed by activities for self expression. These activities enabled them to take their mind off work stresses and put their worries on hold for a moment, and were appreciated by staff. Held on a quarterly basis, the sessions were opportunities for staff to get to know their colleagues from other wards better and they bonded over soft music, light snacks and drinks.

The Clinical Pastoral Care Team also held weekly sessions for staff to share their stories and experiences with the patients whom they cared for. It is also a time of professional sharing of how Assisi Hospice's Vision, Mission and Values were lived out and delivered through caring for patients and their family. Staff appreciate the space to share from their heart and what was on their mind without worrying about how they would be perceived by fellow colleagues.

Staff Development & Highlights

At Assisi Hospice, we are committed to developing our staff and building a culture of continuous learning and knowledge and skills upgrading, to enhance our capabilities to deliver excellent palliative care. Our staff are the most important and valuable part of Assisi, as patients, families and the community rely on them during times of deep need.

This year, we sponsored another five staff to embark on the Specialist Diploma in Palliative Care offered by Ngee Ann Polytechnic, culminating to a total of 19 employees we have been sponsoring since 2013. We will continue to support staff who are keen to upgrade their skills and enhance their knowledge in Palliative Care.

We further enhanced the clinical team's expertise in palliative care when we collaborated with the National Cancer Centre and tertiary healthcare institutions to provide our staff with direct experience through work attachments.

Likewise in sharing our expertise with others, we provided many work placement opportunities for social work students, nursing and medical students during the year. Home Care staff had the privilege of welcoming these students, providing them with first-hand experience in rendering specialist palliative care and mentorship support in Home Care setting to help them develop the necessary clinical, psychosocial and practical skills required for their future. We had 246 students from different levels of academic studies attached to Assisi Hospice in 2016 (157 medical and 88 nursing students, and 1 allied health student).



The delegation to St. Christopher's Hospice, St. Joseph's Hospice and Helen & Douglas House in London, UK

Tan Beng Le, Advanced Practice Nurse (APN) spent 2 weeks at Northern Ireland Hospice (NIH) in July 2016 to facilitate the development of her role as an APN in managing advanced dementia and paediatric patients in a palliative care setting. The hospice is a well-established hospice and is the only children's hospice within Northern Ireland offering palliative care to life-limited children. Beng Le's attachment was funded by the Singapore Ireland Fund.

In 2016, staff attended the following training and development programmes:

- 7th International Ageing Asia Innovation Forum attended by SNC Lai Mee Horng and Dr Lee Chee Eng from 26-28 April.
- PSS Pharmaceutical Course attended by SN Claire Ann Rayco Ricafort and SSN Saw Nandar Nwe from 16 August - 13 September.
- 21st International Congress on Palliative Care Canada from 17-21 October attended by Speech Therapist Angela Sho, SSN Saw Nandar Nwe, Dr Vibha Prasad, Art Therapist Grace Ong and CEO Choo Shiu Ling

A brand new induction and skills competency training programme was rolled out for new home care nurses. This was to enable new nurses to assimilate into home care services more effectively and provide them with knowledge and skills on palliative care so that they could manage symptoms and communicate better with patients.

Accolades

Healthcare Humanity Awards 2016

Our staff continued to keep the Assisi Hospice flag flying high by demonstrating service finesse. This year, caregiver Suvin Choo Wee Sin received the Healthcare Humanity Award, which was given to outstanding healthcare workers who were inspirational role models, going the extra mile to offer care and comfort to the sick and infirmed. The Caregiver category was introduced to the Healthcare Humanity Award in recognition of the growing span of the healthcare sector as more care is rendered from healthcare institutions to home environment.

Lai Mee Horng, Senior Nurse Clinician from our Home Care Team received the Nurses' Merit Award from Ministry of Health in 2016. This award recognises deserving nurses who have demonstrated consistent and outstanding performance for the past 3 years, participated in professional development and made contributions to promote the nursing profession.



Ms Suvin Choo



Senior Nurse Clinician
Lai Mee Horng



Study trip to Seasons Hospice & Palliative Care (Chicago)

Overseas Attachment

A multidisciplinary team led by Ms Choo Shiu Ling, Chief Executive Officer and Dr Patricia Neo, Clinical Director made a 3-day visit to St. Christopher's Hospice, St. Joseph's Hospice and Helen & Douglas House in London, UK to learn about their clinical programmes, beneficial therapies, quality framework, and training and education. The 3 hospices were specially chosen for their reputation as world leaders in palliative care and providers of a range of services from which the Assisi Hospice team could adopt, especially in the areas of dementia palliative care, paediatric palliative care and palliative care education.

The study trip allowed the Assisi Hospice team to explore and understand the various care delivery models and new services in these 3 hospices, and provided the team with inspiration to explore new ideas and better use of space in the new hospice.

A multi-disciplinary team consisting of Dr Lee Chee Eng, Associate Consultant, Ms Grace Sim, Senior Manager Daycare Centre, Dora Lau, Medical Social Worker and Rosmah Binte A. Hamid, Senior Staff Nurse spent 5 days at the Seasons Hospice & Palliative Care in Chicago, USA, a well-established community-based organisation with an ongoing mission to find creative solutions that add quality to end-of-life care. They also learned about Namaste Care, a dementia programme that originated from Seasons Hospice.

Community Engagement – Volunteering

Volunteers are a part of the Assisi Team and greatly appreciated for the valuable work they do. Borne out of a genuine desire to give comfort, peace, and care to patients and families in an end-of-life journey, our volunteers have been relentless in supporting our staff and even caregivers in many different settings, supporting us in delivering care to patients.



This year, our volunteers gave more than 13,000 hours of their time to help Assisi Hospice. They continued to play an active role in the lives of patients and families with duties like assisting patients with activities of daily living, facilitating participation in activities and programmes, offering companionship and encouragement; and for nurses and caregivers, volunteers provided a helping hand in simple daily chores. These volunteers also helped to raise funds for the hospice.

Assisi Hospice also provided an additional avenue for volunteers to fulfil their desire in helping patients in a deeper and more relational way. Among the pool of new volunteers this year, about 12 of them had chosen to volunteer for No-One-Dies-Alone (NODA) Programme that aims to provide comfort and assurance to patients who are alone. The volunteers were trained in skills to befriend NODA patients and to manage personal emotions after the passing on of a patient. These volunteers, together with their seasoned counterparts, journeyed with 13 patients during the year.

The NODA programme, which is close to our hearts in Assisi Hospice, demonstrates the true essence of our commitment to care for patients in the way they need it most. We were bestowed the Patient Engagement Initiative Award at the Singapore Patient Action Awards (SPAA) this year.

