



ASSISI
HOSPICE
Caring for Life



ANNUAL REPORT 2018

WATCH US
GROW



FRANCISCAN VALUES

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

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

At Assisi we emulate the example set by our Patron Saint in serving all who 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, love and care.

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

THE PRAYER OF SAINT FRANCIS

*“Lord, make me an instrument of 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.



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.



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



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



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



MESSAGE FROM SISTER JANE

Congregational Leader
Franciscan Missionaries of the Divine Motherhood

As I reflect on what to write this year, the following words from St Paul's to the people of Ephesus rises in my heart:

Glory be to God whose power
working in us can do infinitely
more than we can ask or
imagine; glory be to God from
generation to generation.....

Eph 3.20-21

Why? Because this is what I see on a weekly basis in Assisi Hospice – a vibrant energy which goes beyond what we can often imagine. As many of the readers of this report know, I live in the UK where the FMDM sisters who began Assisi Hospice and on whose shoulders we stand today have their Leadership Hub. Although I visit a good few times a year, most of what I hear or see about Assisi is through stories on their Facebook page, the newspaper, the reports on events and celebrations and each time my heart is lifted. I see ordinary people – staff, volunteers, family members, benefactors, Board members and Management doing ordinary things in extra-ordinarily loving, compassionate and caring ways that make such a difference to their sisters and brothers who are, in facing terminal illness, at their most vulnerable. What



is perhaps even more extraordinary is that this tangible positive energy enables the very person they are trying to support and encourage to turn around and give life and joy to others in return. Assisi Hospice is a constant reminder that life on this earth is to be lived fully until the moment beyond our last breath.

However I am very aware this gift to the Singapore community cannot be taken for granted. It does not just happen by chance and if we leave things to chance there is the chance it will not happen. I know, and acknowledge, the huge effort of the leadership - both Board and Management – to ensure everything is offered and everything is put in place to support the mission of Assisi in all its aspects. I share two examples.

I, and other members of the leadership team and FMDM community, have had the privilege of welcoming Assisi Management and Board members to Ladywell, UK as they come either in their own time while travelling, or as part of Assisi's strong mission formation programme to deepen their understanding of Assisi Hospice's Franciscan and FMDM roots.

I have shared in Board Retreats where I have seen with my own eyes and heard with my own ears the Board and

Management living and speaking our Franciscan gospel values as together they keep looking at what is needed in pragmatic financial, organisational, structural and strategic terms to ensure the mission of Assisi continues to be deepened, broadened and strengthened.

St Francis in his Admonitions or Exhortations to his brothers writes under the title True Love:

Blessed is the servant
who would love their brother
(or sister) as much when they are
sick and cannot repay them as
they would when they are well and
can repay them

Admonition XXV Writings of St Francis of Assisi

In a world where so much is calculated, so much is measured, Assisi Hospice stands out as a living, vibrant example of this Franciscan value passed down through the centuries. I see it lived out in every part of the organisation and I, myself, feel both challenged and inspired to be part of it.

MESSAGE FROM MS ANITA FAM

Chairman
Board of Directors

With life expectancy and the prevalence rates of diabetes, hypertension and hyperlipidemia increasing, healthcare institutions in the primary, intermediate and long term, and acute care sectors are doing their part to transform their healthcare models, to serve patients and the community more effectively. Our Government has over the past few years announced initiatives to enhance the capacity, quality and affordability of palliative care to support an ageing population and to this end, we at Assisi Hospice, fully support these initiatives. We have adopted and adhere to the National Guidelines for Palliative Care, which were introduced in 2015, to improve the quality of palliative care, and with the opening of our final and sixth ward in our new purpose-built building, St Clare Ward, in May 2018 and increasing the scope of our Home Care service, we were able to serve more than 1,750 patients in 2018 through our Inpatient, Home Care and Day Care services. We are also working with the Ministry of Health, the Agency for Integrated Care, Singapore Hospice Council and other community partners to increase the awareness of palliative care and uptake of Advance Care Planning.

This is a significant year for us as we celebrate 50 years since the inception of our service by the Sisters of the



Franciscan Missionaries of the Divine Motherhood (FMDM). It has always been our mission to provide compassionate, personalised and quality palliative care to our patients and their loved ones, regardless of race, faith or financial circumstances. As we look back over the past 50 years, we are deeply grateful for God's Providence and to all our funders for their strong support which have allowed us to carry out our mission to the fullest.

Financial sustainability is key to enabling us to carry on our mission and good work. As such, our Board constituted a Resource Strategy Taskforce in 2018 with the purpose of determining a strategic plan for ensuring long-term funding sustainability of our mission. In addition, our Finance Committee and the newly formed Investment Committee have also been hard at work to help ensure good financial stewardship of the resources that we have been blessed with.

Good governance too is something which we take most seriously. We are pleased to share that Assisi Hospice received the Charity Transparency Award (CTA) for the third time running in 2018 since the Award was first introduced in 2016 by the Charity Council. The CTA is

an annual assessment that recognises charities who communicate information to their stakeholders in a transparent and timely manner.

None of the work that we do would be possible without the strong support and guidance from my fellow Board Directors, each of whom I am so grateful for. In particular, I wish to thank Mr Gerard Koh and Dr Chong Yoke Sin who have recently retired from our Board after many years of dedicated service. The importance of the roles too of our CEO, Ms Choo Shiu Ling, management and staff, funders, volunteers, supporters and friends cannot be underscored. Thank you for all that you do in helping to provide the depth of love and care for our patients and their families as guided by our mission. All glory to God too for His provision all these past 50 years, enabling us in Assisi Hospice to stay true to our mission of love.

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MESSAGE FROM MS CHOO SHIU LING

Chief Executive Officer

We continue to grow in our understanding of what it means to be a mission with a hospice and how we are to provide palliative care.

In the final journey, relationships both positive and negative, spirituality, emotions, and physical pain and symptoms, are often heightened and intensified. The ability to support the sheer diversity of needs, personalities and circumstance, requires the combined wisdom of the whole Assisi Team and the community around us.

Decades of a life lived and choices made, seem sometimes compressed and exemplified in the final months for the individual and loved ones involved. It is good to be in an environment where each individual is honoured for just who they are, a fellow traveler in this time on earth, sharing a space where we are made equal by our creator. Wouldn't it be wonderful if we could suspend judgement



and love our neighbours as ourselves. This will always be difficult as we all possess our frail human psyche and are constantly enveloped in societal and cultural presumptions and expectations.

I reckon it takes a community of the likeminded to keep us on the path of being who we want to be; to understand that we have a shared humanity and are ultimately responsible for those around us. With support from our community, we continue to mature in our expression of what this means in reality for each individual we encounter in all our interactions.

It is with deep thankfulness that the Assisi Team receives help in all the ways needed to provide the care and support that our patients and families rely on. The final journey is also the final opportunity for all to experience LOVE & JOY in comfort and dignity.

Be anxious for nothing, but in everything by prayer and supplication, with thanksgiving, let your requests be made known to God; and the peace of God, which surpasses all understanding, will guard your hearts and minds through Christ Jesus.

Philippians 4:6-8 (NKJV)

BOARD OF DIRECTORS



Ms Anita Fam
CHAIRMAN



Mr Paul Lee
DEPUTY CHAIRMAN



A/Prof Cynthia Goh
DIRECTOR



Mr Jeffrey Seah
DIRECTOR



Mr Thomas Teo
DIRECTOR



Mr Edward D'Silva
DIRECTOR



Ms Lynna Chandra
DIRECTOR



Mr Tony Mallek
DIRECTOR



Mr Linus Tham
DIRECTOR



A/Prof Philip Yap
DIRECTOR



Mrs Sylvia Lee
DIRECTOR



Prof Philip Choo
DIRECTOR
(w.e.f. 03/11/2018)



Dr Chong Yoke Sin
DIRECTOR
(till 30/06/2018)



Mr Gerard Koh
DIRECTOR
(till 30/06/2018)



MANAGEMENT TEAM



(Top row from left):

- 1

Mr Andy Tham
Head, Operations
- 2

Ms Karen Poon
Mission Director
- 3

Ms Ann Neo
Head, IT
- 4

Ms Juliet Ng
Head, Communications & Community Engagement
- 5

Ms Katherine Tan
Head, Human Resource
- 6

Ms Jennifer Lum
Head, Finance
- 7

Dr Shirlynn Ho
Head, Medical
- 8

Ms Peh Cheng Wan
Head, Psychosocial Support Services
- 9

Ms Chiew Cheng Fong
Director, Nursing
- 10

Ms Choo Shiu Ling
Chief Executive Officer
- 11

Dr Alethea Yee
Clinical Director
- 12

Mr Max Yeoh
Senior Manager, Day Care & Allied Health

GOVERNANCE REPORT

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

CHARITY TRANSPARENCY AWARD

Assisi Hospice has been a proud recipient of the Charity Transparency Awards in 2016, 2017 and 2018. The Charity Transparency Award was introduced by the Charity Council in 2016 to recognise charities with good disclosure practices. The award aims to emphasise that transparency and good disclosure practices are important pillars of good governance.

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





Assisi Hospice Board Committees 2018

1. NOMINATIONS COMMITTEE (NC)

- Ms Anita Fam (Chairperson)
- Mr Paul Lee
- Mr Gerard Koh (till 07/03/2018)
- Mrs Sylvia Lee (w.e.f. 08/03/2018)

2. AUDIT COMMITTEE (AC)

- Mr Thomas Teo (Chairperson)
- Ms Angela Ee
- Ms Pat Lynn Leong
- Mr Linus Tham
- Ms Tina Thai

3. FINANCE COMMITTEE (FC)

- Mr Paul Lee (Chairperson)
- Mr Tony Mallek
- Ms Celestine Khoo
- Ms Martina Wong (w.e.f. 08/03/2018)
- Mr Christopher Leong (w.e.f. 08/03/2018)
- Ms Catherine Loh (till 30/06/2018)
- Ms Mimi Ho (till 30/06/2018)

4. PROGRAMME AND SERVICES COMMITTEE (PSC)

- A/Prof Cynthia Goh (Chairperson)
- Dr Vasanthi Rajalingam
- Ms Terina Tan Pei Yin
- Mr Christopher Chong
- Ms Lynna Chandra (w.e.f. 08/03/2018)
- A/Prof Philip Yap (w.e.f. 08/03/2018)
- Ms Karen Poon (till 21/06/2018)
- Dr Chong Yoke Sin (till 30/06/2018)
- Ms Lian Swee Bee (till 31/08/2018)

5. FUNDRAISING COMMITTEE (FC)

- Mr Jeffrey Seah (Chairperson)
- Mrs Susie Koh
- Ms Jacqui Lim
- Mr Goh Theng Kiat
- Ms Fiona Rankine

6. HUMAN RESOURCE COMMITTEE (HRC)

- Mr Gerard Koh (Chairperson, till 07/03/2018 and Member w.e.f. 08/03/2018)
- Mrs Sylvia Lee (Chairperson, w.e.f. 08/03/2018)
- Ms Sharon Teo (w.e.f. 08/03/2018)
- Mr Linus Tham

7. BUILDING MANAGEMENT COMMITTEE (BMC)

- Mr Edward D'Silva (Co-Chairperson)
- Mr Hoong Bee Lok (Co-Chairperson)
- Mr Chan Heng Lim
- Mr Chew Chin Huat

8. INVESTMENT COMMITTEE (IC)

- Mr Tony Mallek (Chairperson)
- Mr Paul Lee
- Ms Celestine Khoo
- Ms Mimi Ho
- Ms Catherine Loh

The Board Member's attendance at Board Meetings for the period January to December 2018 is shown below:

Name of Directors	Number of Board Meetings invited to attend	Attendance	Absent
Ms Anita Fam	4	4	0
Mr Paul Lee	4	4	0
Mr Jeffrey Seah	4	1	3
A/Prof Cynthia Goh	4	3	1
Mr Thomas Teo	4	4	0
Mr Linus Tham	4	2	2
Mr Tony Mallek	4	2	2
Mr Edward D'Silva	4	2	2
Ms Lynna Chandra	4	4	0
Mrs Sylvia Lee	4	2	2
A/Prof Philip Yap	4	4	0
Prof Philip Choo (w.e.f. 03/11/2018)	1	1	0
Dr Chong Yoke Sin (till 30/06/2018)	2	0	2
Mr Gerard Koh (till 30/06/2018)	2	2	0

NON-BOARD LEVEL COMMITTEES

FACILITY MEDIFUND COMMITTEE (FMC)

- Ms Linda Auyong (Chairperson)
- Ms Rose Lu Soo Ying
- Ms Jacqueline Khoo
- Sr Linda Sim

1. The Hospice Development Committee (HDC) and the Information Technology Steering Committee (ITSC) were officially dissolved on 8 March 2018.

