

EVERY MOMENT MATTERS



DOVER PARK HOSPICE
Every Moment Matters

ANNUAL REPORT 2015/16

CONTENTS

1	CHAIRMAN'S MESSAGE
2	GOVERNING COUNCIL
3	CORPORATE INFORMATION
4	COMMITTEES
5	MANAGEMENT
7	CLINICAL & TRAINING
19	IT REPORT
21	COMMUNITY OUTREACH
25	AWARDS
27	VOLUNTEERISM
31	FUNDRAISING
33	DONORS
42	FINANCIAL HIGHLIGHTS





MESSAGE

Dover Park Hospice has been actively seeking partnership and collaboration with corporations and educational institutions in the past year. Through our own community outreach, CSR, and fund-raising initiatives, we have been working with organisations (just to name a few) like Kajima Overseas Asia Pte Ltd, Macquarie, SAP, Singapore Asset Manager & Broker Awards (SAMBA), Singapore Manufacturing Federation (SMF), ACSI, Methodist Girls' School (MGS), NTU Lee Kong Chian School of Medicine, NUS Yong Loo Lin School of Medicine, Ain Society, Yew Tee Community Club Chinese Orchestra (YTCCCO), and many others.

We continue to engage and involve our partners/communities to garner more support – CSR activities, donations, Volunteers, and whatever resources – particularly in preparing for our imminent move to the Integrated Intermediate Care Hub (IIHC), which will be part of HealthCity Novena. From 2021, we will need to double our in-patient capacity; from 50 beds to 100 beds, and expanding our Home Care and Project Dignity[#] to cater to the demands of a fast-ageing society with increased needs. Home Palliative care needs to grow from 3,800 places (in 2011) to 6,000, in 2020. In 2012, about 28,000 people in Singapore aged 60 and older had dementia. This number is expected to soar to 80,000 by 2030.

Our pilot Home Care programme for Advanced Dementia, Project Dignity[#], funded by Temasek Cares and kick-started in October 2014, has been providing Palliative Care to more home-bound, advanced-stage Dementia patients. The number of patients who have benefitted from this home care programme has increased to 182* patients, up from just 80.

Expansion measures that we have put in place are crucial as DPH has been stepping up efforts on staff training and expanding its patient intake. Consequently, our operating expenditure has increased steadily from \$11.4 million in FY2014/2015 to \$12.4 million in FY2015/16.

As a non-profit entity, DPH relies heavily on donations. Donations enable the Hospice to continue caring for the terminally-ill and to train future generations of Palliative Care doctors, nurses, Allied Healthcare staff and also caregivers. Last FY, donations collected totalled \$3.47 million, a slight increase from \$3.2 million in FY2014/15. This will be a challenging year in fundraising as the global economic climate turns south with many uncertainties ahead while the needs of our patients remains unchanged.

On behalf of the Council and staff at DPH, I would like to extend our sincere appreciation to all our friends, donors, volunteers, sponsors, and partners, for your steadfast support of our compassionate cause. Your contributions are providing encouragement and energising our numerous initiatives.

In the new FY and beyond, we seek your continual support as we work towards enhancing and expanding our services for even more patients with advanced terminal illnesses, because their “Every Moment Matters.”

Prof Lionel Lee
Chairman, Governing Council

[#] Project Dignity has since then been renamed Programme Dignity for Advanced Dementia, as part of a rebranding exercise requested by Temasek Cares in June 2016

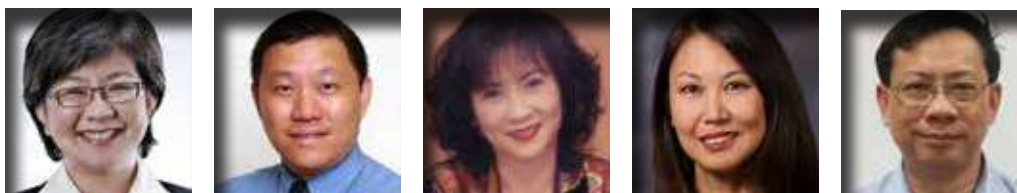
* number provided is for DPH's FY2015/16, ending on 31 March 2016, and accurate at time of printing

GOVERNING COUNCIL



EXECUTIVE COMMITTEE *(left to right)*

Prof Lionel Lee • Ms Ong Ai Hua • Mr Chey Chor Wai • Ms Angelene Chan • Ms Woo E-Sah • Mr Robert Chew



MEMBERS *(left to right)*

Ms Cheng Yoke Ping • A/P Chin Jing Jih • Ms Marlene Foo • Dr June Goh • Col (Ret) Rupert Gwee



Prof Ho Yew Kee • Mr Lester Lee • Dr Robert Lim • Mr Low Chee Wah • Dr Edwin Low



Mr Tan Seng Hock • Ms Joy Tan • Mr Tan Yong Soon • Dr Tanya Tierney



HONORARY COUNCIL MEMBER HONORARY COUNCIL MEMBER

Dr Seet Ai Mee Dr Jerry Lim

CORPORATE INFORMATION

Registration

Dover Park Hospice (the Hospice) is registered as a Voluntary Welfare Organisation in accordance with the Singapore Societies Act, Chapter 311. The Hospice is registered as a charity under the Singapore Charities Act, Chapter 37. The Hospice is approved as an institution of a public character (IPC) under the provisions of the Income Tax Act. The Hospice's tax exempt status has been extended from 1 October 2014 to 30 September 2017.

Registered Address

10 Jalan Tan Tock Seng
Singapore 308436

Unique Entity Number

S92SS0138D

Auditors

KPMG LLP

Banks

General Account:

DBS Bank Ltd
Overseas Chinese Banking Corporation
UBS AG, Singapore

Endowment Fund:

DBS Bank Ltd
Overseas Chinese Banking Corporation

Fund Manager of the Endowment Fund

Lion Global Investors Ltd

GENERAL DECLARATION

NOMINATION AND APPOINTMENT OF COUNCIL MEMBERS

All Council members were nominated and appointed to Council at the 23rd Annual General Meeting held on 22 August 2015.

All Council members declared that they are neither undischarged bankrupts nor have they been convicted of any offence in a court of law.

GOVERNANCE EVALUATION CHECKLIST

Since FY 2013/14, Dover Park Hospice falls under the Advance Tier of Guidelines for purposes of the Code of Governance (Code) for Charities and Institutions of a Public Character as the Advance Tier covers larger IPCs with gross annual receipts of \$10 million and more in each of its two immediate preceding financial years.

Dover Park Hospice has complied with the relevant guidelines as stipulated in the Code. Full checklist can be obtained at the Charity Portal (www.charities.gov.sg).

CONFLICT OF INTEREST

All Council Members and employees of the Hospice are required to read and understand the conflict of interest policy in place and make full disclosure of any interests, relationships, and holdings that could potentially result in a conflict of interest. When a conflict of interest, real or perceived, Council members/employees will not participate in decision making and approvals of transactions to which they have a conflict of interest.