We continued to train our volunteers by conducting volunteer refresher courses to equip them with the latest updates and relevant patient care measures. As a vital part of volunteering at Assisi Hospice involves extensive contact with patients, volunteers also acquired knowledge on infection control, patient safety and emergency preparedness.

Our volunteers also led patients on off-site activities like bringing patients for visits to places of interest, medical appointments and house cleaning.



About Jenny...

Patients from our NODA programme are those who either have no family, very few family members; be estranged from their family; or have family very far away. As a single woman with only a few nephews and nieces that she was in touch with, Jenny fitted this profile.

She was only in her early fifties, was bright, articulate and highly independent. She was extremely thoughtful and never wanted people to fuss over her. Our NODA volunteers would spend time with Jenny during their regular weekly volunteering shifts, but most of them started to drop in on her often, just to be with her.

From the onset, Jenny taught us all a great deal. We learnt the difference between imposing what we thought was best and allowing her to navigate her journey herself with our support and encouragement. We learnt how sweet it can be to just sit in silent communion with another person; as Jenny's illness progressed and she became less interested in 'doing' things.

Jenny spoke openly of her anger and frustration. She accepted that she did not have long to live but she could not accept that she had to wait so long to die. This was another lesson for us. It was hard for us as there was no easy way to make this better for her. She wondered what the point of her life was and that there were so many things she hadn't done.

In September 2016, Jenny suddenly got a lot weaker and within a day, her condition deteriorated rapidly. It was a Saturday, and her nephew, after spending the day with her, as he usually did, had gone to run some errands. Suddenly, Jenny's breathing changed and it was clear to the nursing staff that she would not live much longer. They called me and we swiftly activated our first NODA vigil shift scheduled through an online group chat.

Jenny's room was set up with music, soft lights and items from the NODA tool bag. She was not

conscious but we were confident that she knew someone was with her. She was spoken to and the NODA volunteer took some time to ground and centre herself, and create an atmosphere of awareness and presence, and then focused on being with Jenny, with no distractions.

Jenny passed on 90 minutes later, very gently and softly while the NODA volunteer quietly sat next to her. True to herself, she didn't want to be a fuss. She was promised that she would not be alone when she died, and we kept our word.

After Jenny died, her nephew revealed that her life had been quite hard and often lonely but that she had shared with him that she was amazed that in her last months of life, when things were really trying, there was so much love and care in her life.

Jenny's willingness to let us into her life and to accompany her has been a great gift and privilege for all the volunteers. Tears flowed today as our NODA volunteers remembered her, shared stories, wished her well and lamented a life cut short, but what lives on much more powerfully is all she had taught us- about bravery, honesty and grace- lessons that we will carry with us as we serve the next patient, and the next.

- Jacqueline Fisher, NODA Champion



Community Engagement – Fundraising

In our journey of more than 45 years, we have been blessed with support from many friends and benefactors whose generosity has sustained our work throughout the years. We continued to receive the same support in 2016, in anticipation of our move to a new hospice building.

As a charity, Assisi Hospice depends heavily on public donations to defray the cost of running our hospice to deliver good quality palliative care for our patients.

In 2016, we received a total of \$6.7m in support of our operating cost to deliver palliative care to our patients. The avenues of donations included:

	Amount Raised (\$)	Total (\$)
General donations	2,594,480	
Fundraising activities by Assisi Hospice	3,353,686	
Fundraising activities by supporters	770,288	
Sub-total		6,718,454
Donations towards New Hospice		7,152,000
Total		13,870,454

We organise three main events during the year to raise funds. These are part of our fundraising activities and are the pillars of our fund raising efforts; over the years, our supporters know these to be Assisi Hospice’s signature events. In organising these events, we have managed to keep the cost to income ratio for our 3 signature events to about 7%.

	Amount Raised (\$)	Expenses (\$)	Cost/Income Ratio (%)
Charity Fun Day - 19 June 2016	1,183,009	104,767	8.9
Charity Dinner - 23 October 2016	1,184,858	64,084	5.4
Christmas Light Up - 2 December 2016	436,257	26,587	6.1
Total	2,804,124	195,438	7.0%

With the support from generous individuals and corporations, Assisi Hospice was thus able to serve more than 1,000 patients in 2016.

Charity Fun Day – Sunday, 19 June 2016

Assisi Hospice had our annual community event at St Joseph’s Institution International and raised over S\$1 million. Held at St Joseph’s Institution, the annual community event saw an attendance of about 10,000 people who bought the fun fair tickets to redeem for food, drinks, games, merchandise and entertainment offered by more than 100 stalls run by volunteers.

Mr Tan Chuan Jin, Minister for Social and Family Development and Member of Parliament for Marine Parade GRC was the Guest-Of-Honour. It was an awesome gathering for the Assisi community of supporters who came and worked hand in hand together for a compassionate cause, and had a wonderful time bonding with their families and friends. Our performances continued to be contributed by the community in-kind. One of such performances was a Getai performance by Wang Lei.

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

1. City Developments Ltd and CBM Pte Ltd, our co-organisers, for their help in planning the event, managing their stalls and garnering their business partners and hotels to support the event
2. SJI International School, our venue sponsor and host, for opening their large and beautiful campus for our cause; and their staff for the support.
3. Sembcorp Industries Ltd, who provided the logistics support over three days, helping with the move-in, set up and removal of stalls.
4. Tung Lok Group and their corporate partners, who had both food and games stalls and contributed different types of delicious food to help raise funds.





Charity Dinner – Sunday, 23 October 2016

Our annual charity dinner was held at Pan Pacific Hotel with Dr Amy Khor (Senior Minister of State, Ministry of Health) gracing the event as our guest of honour.

Amen, a trio of a young cellist and two violinists who had been giving performances at famous concert halls around the world, touched the audience with their rendition of 'Blessings'. Mr Rosihan Dahim demonstrated a live painting of the hospice façade; the painting was auctioned off at the dinner. The generous donor who bought the painting donated it back to Assisi Hospice for display at the new premise.

We are grateful to our sponsors, many of whom are long-time supporters of our cause:

1. The Pan Pacific Singapore, which sponsored its venue;
2. Vinum Fine Wines, which sponsored auction items;
3. Asian Palette, which sponsored auction items and creative services for event collaterals;
4. JP Asia Capital Partners, which sponsored auction items;
5. Mr Teh Chanker (My Art Space), who sponsored auction items.