2. All information is correct and up-to-date as of 31 December 2018.

Conflict of Interest

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

Reserve Policy

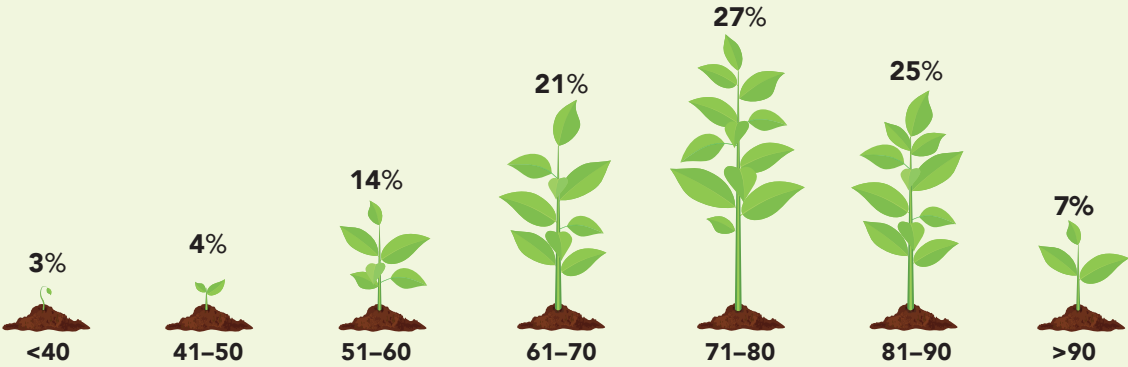
The Board established a Reserve Policy of not more than two years of operating expenditure to meet its operational needs.

Disclosure and Transparency

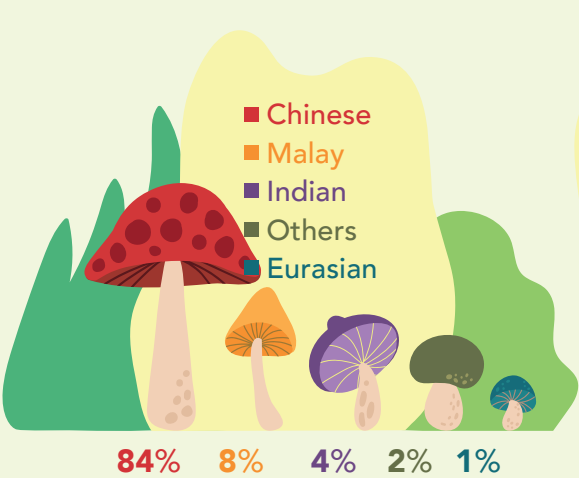
Annual reports are prepared, which include up-to-date information on our programmes, activities, performance and finances as well as a listing of the Board's key office-bearers. Audited financial information is available at Assisi Hospice's website as required by the Commissioner of Charities.

PATIENT PROFILE

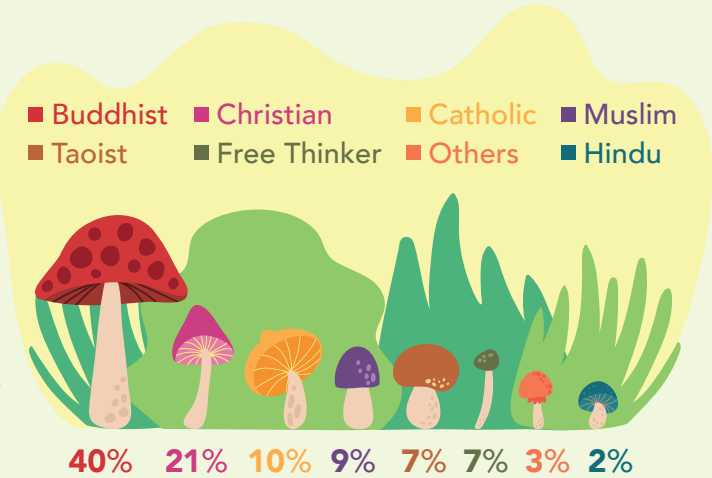
AGE



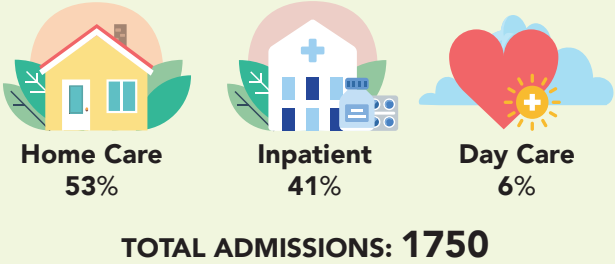
ETHNICITY



RELIGION



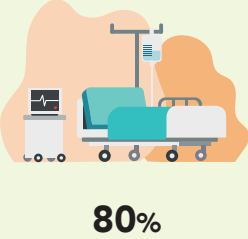
PATIENTS BY SERVICE TYPE



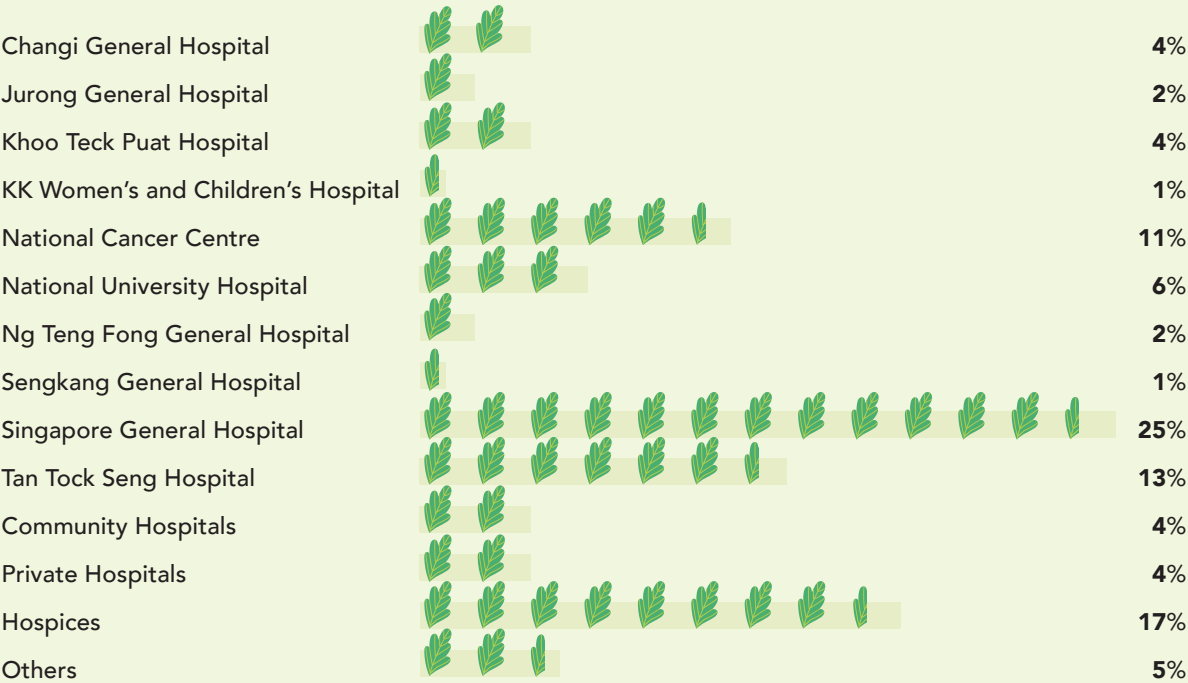
AVERAGE LENGTH OF STAY

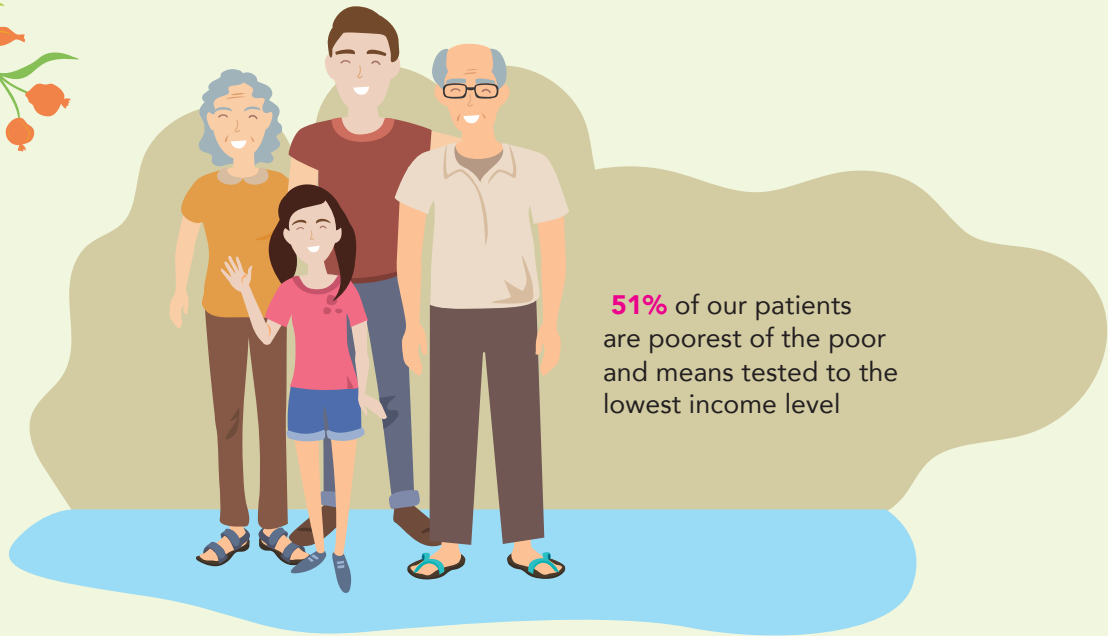


BED OCCUPANCY



REFERRAL SOURCES





CLINICAL EXPERTISE SHARED





CARE

As a multidisciplinary care team, we serve our patients with the love, care and medical expertise they require.



GENTLE CARE

We would like to make a special mention with our appreciation to the nurses who came forward to calm him down when he throws a tantrum. They have been keeping watchful eyes to ensure he doesn't hurt himself by moving around on his own. They have been so kind with their gentle smiles and words of encouragement.

*From Mel - Daughter-in-law
On behalf of the Family of Mr Ong Chin Sing*

With the opening of St Clare ward in May 2018, all the six wards in Assisi Hospice's purpose-built building are fully open. In 2018, we served 1750 patients through our Inpatient, Home Care and Day Care services; a 10% increase from 2017.

After a year of rapid growth in the number of patients we served in 2017, we developed in the vibrancy of our care in 2018, striving to provide comfort and dignity to our patients and families in the different ways they needed support.

Our team of doctors providing palliative care at Assisi Hospice assess and manage patients holistically, aiming to provide the best quality of life for them despite their underlying life-limiting illnesses. We hold true to this philosophy of care with our specialised inpatient Paediatric and Dementia palliative care services, which we started in 2017 with the support of Temasek Foundation Cares. These services are a first in Singapore.





ENABLING OUR PATIENT TO TAKE HER PSLE IN OUR WARD

Our Paediatric Ward is a safe haven for children with life-threatening illnesses who need ongoing medical and nursing care throughout their journey; at times, they also need care to allow respite for their caregivers to care for themselves or to attend to other needs. At Veronica House we do our best to provide encouragement and support. A 12-year-old child took her Primary School Leaving Examination (PSLE) at Veronica House. She had experienced Assisi's care in the ward and liked the care and environment so much that she wanted to take her examinations at Assisi Hospice. During the four days of PSLE, invigilators from the Ministry of Education came to Veronica House to ensure a smooth examination process. At the end of her examinations, she had a small celebration with her family and staff to remember this important milestone.

Our team at Veronica House also cared for an eight-month-old boy in preparation for his surgery. His parents found his care too complex because of his medical condition. We provided care and helped ensure that his condition remained stable, and even helped him to gain the weight needed for his impending surgery.

HELPLINE IN NEED

The Home Care nurse's frequent visits really helped us in making sure that our mother's comfort level is kept to the best we can give. She was very professional and caring throughout her visits. She gave clear information and instructions that eased our anxiety in giving good care. Her jovial personality had also lightened up our mood. We always look forward to her visits as there's always something new that we can learn from her to provide better care. She never hesitates to offer her help over WhatsApp or calls, even after her official working hours.