GOVERNING COUNCIL

Chairman

Prof Lionel Lee

Vice Chairman

Ms Ong Ai Hua

Hon Secretary

Mr Chey Chor Wai

Asst Hon Secretary

Ms Angelene Chan

Hon Treasurer

Ms Woo E-Sah

Asst Hon Treasurer

Mr Robert Chew

Members

Ms Cheng Yoke Ping

A/Prof Chin Jing Jih

Ms Foo Marlene

Dr Goh Pheck Suan, June

Col (Ret) Gwee Chwee Kee, Rupert

Prof Ho Yew Kee

Mr Lee Keng Kok, Lester

Dr Lim Seng Cheong, Robert

Mr Low Chee Wah

Dr Low Cheng Tee, Edwin

Mr Tan Seng Hock

Ms Tan Whei Mien, Joy

Mr Tan Yong Soon

Dr Tanya Tierney

Honorary Members

Dr Seet Ai Mee

Dr Lim Kian Tho, Jerry

COMMITTEES

COMMITTEE MEMBERS

Executive Committee

Prof Lionel Lee (*Chairman*)
Ms Angelene Chan
Mr Robert Chew
Mr Chey Chor Wai
Ms Ong Ai Hua
Ms Woo E-Sah

Appointment/Nomination Committee

Prof Lionel Lee (*Chairman*)
Mr Chey Chor Wai
Ms Ong Ai Hua

Audit Committee

Prof Ho Yew Kee (*Chairman*)
Ms Diane Chen Dan
Ms Cheng Yoke Ping
Ms Phyllis Kum
Mr Low Chee Wah

Building & Development

Ms Angelene Chan (*Chairperson*)
Mr Lester Lee
Prof Lionel Lee
Mr Timothy Liu
Ms Ong Ai Hua
Ms Joy Tan
Ms Woo E-Sah
Dr Wu Huei Yaw

Communications & Outreach Committee

Mr Lester Lee (*Co-chairperson*)
Dr Tanya Tierney (*Co-chairperson*)
Mr Andrew Cheng
Ms Siti Rohanah Koid
Ms Genevieve Kuek
Mr Andy Seet
Ms Wee Geok Hua
Mr Wong Wei Kong

DPH Institute Taskforce

Dr Edwin Low (*Chairman*)
A/Prof Josip Car
A/Prof Chin Jing Jih
Dr Allyn Hum
Dr Angel Lee
Dr Ong Wah Ying
Dr Tanya Tierney
Dr Wu Huei Yaw

Fundraising Committee

Dr June Goh (*Co-chairperson*)
Ms Joy Tan (*Co-chairperson*)
Ms Stephanie Cheah
Ms Junie Foo
Ms Amy Lai
Ms Sharon Saw
Dr Karen Soh
Ms Shan Tjio
Dr Miranda Walsh
Ms Vivien Yui

Human Resource Committee

Mr Robert Chew (*Chairman*)
Ms Cheng Yoke Ping
Mr Andrew Loh
Mr Low Chee Wah
Ms Ong Ai Hua
Dr Seet Ju Ee
Mr Tan Kim Kwang
Mr Robert Goh

Investment Committee

Mr Tan Seng Hock (*Chairman*)
Mr Robert Chew
Mr Chey Chor Wai
Mr Guan Ong
Mr Freddy Orchard
Dr Seet Ai Mee
Mr Kevin Scully
Mrs Tan Geok Lin

Information Technology Committee

Col (Ret) Rupert Gwee (*Chairman*)
Mr Robin Koh
Mr Lester Lee
Mr Gagnon Douglas Paul
Mr Shee Gim Leng

Medical Professional Audit Committee

Dr Robert Lim (*Chairman*)
A/Prof Chin Jing Jih
Dr Gilbert Fan
Dr Jeremy Lim
Dr Jerry Lim
Dr Edwin Low
Dr Uma Rajan
Dr Tiew Lay Hwa
Mr Wu Tuck Seng
Adjunct A/Prof Nellie Yeo

Volunteers Committee

Ms Marlene Foo (*Chairperson*)

Ms Ivy Cheek

Ms Dawn Chia

Mr Raymond Chiang

Ms Jasmine Chong

Mr Randall D'Souza

Ms Lily Han

Mr Lester Lee

Ms Kemmy Lim

Ms Pearl Lim

Mr Muhammad Agus Bin Othman

Ms Mabel Pek

Ms Janice Phua

Mr Sia Ooi Kong

Ms Elsie Sng

Ms Ida Tan

Dr Tanya Tierney

Ms Wee Geok Hua

Mr Bernard Yeo

MANAGEMENT

SENIOR MANAGEMENT

Chief Executive Officer

Dr Stella Wee (*Last day 17 March 2016*)

Mr Timothy Liu (*Appointed 7 March 2016*)

Medical Director

Dr Wu Huei Yaw

Deputy Medical Director

Dr Ong Wah Ying

Senior Consultants

Dr Allyn Hum

Consultant

Dr Yang Sze Yee

Resident Physicians

Dr Hoh Sek Yew

Dr Karen Liaw

Dr Beverly Siew

Head, Nursing Services

Ms Chin Soh Mun

Head, Social Work & Psychosocial Services

Ms Chee Wai Yee

Head, Training & Development

Ms Tan Wee King

Manager, Administration & Finance

Mr Steven Foo

Manager, Community & Outreach

Mr Allard Mueller

Manager, Corporate Communications

Mr Ian Yip

Manager, Donor Management

Ms Lilian Lee

Manager, Information Technology

Mr Kwok Wing Kit

Manager, Human Resource

Ms Nancy Lee

Manager, Volunteer Programmes

Ms Tok Shou Wee

Assistant Manager, Patient Affairs

Ms Joyce Lee

CLINICAL & TRAINING





CLINICAL TEAM

RE-ORGANIZATION OF CLINICAL TEAM STRUCTURE

The clinical team underwent some changes in its organizational structure, with the physiotherapists and occupational therapists reporting to the medical consultant in-charge of inpatient service, instead of the Head of Allied Health Services. With this new reporting structure, the name of Allied Health Services was changed to Social Work and Psychosocial Services, to better reflect the work of the social workers, art therapists, and music therapist. A new Clinical Admin Department, comprising administrative staff from both inpatient and homecare services, was formed in October 2015. This is to better align the work of both inpatient and homecare administration and to improve efficiency.

STAFF MOVEMENT AND CHANGES IN STAFF ROLES

Dr Ong Wah Ying was appointed the Deputy Medical Director in January 2016. There was also a change in the inpatient consultant coverage; Dr Raymond Ng who was seconded to DPH from January 2015 returned to the Department of Palliative Medicine of Tan Tock Seng Hospital (TTSH) in October 2015 and was replaced by Dr Juliana Oei. This ongoing arrangement of seconding

TTSH Palliative Medicine consultants to DPH will ensure that specialist Palliative Care is always available to all our patients.

Dr Beverly Siew, our resident physician, was accepted as an advanced specialist trainee in Palliative Medicine and started her 3-year training and external rotation in January 2016.

We also welcomed our two new Nursing Managers, Sister Catherine Chua and Sister Hu Xiaohong, on board this year. Both nursing managers have many years of experience in intensive care previously and they will take charge of the inpatient wards.