Christmas Light Up – Friday, 2 December 2016

The event was the last to be held at Assisi Hospice, before our move to a new hospice building. Over 300 patients, family members, volunteers and friends were present at the event. The evening performance included an Irish dance performance, Christmas Caroling by Assisi Hospice and Mount Alvernia Hospital staff, and of course, the lighting up of the Christmas Tree. We also had appearances of famed Pokemon characters like Pikachu and Charmander which got the children and adults very excited and busy posing for pictures with them.

The highlight was when our Guest of Honour, Mr Alex Yam (Member of Parliament, Marsiling-Yew Tee GRC) tossed the Christmas Ball at the audience to the tune of "Winter Wonderland". He also sang a solo "All Come All Ye Faithful" for the audience.

We thank Sembcorp Industries, which has been with us to organise and sponsor this event for nine years. They even prepared gifts for our patients and their families. Sembcorp Industries has been a great partner in continuing to build on the event year on year with conscientious efforts to enhance the quality of the event.

In 2016, we had many other partnerships with supporters who gave their time, effort and resources. We are deeply grateful for:

1. SATS
2. Tractors Singapore Limited
3. Chef Tony Khoo
4. Temasek Junior College
5. The British Association of Singapore
6. Deutsche Bank
7. Ms Joanna Wong



Setting the stage and moving forward...

In the last quarter of 2016, the construction of the new hospice building was completed. With the completion on schedule, we were on track to commence service at the new building in January 2017. This completion marked the fruition of our dream and a big leap in the palliative care sector in Singapore.

Much work was done in planning for the anticipated increase in patient load at the new hospice, where the scope of vital support services would expand. These, which were previously provided to Assisi Hospice through Mount Alvernia Hospital, include food and beverage, housekeeping, facilities maintenance and management, security, building sanitation and landscaping amongst others. The operations team forged new vendor partnerships to meet the demand for a broader range of services to sustain a much larger facility and increased scope of patient services. New technology was also acquired to serve a larger group of patients effectively.



Inpatient Room



Day Care Centre



Inpatient Ward

Moving to a six-storey building with more inpatient beds, security surveillance is necessary to ensure that our patients and caregivers are safe. Workflows were reformed, such as patient flow from admission to discharge which, required careful planning to provide comfort and dignity.

Having a new building provided the opportunity to set up a new network infrastructure. The network, which is built on smart technology, will eventually support better delivery of patient care, service experience, and better administrative management across the various corporate functions. Anticipating that the hospice will serve a larger volume of patients and more management needs, the network coverage for both network points and wireless access points were enhanced to improve infrastructural support for new clinical and administration applications and equipment.

Being a larger facility with many access points, a new security system was being set up to improve safety for patients, the property and data networks. Ensuring personal safety of patients will be more significant in the new hospice with the opening of a specialised ward for dementia patients. To keep these patients within a safe environment, the ward will have security features.

With the move to a larger facility, we anticipated the increased need in balancing day-to-day operations as well as increased capabilities in managing the enlarged systems and infrastructure. We continued to harness support from our vendors, and much valued and appreciated IT resources and expertise from Mount Alvernia Hospital.

The move presented a great opportunity for the communications team to curate an enhanced brand image for Assisi Hospice for what it truly represents. Over the years since its humble beginnings, the brand personality of the hospice had evolved. We

updated and added to our identity, to articulate the specialist nature of our services and their relevance to patients based on best practices, while keeping true to our mission identity of compassionate and personalised palliative care. The Corporate Identity Manual was revamped and incorporated guidelines for a refreshed and consistent brand identity for print and digital platforms. A brand icon was developed to illustrate the multiple elements encompassing our care model which could be applied across many branding opportunities. It was also applied with our added corporate colours on our corporate stationery. We revamped the corporate website to make the content more relevant and engaging, in addition to introducing a fresh new appeal with a vibrant colour scheme.





Financial Statements

Year ended 31 December 2016

Directors' Statement Year ended 31 December 2016

In our opinion:

- (a) the financial statements set out on pages FS1 to FS22 are drawn up in accordance with the provisions of the Singapore Companies Act, Chapter 50, the Singapore Charities Act, Chapter 37 and Singapore Charities Accounting Standards, so as to give a true and fair view of the balance sheet of the Company as at 31 December 2016 and the financial performance and cash flows of the Company for the year ended on that date; 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:

Fam Siu Ping Anita	A/Prof Cynthia Goh
Lee Seng Meng Paul	Ho Mimi Sze
Koh Keng Swee Gerard	D'Silva Edward Alec
Teo Liang Huat Thomas	Linus Tham Wai Chung (appointed on 1 September 2016)
Seah Ting Han Jeffrey	Anthony Mallek (appointed on 1 January 2017)
Dr Chong Yoke Sin	

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

Directors' interests

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



Fam Siu Ping Anita
Director

1 June 2017



Lee Seng Meng Paul
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 2016, the statement of financial activities and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information, as set out on pages FS1 to FS22.

In our opinion, the accompanying financial statements are properly drawn up in accordance with the provisions of the Companies Act, Chapter 50 (‘the Act’) and the Singapore Charities Act, Chapter 37 (the Charities Act) and Singapore Charities Accounting Standards so as to give a true and fair view of the balance sheet of the Company as at 31 December 2016 and of the financial performance 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. The other information obtained at the date of this auditors’ report is the Directors’ statement.

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 on the other information obtained prior to the date of this auditors’ report, 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.

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 Companies Act, Chapter 50 (‘the Act’) and the Singapore Charities Act, Chapter 37 (the Charities Act) and Singapore Charities Accounting Standards, and for devising and maintaining a system of internal accounting controls sufficient to provide a reasonable assurance that assets are safeguarded against loss from unauthorised use or disposition; and transactions are properly authorised and that they are recorded as necessary to permit the preparation of true and fair 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.

- 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 by the Act to be kept by the Company have been properly kept in accordance with the provisions of the Act.

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

- (a) the use of the donation moneys was not in accordance with the objectives of the Company as required under Regulation 16 of the Charities (Institutions of a Public Character) Regulations; and
- (b) the Company has not complied with the requirements of Regulation 15 (fund-raising expenses) of the Charities (Institutions of a Public Character) Regulations.