*Yours sincerely,
Son and family members of
Madam Chua Siew Whatt*



SETTING UP A "MAMA SHOP" FOR OUR DEMENTIA PATIENT, MR C

Our Dementia Ward provides dedicated and compassionate care that supports and empowers people with dementia who are in the advanced stage of their illness, or are at any stage of dementia and have another accompanying terminal illness. Our care team is trained and aware of the specific needs of the person with dementia. They understand they are caring for a whole person who has his or her own personality, fears, likes and dislikes.

84-year-old Mr Chan had cancer and cognitive impairment. His first few days at Assisi were extremely challenging for our staff. Mr Chan preferred to walk around even though he had a high risk of falling, and constantly declined hygiene care. As Mr Chan liked coconut candy and pickles, his son would usually bring coconut candy when he visited. However, he got frustrated when they ran out. The ward staff bought different brands of candy for him, but he insisted on heading out to "the tuck shop at the void deck" to buy snacks.

To calm him down, our ward staff set up a "shop" with a trolley in our courtyard. The "shop" was filled with treats like hawthorn flakes, pickled plums and candies.



When Mr Chan visited the "shop", he chose the snacks he wanted and paid with the change from his pocket. There was immense satisfaction and he went back to the ward happy and contented. From then on, he trusted us and allow the ward staff to attend to his needs.

PLACE LIKE HOME

Daddy told us that he was home when
he accidentally called us one of the
nights while he was at Assisi Hospice.
We are deeply comforted by that.

God bless, Marcus & Frances Voon

NURSING CARE

Our Nursing team ensures that we maintain a high standard of care for our patients.

The team embarked on the Palliative Care Outcomes Collaboration (PCOC) project, which aims to use standardised tools to assess and measure patient outcomes. This also improves interprofessional communication to achieve better patient experience and outcomes.



For the Home Care team, electronic documentation was implemented to replace manual documentation. This enabled our Home Care nurses to document their home visits in real time and helped to increase their efficiency as they provide care for our patients in their homes. On-call nurses and doctors now have immediate access to patients' medical history to better provide consultation and advice over the phone. The Nursing team also started preparation for migration to electronic records for Inpatient services; which will be implemented in 2019.

As a gift to the community, the nursing team embarked on projects that benefitted the palliative care sector at large. We invited two visiting experts, Dr Carol Long and Ms Lores J Vlamincx, from the United States to conduct training on Caring for Older Persons at End of Life, with funding from the Agency of Integrated Care (AIC) Community Care Manpower Development Award

(CCMDA). The training from 10-14 September 2018 included four open lectures and the End-of-Life Nursing Education Consortium (ELNEC) Geriatric Train the Trainer Programme for nurses in the Intermediate and Long-Term Care (ILTC) sector. The programme was designed specifically for nurses who are providing care for elderly patients with end-of-life and palliative care needs, at home or in community-based settings such as nursing homes, and hospitals. The training aimed to equip nurses with skills and knowledge needed for geriatric palliative care, providing them with a holistic, comprehensive, interdisciplinary and person-centred care approach for older adults and their families at the end of life.

WALKING ALONGSIDE

我很感激治疗助理，他把我身体
锻炼的很好。我的脚本来不可以走，
他训练得可以慢慢走，我感激他。
Translation: I am very grateful to the
therapy aide. He helped me to exercise.
Initially, I cannot walk but with his
exercise, I can now walk slowly.

Patient Ho See Lin



COMFORT

Providing comfort is the foundation of how we serve,
to bring solace in times of difficulty.



PSYCHOSOCIAL SUPPORT SERVICES

The Psychosocial Support Services (PSS) team satisfaction was at a new high in 2018. Each team member brought value, joy, and passion to all that we do. The team operates in an environment that harnesses motivation and focuses on each team member being highly engaged, allowing talent and potential to shine through. The contribution of expertise from collaborative effort with the Singapore General Hospital (SGH) Medical Social Services (MSS) team, as well as the strategic recruitment of two new team members, namely a Principal Medical Social Worker and a Bereavement Counselor and Coordinator, completed the formation of a team that was three years in the making.

While finding good team members is very tough, getting them to work together effectively as a team is even tougher. The secret ingredient is consolidated wisdom

and effort from each team member wanting to bring out the best in each other. The PSS team has formed with a clear focus on growing together, which translated into holding on together during times of fun, pain and transformation. A large part of the team's focus in 2018 was channeled towards the formation of a Professional Development, Education and Training team to review and rebuild the department's processes and services to support professional growth and development. This included the restructuring of both in-house and external learning and training activities, clinical supervision and professional competence framework, as well as enhancements in work processes.

With growth, changes were inevitable. What worked previously may no longer be relevant or the best approach for different challenges, as well as opportunities. One of the patients we supported, Mr Ng, taught us,

LISTENING EARS

Thank you each one of you for your unconditional support, encouragement, time, patience, physical care, listening ears for Karen Nyam Mui Lin during her stay here. She found comfort in each one of you so much so she remembered every single one of you by your name.

With love, Nyam family



"If nothing ever changes, there is something wrong". The team culture and system of work needed to adapt and change with evolving needs. People become comfortable with familiarity, but what truly makes a difference is the courage and tenacity to believe in endless possibilities and better outcomes.

Mr Ng saw the transformation of himself and the team as he found a comforting balance as he experienced personal growth in his final journey. It is mainly through the lens of the people we care for, their families and fellow healthcare professionals who work in palliative care, that we acquire the greatest knowledge and learn through first hand experiences about what it means to enjoy the journey of growth, even during times of uncertainty. Mr Ng represented individuals we have journeyed with, and who supported our growth as a team.

To achieve good palliative care standards, excellent psychosocial care is imperative. The Assisi PSS team, comprising Medical Social Workers and Counsellors, holds on to strong professional and team identities as we support and care for our patients in all the diverse ways they need.

NEVER ALONE

I cannot begin to describe the gratitude and appreciation my family feels for you. We would like to thank you for keeping my mother company and for the compassionate care in which you have shown my mother. She has spent her last two months comfortable and content, and never alone. At every instance, we were met with kindness and empathy. All our questions were answered in a manner we would understand with patience and understanding, even when we asked the same questions 3 or 4 times.

*With Heartfelt Gratitude and Love,
Cassandra*

ENJOYING THE SUNSHINE

Forever grateful to physiotherapist and her colleague and our helper for making effort to push my mum to the roof garden in Assisi Hospice. She enjoyed the sunshine and fragrance of the flowers for the last time.

Daughter of Yong Yeng

PEACE & TRANQUILITY

Before we came to the hospice, in our ignorance, we naively viewed it a place of fear & trepidation. Our opinions were very soon changed to one of peace & tranquility. We were treated with compassion, understanding, care & empathy. Words just can't express my/our heartfelt thanks for all that you have done.

*With heartfelt thanks & regards,
Family of Sunny Ang*



CLINICAL PASTORAL CARE

There is no greater joy than serving our patients, staff and their loved ones in their time of greatest need. Our role as Clinical Pastoral Care (CPC) Counsellors is to be truly present and listening, keeping pace with, tuning in and moving in at the right time to pose a question for reflection, facilitating such that the patient who is suffering physically, emotionally and spiritually, finds his/her own answers that will quieten his/her spirit.

Through the years, the CPC team has shared knowledge about pastoral care with visiting doctors, nurses and medical students as well as counsellors from various healthcare institutions. This year, the team was invited to speak at the Singhealth Nursing Conference on Clinical Pastoral Care in Palliative Care. Increasing public awareness of holistic palliative care where we honour each person and their spirit within is critical. It helps allay the fear of being in a hospice and helps patients and their families make meaning of death, understanding what comfort and living meaningfully to the end of life can be. Fellow colleagues in healthcare also appreciate the knowledge that enables them to help their patients in the hospitals make more informed decisions on transiting from care in a hospital setting to palliative care in Assisi Hospice.

STRENGTH AND COMFORT

To the social worker:

Your kind words and sweet voice gave strength and comfort to our father. With your comforting support, you eased our father's pain and our mother's breaking heart.

*With love,
From the family of the late Mr Buang Bin Haji Abdul Rhaman*



JOY

Creating moments of joy for our patients is part of our mission to be life-giving in all that we do.



DAY CARE



As you approach Assisi Hospice's Day Care Centre, you can hear sounds of music, laughter mingled with chatter amongst friends, and sometimes a guitar and ukulele jamming session. Stepping in, you may see a group of patients doing seated exercises, moving to energetic music from the speaker, while another group is trying to throw small sandbags (and laughing hard while doing so) into a basket placed on the head of a staff. On other days, you may see a group of patients getting their hands dirty potting and trimming plants, or cooking up a storm in the Day Care kitchen.

At our Day Care, we want to help every patient live the last part of their journey to the fullest, edified by new friendships and the opportunity to re-discover the joys of happier times. Beyond that, we also hope to help to re-kindle positive relationships between our patients and their families. Activities and programmes are developed around the patients, with focus on autonomy, meaningfulness, family-centeredness and good amounts of fun thrown in. A mix of medical, nursing, rehabilitative and psychosocial care makes Assisi Hospice's Day Care unique. Throw in a bunch of passionate, fun loving and caring staff and volunteers, you've got a place that is joyful and life-giving.

PHYSICAL ACTIVITIES

Exercise is very important for our patients. It is an effective way to help them maintain their endurance, flexibility, strength and mobility so that they can continue to participate in the activities they like, for example cooking, gardening, photography, craft work or even going for walks.

We started Seated Zumba in September 2018. The goal is to make exercise fun and exciting with upbeat music for patients who are limited in their mobility. A mixture of

adrenaline pumping music with rehabilitative exercises get the patients going.

For patients who are more mobile and independent, their exercises are more challenging, with games added to make the session more fun and engaging. Our therapists have taken care to ensure that the exercises and games will train the patients in their balance, co-ordination and reflexes, in addition to strength and endurance.



BUILDING BONDS

We would like to express our sincere thanks for the provision of venue space to hold our gathering. Typically, we organise yearly Ramadan gatherings to foster togetherness and to strengthen our family bond. We are grateful that Assisi Hospice had made it possible for us to do so while being in the close presence of our beloved mother/ grandmother.

*Warmest Regards,
KSS, The family of Madam Saerah Ahmad*



PSYCHOSOCIAL PROGRAMMES

INTEREST GROUPS

We started the cooking and gardening interest groups in September 2018. Through these added interest groups, we hope to empower our patients with activities they enjoy and encourage them to form deeper relationships with new friends who have similar interests.

Patients are invited to sign up for the interest groups that they like. Besides providing an outlet for patients to engage in activities that they enjoy, the interest group is also a platform to encourage patients to share their experiences, make decisions together, set a direction and meaningful outcome for the group. The role of the therapist becomes that of a facilitator. At the end of the sessions, photographs and videos of the patients engaging in activities are collated and shared with the rest of the Day Care patients and their families. Patients receive affirmation for their efforts and leave a positive memory for their families.

During the Cooking interest group, our therapist will facilitate the discussion of the cooking themes for following weeks. Patients can choose to contribute their ideas for the dishes. Each week, the patient who contributed the idea to the dish of the week will lead the expedition to the market to source for ingredients and direct the preparation and cooking. At the end of each session, the dish is served to other Day Care patients during their lunch.

BRINGING CHEER
 You tried your best to make her comfortable. During the time when she could open her eyes and talk, you would teased and make her laugh. Even how, when she is in deep sleep, I am sure she can hear you too. Your tender care & concern really means a lot to our family.

Love, Low Family (Mdm Nam Sua Moi)

SHARING JOY
 I want to extend my heartfelt thanks to the therapists and volunteers for taking time with him and enriching his life with activities. For sharing the joy with him in music, modelling and bringing him out for a walk; truly his stay in Assisi Hospice has been given more meaning because of your sincere dedication.

From: Family of Mr Lee Kwok Choo

FAMILY-CENTEREDNESS

We started holding monthly birthday celebration for all our patients born in the same month. Families of the birthday babies are invited to join in. For families who are unable to attend the celebration, we request for a video recording or text message of their birthday wishes to be played or displayed on the day of celebration. Through this small act, we hope to help patients and their families rediscover the joy in their relationships.



CARING FOR PATIENTS IN THE COMMUNITY

Our Day Care Centre started collaborating with Ren Ci Hospital on the Integrated Care for Advanced Respiratory Disorders (ICARE) programme. We provide rehabilitative and medical care for patients with advanced lung disorders after they have been discharged from the hospital. This enables them to stay in the community.