PLANNING OF THE FUTURE HOSPICE

A team of six key inpatient clinical staff was also heavily involved in the planning of the future Dover Park Hospice in the Integrated Intermediate Care Hub (IICH) throughout the year. We are now looking into the interior designs and confirming the equipment lists of the new hospice. This planning work will continue into the next financial year.

INPATIENT WORKLOAD AND STATISTICS

The inpatient occupancy rate remained stable at around 85%. There were a total of 493 admissions, of which 77% were cancer patients. The average length of stay in the hospice was 29 days.



MEDICAL AND THERAPY SERVICES

The inpatient medical team comprises two consultants (1.5FTE); one registrar and two medical officers. They worked closely with the nurses, medical social workers, and other Allied Health staff, to ensure that our patients received the best possible care.

Throughout the year, our medical team also hosted and trained many internal medicine, geriatric medicine, and family medicine residents, from the various restructured hospitals, mainly TTSH and NUS. Third-year medical students from the Yong Loo Lin School of Medicine also spent one day of their 4-day Palliative Medicine posting with DPH at different times of the year.

Our in-house physiotherapist was also supported by seconded staff from TTSH's physiotherapy and occupational therapy services. Together with a group of dedicated Volunteers, they supported the patients in maintenance rehabilitation and group activities.

NURSING SERVICES

The nursing manpower remained healthy in FY2015/16. The team comprises the Head of Nursing Services, three Nurse Managers, 20 Staff Nurses, 16 Enrolled Nurses, 13 Nursing Aides, and eight Healthcare Assistants.

CONTINUOUS LEARNING

The nurses participated actively in both in-house and external training and education activities. Three Staff Nurses successfully completed their Specialist Diploma in Palliative Care Nursing in January 2016, while two Staff Nurses completed the Clinical Instructor course for Registered Nurses, organized by the NHG College. Four Staff Nurses also completed the Nursing Preceptor Course organized by our Training Department.

The nurses also had the opportunity to attend local and overseas conferences, which included the ILTC Quality Festival organized by AIC, LCPC-SHC Palliative Care Symposium, and the Asia Pacific Hospice Conference in Taiwan.

QUALITY IMPROVEMENT

Our inpatient nursing team was involved in several quality improvement initiatives this year. These included the standardization of storage areas using the 6S Lean Principles,



the blood transfusion process, and forms review, as well as the pilot online Integrated Palliative Care Outcome Scale (iPOS) – Staff version.

COMMUNITY PARTNERSHIP INVOLVEMENT

We hosted staff nurses from St Andrews Community Hospital and Yishun Community Hospital for their clinical attachment during May and June 2015. This was to help prepare their nursing staff in the setting up of their Palliative Care wards. A two-day End-of-Life Nursing Education Consortium (ELNEC) course was conducted for these external nurses during their attachment with DPH.

RECOGNITION AND AWARDS

Senior Enrolled Nurse Mar Mar Win received the inaugural Employee of the Year Award 2015.

SN Lee Jing Ru was awarded the ILTC Quality Festival Poster Merit Award 2015.

SSN Li XueLing and SN Pamela Koh received the FY 2015 ILTC-SHMDP Award for the Specialist Diploma in Palliative Nursing Course.

SOCIAL WORK & PSYCHOSOCIAL SERVICES (SWPS)

SWPS comprises the Head SWPS, seven Medical Social Workers (MSWs), a music therapist, and a part-time art therapist.

In FY2015/16, our MSWs assisted 66 Singaporean patients with Medifund applications to cover more than \$132,000 in medical bills. Through its fundraising efforts,

DPH also provided affordable care for patients who do not qualify for government subsidies. Our corporate partner, Deutsche Bank, contributed \$100,000 to the DPH Subsidy Fund to provide financial assistance to our patients. With the help of Lien Foundation's Respectance Fund, we fulfilled the wishes of 11 patients to be discharged from an institution and be cared for at home, in the final few days of their lives.

In addition to caring for patients, our MSWs together with our Volunteers, also provided support to their family members. Between the two half-yearly memorials, organized for the bereaved family members, more than 87% of the participants agreed that the memorials gave them an opportunity, as a family, to come together and remember their departed loved ones. Another 82% indicated that the memorial reminded them that they were not alone in their grief, with the support of the hospice's care team.

"Thank you so much for organizing this very meaningful event for our family to remember our loved one." –

Participant of Rose for Remembrance,
14 November 2015.

We recruited a full-time music therapist to enhance the quality of care for our patients. In the financial year, the music therapist offered 87 group sessions and 543 individual sessions, to benefit 191 patients. On the impact of music therapy, the son of a demented patient remarked that it was "so powerful that it awakened my father" and the family renewed their hope when they found a new approach in music to engage the patient.



DOVER PARK HOME CARE AND PROJECT DIGNITY[#]

The Home Care and Project Dignity[#] teams comprise two part-time consultants (total 0.9FTE, seconded from TTSH), three Resident Physicians, two part-time advanced practice nurses (0.9FTE), a nurse clinician, five nurses (four full-time and one part time), three medical social workers, and three administrative staff.

The team was also well-supported by the Volunteers from Turquoise Group who assisted them in befriending, outings, and services like haircutting.

WORKLOAD AND STATISTICS

The Team provided support to 328 patients and their families in FY2015/16, of which 256 were cancer patients, while the remaining 72 were non-cancer patients. The average length

of service (LOS) of patients was 61 days.

Project Dignity[#], in partnership with TTSH, is into its second year of the 3-year funding from Temasek Cares. The Team served 147 patients in FY2015/16. The average LOS for this group of patients was 75 days.

AWARDS AND TRAINING

SSN Tan Li Kuan received the prestigious Nurses' Day MOH Merit Award 2015.

SSN Lim Mooi Hong received the ILTC-SHMDP award for her Specialist Diploma in Palliative Care Nursing Course.

TRAINING & DEVELOPMENT

ILTC-SHMDP recipient Nurse Clinician Susan Chan Bee Sim successfully completed her one-year MSc in Palliative Care, at King's College London, U.K., in January 2016.

[#] Project Dignity has since then been renamed Programme Dignity for Advanced Dementia, as part of a rebranding exercise requested by Temasek Cares in June 2016



Staff Nurses Pamela Koh, Lim Mooi Hong, and Li XueLing successfully completed the 10-month part-time Specialist Diploma in Palliative Care Nursing in Dec. 2015/Jan. 2016.

All the courses conducted by DPH were fully subscribed. The Preceptor Training Course, in particular, had overwhelming demand, and AIC has requested for more runs.

There has been a steady stream of students and staff (local and overseas) from the various healthcare disciplines (medical, nursing, Allied Health, dental, architecture) seeking learning opportunities with DPH, either through formal clinical attachments or visits. We had our first two overseas nurses on clinical attachment. They were from Brunei Palliative Service. Only one out of seven was successful in their lengthy applications for temporary licence from Singapore Nursing Board (SNB) for hands-on; the other could only observe during their two-week stint.