KPMG up

KPMG LLP
Public Accountants and
Chartered Accountants

Singapore
1 June 2017

Balance Sheet As at 31 December 2016

	Note	2016 \$	2015 \$
Non-current assets	4	54,985,774	20,000,518
Property, plant and equipment	5	7,949,261	6,888,357
Investments		62,935,035	26,888,875
Current assets	5	1,655,797	3,264,920
Investments	6	13,424,616	11,436,144
Trade and other receivables	7	50,992,491	44,016,780
Cash and cash equivalents		66,072,904	58,717,844
Total assets		129,007,939	85,606,719
Funds			
Restricted funds			
Community Silver Trust Fund	8	13,792,821	12,019,643
Medical Equipment Fund	9	94,357	112,696
Paediatric Palliative Care Programme	10	633,587	633,587
Patient Assistance Fund	11	41,130	65,324
Project Next Door Fund	12	55,016,029	29,093,478
Renovation Fund	13	10,725	10,725
Respectance Fund	14	175,916	188,933
Singapore Ireland Fund	15	61,090	79,124
Gym Tonic Fund	16	194,000	-
Unrestricted funds			
Accumulated Fund		49,251,249	36,566,601
Staff Welfare Fund	17	581,454	418,866
Salaries Adjustment Fund	18	2,664,444	2,341,734
Total funds		122,516,802	81,530,711
Current liabilities			
Trade and other payables	19	6,491,137	4,076,008
Deferred income	20	-	-
Total liabilities		6,491,137	4,076,008
Total funds and liabilities		129,007,939	85,606,719

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

Statement of Financial Activities

Year ended 31 December 2016

←----- Unrestricted Funds ----->←----- Restricted Funds ----->																		
Year ended 31/12/2016	Note	Accumulated Fund	Staff Welfare Fund	Salaries Adjustment Fund	Total Unrestricted Funds	Community Silver Trust Fund	Development Fund	Medical Equipment Fund	Paediatric Palliative Care Programme	Patient Assistance Fund	Project Next Door Fund	Renovation Fund	Respectance Fund	Ambulatory Treatment Unit	Singapore Ireland Fund	Gym Tonic Fund \$	Total Restricted Funds	Total Funds
		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
As at 1/1/2016		36,566,601	418,866	2,341,734	39,327,201	12,019,643	-	112,696	633,587	65,324	29,093,478	10,725	188,933	-	79,124	-	42,203,510	81,530,711
Income																		
Income from generated fund																		
Voluntary income																		
- Donation from general public	21	2,284,210	6,764	-	2,290,974	-	-	-	-	-	4,002,000	-	-	-	-	-	4,002,000	6,292,974
- Donation from Mount Alvernia Hospital		588,000	-	-	588,000	-	-	-	-	-	-	-	-	-	-	-	-	588,000
- Grant/Sponsorship received/receivable		140,988	181,653	1,713,607	2,036,248	9,429,551	-	-	-	-	25,312,275	-	-	-	-	194,000	34,935,826	36,972,074
		3,013,198	188,417	1,713,607	4,915,222	9,429,551					29,314,275					194,000	38,937,826	43,853,048
Income from fundraising activities		7,530,400	-	-	7,530,400	-	-	-	-	-	-	-	-	-	-	-	-	7,530,400
Income from generated fund		10,543,598	188,417	1,713,607	12,445,622	9,429,551	-	-	-	-	29,314,275	-	-	-	-	194,000	38,937,826	51,383,448
Income from charitable activities																		
- Government grants		3,543,008	-	-	3,543,008	-	-	-	-	-	-	-	-	-	-	-	-	3,543,008
- Patient fees		583,900	-	-	583,900	-	-	-	-	-	-	-	-	-	-	-	-	583,900
Income from charitable activities		4,126,908	-	-	4,126,908	-	-	-	-	-	-	-	-	-	-	-	-	4,126,908
Other income																		
- Investment income	22	532,845	-	-	532,845	-	-	-	-	-	124	-	-	-	-	-	124	532,969
Total income		15,203,351	188,417	1,713,607	17,105,375	9,429,551	-	-	-	-	29,314,399	-	-	-	-	194,000	38,937,950	56,043,325

Statement of Financial Activities (cont'd) Year ended 31 December 2016

←----- Unrestricted Funds ----->←----- Restricted Funds ----->																		
Year ended 31/12/2016	Note	Accumulated Fund \$	Staff Welfare Fund \$	Salaries Adjustment Fund \$	Total Unrestricted Funds \$	Community Silver Trust Fund \$	Development Fund \$	Medical Equipment Fund \$	Paediatric Palliative Care Programme \$	Patient Assistance Fund \$	Project Next Door Fund \$	Renovation Fund \$	Respectance Fund \$	Ambulatory Treatment Unit \$	Singapore Ireland Fund \$	Gym Tonic Fund \$	Total Restricted Funds \$	Total Funds \$
Expenditure																		
Cost of generating funds																		
- Fundraising expenses		333,576	-	-	333,576	-	-	-	-	-	-	-	-	-	-	-	-	333,576
Charitable activities																		
- Salaries and related costs		-	-	1,118,123	1,118,123	6,614,638	-	-	-	-	198,687	-	-	-	-	-	6,813,325	7,931,448
- Contributions to defined contribution plan		381,865	-	109,870	491,735	260,332	-	-	-	-	25,827	-	-	-	-	-	286,159	777,894
- Programme expenses		3,747,484	25,829	162,904	3,936,217	738,060	-	18,339	-	24,194	1,117,280	-	13,017	-	18,034	-	1,928,924	5,865,141
Expenditure on charitable activities	23	4,129,349	25,829	1,390,897	5,546,075	7,613,030	-	18,339	-	24,194	1,341,794	-	13,017	-	18,034	-	9,028,408	14,574,483
Governance costs																		
- Professional fees	24	66,311	-	-	66,311	-	-	-	-	-	-	-	-	-	-	-	-	66,311
- Insurance		40,353	-	-	40,353	-	-	-	-	-	-	-	-	-	-	-	-	40,353
- Others		5,899	-	-	5,899	-	-	-	-	-	54	-	-	-	-	-	54	5,953
Total governance costs		112,563	-	-	112,563	-	-	-	-	-	54	-	-	-	-	-	54	112,617
Other costs																		
- Investment management cost		36,558	-	-	36,558	-	-	-	-	-	-	-	-	-	-	-	-	36,558
Total expenditure		4,612,046	25,829	1,390,897	6,028,772	7,613,030	-	18,339	-	24,194	1,341,848	-	13,017	-	18,034	-	9,028,462	15,057,234
Net income/(expenditure) before tax expense		10,591,305	162,588	322,710	11,076,603	1,816,521	-	(18,339)	-	(24,194)	27,972,551	-	(13,017)	-	(18,034)	194,000	29,909,488	40,986,091
Income tax expense	26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net income/(expenditure) for the year	25	10,591,305	162,588	322,710	11,076,603	1,816,521	-	(18,339)	-	(24,194)	27,972,551	-	(13,017)	-	(18,034)	194,000	29,909,488	40,986,091
Transfers																		
- Gross Transfer between funds	12	2,093,343			2,093,343	(43,343)	-	-	-	-	(2,050,000)	-	-	-	-	-	(2,093,343)	-
		2,093,343			2,093,343	(43,343)	-	-	-	-	(2,050,000)	-	-	-	-	-	(2,093,343)	-
Net Movement in funds		12,684,648	162,588	322,710	13,169,946	1,773,178	-	(18,339)	-	(24,194)	25,922,551	-	(13,017)	-	(18,034)	194,000	27,816,145	40,986,091
As at 31/12/2016		49,251,249	581,454	2,664,444	52,497,147	13,792,821	-	94,357	633,587	41,130	55,016,029	10,725	175,916	-	61,090	194,000	70,019,655	122,516,802