At our Day Care Centre, we provide patients with opportunities for physical exercise and targeted interventions to improve their ability and confidence in executing daily activities. We are also the only Day Care Centre that admits patients with constant oxygen needs, including oxygen during transportation to and from the Centre, as well as during their visit. Our staff have been trained to handle the medical equipment and monitor the patients' condition, enabling them to go on outings. The Day Care also provides a physical location for them to interact with others who may have the



same condition and forge new friendships. The care team reviews the patients' coping techniques and emphasises adequate symptom control through medication. Through administering additional medication once the patient starts to exhibit symptoms, exacerbations are controlled before they escalate to one that will require hospital admission.

One of the patients, Mr Chen Fang Sien (75 years old), joined our Day Care Centre 6 months ago. Due to his need for oxygen therapy, he was largely confined to his home after his discharge from Ren Ci Hospital. Now, he comes to our Day Care Centre three times a week. He said, "I like to be here as I have found friends to play mahjong with. I have also been on outings to places like Sentosa. My wife is also happy that I'm here – she gets some time to go out with her friends."

CORPORATE PARTNERS AND VOLUNTEER GROUPS

We are blessed to have the support of many Corporate Social Responsibility (CSR) partners and volunteer groups throughout the years. Some have been volunteering with us on a regular basis while others are new partners making their first foray into volunteering at a hospice. Whether old or new, we are grateful to see many partners bring joy to our patients by engaging them with interesting activities.

MID-AUTUMN FESTIVAL CELEBRATION by City Developments Limited

In addition to bringing delicious mooncakes, sweet pomelos, colourful lanterns and miniature Chang-E and Jade Rabbit to visit our patients, City Developments Limited (CDL) upped the ante on their annual Mid-Autumn Festival Celebration at Assisi Hospice this year by including a special LED-kites demonstration. Patients were mesmerised by the vibrant and graceful display.



TRIP DOWN MEMORY LANE by Shook Lin and Bok

Volunteers from Shook Lin & Bok brought our patients on a journey down memory lane as they created a novel fishing experience at both our Day Care and Inpatient wards. Our patients relived nostalgic memories of longkang-fishing decades ago.

SPA DAY

by Tractors Singapore & JAS Volunteer Group

Patients were treated to a special Spa Day experience by volunteers from Tractors Singapore who pampered them with soothing face masks, manicure services, and lemongrass drinks coupled with a relaxing foot massage provided by volunteers from the Japanese Association Singapore (JAS) Volunteer Group.



RE-PURPOSED WEDDING FLOWERS

by Refresh Flowers

Volunteers from Refresh Flowers SG often bring in re-purposed post-wedding flowers to brighten up the wards and Day Care Centre at Assisi Hospice. In one instance, one of our quick-thinking patients even used the flowers to present a bouquet to his wife for a romantic moment!

COFFEE TREATS

by Kopitiam

Twice a month, we can hear patients making customised orders of "kopi gao" or "kopi si siew dai" to our friendly volunteers from the Kopitiam programme at Assisi Hospice. These made-to-order fresh brews are definitely aromatic treats that our patients and their caregivers look forward to. Additional offerings of delicious kuehs add to the wonderful afternoon tea experience.



IN THE NEWS

ART GALLERY WITHIN A HOSPICE WARD BY MS EUGENIA GAJARDO



The St Clare ward in Assisi Hospice was transformed into an art gallery with 23 pieces of vibrant and colourful art pieces by Chilean-born, Singapore based artist Ms Eugenia Gajardo. This is the first time that a collection of art pieces has been specially created with hospice patients in mind and is permanently exhibited in a hospice ward in Singapore.

The collection's largest artwork and namesake piece, "Alegria", is the focal point of the display. Objects associated with the care of the patients, including the nurse's uniform, disposable gloves, a brush used by patients during their art therapy sessions, a guitar string, and jigsaw puzzle pieces forming a heart, were incorporated beneath the art piece's colourful and uneven surface. These objects symbolise the loving care to patients provided by our multidisciplinary team.

OUR PATIENTS: STORIES OF JOY

KATHERINE YUE



Source: Straits Times, 21 May 18

Our patient, Ms Katherine Yue, 52, shared her gift of singing by holding not one – but three private concerts for family, friends, patients and staff of Assisi Hospice in May and July. Accompanied by our senior music therapist, Ms Tammy Lim, who played either the guitar or keyboard, Katherine sang a repertoire of English and Chinese oldies, and gospel music.

A former nurse, Ms Yue was often crowned champion at singing contests held at her workplace. She loved to sing and was sought after to sing at her loved ones' birthday celebrations and at parties.

"Tammy encouraged me to share my gift of singing. Singing makes me feel very joyful and happy. Being able

to still sing makes me feel like I'm still useful, as I can bring joy to others." Ms Yue said. Ms Yue was diagnosed with ovarian cancer seven years ago. She was warded as an inpatient in Assisi Hospice in April in 2017.

She said that being diagnosed with cancer meant that she had to learn to "humble" herself to accept care from others, a role reversal given that she spent more than 30 years as a nurse caring for patients. Regarding her performances, she said, "I'm now living on borrowed time and at least I'm able to give something before I leave."

Ms Yue left the world with a tune in her heart on 5 September 2018.

LEE YOK SIM



To many residents in Woodlands, the 32-year-old wanton mee stall was a source of comfort food enjoyed by the entire family for generations. But to 72-year-old Mdm Lee Yok Sim, it was a lifeline that saved her family. She was grateful to Dr Tony Tan Keng Yam for his act of kindness in helping to secure the stall; and had always hoped to meet him again to thank him personally. Her wish was fulfilled when she was admitted to Assisi Hospice for inpatient care.

FULFILLING A WISH

On the behalf of the family of the late Mdm Lee Yok Sim, we will like to extend our gratitude to Assisi Hospice for taking care of our mother during her stay. Thank you for the prayers and support given to us during this period of time. Thank you for helping us to let our mother able to attain her wish to personally thanks our benefactor, Dr Tony Tan. We will also like to compliment all the ward staffs and nurses for their professionalism in taking care of our mum.

Yours sincerely, Alan and family

1977 was a tragic year for Mdm Lee and her family. A fatal traffic accident took the life of her husband, who was a technician and the sole breadwinner of their family with 5 young children aged 6 months to 12 years old. Her eldest son passed away due to an illness in the same year.

Despite her grief, she bravely soldiered on for the sake of her family. Barely after a week she was widowed, she started working as a construction worker, earning \$200 a month to put food on the table. Motivated to provide a better life for her family, she approached Dr Tony Tan, who was then a Member of Parliament for Sembawang Group Representation Constituency, for assistance to secure a hawker stall when she heard that a hawker centre would be built near their home in Woodlands.

To ensure that she served the best tasting food to her customers, she made special effort to travel to Malaysia to learn wanton making from a relative. Business remained brisk as she helmed the stall for 32 years, bringing up her children with her labour of love. She retired in 2013, when all her children had grown up and started their own families.

In 2017, she was diagnosed with liver cancer. Her condition deteriorated, and she was admitted into Assisi Hospice on 16 October 2018. By then, she had 10 grandchildren and had even welcomed her first grandson-in-law. Her heart was filled with gratitude as she expressed to her children her humble wish to meet Dr Tony Tan. She said, "...to thank Tan Keng Yam for helping me to get a stall. Without getting the stall, there is no today."

Through the arrangements of the Assisi Hospice care team, Dr Tony Tan and Mrs Mary Tan visited Mdm Lee in Assisi Hospice. She was all smiles as she finally had the chance to convey her gratitude to someone who made a deep and lasting impact on her life. Mdm Lee passed away peacefully on 30 October 2018, surrounded by her loved ones.



NURTURE & SUPPORT

Our staff and volunteers are the pillars of Assisi. We put in our best effort to support them in discovering their passion and potential.

TEAM ASSISI

Our staff are precious to us. We hope to help each individual develop their expertise with a long-term perspective of their contribution to healthcare in Singapore. Our Franciscan values and the ethos of palliative care guide us in the understanding that we all share the same space and are responsible for the wellbeing of one another to grow and develop to our fullest potential.

AWARDS

We are happy to share that our colleagues have been honoured in the awards below:

HEALTHCARE HUMANITY AWARDS

ILTC Category - Claire Anne (Senior Staff Nurse)



"Service to God through mankind echoes my heart's genuine desire and commitment to care for those in need. Assisi Hospice has become the avenue for me to serve the community and I am embracing this calling wholeheartedly."

NURSES' MERIT AWARD 2018

Liu Fang (Senior Nurse Educator)



"It has been 16 years since I first stepped into the ward, and I have never regretted choosing nursing as my profession."

COMMUNITY CARE EXCELLENCE AWARDS

INDIVIDUAL AWARD (SILVER AWARDS)

Christian Gabia Rafol (Staff Nurse II) and Mya Nyein Soe (Senior Staff Nurse II)

This award recognises the contributions of Community Care staff and teams who have demonstrated exemplary service and commitment in delivering quality care to their clients.

COMMUNITY CARE MANPOWER DEVELOPMENT AWARD 2018

Five of our colleagues were awarded the **Community Care Manpower Development Award 2018**. This award is administered by the AIC and provides new entrants, mid-career switchers and current staff working in the Community Care sector with opportunities to pursue and grow a career. The five recipients were:

1. **Dr Tan Su-Yen**, pursuing Graduate Diploma in Family Medicine
2. **Teresa Sharon D/O Danakoddy Anthony**, pursuing Bachelor of Nursing (Hons)
3. **Boey Jun Yuan**, pursuing Bachelor of Business in Accounting
4. **Felicia Ng**, pursuing Bachelor of Business in Accounting
5. **Tan Jing Jing**, pursuing Bachelor of Business in Human Resource Management and Management



CONFERENCES

Our colleagues also participated in international conferences contributing to greater knowledge in the palliative care sector worldwide:

Saw Nandar Nwe (Senior Staff Nurse)

Performed the role of a mentor and helped to reinforce the skills of palliative care champions in Bhutan and Myanmar. In her first training visit to Bhutan (July-August 2018), she was part of the team of experts in palliative care from the Asia Pacific region to teach and train a group of trainers who would be teaching others in Bhutan and eventually develop a palliative care series which would provide countrywide coverage. Nandar visited Myanmar (August 2018) to support efforts to make essential medications available by obtaining government funding and manpower. She also provided guidance and teaching in managing cases, and shared her expertise and skills.



Eliada Yap (Senior Nurse Manager) and Dr Patricia Neo (Clinical Director)

Invited to Khon Kaen University, Thailand as guest speakers for the “Quality Assessment in Palliative Care Workshop” to share about the palliative ward setting in Assisi Hospice (Feb 2018). The talk included historical perspective, current services and delivery model, regulatory changes, the national guidelines, minimal dataset, quality improvement and community engagement as a whole nation approach to advance palliative care.



Sukhdev Kaur (Nurse Manager), Mya Nyein Soe (Senior Staff Nurse II) and Leong Pei Ying (Senior Executive, Clinical Quality)

Presented a poster on “Improving Fall Rates in an Inpatient Hospice in Singapore” at the 8th Biennial Australian & New Zealand Falls Prevention Conference in Hobart, Tasmania (November 2018).

Dr Rina Nga (Principal Resident Physician) and Eliada Yap (Senior Nurse Manager)

Presented a poster on “Inpatient Hospice Dementia Care: Establishing a New Model of Care for People with Advanced Dementia in Singapore” at the 22nd International Congress on Palliative Care, Montreal, Canada (October 2018).



Dr Tan Su-Yen (Resident Physician) and Saw Nandar Nwe (Senior Staff Nurse)

Presented a poster on “Retrospective Study of Factors Contributing to Rehospitalization from Hospice Homecare” at the 22nd International Congress on Palliative Care, Montreal, Canada (October 2018).

Vivian Wong (Art Therapist)

Presented a poster on “An Integrative Approach: Dignity-Conserving Practice through Dyad Art Therapy for Hospice Patients and their Caregivers” at the 22nd International Congress on Palliative Care, Montreal, Canada (October 2018).

STAFF TRAINING

Training and coaching are structured and personalised in Assisi. We planned individual training roadmaps and formalised leadership development to enhance professional and personal development for all staff. We developed more specialised training programmes. 2 more staff attained the Specialist Diploma in Palliative Care, 27 staff were sent to Global Conference on Integrated Care,

14 staff attended the Quality & Productivity Festival Conference and 16 staff were sent to Inaugural Grief and Bereavement Conference 2018. Our nurturing goes beyond our staff. 422 clinical personnel were attached to Assisi in 2018. They comprised 357 local students (252 medical, 68 nursing and 35 allied health students) and 18 doctors.