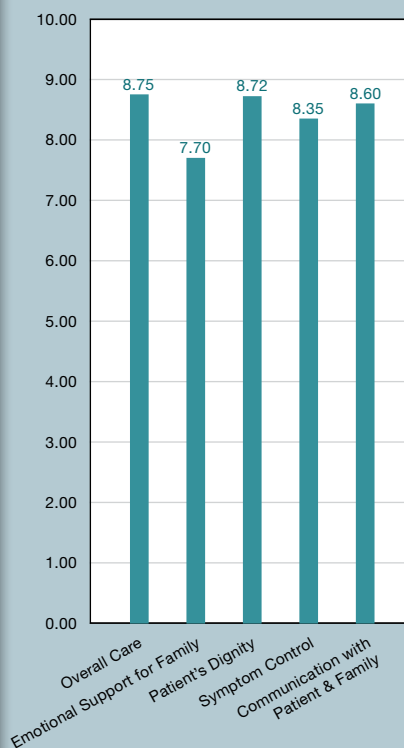
There were more DPH staff and Volunteers who were actively engaged in continuous learning. There were a total of more than 240 attendees who participated in about 120 learning activities (local and overseas) that took place in FY2015/16.

HOW DID WE FARE IN THE EYES OF OUR PATIENTS' CAREGIVERS?

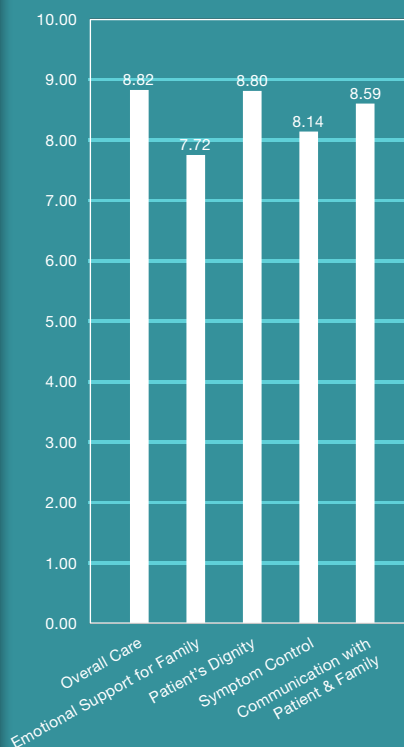
To evaluate the care that we provide to our patients, we conducted a regular, 6-monthly caregivers' mortality follow-back survey. This survey questionnaire was adapted from Toolkit of Instruments to measure End-of-Life Care, developed by Dr Joan M. Teno, MD, MS.

The results of the survey for FY2015/16 showed that the satisfaction level of our patients' caregivers (on a scale from 1-10; 10 being the best) was consistently high in all the 5 domains: emotional support for family, patient's dignity, symptom control, communication with patient and family, and overall care.