Statement of Financial Activities (cont'd) Year ended 31 December 2016

←----- Unrestricted Funds ----->←----- Restricted Funds ----->																		
Year ended 31/12/2015	Note	Accumulated Fund	Staff Welfare Fund	Salaries Adjustment Fund	Total Unrestricted Funds	Community Silver Trust Fund	Development Fund	Medical Equipment Fund		Paediatric Palliative Care Programme	Patient Assistance Fund	Project Next Door Fund	Renovation Fund	Respectance Fund	Ambulatory Treatment Unit	Singapore Ireland Fund	Total Restricted Funds	Total Funds
		\$	\$	\$	\$	\$	\$	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
As at 1/1/2015		31,615,309	323,454	863,764	32,802,527	6,801,120	225,548	106,342		633,587	65,397	10,948,337	10,725	193,746	409,899	-	19,394,701	52,197,228
Income																		
Income from generated fund																		
Voluntary income																		
- Donation from general public	21	2,821,893	84,941	-	2,906,834	-	-	24,693		-	-	3,741,000	-	-	-	-	3,765,693	6,672,527
- Donation from Mount Alvernia Hospital		588,000	-	-	588,000	-	-	-		-	-	-	-	-	-	-	-	588,000
- Grant/Sponsorship received/receivable		210,481	82,902	1,542,746	1,836,129	9,740,763	-	-		-	-	15,678,723	-	-	446,104	100,000	25,965,590	27,801,719
		3,620,374	167,843	1,542,746	5,330,963	9,740,763	-	24,693		-	-	19,419,723	-	-	446,104	100,000	29,731,283	35,062,246
Income from fundraising activities		4,521,417	-	-	4,521,417	-	-	-		-	-	-	-	-	-	-	-	4,521,417
Exchange gain		-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-
Income from generated fund		8,141,791	167,843	1,542,746	9,852,380	9,740,763	-	24,693		-	-	19,419,723	-	-	446,104	100,000	29,731,283	39,583,663
Income from charitable activities																		
- Government grants		1,712,754	-	-	1,712,754	-	-	-		-	-	-	-	-	-	-	-	1,712,754
- Patient fees		675,491	-	-	675,491	-	-	-		-	-	-	-	-	-	-	-	675,491
Income from charitable activities		2,388,245	-	-	2,388,245	-	-	-		-	-	-	-	-	-	-	-	2,388,245
Other income																		
- Investment income	22	429,941	-	-	429,941	-	-	-		-	-	124	-	-	-	-	124	430,065
Total income		10,959,977	167,843	1,542,746	12,670,566	9,740,763	-	24,693		-	-	19,419,847	-	-	446,104	100,000	29,731,407	42,401,973

Statement of Financial Activities (cont'd) Year ended 31 December 2016

←----- Unrestricted Funds -----→←----- Restricted Funds -----→																	
Year ended 31/12/2015	Note	Accumulated Fund \$	Staff Welfare Fund \$	Salaries Adjustment Fund \$	Total Unrestricted Funds \$	Community Silver Trust Fund \$	Development Fund \$	Medical Equipment Fund \$	Paediatric Palliative Care Programme \$	Patient Assistance Fund \$	Project Next Door Fund \$	Renovation Fund \$	Respectance Fund \$	Ambulatory Treatment Unit \$	Singapore Ireland Fund \$	Total Restricted Funds \$	Total Funds \$
Expenditure																	
Cost of generating funds																	
- Fundraising expenses		343,302	-	-	343,302	-	-	-	-	-	-	-	-	-	-	-	343,302
Charitable activities																	
- Salaries and related costs		2,088,729	-	-	2,088,729	4,178,859	-	-	-	-	212,335	-	-	67,509	-	4,458,703	6,547,432
- Contributions to defined contribution plan		478,866	-	-	478,866	149,299	-	-	-	-	27,290	-	-	2,550	-	179,139	658,005
- Programme expenses		3,104,334	72,431	64,776	3,241,541	194,082	225,548	18,339	-	73	1,035,057	-	4,813	161,763	20,759	1,660,434	4,901,975
Expenditure on charitable activities	23	5,671,929	72,431	64,776	5,809,136	4,522,240	225,548	18,339	-	73	1,274,682	-	4,813	231,822	20,759	6,298,276	12,107,412
Governance costs																	
- Professional fees	24	65,882	-	-	65,882	-	-	-	-	-	-	-	-	-	-	-	65,882
- Insurance		33,560	-	-	33,560	-	-	-	-	-	-	-	-	-	-	-	33,560
- Others		3,868	-	-	3,868	-	-	-	-	-	24	-	-	-	117	141	4,009
Total governance costs		103,310	-	-	103,310	-	-	-	-	-	24	-	-	-	117	141	103,451
Other costs																	
- Investment management cost		34,412	-	-	34,412	-	-	-	-	-	-	-	-	-	-	-	34,412
Total expenditure		6,152,953	72,431	64,776	6,290,160	4,522,240	225,548	18,339	-	73	1,274,706	-	4,813	231,822	20,876	6,298,417	12,588,577
Net income/(expenditure) before tax expense		4,807,024	95,412	1,477,970	6,380,406	5,218,523	(225,548)	6,354	-	(73)	18,145,141	-	(4,813)	214,282	79,124	23,432,990	29,813,396
Income tax expense	26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net income/(expenditure) for the year	25	4,807,024	95,412	1,477,970	6,380,406	5,218,523	(225,548)	6,354	-	(73)	18,145,141	-	(4,813)	214,282	79,124	23,432,990	29,813,396
Transfers																	
- Gross Transfer between funds		144,268	-	-	144,268	-	-	-	-	-	-	-	-	(144,268)	-	-	-
- Fund close out		-	-	-	-	-	-	-	-	-	-	-	-	(479,913)	-	-	(479,913)
		144,268	-	-	144,268	-	-	-	-	-	-	-	-	(624,181)	-	-	(479,913)
Net Movement in funds		4,951,292	95,412	1,477,970	6,524,674	5,218,523	(225,548)	6,354	-	(73)	18,145,141	-	(4,813)	(409,899)	79,124	22,808,809	29,333,483
As at 31/12/2015		36,566,601	418,866	2,341,734	39,327,201	12,019,643	-	112,696	633,587	65,324	29,093,478	10,725	188,933	-	79,124	42,203,510	81,530,711