OUR VOLUNTEERS

Our patients are blessed to have the support of many compassionate volunteers who provide precious time, expertise and companionship. In 2018, more than 500 individual volunteers contributed close to 20,000 hours supporting our care for patients.

VOLUNTEERS AS PART OF TEAM ASSISI

Volunteers have been an integral part of Assisi Hospice since we started in 1969. We are grateful that our volunteers truly understand how important the final days are, and are willing to provide the support to journey with our patients. As our hospice grows and evolves, our volunteers are always willing to grow with us, never failing to step up to meet the new areas of need for the benefit of our patients.

We organised various activities for our volunteers so that they feel connected and part of a vibrant community of givers in our Team Assisi family. Some of these include our Volunteers’ Tea sessions and Film-Nights@Assisi, which were hosted by Assisi staff and provided an environment for learning, sharing and getting to know other volunteers.

Our annual Volunteer Appreciation BBQ Party was held at the Assisi Rooftop Garden for the first time, a special treat for our wonderful volunteers who have contributed so much for our patients.

On the social media front, we shared the latest developments in the hospice with our volunteers through our new quarterly e-newsletter “The Life-Giver” and regular Facebook posts in our closed volunteer Facebook group.



NEW EXPERIENCES

We are always on the lookout for new ways to add life to the days of our patients. In addition to our existing volunteers who provide patients with precious human connection and support our nurses in patient care, we have also tapped into “four-legged volunteers” to provide companionship for patients. Research has shown that the presence of the therapy animals can be soothing by providing a relief from anxiety, fear and loneliness.

Since 2018, we expanded our in-house team of dog-assisted activity volunteers from two to ten members, and also partnered with Cat Assisted Therapy Singapore (CATS) to bring feline volunteers visit our patients on a monthly basis. For one of our patients, who had to make the painful decision to give away her eight beloved cats after she was too ill to take care of them, the visits by the



CATS volunteers were a healing balm and source of joy during her stay in Assisi Hospice.

Our volunteers also came together to create special experiences for our patients, one of which was a special World Cup Final live-screening for the football fanatics amongst our patients. Organised by Assisi staff and supported by volunteers, this event will be fondly



remembered by the patients and their families as they enjoyed meaningful time together at the late Sunday night football party. For our patient Mr Atre and his son, this experience was especially memorable as the last time father and son got to watch the World Cup together was 28 years ago.

Our patients also received special surprises from our Treats Trolley team who often put on their creative hats to brighten our patients' days. During Christmas, our inpatients enjoyed “12 Days of Festive Treat Trolley” which featured daily special treats including local delights like Hokkien Mee, nonya kueh and Western fare like ham and sausages. This initiative was also featured in Lianhe Zaobao.



Source: Lianhe Zaobao, 27 Dec 18

Our dedicated NODA volunteers also supported more patients through the years. Since its inauguration in 2014, NODA@Assisi has journeyed with 82 patients, providing care, love and support to lonely patients at the end-of-life, letting them know that someone cared.

HONOURED FOR WORK WITH END-OF-LIFE PATIENTS

The good work of Assisi volunteers did not go unnoticed.



Josephine Chandra, a dedicated volunteer who has been supporting our patients in various roles over the past six years, was awarded the Healthcare Humanity Award 2018 in the Volunteer Category.

Our volunteers from The Japanese Association Singapore (JAS) Volunteer Group won the Singapore Patient Action Award (Volunteer Group Award) for their sustained support to our Day Care patients, through their weekly Music & Movement and Foot Massage programme, for the past 23 years.

Assisi Hospice's Volunteer Management team and team of volunteers were recognised for our service to end-of-life patients at the President's Volunteerism and



Source: Straits Times, 25 Oct 18

Philanthropy Awards (PVPA) in the Non-profit Category on 24 October 2018. The awards were presented by President Mdm Halimah Yacob and represent the highest honours for volunteerism and philanthropy.





ACCESS

With generous support from the community, we can fulfil our mission of providing comfort and dignity to our patients in their final journey, regardless of race, faith and financial situation.

To ensure that all have access to our care, we raise funds to defray our operating expenses to keep cost to patients low. Our Home Care service is provided free. 51% of our patients are poorest of the poor and means tested to the lowest income level. Support from individuals and corporates in the community enable us to continue to provide care and comfort to all our patients.

SIGNATURE FUND-RAISING EVENTS

We held three signature fund-raising events in 2018. Together with our generous partners, we raised over \$3 million for our patients. Our fund-raising efficiency ratio for our events is kept below 10%, which is lower than the guideline of below 30% for Institutions of a Public Character (IPCs). The fund-raising efficiency ratio is the total fund-raising and sponsorship expenses to the total gross receipts from fund-raising and sponsorship for the financial year.

ASSISI FUN DAY



Corporate sponsors, individual supporters, families of former patients, volunteers and community groups exemplified the “kampong spirit” as they donated their merchandise and gave their time and talent in support of Assisi Fun Day 2018, held on 24 June 2018. The event was co-organised with City Developments Limited (CDL) and CBM Pte Ltd. Mr Sherman Kwek, Group CEO of CDL, went the extra mile and raised over \$183,000 through the “CDL Challenge”, in which he made a splash for charity by placing himself on the dunking machine.



ASSISI DINNER



Thank God It's Friday! The Assisi Dinner was held on 21 September 2018 at the Pan Pacific Ballroom. It was a heart-warming evening amongst friends, with all the love and support shown by our donors. We would like to thank all who came with their generous gifts of donations, auction items and talent. We are especially thankful to Pan Pacific Hotel which has been supporting us generously since 2004.



CHRISTMAS LIGHT UP



Patients and their loved ones, together with guests, enjoyed the light-up of the 11-metre-tall giant Christmas Tree, beautiful fireworks, colourful LED kites and exciting performances at Assisi Hospice's Christmas Light-Up held on 4 December 2018! The Senior Boleh Chimes Choir, a new interest group formed by our patients and volunteers, serenaded the crowd with a performance of 'Silent Night', using special handbells at their first public performance.

We would like to thank our co-organiser, Sembcorp Industries Ltd for their leadership, strong support, and for bringing Christmas cheer to our patients through the wonderful band performance, gift distribution and engaging in fun art activities with them.

Event	Amount Raised (\$)	Expenses (\$)
Assisi Fun Day 2018	1,248,554	119,330
Assisi Dinner 2018	1,385,772	65,277

PARTNERSHIPS



In 2018, we were blessed to have regular supporters who have been our pillars of support in our fund-raising efforts over the years. We were also privileged to forge new partnerships to extend the reach of our work and service in the community.

These are some ways that our partners have worked with us:

1. **Studio Fine Art Gallery** held an exhibition at Assisi Hospice where the proceeds of their paintings and craft work were channelled to Assisi Hospice for patient care.
2. **District 80 Mandarin Toastmasters Division L and Division V** appointed Assisi Hospice as their beneficiary for their "Live, Laugh and Enjoy The Moments" contest.
3. **Ad Orientem Solisti** presented a musical evening featuring some of the most beloved Christian music, both contemporary and traditional, donating the proceeds to Assisi Hospice.
4. **Hougang Football Club** sold Assisi Fun Day tickets and engaged the public to learn more about our services at the S-League Charity Shield community event.
5. **SATS** organised the SATS Charity Run at Gardens by the Bay and adopted Assisi Hospice as one of its beneficiaries. Some of our Day Care patients also took part in the event, enjoying the sights and sounds of nature during their walk with the SATS volunteers.

We would also like to extend our appreciation to our other supporters who have contributed and supported us in their own ways:

1. **Catholic Junior College** and Temasek Junior College raised funds for us through their events
2. **Vinum Fine Wines** for their lovely wines at the Assisi Dinner
3. **Tung Lok and friends** prepared the delicious spread of food at Assisi Fun Day
4. **Janet** and **Poh Chin** did a series of fund-raising activities selling food and craft items
5. **Dr Chan Boon Kheng** shadowed our Home Care team for a day and visited our Home Care patients. He felt connected to support our Home Care service and did a personal fundraising appeal amongst his friends and colleagues, raising over \$30,000.
6. **Petite Fleur** donated part of their proceeds from their pop-up store during the period leading to Valentine's Day.
7. Through Citi-YMCA Youth For Causes, a team of students from **Raffles Institution** did a flag day collection and fundraising project selling tote bags, pins, badges in school, raising over \$4,000 for Assisi Hospice.





FINANCIAL STATEMENT

FINANCIAL STATEMENT

DIRECTORS' STATEMENT

Year ended 31 December 2018

In our opinion:

- (a) the financial statements set out on pages FS1 to FS26 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 2018 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
 Lee Seng Meng Paul
 Anthony Mallek
 Teo Liang Huat Thomas
 Seah Ting Han Jeffrey
 A/Prof Cynthia Goh
 D'Silva Edward Alec
 Linus Tham Wai Chung
 Lynna Chandra
 Sylvia Lee
 A/Prof Philip Yap Lin Kiat
 Prof Choo Wee Jin Philip (Appointed on 3 November 2018)

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 Leonida Lee Siew Lian, Sister Anne Goh Bee Kew, Sister Jane Margaret Bertelsen, and Sister Helena Mc Evilly.

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

Lee Seng Meng Paul
 Director

23 May 2019

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 2018, 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 FS26.

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 2018 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. Other information is defined as all information other than the financial statements and our auditors' report thereon. We have obtained the Directors' statement prior to the date of this auditors' report.

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

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

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.

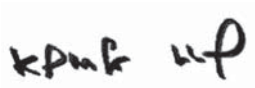
We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal controls that we identify during our audit.

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 LLP
Public Accountants and
Chartered Accountants

Singapore
23 May 2019

BALANCE SHEET

As at 31 December 2018

	Note	2018 \$	2017 \$
Non-current assets			
Property, plant and equipment	4	54,556,386	57,907,526
Investments	5	38,717,737	10,490,745
		93,274,123	68,398,271
Current assets			
Inventory	6	27,308	41,017
Trade and other receivables	7	15,444,431	15,137,806
Cash and cash equivalents	8	42,551,634	58,113,485
		58,023,373	73,292,308
Total assets		151,297,496	141,690,579
Funds			
Restricted funds			
Community Silver Trust Fund	9	14,464,874	13,107,727
Medical Equipment Fund	10	57,701	76,018
Paediatric Palliative Care Programme	11	632,260	632,699
Patient Assistance Fund	12	280,968	72,008
Project Next Door Fund	13	1,337,502	418,139
Respectance Fund	14	62,580	152,199
Singapore Ireland Fund	15	55,744	61,090
Gym Tonic Fund	16	4,830	16,163
Temasek Foundation Cares Fund	17	274,657	131,294
Ingot E-Case Fund	18	–	82,280
Ingot In-Patient Fund	19	92,527	–
Unrestricted funds			
Accumulated Fund		56,322,123	61,316,232
Staff Welfare Fund	20	653,662	634,303
Salaries Adjustment Fund	21	3,321,752	3,697,908
Building Fund	22	52,979,975	55,866,597
Sinking Fund	23	16,500,000	–
Total funds		147,041,155	136,264,657
Current liabilities			
Trade and other payables	24	4,256,341	5,425,922
Total liabilities		4,256,341	5,425,922
Total funds and liabilities		151,297,496	141,690,579

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

STATEMENT OF FINANCIAL ACTIVITIES

Year ended 31 December 2018

Year ended	Note	2018			2017		
		Total	Total	Total	Total	Total	Total
		Unrestricted Funds	Restricted Funds	Funds	Unrestricted Funds	Restricted Funds	Funds
		\$	\$	\$	\$	\$	\$
As at 1 Jan		121,515,040	14,749,617	136,264,657	52,497,147	70,019,655	122,516,802
Income							
Income from generated fund							
Voluntary income							
- Donation - General		4,211,511	1,437,272	5,648,783	4,361,241	1,224,313	5,585,554
- Donation - Mount Alvernia Hospital	25	588,000	–	588,000	588,000	–	588,000
- Government Grant/Sponsorship received/receivable		3,217,573	12,149,151	15,366,724	3,847,719	14,566,903	18,414,622
		8,017,084	13,586,423	21,603,507	8,796,960	15,791,216	24,588,176
Income from fundraising activities		5,391,280	140,000	5,531,280	5,818,483	12,815	5,831,298
Income from generated fund		13,408,364	13,726,423	27,134,787	14,615,443	15,804,031	30,419,474
Income from charitable activities							
- Government grants		6,785,727	–	6,785,727	4,372,844	–	4,372,844
- Patient fees		2,193,424	–	2,193,424	1,445,537	–	1,445,537
Income from charitable activities		8,979,151	–	8,979,151	5,818,381	–	5,818,381
Other income							
- Investment income	26	479,464	–	479,464	685,057	16	685,073
Total income		22,866,979	13,726,423	36,593,402	21,118,881	15,804,047	36,922,928
Expenditure							
Cost of generating funds							
- Fundraising expenses		378,423	–	378,423	355,500	–	355,500