RATINGS FOR HOME CARE

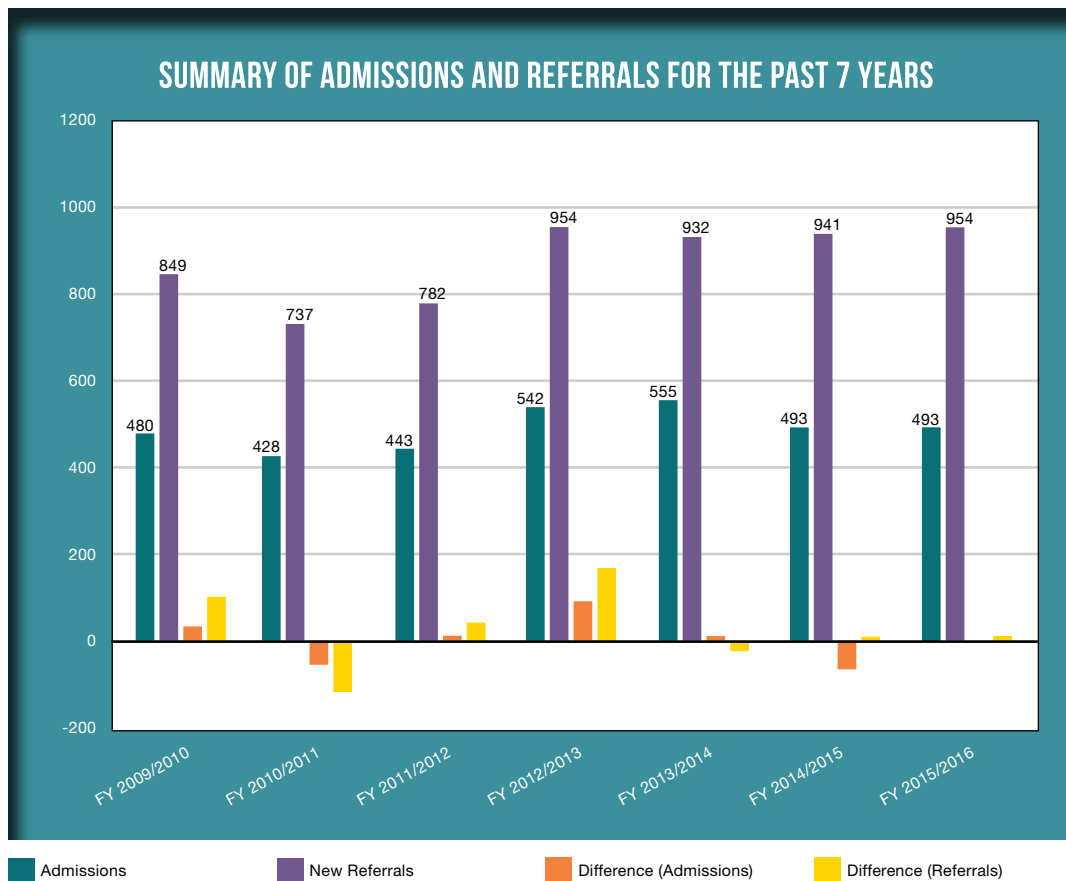


RATINGS FOR INPATIENT



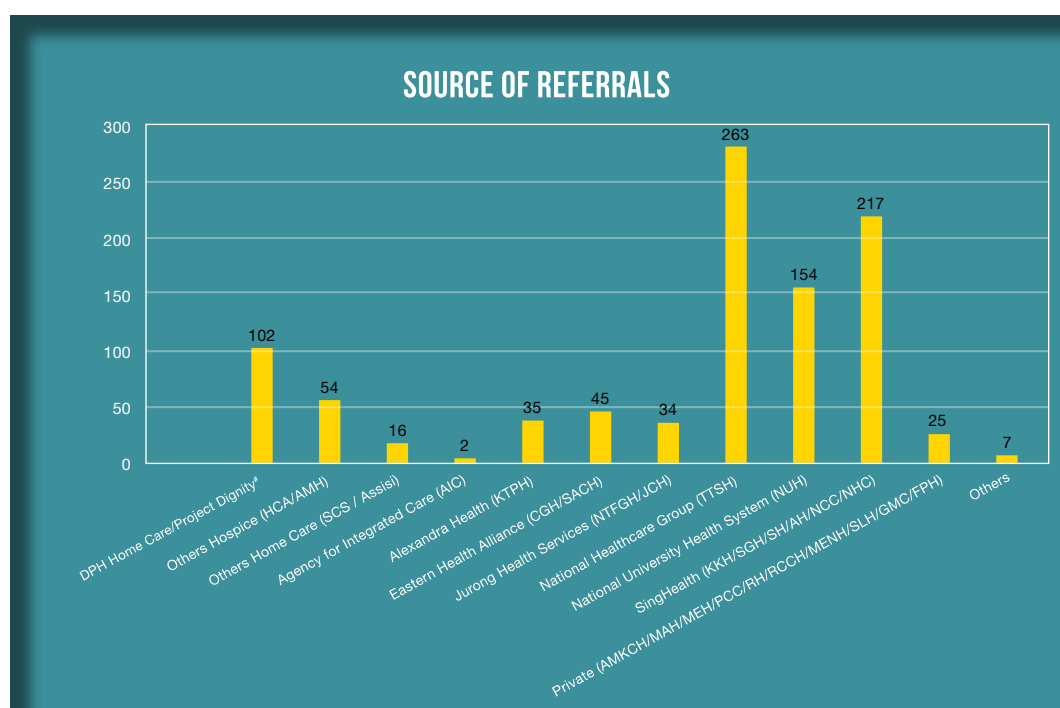
SUMMARY OF ADMISSIONS AND REFERRALS FOR THE PAST 7 YEARS

FY	ADMISSIONS	NEW REFERRALS	DIFFERENCE (ADMISSIONS)	DIFFERENCE (REFERRALS)
FY 2009/2010	480	849	34	107
FY 2010/2011	428	737	-52	-112
FY 2011/2012	443	782	15	45
FY 2012/2013	542	954	99	172
FY 2013/2014	555	932	13	-22
FY 2014/2015	493	941	-62	9
FY 2015/2016	493	954	0	13



SOURCE OF REFERRALS

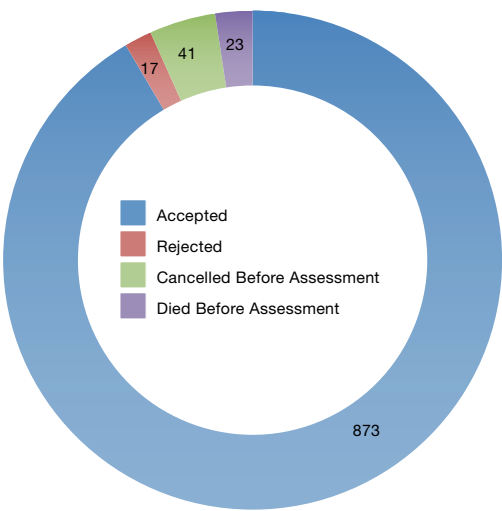
SOURCE	TOTAL
DPH Home Care/ Project Dignity [#]	102
Others Hospice (HCA/AMH)	54
Others Home Care (SCS/Assisi)	16
Agency for Integrated Care (AIC)	2
Alexandra Health (KTPH)	35
Eastern Health Alliance (CGH/SACH)	45
Jurong Health Services (NTFGH/JCH)	34
National Healthcare Group (TTSH)	263
National University Health System (NUH)	154
SingHealth (KKH/SGH/SH/AH/NCC/NHC)	217
Private (AMKCH/MAH/MEH/PCC/RH/RCCH/MENH/SLH/GMC/FPH)	25
Others	7
Grand Total	954



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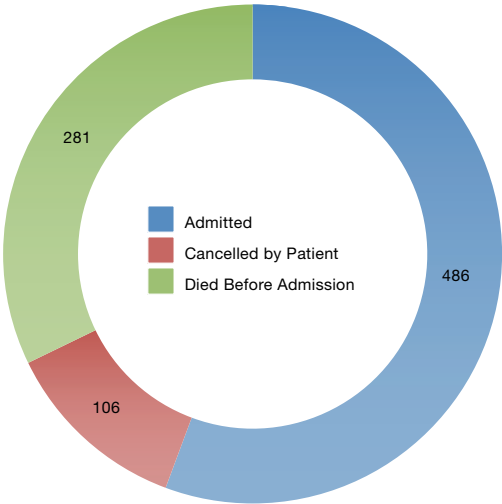
OUTCOME OF REFERRALS

OUTCOME	TOTAL
Accepted	873
Rejected	17
Cancelled Before Assessment	41
Died Before Assessment	23
Total Referrals	954



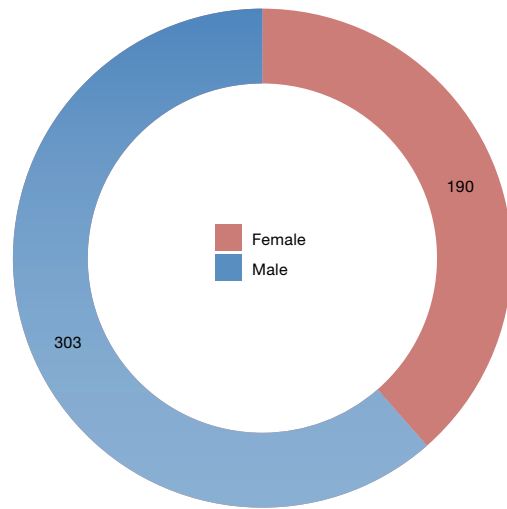
OUTCOME OF ACCEPTED PATIENTS

OUTCOME	TOTAL
Admitted	486
Cancelled by Patient	106
Died Before Admission	281
Total Referrals Accepted	873



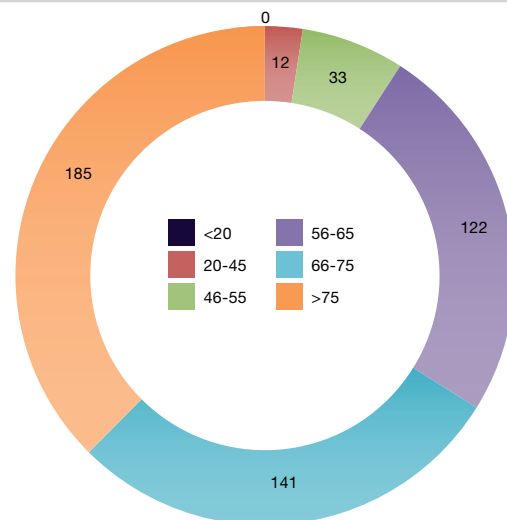
PATIENTS ADMITTED BY GENDER

GENDER	TOTAL
Female	190
Male	303
Grand Total	493



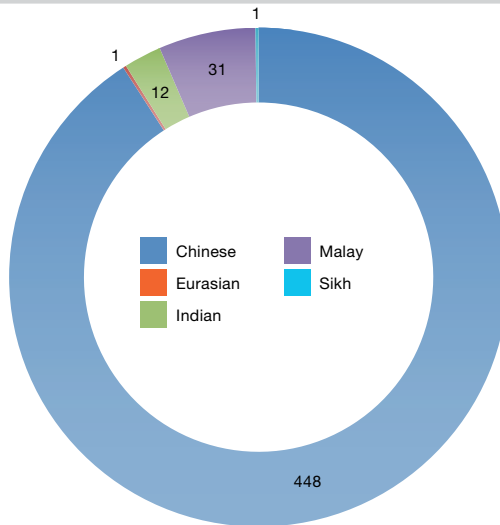
PATIENTS ADMITTED BY AGE GROUP

AGE GROUP	TOTAL
<20	0
20-45	12
46-55	33
56-65	122
66-75	141
>75	185
Grand Total	493