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

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	Note	2016 \$	2015 \$
Cash flows from operating activities			
Net income for the year		40,986,091	29,813,396
Adjustments for:			
Depreciation of property, plant and equipment	4	299,581	579,988
Write-off of property, plant and equipment	4	4,014	-
Loss on disposal of property, plant and equipment	25	30,405	163,234
Investment income	22	(532,969)	(430,065)
		<u>40,787,122</u>	<u>30,126,553</u>
Changes in working capital:			
Trade and other receivables		(1,866,834)	(9,890,798)
Trade and other payables		2,415,129	1,056,317
Deferred income		-	(4,338,004)
Net cash from operating activities		<u>41,335,417</u>	<u>16,954,068</u>
Cash flows from investing activities			
Interest received from time deposits		281,234	189,828
Interest received from investments		257,587	235,617
Placement of time deposits with maturity of more than three months with financial institutions		(14,036,710)	(1,689,458)
Purchase of property, plant and equipment		(35,319,256)	(11,836,439)
Proceeds from disposal of investments		3,974,354	2,895,042
Purchase of investments		(3,553,625)	(3,041,910)
Net cash used in investing activities		<u>(48,396,416)</u>	<u>(13,247,320)</u>
Net (decrease)/increase in cash and cash equivalents		<u>(7,060,999)</u>	<u>3,706,748</u>
Cash and cash equivalents at beginning of the year		15,533,877	11,827,129
Cash and cash equivalents at end of year	7	<u>8,472,878</u>	<u>15,533,877</u>

These notes form an integral part of the financial statements.

The financial statements were authorised for issue by the Board of Directors on 1 June 2017.

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 nursing services for chronically sick and terminally ill patients as well as day care and home care services.

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

2 Basis of preparation

2.1 Statement of compliance

The financial statements have been prepared in accordance with the Singapore 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.

2.4 Use of estimates and judgements

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

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

3 Significant accounting policies

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

3 Significant accounting policies (cont'd)

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 retranslated to the functional currency at the exchange rate at that date. Non-monetary assets and liabilities denominated in foreign currencies that are measured at fair value are retranslated to the functional currency at the exchange rate at the date that the fair value was determined. Foreign currency differences arising on retranslation are recognised in the statement of financial activities.

3.2 Property, plant and equipment

Recognition and measurement

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

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

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

Gains and losses on disposal of an item of property, plant and equipment are determined by comparing the proceeds from disposal with the carrying amount of property, plant and equipment, and are recognised net in the statement of financial activities.

Subsequent costs

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

Depreciation

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

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

3 Significant accounting policies (cont'd)

3.2 Property, plant and equipment (cont'd)

The estimated useful lives are as follows:

Building	over the remaining useful life of 4 years
Renovations	5 years
Furniture and fittings	5 years
Office and other equipment	4 years
Motor vehicles	4 years
Plant and machinery	4 years
Medical equipment	6 years
Computer equipment	3 years

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

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

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.

3.4 Cash and cash equivalents

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

3.5 Investments

Investments are recognised at cost less any accumulated impairment losses. Investments comprise quoted bonds.

3.6 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 Significant accounting policies (cont'd)

3.7 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.

3.8 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 mainly comprises grants from the government to meet the Company's operating expenses.

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

Donation and fundraising income

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

3 Significant accounting policies (cont'd)

3.8 Income (cont'd)

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.

Investment income

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

3.9 Expenditure

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

Costs of generating funds

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

Charitable activities

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

Governance costs

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

3.10 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.

4 Property, plant and equipment

	Building \$	Renovations \$	Furniture and fittings \$	Office and other equipment \$	Motor vehicles \$	Plant and machinery \$	Medical equipment \$	Computer equipment \$	Assets under construction \$	Total \$
Cost										
At 1 January 2015	1,365,752	253,036	100,898	17,132	83,198	129,187	195,878	374,374	7,803,008	10,322,463
Additions	-	-	45,533	1	-	-	43,812	19,200	11,727,893	11,836,439
Disposals	-	(95,550)	(19,477)	(2,050)	-	-	(94,193)	(343)	-	(211,613)
Reclassification	-	-	-	-	-	-	-	12,370	(12,370)	-
At 31 December 2015	1,365,752	157,486	126,954	15,083	83,198	129,187	145,497	405,601	19,518,531	21,947,289
Additions	-	-	7,100	-	-	-	168,659	8,177	35,135,320	35,319,256
Disposals	-	(157,486)	(7,990)	(5,584)	-	(129,187)	(8,766)	(66,939)	-	(375,952)
Write-off	-	-	-	-	-	-	-	-	(4,014)	(4,014)
At 31 December 2016	1,365,752	-	126,064	9,499	83,198	-	305,390	346,839	54,649,837	56,886,579
Accumulated depreciation										
At 1 January 2015	854,162	119,128	27,691	13,342	43,652	78,064	51,539	227,584	-	1,415,162
Depreciation charge for the year	341,095	37,724	21,406	2,319	16,981	34,502	28,053	97,908	-	579,988
Disposals	-	(27,016)	(6,784)	(598)	-	-	(13,644)	(337)	-	(48,379)
At 31 December 2015	1,195,257	129,836	42,313	15,063	60,633	112,566	65,948	325,155	-	1,946,771
Depreciation charge for the year	170,488	2,134	23,118	-	16,980	13,735	30,723	42,403	-	299,581
Disposals	-	(131,970)	(7,945)	(5,564)	-	(126,301)	(6,831)	(66,936)	-	(345,547)
At 31 December 2016	1,365,745	-	57,486	9,499	77,613	-	89,840	300,622	-	1,900,805
Carrying amounts										
At 1 January 2015	511,590	133,908	73,207	3,790	39,546	51,123	144,339	146,790	7,803,008	8,907,301
At 31 December 2015	170,495	27,650	84,641	20	22,565	16,621	79,549	80,446	19,518,531	20,000,518
At 31 December 2016	7	-	68,578	-	5,585	-	215,550	46,217	54,649,837	54,985,774

Assets under construction primarily relates to cost incurred for the construction of a new hospice building amounting to \$53,222,421 (2015: \$19,518,531), and new medical and other equipment amounting to \$1,427,416 (2015: \$nil) as at 31 December 2016. In January 2017, the Company relocated its operation to the new hospice building upon the completion of the building and when the new facilities were ready for operational usage. Accordingly, the existing building was returned to Mount Alvernia Hospital in January 2017.