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

Year ended	Note	2018			2017		
		Total	Total	Total	Total	Total	Total
		Unrestricted Funds	Restricted Funds	Funds	Unrestricted Funds	Restricted Funds	Funds
		\$	\$	\$	\$	\$	\$
Charitable activities							
- Salaries and related costs		3,009,972	8,798,807	11,808,779	1,139,649	10,328,261	11,467,910
- Contributions to defined contribution plan		1,108,308	369,447	1,477,755	130,888	587,545	718,433
- Programme expenses		10,041,883	1,936,333	11,978,216	9,228,707	1,259,305	10,488,012
Expenditure on charitable activities		14,160,163	11,104,587	25,264,750	10,499,244	12,175,111	22,674,355
Governance costs							
- Professional fees	28	42,975	–	42,975	52,986	–	52,986
- Insurance		45,607	–	45,607	48,421	–	48,421
- Others		5,442	114	5,556	5,958	112	6,070
Total governance costs		94,024	114	94,138	107,365	112	107,477
Other costs							
- Investment expense	26	79,593	–	79,593	37,741	–	37,741
Total expenditure		14,712,203	11,104,701	25,816,904	10,999,850	12,175,223	23,175,073
Net income before tax expense		8,154,776	2,621,722	10,776,498	10,119,031	3,628,824	13,747,855
Income tax expense	30	–	–	–	–	–	–
Net income for the year	29	8,154,776	2,621,722	10,776,498	10,119,031	3,628,824	13,747,855
Transfers							
- Gross transfer between funds	16/18/22/23	107,696	(107,696)	–	58,898,862	(58,898,862)	–
		107,696	(107,696)	–	58,898,862	(58,898,862)	–
Net movement in funds		8,262,472	2,514,026	10,776,498	69,017,893	(55,270,038)	13,747,855
As at 31 December		129,777,512	17,263,643	147,041,155	121,515,040	14,749,617	136,264,657

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

STATEMENT OF CASH FLOWS

Year ended 31 December 2018

	Note	2018 \$	2017 \$
Cash flows from operating activities			
Net income for the year		10,776,498	13,747,855
Adjustments for:			
Depreciation of property, plant and equipment	4	3,600,982	3,482,825
Write-off of property, plant and equipment	29	–	70,213
Loss on disposal of property, plant and equipment	29	–	12,538
Interest income	26	(785,015)	(752,570)
Loss on disposal of investments	26	305,551	67,497
		13,898,016	16,628,358
Changes in working capital:			
Trade and other receivables		(306,625)	(1,713,189)
Trade and other payables		(1,169,581)	(1,065,216)
Inventory		13,709	(41,017)
Net cash from operating activities		12,435,519	13,808,936
Cash flows from investing activities			
Interest received from time deposits		487,885	496,072
Interest received from investments		297,130	256,498
Proceeds from disposal of property, plant and equipment		–	4,815
Purchase of property, plant and equipment		(249,842)	(6,492,143)
Proceeds from disposal of investments		29,611,675	3,889,933
Purchase of investments		(58,144,218)	(4,843,117)
Net cash used in investing activities		(27,997,370)	(6,687,942)
Net (decrease)/increase in cash and cash equivalents		(15,561,851)	7,120,994
Cash and cash equivalents at beginning of the year		58,113,485	50,992,491
Cash and cash equivalents at end of the year	8	42,551,634	58,113,485

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

NOTES TO THE FINANCIAL STATEMENTS

These notes form an integral part of the financial statements.

The financial statements were authorised for issue by the Board of Directors on 23 May 2019.

1 DOMICILE AND ACTIVITIES

Assisi Hospice (the Company) is a charitable organisation registered in the Republic of Singapore and has its principal place of business at 832 Thomson Road, Singapore 574627.

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

The Company is approved as an institution of a public character (IPC) under the provisions of the Income Tax Act. 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 the 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.

3.1 Foreign currency transactions

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

3.2 Property, plant and equipment

Recognition and measurement

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

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

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.

The estimated useful lives are as follows:

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

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

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

3.3 Trade and other receivables

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

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

3.4 Cash and cash equivalents

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

3.5 Investments

Investments are recognised at cost less any accumulated impairment losses. Investments comprise quoted debt and equity securities.

3.6 Inventories

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

3.7 Trade and other payables

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

3.8 Employee benefits

Defined contribution plans

A defined contribution plan is a post-employment benefit plan under which an entity pays fixed contributions into a separate entity and will have no legal or constructive obligation to pay further amounts. Obligations for contributions to defined contribution plans are recognised as an expense in the statement of financial activities as incurred.

Short-term employee benefits

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

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

3.9 Income

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

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

Patient fees

Provided it is probable that the economic benefits will flow to the Company, and that the income and expenses, if applicable, can be measured reliably, income from patients and related services is recognised when the services are rendered. Revenue excludes goods and services taxes or other taxes.

Government grants

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

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

Donation and fundraising income

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

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.

3.10 Expenditure

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

Costs of generating funds

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

Charitable activities

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

Governance costs

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

3.11 Impairment

(i) Non-financial assets

The carrying amounts of the Company's non-financial assets are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, the assets' recoverable amounts are estimated. An impairment loss is recognised if the carrying amount of an asset or its cash-generating unit ('CGU') exceeds its estimated recoverable amount.

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

Impairment losses are recognised in the statement of financial activities. Impairment losses recognised in prior periods are assessed at each reporting date for any indications that the loss has decreased or no longer exists. An impairment loss is reversed if there has been a change in the estimates used to

determine the recoverable amount. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

(ii) Non-derivative financial assets

The carrying amounts of the Company's financial assets are reviewed at each reporting date to determine whether there is objective evidence that it is impaired. A financial asset is impaired if objective evidence indicates that a loss event(s) has occurred after the initial recognition of the asset, and that the loss event(s) has an impact on the estimated future cash flows of that asset that can be estimated reliably.

Objective evidence that financial assets (including equity securities) are impaired can include default or delinquency by a debtor, restructuring of an amount due to the Company on terms that the Company would not consider otherwise, indications that a debtor or issuer will enter bankruptcy, adverse changes in the payment status of borrowers or issuers, economic conditions that correlate with defaults or the disappearance of an active market for a security. In addition, for an investment in an equity security, a significant or prolonged decline in its fair value below its cost is objective evidence of impairment.

Loans and receivables

The Company considers evidence of impairment for loans and receivables at a specific asset level. All loans and receivables are assessed for specific impairment.

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

Investments

Impairment loss in respect of investments is calculated as the difference between its carrying amount and the best estimate of the amount that the Company would receive from investment if it was to be sold at the reporting date. Losses are recognised in the statement of financial activities.

3.12 Funds structure

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

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

4 PROPERTY, PLANT AND EQUIPMENT

	Building \$	Furniture and fittings \$	Office and other equipment \$	Motor vehicles \$	Plant and machinery \$	Medical equipment \$	Computer equipment \$	Assets under construction \$	Total \$
Cost									
At 1 January 2017	1,365,752	126,064	9,499	83,198	–	305,390	346,839	54,649,837	56,886,579
Additions	–	109,751	63,497	90,333	–	105,837	430,588	5,692,137	6,492,143
Disposals	(1,365,752)	–	–	(1)	–	(63,168)	(33,717)	–	(1,462,638)
Write-off	–	–	–	–	–	–	–	(70,213)	(70,213)
Reclassification	48,026,952	303,540	2,484,702	114,500	6,611,100	293,385	2,250,068	(60,084,247)	–
At 31 December 2017	48,026,952	539,355	2,557,698	288,030	6,611,100	641,444	2,993,778	187,514	61,845,871
Additions	23,667	72,005	7,428	–	7,752	38,763	39,747	60,480	249,842
Reclassification	4,333	12,500	–	–	–	36,486	134,195	(187,514)	–
At 31 December 2018	48,054,952	623,860	2,565,126	288,030	6,618,852	716,693	3,167,720	60,480	62,095,713
Accumulated depreciation									
At 1 January 2017	1,365,745	57,486	9,499	77,613	–	89,840	300,622	–	1,900,805
Depreciation charge for the year	1,600,898	93,117	283,626	35,215	661,110	97,406	711,453	–	3,482,825
Disposals	(1,365,745)	–	–	–	–	(45,868)	(33,672)	–	(1,445,285)
At 31 December 2017	1,600,898	150,603	293,125	112,828	661,110	141,378	978,403	–	3,938,345
Depreciation charge for the year	1,602,765	117,765	296,786	51,208	662,087	112,800	757,571	–	3,600,982
At 31 December 2018	3,203,663	268,368	589,911	164,036	1,323,197	254,178	1,735,974	–	7,539,327
Carrying amounts									
At 1 January 2017	7	68,578	–	5,585	–	215,550	46,217	54,649,837	54,985,774
At 31 December 2017	46,426,054	388,752	2,264,573	175,202	5,949,990	500,066	2,015,375	187,514	57,907,526
At 31 December 2018	44,851,289	355,492	1,975,215	123,994	5,295,655	462,515	1,431,746	60,480	54,556,386

The construction and shift of operations to the new hospice building was completed in January 2017. Accordingly, the Company reclassified cost incurred from assets under construction to various categories in property, plant and equipment and commenced depreciation from January 2017.

FINANCIAL STATEMENT

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

	Note	2018 \$	2017 \$
Carrying amount of medical equipment purchased under Medical Equipment Fund	10	5,656	22,431
5 INVESTMENTS		2018 \$	2017 \$
At 1 January		10,490,745	9,605,058
Additions		58,144,218	4,843,117
Disposals		(29,951,319)	(3,967,407)
Accrued interest income		34,093	9,977
At 31 December		38,717,737	10,490,745

On 17 August 2018, the Company has appointed Lion Global Investors Limited and Fullerton Fund Management Company Ltd as fund managers to manage its investments in accordance with the Company's approved investment mandate. Prior to this, the Company's investments are managed by Nikko Asset Management Asia Limited.

The details of the investments are as follows:

	2018 \$	2017 \$
Quoted debt securities	14,515,898	10,490,745
Quoted equity securities	1,759,661	–
Investments in unit trusts	22,442,178	–
	38,717,737	10,490,745

As at 31 December 2018, the Company's investments in debt securities are stated at cost and bear interest rates ranging from 1.85% and 4.70% (2017: 1.23% to 4.84%). Among the investments held by the Company, \$32,676,492 of the investments relates to investment assets in Singapore (2017: \$10,490,745). As at reporting date, the aggregate market value of these listed investments is approximately \$38,045,864 (2017: \$10,407,060).

6 INVENTORY

	2018 \$	2017 \$
Medical supplies	27,308	41,017

7 TRADE AND OTHER RECEIVABLES

	2018 \$	2017 \$
Trade receivables	225,895	153,813
Allowance for doubtful trade receivables	–	–
Net receivables	225,895	153,813
Goods and Services Tax (GST) receivable	484,175	836,584
Amount due from Ministry of Health	13,865,111	13,407,824
Fund receivable from third parties	355,687	163,427
Other receivables	14,767	12,066
	14,945,635	14,573,714
Deposits	270,700	290,070
Interest receivable	155,333	144,002
Prepayments	72,763	130,020
	15,444,431	15,137,806

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

8 CASH AND CASH EQUIVALENTS

	2018 \$	2017 \$
Cash at bank	10,440,745	8,782,708
- Cash balance held with fund managers	527,732	151,365
- Cash at bank and in hand	9,913,013	8,631,343
Time deposits with financial institutions	32,110,889	49,330,777
- Held by the Company	31,355,473	49,330,777
- Held by fund managers	755,416	–
Cash and cash equivalents in the statement of cash flows	42,551,634	58,113,485

The weighted average effective interest rate per annum relating to cash and cash equivalents at the reporting date is 0.98% (2017: 0.92%). Interest rates are re-priced at intervals of three, six, nine and twelve months.

Included in the cash and cash equivalents is an aggregate of \$5,890,964 (2017: \$4,309,047) which is subject to usage restriction imposed by the donors. This balance includes the donations for specified use imposed by the donors (see restricted funds in notes 9 to 19).