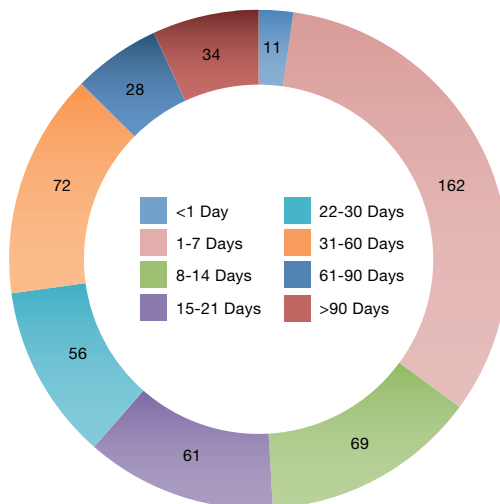
PATIENTS ADMITTED BY ETHNIC GROUP

ETHNIC GROUP	TOTAL
Chinese	448
Eurasian	1
Indian	12
Malay	31
Sikh	1
Grand Total	493



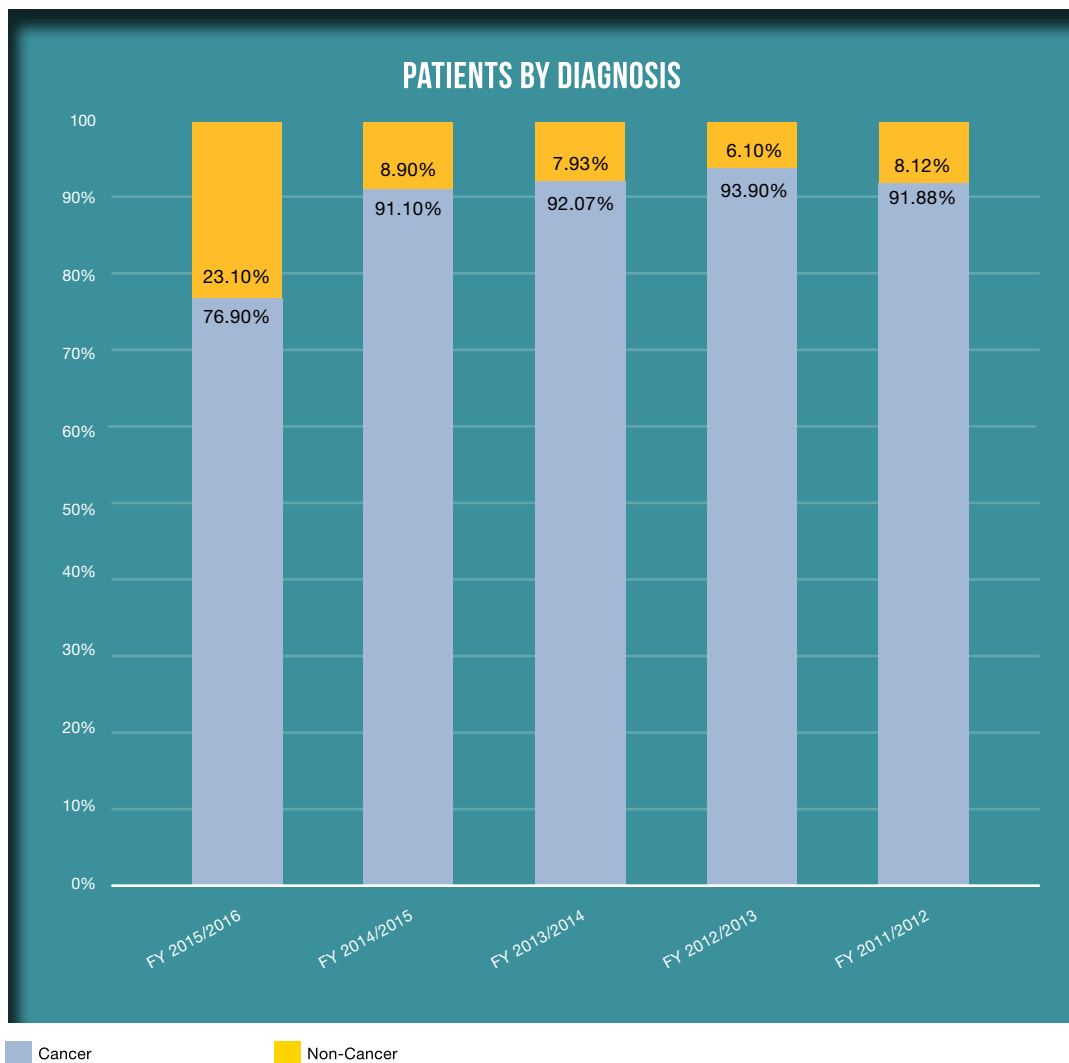
PATIENTS & LENGTH OF STAY

OUTCOME	TOTAL
<1 Day	11
1-7 Days	162
8-14 Days	69
15-21 days	61
22-30 Days	56
31-60 Days	72
61-90 Days	28
>90 Days	34
Grand Total	493



PATIENTS BY DIAGNOSIS

MAJOR DIAGNOSTIC GROUP	FY 2015/2016	FY 2014/2015	FY 2013/2014	FY 2012/2013	FY 2011/2012
Cancer	379	449	511	477	396
Non-Cancer	114	44	44	31	35
Grand Total	493	493	555	508	431



INFORMATION TECHNOLOGY





Further to the incorporation of Project Dignity[#], a home care service specifically tailored for home-bound patients suffering from Advanced Dementia, into the Integrated Hospice Management System (IHMS) from last year, the following clinical assessments were digitalized in the past FY:

- Mini Nutrition Assessment (MNA)
- Neuropsychiatric Inventory Questionnaire (NPI-Q)
- Pain Assessment In Advanced Dementia (PAINAD)
- Quality of Life in Late-Stage (QUALID)
- Comfort Assessment in Dying with Dementia (CAD-EOLD)
- Satisfaction with Care at End-of-Life (SWC-EOLD)
- Zarit Burden Interview

The digitalizing of all the above-mentioned Project Dignity[#] (PD) assessment tools assist the PD Team, who is constantly on the move, to assess patients in the most efficient and simple way. The aim is to provide a more holistic and encompassing care plan for our patients at home.