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

	Note	2016 \$	2015 \$
Carrying amount of computer equipment purchased under Community Silver Trust Fund	8	-	20,924
Carrying amount of medical equipment purchased under Medical Equipment Fund	9	40,770	59,109

5 Investments

	2016 \$	2015 \$
At 1 January	10,153,277	10,023,451
Additions	3,553,625	3,041,910
Disposals	(4,101,844)	(2,912,084)
At 31 December	9,605,058	10,153,277
Comprises		
Non-current	7,949,261	6,888,357
Current	1,655,797	3,264,920
	9,605,058	10,153,277

As at 31 December 2016, investments comprising unquoted debt securities are stated at cost and bear interest rates ranging from 1.2% to 4.84% (2015: 0.94% to 4.84%) per annum, and mature in 1 to 5 years.

The investments are managed by an external fund manager, Nikko Asset Management Asia Limited, for the period from 20 December 2012 to 19 December 2017 in accordance with the Company's approved investment guidelines.

6 Trade and other receivables

	2016 \$	2015 \$
Trade receivables	42,613	308,288
Allowance for doubtful trade receivables	(4,569)	(7,914)
Net receivables	38,044	300,374
Goods and Services Tax (GST) receivable	905,955	213,452
Amount due from Ministry of Health	11,740,129	10,304,098
Fund receivable from third parties	150,000	150,000
Other receivables	15,985	27,741
	12,850,114	10,995,665
Deposits	341,726	321,248
Interest receivable	193,890	72,252
Prepayments	38,887	46,979
	13,424,616	11,436,144

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

7 Cash and cash equivalents

	2016 \$	2015 \$
Cash at bank and in hand	8,472,878	15,533,877
Time deposits with financial institutions	42,519,613	28,482,903
	50,992,491	44,016,780
Less: Time deposits with financial institutions with maturity of more than three months from the date of placement	(42,519,613)	(28,482,903)
Cash and cash equivalents in the statement of cash flows	8,472,878	15,533,877

7 Cash and cash equivalents (cont'd)

The weighted average effective interest rate per annum relating to cash and cash equivalents at the reporting date is 0.86% (2015: 0.51%). Interest rates are re-priced at intervals of six, nine and twelve months.

Included in the cash and cash equivalents is an aggregate of \$8,456,758 (2015: \$14,163,262) for which the usage is subject to restrictions imposed by the donors. This balance includes the donations for specified use imposed by the donors (see restricted funds in notes 8 to 16).

In addition, \$848,051 (2015: \$169,735) of cash at bank relates to cash held and managed by external fund manager, Nikko Asset Management Asia Limited, in accordance with the Company's approved investment guidelines (see note 5).

8 Community Silver Trust Fund

	2016 \$	2015 \$
Balance at 1 January	12,019,643	6,801,120
Receipts from the Community Silver Trust - matching grant	9,429,551	9,740,763
Expenditure	(7,613,030)	(4,522,240)
Transfer to Accumulated Fund	(43,343)	-
Balance at 31 December	13,792,821	12,019,643

The fund is represented by:

Non-current asset

Computer equipment	-	6,400
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Current asset

Amount due from Ministry of Health	9,429,551	9,740,763
Cash and cash equivalents	4,363,270	2,272,480
	13,792,821	12,019,643

8 Community Silver Trust Fund (cont'd)

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

Expenditure incurred for the year ended 31 December 2016 includes the utilisation of \$nil (2015: \$38,089) to match the depreciation charge for the Ingot Information System and utilisation of \$6,874,970 (2015: \$4,328,158) for staff related costs for doctors, nurses and allied healthcare workers.

9 Medical Equipment Fund

	2016	2015
	\$	\$
The fund is represented by:		
Non-current asset		
Medical equipment	40,770	59,109
Current asset		
Cash and cash equivalents	53,587	53,587
	<u>94,357</u>	<u>112,696</u>

This fund was set up in 2002 for the purchase of medical equipment.

During the year, the Company received donations amounting to \$nil (2015: \$24,693) and charged depreciation of \$18,339 (2015: \$18,339) to the fund for the medical equipment.

10 Paediatric Palliative Care Programme

	2016	2015
	\$	\$
The fund is represented by:		
Current asset		
Cash and cash equivalents	<u>633,587</u>	<u>633,587</u>

The Paediatric Palliative Care Programme was established in 2005 primarily for the provision of paediatric palliative care to terminally ill children.

11 Patient Assistance Fund

	2016	2015
	\$	\$
The fund is represented by:		
Current asset		
Cash and cash equivalents	<u>41,130</u>	<u>65,324</u>

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

During the year, the Company utilised amounts totalling to \$24,194 (2015: \$73) from the fund to help needy patients.

12 Project Next Door Fund

	2016	2015
	\$	\$
The fund is represented by:		
Non-current asset		
Assets under construction	53,222,421	19,518,531
Current assets		
Cash and cash equivalents	2,923,453	10,859,502
Goods and Services Tax (GST) receivable	846,809	225,792
Deposits	303,810	288,753
Current liabilities		
Trade and other payables	(2,032,488)	(1,567,347)
Amount due to Ministry of Health	(247,976)	(231,753)
	<u>55,016,029</u>	<u>29,093,478</u>

This fund was set up in 2011 for the purpose of developing a new hospice building with inpatient capacity of 85 beds.

During the year, the Company received donations and grants amounting to \$29,314,275 (2015: \$19,419,723) and utilised amounts totalling to \$1,341,848 (2015: \$1,274,706) from the fund.

Gross transfer between funds during the year

The Company transferred an amount of \$2,050,000 (2015: \$nil) from the Project Next Door Fund to the Accumulated Fund to reflect the donor’s intention to have specific naming rights to certain spaces at the new hospice building.

13 Renovation Fund

	2016	2015
	\$	\$
The fund is represented by:		
Current asset		
Cash and cash equivalents	<u>10,725</u>	<u>10,725</u>

This fund was set up in 1998 for the purpose of renovating space meant for patients’ activities.

14 Respectance Fund

	2016	2015
	\$	\$
The fund is represented by:		
Current asset		
Cash and cash equivalents	<u>175,916</u>	<u>188,933</u>

The Respectance Fund was set up in 2011 with the objective of fulfilling patients’ wishes to pass away in their homes and also to provide help for needy families whose sole breadwinner has passed away.

During the year, the Company utilised amounts totalling to \$13,017 (2015: \$4,813) from the fund to help needy families.