9 COMMUNITY SILVER TRUST FUND

	2018 \$	2017 \$
Balance at 1 January	13,107,727	13,792,821
Grant from the Community Silver Trust	10,839,624	10,000,000
Expenditure	(9,482,477)	(10,685,094)
Balance at 31 December	14,464,874	13,107,727
The fund is represented by:		
Current assets		
Amount due from Ministry of Health	10,839,624	10,000,000
Cash and cash equivalents	3,625,250	3,107,727
	14,464,874	13,107,727

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 2018 includes utilisation of \$8,230,887 (2017: \$9,854,305) for staff related costs for doctors, nurses and allied healthcare workers.

10 MEDICAL EQUIPMENT FUND

	2018 \$	2017 \$
The fund is represented by:		
Non-current asset		
Medical equipment	5,656	22,431
Current asset		
Cash and cash equivalents	52,045	53,587
	57,701	76,018

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

During the year, the Company utilised \$18,317 (2017: \$18,339) from the fund, of which \$16,775 (2017: \$18,339) relates to depreciation of the medical equipment.

11 PAEDIATRIC PALLIATIVE CARE PROGRAMME

	2018 \$	2017 \$
The fund is represented by:		
Current assets		
Cash and cash equivalents	632,260	632,699

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

During the year, the Company utilised amounts totalling to \$439 (2017: \$888) from the fund to provide paediatric palliative care to the terminally ill children.

12 PATIENT ASSISTANCE FUND

	2018 \$	2017 \$
The fund is represented by:		
Current assets		
Cash and cash equivalents	280,968	72,008

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 received donations amounting to \$250,000 (2017: \$62,815) and utilised amounts totalling to \$41,040 (2017: \$31,937) from the fund to help needy patients.

13 PROJECT NEXT DOOR FUND

	2018 \$	2017 \$
The fund is represented by:		
Current assets		
Cash and cash equivalents	870,583	(1,781,849)
Amount due from Ministry of Health	–	2,677,589
Goods and Services Tax (GST) receivable	466,919	813,310
Current liabilities		
Trade and other payables	–	(1,290,911)
	1,337,502	418,139

This fund was set up in 2011 for the purpose of developing a new hospice building with inpatient capacity of 85 beds. The construction and shift of operations to the new hospice building was completed in January 2017.

During the year, the Company received donations and grants amounting to \$1,327,311 (2017: \$4,484,623) and utilised amounts totalling to \$407,948 (2017: \$303,177) from the fund.

In 2017, the Company transferred funds amounting to \$58,779,352 from the Project Next Door Fund to the Building Fund upon completion of the new hospice building (see Note 22). The gross transfer is a reclassification within the funds in the statement of financial activities, and did not have any effect on the balance sheet and statement of cashflow.

This fund will be closed once all amounts receivables in relation to Project Next Door have been received.

14 RESPECTANCE FUND

	2018 \$	2017 \$
The fund is represented by:		
Current assets		
Cash and cash equivalents	62,580	152,199

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 \$89,619 (2017: \$23,717) from the fund to help needy families.

15 SINGAPORE IRELAND FUND

	2018 \$	2017 \$
The fund is represented by:		
Current assets		
Cash and cash equivalents	55,744	61,090

The fund was set up in 2015 with the objective to support palliative nursing care training. During the year, the Company utilised \$5,346 (2017: \$Nil) from the fund.

16 GYM TONIC FUND

	2018 \$	2017 \$
The fund is represented by:		
Current assets		
Cash and cash equivalents	4,830	16,163

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.

During the year, the Company has allocated \$12,000 into the Gym Tonic Fund from the advance received from Lien Foundation (see note 24). In addition, the Company has utilised \$7,333 (2017: \$8,327) from the fund and transferred \$16,000 (2017: \$169,510) to the Accumulated fund for the purpose of purchasing gym equipment.

17 TEMASEK FOUNDATION CARES FUND

	2018 \$	2017 \$
The fund is represented by:		
Current assets		
Cash and cash equivalents	274,657	131,294

The fund was established in 2017 with the objective to provide inpatient palliative care to patients and their caregivers at the paediatric and dementia wards. During the year, the Company received donations amounting to \$1,187,272 (2017: \$1,224,313) and utilised \$1,043,909 (2017: \$1,093,019) from the fund.

18 INGOT E-CASE FUND

	2018 \$	2017 \$
The fund is represented by:		
Current assets		
Cash and cash equivalents	–	82,280

This fund was established in 2017 with the objective to support Homecare E-Case initiative allowing home care nurses and doctors to access patient clinical data electronically.

During the year, an amount of \$9,416 (2017: \$82,280) was transferred from the advance received from Lien Foundation to the Ingot E-Case Fund (see note 24). The Company transferred funds amounting to \$91,696 (2017: \$Nil) to the Accumulated Fund upon purchase of Ingot Homecare system as assets held by the Company are for general and not restricted purpose.

19 INGOT IN-PATIENT FUND

	2018 \$	2017 \$
The fund is represented by:		
Non-current asset		
Assets under construction	60,480	–
Current asset		
Cash and cash equivalents	32,047	–
	92,527	–

This fund was established in 2018 with the objective to computerise the inpatient clinical records and to enable the clinical team to access patient health information electronically.

During the year, an amount of \$100,800 (2017: \$Nil) was transferred from the advance received from Lien Foundation to the Ingot In-Patient Fund (see note 24). The Company utilised \$8,273 (2017: \$Nil) from the fund.

20 STAFF WELFARE FUND

	2018 \$	2017 \$
The fund is represented by:		
Current assets		
Cash and cash equivalents	653,662	634,303

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 \$96,676 (2017: \$111,581) and utilised amounts totalling to \$77,317 (2017: \$58,732) from the fund for staff activities.

21 SALARIES ADJUSTMENT FUND

	2018 \$	2017 \$
The fund is represented by:		
Current assets		
Cash and cash equivalents	3,321,752	3,697,908

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 December 2019.

During the year, the Company received grants amounting to \$1,737,390 (2017: \$2,391,359) and utilised amounts totalling to \$2,113,546 (2017: \$1,357,895) from the fund.

22 BUILDING FUND

	2018 \$	2017 \$
The fund is represented by:		
Property, plant and equipment	52,979,975	55,866,597

During the year, the Company transferred funds amounting to \$28,000 (2017: \$58,779,352) from the Accumulated Fund to the Building Fund and has incurred depreciation of \$2,914,622 (2017: \$2,912,755), included in programme expenses.

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

23 SINKING FUND

	2018 \$	2017 \$
The fund is represented by:		
Cash and cash equivalents	16,500,000	–

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

During the year, the Company transferred funds amounting to \$16,500,000 (2017: \$Nil) from the Accumulated Fund to the Sinking Fund.

24 TRADE AND OTHER PAYABLES

	2018 \$	2017 \$
Amount due to Mount Alvernia Hospital	93,855	103,472
Patients’ deposits	1,200	800
Trade and other payables	269,448	512,658
Advance received from Lien Foundation	225,686	347,902
Retention sum payable	–	1,190,700
Accrued operating expenses	3,666,152	3,270,390
	4,256,341	5,425,922

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

Advance received from Lien Foundation will be used for future Lien Foundation approved projects. During the year, management received the approval from Lien Foundation to transfer \$100,800 to Ingot In-Patient Fund (refer to note 19), \$12,000 from the advances received to Gym Tonic Fund (refer to note 16) and \$9,416 to Ingot E-Case Fund (see note 18).

25 DONATION FROM MOUNT ALVERNIA HOSPITAL

Donation from Mount Alvernia Hospital of \$588,000 (2017: \$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 (2017: \$30,000) donated by Mount Alvernia Hospital during a Charity Dinner.

26 INVESTMENT INCOME AND INVESTMENT EXPENSE

	2018 \$	2017 \$
Interest income from time deposits	487,885	496,072
Interest income from investments	297,130	256,498
	785,015	752,570
Profit/loss on investment	(305,551)	(67,497)
Investment income	479,464	685,073
Investment expense	(79,593)	(37,741)
Investment expense	(79,593)	(37,741)
Net investment income	399,871	647,332

27 CHARITABLE ACTIVITIES

Expenditure on charitable activities under Accumulated Fund comprises the following:

	Programme expenses \$	Salaries and related costs \$	Contributions to defined contribution plan \$	Total \$
2018				
Hospice services	4,995,787	3,834,104	485,877	9,315,768
Day care services	1,354,224	735,016	134,383	2,223,623
Home care services	585,608	1,615,520	314,159	2,515,287
Total	6,935,619	6,184,640	934,419	14,054,678
Less: Funded by CST				
Operating Expense	–	(5,000,000)	–	(5,000,000)
Matching Grant	6,935,619	1,184,640	934,419	9,054,678
2017				
Hospice services	4,730,484	2,092,234	406,365	7,229,083
Day care services	1,172,780	260,596	77,136	1,510,512
Home care services	808,626	776,925	274,267	1,859,818
Total	6,711,890	3,129,755	757,768	10,599,413
Less: Funded by CST				
Operating Expense	(542,028)	(3,129,755)	(757,768)	(4,429,551)
Matching Grant	6,169,862	–	–	6,169,862

28 PROFESSIONAL FEES

	2018	2017
	\$	\$
External audit fees	24,975	26,076
Internal audit fees	18,000	19,200
Others	–	7,710
	<u>42,975</u>	<u>52,986</u>

29 NET INCOME/(EXPENDITURE) FOR THE YEAR

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

	Note	2018	2017
		\$	\$
Supplies and consumables		1,023,150	800,502
Loss on disposal of property, plant and equipment		–	12,538
Depreciation of property, plant and equipment	4	3,600,982	3,482,825
Write off of property, plant and equipment	4	–	70,213
Repairs and maintenance		279,651	210,774
Mount Alvernia Hospital's support costs	(a)	472,200	380,500
Agency manpower services		1,997,641	1,664,097
Utilities		285,487	332,973
Staff costs		13,286,535	12,186,343
Contributions to defined contribution plans, included in staff costs		<u>1,477,755</u>	<u>718,433</u>

(a) Mount Alvernia Hospital charges the Company for services rendered by Mount Alvernia Hospital to the Company.

30 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.

31 TAX DEDUCTIBLE DONATIONS

Tax deductible donations amounting to \$7,604,939 (2017: \$7,058,429) 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.

32 COMMITMENTS

As at 31 December 2018, the Company's capital commitments amounted to \$40,320 (2017: \$164,802), of which \$Nil (2017: \$130,171) were capitalized in property, plant and equipment under asset under construction.

33 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:

	2018	2017
	\$	\$
Short-term employee benefits	<u>2,107,253</u>	<u>1,828,448</u>

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

	2018	2017
	\$	\$
\$200,000 to \$300,000	2	3
\$300,000 to \$400,000	<u>1</u>	<u>–</u>

The directors did not receive any compensation for their services rendered to the Company. There are no paid staff who are close members of the family of the Chief Executive Officer or any Board members.

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

	2018	2017
	\$	\$
Purchase of food and provision, medical supplies and clinical consumables from Mount Alvernia Hospital	<u>(40,241)</u>	<u>(129,387)</u>

STATEMENT OF FINANCIAL ACTIVITIES FOR INDIVIDUAL FUNDS

Year ended 31 December 2018

← Unrestricted Funds →										← Restricted Funds →									
Year ended 31/12/2017	Note	Accumulated Fund \$	Staff Welfare Fund \$	Salaries Adjustment Fund \$	Building Fund \$	Total Unrestricted Funds \$	Community Silver Trust Fund \$	Medical Equipment Fund \$	Paediatric Palliative Care Programme \$	Patient Assistance Fund \$	Project Next Door Fund \$	Renovation Fund \$	Respectance Fund \$	Singapore Ireland Fund \$	Gym Tonic Fund \$	Temasek Foundation Cares Fund \$	Ingot E-Case Fund \$	Total Restricted Funds \$	Total Funds \$
As at 1/1/2017		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
Income																			
Income from generated fund																			
Voluntary income																			
- Donation - General		4,355,789	5,452	–	–	4,361,241	–	–	–	–	–	–	–	–	–	1,224,313	–	1,224,313	5,585,554
- Donation - Mount Alvernia Hospital	25	588,000	–	–	–	588,000	–	–	–	–	–	–	–	–	–	–	–	–	588,000
- Grant/Sponsorship received/receivable		1,350,231	106,129	2,391,359	–	3,847,719	10,000,000	–	–	–	4,484,623	–	–	–	–	–	82,280	14,566,903	18,414,622
		6,294,020	111,581	2,391,359	–	8,796,960	10,000,000	–	–	–	4,484,623	–	–	–	–	1,224,313	82,280	15,791,216	24,588,176
Income from fundraising activities		5,818,483	–	–	–	5,818,483	–	–	–	12,815	–	–	–	–	–	–	–	12,815	5,831,298
Income from generated fund		12,112,503	111,581	2,391,359	–	14,615,443	10,000,000	–	–	12,815	4,484,623	–	–	–	–	1,224,313	82,280	15,804,031	30,419,474
Income from charitable activities																			
- Government grants		4,372,844	–	–	–	4,372,844	–	–	–	–	–	–	–	–	–	–	–	–	4,372,844
- Patient fees		1,445,537	–	–	–	1,445,537	–	–	–	–	–	–	–	–	–	–	–	–	1,445,537
Income from charitable activities		5,818,381	–	–	–	5,818,381	–	–	–	–	–	–	–	–	–	–	–	–	5,818,381
Other income																			
- Investment income	26	685,057	–	–	–	685,057	–	–	–	–	16	–	–	–	–	–	–	16	685,073
Total income		18,615,941	111,581	2,391,359	–	21,118,881	10,000,000	–	–	12,815	4,484,639	–	–	–	–	1,224,313	82,280	15,804,047	36,922,928