Apart from that, Home Care also embarked on their capitated funding scheme and this was computerized as well, along with the psychosocial assessment form for our DPH Home Care clinical team:

- Home Care Subvention
- Psychosocial Assessment

Our Social Work and Psychosocial Services Team also streamlined their processes with the genWesis, a computerized referral system that allows doctors and nurses to refer patients who require their services via:

- Workload Assignment

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COMMUNITY OUTREACH



Community Outreach, these days, is not limited to having a booth somewhere in any community. In the technologically-advanced age, more and more Singaporeans have been spending time online. As such, digital space is one other platform whereby DPH may “meet” and engage them. This philosophy led to the birth of DPH eNews and CRM system.



EMM@DPH

Building on the first installment of Every Moment Matters @ Dover Park Hospice (which was held on 12 January 2015), the second installment of EMM@2016 will be held on 12 April 2016 at the POD@NLB.

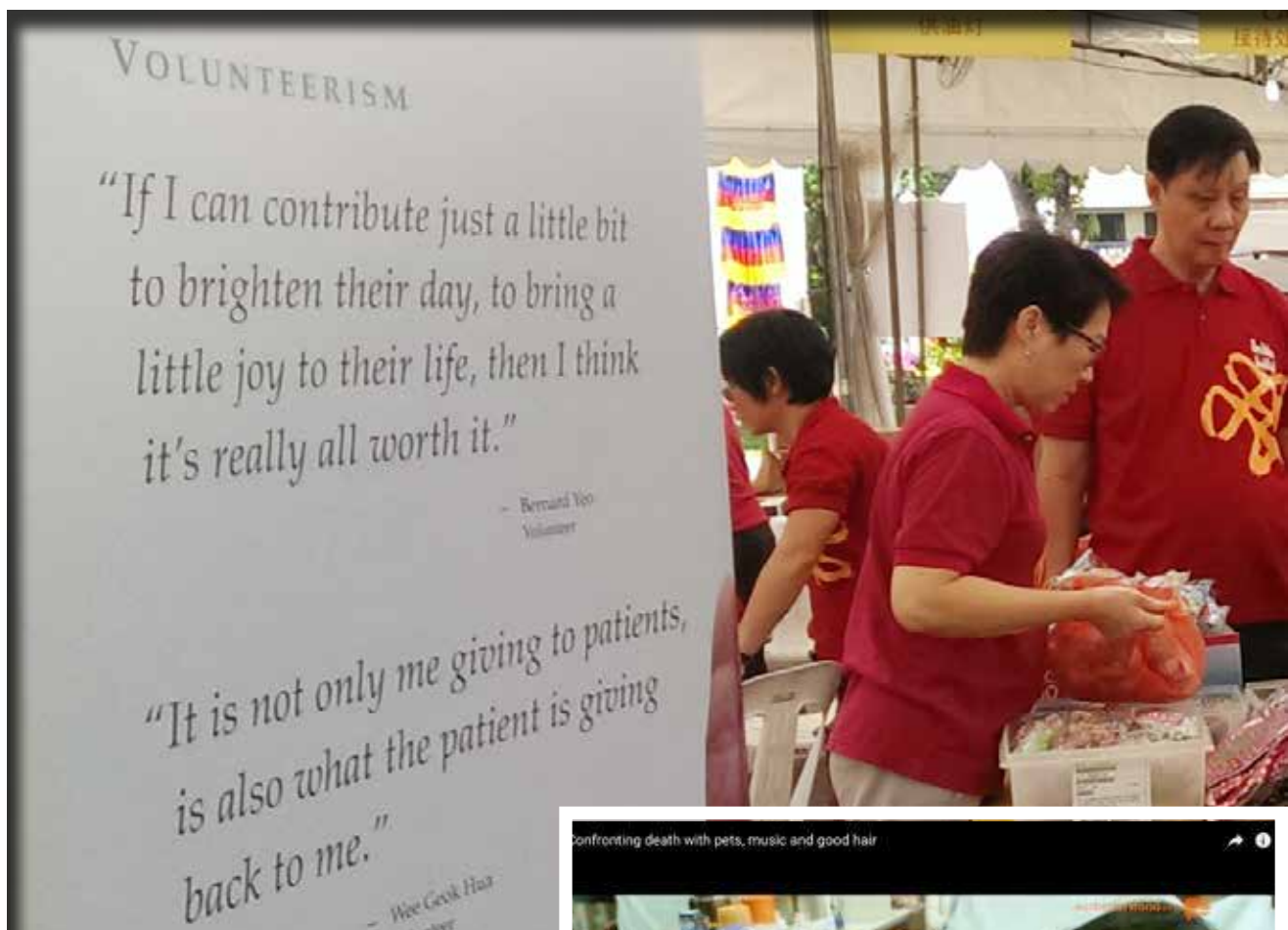
This event will enable numerous organisations to learn about how they could engage in meaningful Corporate Social Responsibility (CSR) with DPH.

DPH ENEWS AND CRM SYSTEM

DPH eNews is a site where articles of interest can be placed online. It is connected to our corporate website and able to add news content automatically. The site is responsive, making it easy for staff, Volunteers, and members of the general public to read on their mobile devices the articles related to our services all in one place. After the initial trial period the site has been handed over to Corporate Communications.

The CRM system allows users to send personalized emails to recipients, ensuring a more personal level of engagement. The system is available for Corporate Communications, Donor Management, Outreach, and Volunteerism departments and is part of the VWO Admin system.





OUR BETTER WORLD VIDEO

Our Better World, a subsidiary of Singapore International Foundation, funded and produced a new video that showcases Palliative Care in DPH through the eyes of Volunteers. The video was nominated for "Best Story of 2015."



CONNECTING WITH OUR COMMUNITY

At DPH, Community Outreach starts at our doorstep, literally. The Neighbourhood Committees (NC) of Novena, Newton, and Goldhil, have adopted the Hospice. Even though their GRC's were split up, they continued to support us through ongoing activities. We have been able to connect with

members of Novena NC by given a talk at one of their meetings and have booth at their Lantern Festival celebration.

Friends of Dulwich also adopted DPH. Through their bake sales and sales of Christmas cards, they also donated to the Hospice. On top of that, The Dulwich Singers will also perform at our EMM@DPH event, in April 2016. Other organisations, such as Macquarie Securities and SAP Asia have continued their CSR initiatives by donating both their time and money.



We also had various student groups from three different schools who have been regularly volunteering with us; for a total of 22 times within the year. DPH also reached out to students by visiting their schools.



AMBASSADORS

The Ambassadors Group increased its strength to 28 members this past year. A new training format was implemented to help them learn facts about DPH in a fun way. The new Ambassadors also got the opportunity to present about DPH, in a supervised environment, during the “Introduction to Volunteering at DPH,” which was conducted five times a year. Furthermore, they also helped out with hosting CSR and Values in Action (VIA) visits, as well as man booths during DPH events, throughout the year.

CONVERSATIONS ON LIVING GRACIOUSLY

Conducting “Conversations on Living and Dying” sessions has helped participants be more confident in discussing End-of-Life matters. Feedback received from participants indicated that these sessions provided more appreciation of life and a deeper bond among participants.

AWARDS



Excellence



NURSES DAY MERIT AWARD 2015

Senior Staff Nurse (SSN) for Home Care services, Ms. Tan Li Kuan, won the MOH Nurses' Merit Award 2015. Li Kuan demonstrated good clinical judgement and decision on her patients during her home visitations. Her commitment and compassionate care had led to numerous commendations from family members.