15 Singapore Ireland Fund

	2016	2015
	\$	\$
The fund is represented by:		
Current asset		
Cash and cash equivalents	61,090	79,124

The fund was set up in 2015 with the objective to support palliative nursing care training. During the year, the Company received nil donation (2015: \$100,000) and utilised \$18,034 (2015: \$20,876) from the fund.

16 Gym Tonic Fund

	2016	2015
	\$	\$
The fund is represented by:		
Current asset		
Cash and cash equivalents	194,000	-

During the year, an amount of \$194,000 was transferred from the Advance received from Lien Foundation to set up the Gym Tonic Fund (see note 19). The objective of the fund is to support palliative nursing care training through purchasing advanced gym equipment and software to improve the functional abilities of patients.

17 Staff Welfare Fund

	2016	2015
	\$	\$
The fund is represented by:		
Current asset		
Cash and cash equivalents	581,454	418,866

17 Staff Welfare Fund (cont'd)

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 \$188,417 (2015: \$167,843) and utilised amounts totalling to \$25,829 (2015: \$72,431) from the fund for group activities for the staff.

18 Salaries Adjustment Fund

	2016	2015
	\$	\$
The fund is represented by:		
Current asset		
Cash and cash equivalents	2,664,444	2,341,734

The fund was from Ministry of Health for the Intermediate and Long-Term Care (ILTC) sector salary adjustment exercise for healthcare professionals. The grant aims to narrow the salary gap between the healthcare professionals in the public acute sector and ILTC sector. The grant is for the period from April 2012 to June 2017.

During the year, the Company received grants amounting to \$1,713,607 (2015: \$1,542,746) and utilised amounts totalling to \$1,390,897 (2015: \$64,776) from the fund.

19 Trade and other payables

	2016	2015
	\$	\$
Amount due to Ministry of Health	431,509	231,753
Amount due to Mount Alvernia Hospital	46,545	40,097
Patients' deposits	400	1,000
Trade and other payables	3,226,886	1,737,851
Advance received from Lien Foundation	430,182	624,181
Accrued operating expenses	2,355,615	1,441,126
	6,491,137	4,076,008

19 Trade and other payables (cont'd)

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

Trade and other payables included an amount of \$2,032,489 (2015: \$1,567,148) due to the contractors for the Project Next Door construction.

Advance received from Lien Foundation will be used for future Lien Foundation approved projects. During the year, management received the approval from Lien Foundation to transfer \$194,000 from the advances received to set up the Gym Tonic Fund (refer to note 16).

20 Deferred income

	2016 \$	2015 \$
Balance at 1 January	-	4,338,004
Recognised in Statement of financial activity	-	(3,891,900)
Transferred to Ambulatory Treatment Unit	-	(446,104)
Balance at 31 December	-	-

21 Donation from Mount Alvernia Hospital

Donation from Mount Alvernia Hospital of \$588,000 (2015: \$588,000) represents amounts waived by Mount Alvernia Hospital in respect of support costs charged to the Company.

In addition, included in the income from fundraising activities is an amount of \$30,000 (2015: \$30,000) donated by Mount Alvernia Hospital at the Charity Dinner.

22 Investment income

	2016 \$	2015 \$
Interest income from time deposits	402,872	211,490
Net gains from investments	130,097	218,575
	532,969	430,065

23 Charitable activities

Expenditure on charitable activities under Accumulated Fund comprises the following:

	Programme expenses \$	Salaries and related costs \$	Contributions to defined contribution plan \$	Total \$
2016				
Hospice services	2,576,172	3,062,792	230,582	5,869,546
Day care services	555,710	421,629	46,502	1,023,841
Home care services	615,602	1,231,910	129,214	1,976,726
Total	3,747,484	4,716,331	406,298	8,870,113
Less: Funded by CST Operating Expense Matching Grant	-	(4,716,331)	(24,433)	(4,740,764)
	3,747,484	-	381,865	4,129,349
2015				
Hospice services	1,825,196	3,140,932	258,703	5,224,831
Long term hospice services	91,574	130,872	10,779	233,225
Day care services	505,442	519,846	56,148	1,081,436
Home care services	682,122	1,396,265	153,236	2,231,623
Total	3,104,334	5,187,915	478,866	8,771,115
Less: Funded by CST Operating Expense Matching Grant	-	(3,099,186)	-	(3,099,186)
	3,104,334	2,088,729	478,866	5,671,929

24 Professional fees

	2016 \$	2015 \$
External audit fees	26,132	23,559
Internal audit fees	17,300	24,450
Others	22,879	17,873
	<u>66,311</u>	<u>65,882</u>

25 Net income/(expenditure) for the year

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

	Note	2016 \$	2015 \$
Supplies and consumables		368,480	356,006
Loss on disposal of property, plant and equipment		30,405	163,234
Depreciation of property, plant and equipment	4	299,581	579,988
Repairs and maintenance		229,508	151,666
Mount Alvernia Hospital's support costs to the hospice		428,400	273,200
Agency manpower services		1,259,533	1,209,031
Utilities		136,437	89,822
Staff costs		8,709,342	7,205,437
Contributions to defined contribution plans, included in staff costs		<u>777,894</u>	<u>658,005</u>

During the financial year, the Company received sponsorships from various donors to be used in its fund-raising events in 2016. Based on management's assessment, they are of the opinion that due to the nature of the sponsorships received, the exact value cannot be reliably or reasonably quantified. Thus, the sponsorships received have not been recognised as their values cannot be estimated reliably.

26 Income taxes

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

27 Tax deductible donations

Tax deductible donations amounting to \$10,667,972 (2015: \$9,726,490) 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.

28 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:

	2016 \$	2015 \$
Short-term employee benefits	<u>1,556,097</u>	<u>1,260,064</u>

The annual remuneration of the Company's three highest paid staff are as follows:

	2016 \$	2015 \$
\$100,000 to \$200,000	-	1
\$200,000 to \$300,000	3	2
	<u>3</u>	<u>3</u>

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

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

	2016 \$	2015 \$
Purchase of food and provision, medical supplies and clinical consumables from Mount Alvernia Hospital	<u>399,238</u>	<u>379,244</u>

Blessings to all...

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

May the Lord bless you and keep you.

May He show His face to you and be gracious unto you.

May He turn His countenance to you and give you peace.



*We have so much joy before our God because of you!
So we thank God for you....*

1 Thessalonians 3:9



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Additional Information

Conflict of Interest

- 1.1 Board members operate under a conflict of interest disclosure process.
- 1.2 Annual conflict of interest disclosure statements are undertaken by all members and staff.

Reserve Policy

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