STATEMENT OF FINANCIAL ACTIVITIES FOR INDIVIDUAL FUNDS

(cont'd) Year ended 31 December 2018

← Unrestricted Funds →										← Restricted Funds →									
Year ended 31/12/2017	Note	Accumulated Fund \$	Staff Welfare Fund \$	Salaries Adjustment Fund \$	Building Fund \$	Total Unrestricted Funds \$	Community Silver Trust Fund \$	Medical Equipment Fund \$	Paediatric Palliative Care Programme \$	Patient Assistance Fund \$	Project Next Door Fund \$	Renovation Fund \$	Respectance Fund \$	Singapore Ireland Fund \$	Gym Tonic Fund \$	Temasek Foundation Cares Fund \$	Ingot E-Case Fund \$	Total Restricted Funds \$	Total Funds \$
Expenditure																			
Cost of generating funds																			
- Fundraising expenses		355,500	-	-	-	355,500	-	-	-	-	-	-	-	-	-	-	-	-	355,500
Charitable activities																			
- Salaries and related costs		-	-	1,139,649	-	1,139,649	9,366,705	-	-	-	103,699	-	-	-	-	857,857	-	10,328,261	11,467,910
- Contributions to defined contribution plan		-	-	130,888	-	130,888	487,600	-	-	-	15,270	-	-	-	-	84,675	-	587,545	718,433
- Programme expenses		6,169,862	58,732	87,358	2,912,755	9,228,707	830,789	18,339	888	31,937	184,096	10,725	23,717	-	8,327	150,487	-	1,259,305	10,488,012
Expenditure on charitable activities	27	6,169,862	58,732	1,357,895	2,912,755	10,499,244	10,685,094	18,339	888	31,937	303,065	10,725	23,717	-	8,327	1,093,019	-	12,175,111	22,674,355
Governance costs																			
- Professional fees	28	52,986	-	-	-	52,986	-	-	-	-	-	-	-	-	-	-	-	-	52,986
- Insurance		48,421	-	-	-	48,421	-	-	-	-	-	-	-	-	-	-	-	-	48,421
- Others		5,958	-	-	-	5,958	-	-	-	-	112	-	-	-	-	-	-	112	6,070
Total governance costs		107,365	-	-	-	107,365	-	-	-	-	112	-	-	-	-	-	-	112	107,477
Other costs																			
- Investment expense	26	37,741	-	-	-	37,741	-	-	-	-	-	-	-	-	-	-	-	-	37,741
Total expenditure		6,670,468	58,732	1,357,895	2,912,755	10,999,850	10,685,094	18,339	888	31,937	303,177	10,725	23,717	-	8,327	1,093,019	-	12,175,223	23,175,073
Net income/ (expenditure) before tax expense																			
Income tax expense	30	11,945,473	52,849	1,033,464	(2,912,755)	10,119,031	(685,094)	(18,339)	(888)	(19,122)	4,181,462	(10,725)	(23,717)	-	(8,327)	131,294	82,280	3,628,824	13,747,855
Net income/ (expenditure) for the year	29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		11,945,473	52,849	1,033,464	(2,912,755)	10,119,031	(685,094)	(18,339)	(888)	(19,122)	4,181,462	(10,725)	(23,717)	-	(8,327)	131,294	82,280	3,628,824	13,747,855
Transfers																			
- Gross Transfer between funds	13/16/22	119,510	-	-	58,779,352	58,898,862	-	-	-	50,000	(58,779,352)	-	-	-	(169,510)	-	-	(58,898,862)	-
		119,510	-	-	58,779,352	58,898,862	-	-	-	50,000	(58,779,352)	-	-	-	(169,510)	-	-	(58,898,862)	-
Net Movement in funds		12,064,983	52,849	1,033,464	55,866,597	69,017,893	(685,094)	(18,339)	(888)	30,878	(54,597,890)	(10,725)	(23,717)	-	(177,837)	131,294	82,280	(55,270,038)	13,747,855
As at 31/12/2017		61,316,232	634,303	3,697,908	55,866,597	121,515,040	13,107,727	76,018	632,699	72,008	418,139	-	152,199	61,090	16,163	131,294	82,280	14,749,617	136,264,657

STATEMENT OF FINANCIAL ACTIVITIES FOR INDIVIDUAL FUNDS

(cont'd) Year ended 31 December 2018

←————— Unrestricted Funds —————→											←————— Restricted Funds —————→									
Year ended 31/12/2018	Note	Accumulated Fund \$	Staff Welfare Fund \$	Salaries Adjustment Fund \$	Building Fund \$	Sinking Fund \$	Total Unrestricted Funds \$	Community Silver Trust Fund \$	Medical Equipment Fund \$	Paediatric Palliative Care Programme \$	Patient Assistance Fund \$	Project Next Door Fund \$	Respectance Fund \$	Singapore Ireland Fund \$	Gym Tonic Fund \$	Temasek Foundation Cares Fund \$	Ingot E-Case Fund \$	Ingot IP Fund \$	Total Restricted Funds \$	Total Funds \$
As at 1/1/2018		61,316,232	634,303	3,697,908	55,866,597	–	121,515,040	13,107,727	76,018	632,699	72,008	418,139	152,199	61,090	16,163	131,294	82,280	–	14,749,617	136,264,657
Income																				
Income from generated fund																				
Voluntary income																				
- Donation - General		4,208,339	3,172	–	–	–	4,211,511	–	–	–	250,000	–	–	–	–	1,187,272	–	–	1,437,272	5,648,783
- Donation - Mount Alvernia Hospital	25	588,000	–	–	–	–	588,000	–	–	–	–	–	–	–	–	–	–	–	–	588,000
- Grant/Sponsorship received/receivable		1,386,679	93,504	1,737,390	–	–	3,217,573	10,839,624	–	–	–	1,187,311	–	–	12,000	–	9,416	100,800	12,149,151	15,366,724
		6,183,018	96,676	1,737,390	–	–	8,017,084	10,839,624	–	–	250,000	1,187,311	–	–	12,000	1,187,272	9,416	100,800	13,586,423	21,603,507
Income from fundraising activities		5,391,280	–	–	–	–	5,391,280	–	–	–	–	140,000	–	–	–	–	–	–	140,000	5,531,280
Income from generated fund		11,574,298	96,676	1,737,390	–	–	13,408,364	10,839,624	–	–	250,000	1,327,311	–	–	12,000	1,187,272	9,416	100,800	13,726,423	27,134,787
Income from charitable activities																				
- Government grants		6,785,727	–	–	–	–	6,785,727	–	–	–	–	–	–	–	–	–	–	–	–	6,785,727
- Patient fees		2,193,424	–	–	–	–	2,193,424	–	–	–	–	–	–	–	–	–	–	–	–	2,193,424
Income from charitable activities		8,979,151	–	–	–	–	8,979,151	–	–	–	–	–	–	–	–	–	–	–	–	8,979,151
Other income																				
- Investment income	26	479,464	–	–	–	–	479,464	–	–	–	–	–	–	–	–	–	–	–	–	479,464
Total income		21,032,913	96,676	1,737,390	–	–	22,866,979	10,839,624	–	–	250,000	1,327,311	–	–	12,000	1,187,272	9,416	100,800	13,726,423	36,593,402

STATEMENT OF FINANCIAL ACTIVITIES FOR INDIVIDUAL FUNDS

(cont'd) Year ended 31 December 2018

<----- Unrestricted Funds ----->											<----- Restricted Funds ----->										
Year ended 31/12/2018	Note	Accumulated Fund \$	Staff Welfare Fund \$	Salaries Adjustment Fund \$	Building Fund \$	Sinking Fund \$	Total Unrestricted Funds \$	Community Silver Trust Fund \$	Medical Equipment Fund \$	Paediatric Palliative Care Programme \$	Patient Assistance Fund \$	Project Next Door Fund \$	Respectance Fund \$	Singapore Ireland Fund \$	Gym Tonic Fund \$	Temasek Foundation Cares Fund \$	Ingot E-Case Fund \$	Ingot IP Fund \$	Total Restricted Funds \$	Total Funds \$	
Expenditure																					
Cost of generating funds																					
- Fundraising expenses		378,423	-	-	-	-	378,423	-	-	-	-	-	-	-	-	-	-	-	-	-	378,423
Charitable activities																					
- Salaries and related costs		1,184,640	-	1,825,332	-	-	3,009,972	7,953,171	-	-	-	22,399	-	-	-	823,237	-	-	8,798,807	11,808,779	
- Contributions to defined contribution plan		934,419	-	173,889	-	-	1,108,308	277,716	-	-	-	3,234	-	-	-	88,497	-	-	369,447	1,477,755	
- Programme expenses		6,935,619	77,317	114,325	2,914,622	-	10,041,883	1,251,590	18,317	439	41,040	382,201	89,619	5,346	7,333	132,175	-	8,273	1,936,333	11,978,216	
Expenditure on charitable activities	27	9,054,678	77,317	2,113,546	2,914,622	-	14,160,163	9,482,477	18,317	439	41,040	407,834	89,619	5,346	7,333	1,043,909	-	8,273	11,104,587	25,264,750	
Governance costs																					
- Professional fees	28	42,975	-	-	-	-	42,975	-	-	-	-	-	-	-	-	-	-	-	-	42,975	
- Insurance		45,607	-	-	-	-	45,607	-	-	-	-	-	-	-	-	-	-	-	-	45,607	
- Others		5,442	-	-	-	-	5,442	-	-	-	-	114	-	-	-	-	-	-	114	5,556	
Total governance costs		94,024	-	-	-	-	94,024	-	-	-	-	114	-	-	-	-	-	-	114	94,138	
Other costs																					
- Investment expense	26	79,593	-	-	-	-	79,593	-	-	-	-	-	-	-	-	-	-	-	-	79,593	
Total expenditure		9,606,718	77,317	2,113,546	2,914,622	-	14,712,203	9,482,477	18,317	439	41,040	407,948	89,619	5,346	7,333	1,043,909	-	8,273	11,104,701	25,816,904	
Net income/ (expenditure) before tax expense		11,426,195	19,359	(379,156)	(2,914,622)	-	8,154,776	1,357,147	(18,317)	(439)	208,960	919,363	(89,619)	(5,346)	4,667	143,363	9,416	92,527	2,621,722	10,776,498	
Income tax expense	30	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Net income/ (expenditure) for the year	29	11,426,195	19,359	(376,156)	(2,914,622)	-	8,154,776	1,357,147	(18,317)	(439)	208,960	919,363	(89,619)	(5,346)	4,667	143,363	9,416	92,527	2,621,722	10,776,498	
Transfers																					
- Gross Transfer between funds	16/18/22/23	(16,420,304)	-	-	28,000	16,500,000	107,696	-	-	-	-	-	-	-	(16,000)	-	(91,696)	-	(107,696)	-	
		(16,420,304)	-	-	28,000	16,500,000	107,696	-	-	-	-	-	-	-	(16,000)	-	(91,696)	-	(107,696)	-	
Net Movement in funds		(4,994,109)	19,359	(376,156)	(2,886,622)	16,500,000	8,262,472	1,357,147	(18,317)	(439)	208,960	919,363	(89,619)	(5,346)	(11,333)	143,363	(82,280)	92,527	2,514,026	10,776,498	
As at 31/12/2018		56,322,123	653,662	3,321,752	52,979,975	16,500,000	129,777,512	14,464,874	57,701	632,260	280,968	1,337,502	62,580	55,744	4,830	274,657	-	92,527	17,263,643	147,041,155	



Keep your roots deep in Him, build your
lives on Him, and become stronger in
your faith, as you were taught. And be
filled with thanksgiving.

Colossians 2:7



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