She has been an active member of quality improvement projects in Home Care and participated actively in the development of educational materials.

She was also the lead author for the poster presentation on "Increasing Symptom Severity Assessment in Home Care Patients" at the Asia Pacific Hospice conference, in Taipei (30 April – 3 May 2015).

Li Kuan was presented the MOH Nurses' Merit Award from Senior Minister of State for Health, Dr. Amy Khor, at the award presentation ceremony, at Orchard Hotel, on 24 July 2015.

ILTC MANPOWER DEVELOPMENT AWARDS 2015

The ILTC Training Awards are MOH's, AIC's and Temasek Cares' commitment to increase the capabilities in the ILTC sector, through opportunities for continuous upgrading and professional development of staff working in the ILTC sector.

Recipients of this year's awards:

SHMDP FUNDING (SOCIAL & HEALTH MANPOWER DEVELOPMENT PROGRAMME)

- Specialist Diploma in Palliative Care Nursing
– SSN Lim Mooi Hong
- Specialist Diploma in Palliative Care Nursing
– SSN Li XueLing
- Specialist Diploma in Palliative Care Nursing
– SN Pamela Koh

ILTC-UP FUNDING

• Bachelor in Nursing

Nurse Educator Ms. Halijah Bte Jantan

HEALTHCARE HUMANITY AWARD 2016 (ADMINISTERED BY NHG)

Since 2004, the Healthcare Humanity Award has been presented to outstanding healthcare workers who are inspirational role models; often going the extra mile to offer care and comfort to the sick and the infirm.

This year Home Care SSN Lim Mooi Hong was the recipient of this award. Ms Lim has been serving terminally-ill patients, in Singapore, for multiple Home Care organizations, for more than 20 years. She is always patient and compassionate with patients and their families despite a heavy workload of 25-30 patients, and having to multi-task and perform her administrative duties. In response to the heightened anxiety amongst family members surrounding the impending death of their loved ones and the rapid decline of patients' physical condition, Ms. Lim is always calm and reassuring.

DPH EMPLOYEE OF THE YEAR AWARDS 2015

These awards recognize and reward the outstanding service of an employee who has made exemplary contributions during the year. The employee must demonstrate exemplary performance of activities in the area of CUSTOMER FOCUS, PERSONAL COMMITMENT, AND TEAM WORK.

Recipients for this year's awards are:

- Senior Enrolled Nurse
– Mar Mar Win
- Administrative Support Officer
– June G DeGuzman

VOLUNTEERISM





AQUAMARINE

Volunteers from Moulmein CCC

AMETHYST

Singing Group that performs for patients on the second and fourth Saturdays of each month from 11am to Noon

CRYSTAL

Creates arts & craft items for fundraising purposes on every Saturday afternoon from 2pm to 4pm

DIAMOND

A Malay-centric Group that organises the monthly birthday celebrations for patients and annual Hari Raya celebrations

EMERALD

Brings patients for outings to various places of interests every Thursday morning

GARNET

Volunteer Ambassadors who support DPH in public awareness efforts

GEMS

In-house show choir consisting of DPH staff and volunteers that perform for patients and at DPH events

JADE

Chinese-based Group which organises celebratory events for patients during Lunar New Year and Mid-Autumn festival

LAPIS

Befriends patients and their family members as well as outreach during Vesak Day celebrations at Amitabha Buddhist Centre

OPAL

Provides massage service to patients to ease their aches and pains

PEARL

Prepares nutritious home-cooked soups for patients on the third Wednesday of each month

RUBY

Brings pets to interact with patients under Pets Therapy Program on the second Monday and fourth Saturday of each month

SAPPHIRE

English Speaking Group which focuses on befriending, and providing music for patients' listening pleasure

SOKA

Prepares local delights of Kopi & Roti for patients on the second and third Sundays of each month

SUNSTONE

Provides hairdressing / grooming services for patients on Tuesday mornings

TANZANITE

Young volunteers from Lee Kong Chian School of Medicine (LKC Medicine)

TOPAZ

Gardening Group helps maintain the lush greenery at DPH

TURQUOISE

Volunteers for Home Care Services



In 2015, DPH reached a milestone in its Volunteerism area when it saw its number of active Volunteers crossed the 400-mark.

Also, during this past year, two of our Volunteer groups were presented with awards on the national level:

- Emerald Group (Outing Group) was recognised for their hard work with their regular weekly patient outings every Thursday. For their dedication, the Emerald Group was awarded the inaugural launch of the Singapore Patient Action Award (for Volunteer Groups), from Tan Tock Seng Hospital, for its Singapore Patient Conference 2015, on 30 October 2015
- Topaz Group (Gardening Group) won the consolation prize for NParks' inaugural Community Garden Edibles Competition, which showcased gardening talents, on 25 September 2015

Back at the Hospice, the following Volunteers and Volunteer Group were lauded for the effort they have put in to help bring joy and comfort to our patients:

- **Outstanding Group Award:** Emerald Group
- **Rookie of the Year Award:** Randall D' Souza
- **Outstanding Volunteer of the Year Award:** Helen Choy



Chairperson		Ms Marlene Foo
Amethyst	Charis Singing Group	Mr Raymond Chiang
Aquamarine	Moulmein NC Ukelele	Mr KC Ang
Crystal	Arts & Craft Group	Ms Lynda Sonya Eaw
Diamond	Malay Speaking Group	Mr Muhammad Agus Bin Othman
Emerald	Patients Outing Group	Ms Kemmy Lim
Garnet	Ambassador Outreach Group	Mr Lester Lee
GEMS	DPH Choir	Ms Janice Phua / Mr Gilbert Lew
Jade	Chinese Speaking Group	Mr Sia Ooi Kong / Ms Dawn Chia
Lapis Lazuli	Amitabha Buddhist Group	Ms Wee Geok Hua
Opal	Massage Group	Ms Mabel Pek
Pearl	Soup for Patients Group	Ms Pearl Lim
Ruby	Pet Assisted Therapy Group	Mr Bernard Yeo
Sapphire	English Speaking Group	Mr Randall D' Souza
Soka	Kopi & Roti for Patients Group	Ms Jasmine Chong / Ms Lily Han
Sunstone	Haircutting for Patients Group	Mdm Cheek Boon Kiew
Tanzanite	LKC Med Students Group	Dr Tanya Tierney
Turquoise	Home Care Volunteer Group	–
Topaz	Gardening Group	Ms Elsie Sng

FUNDRAISING

NON
PROFIT





CHARITY GOLF 2015

Dover Park Hospice held its Charity Golf event on Wednesday, 22 April 2015, at the Singapore Island Country Club's New Course. It was a great success and was attended by 180 guests and staff, who helped raise more than \$400,000 from generous donations and various sponsorships.

The day ended with a dinner, which was graced by our Guest-of-Honour, Mr Lui Tuck Yew, then Minister for Transport and Second Minister for Defence, and Mrs Lui.



SUNFLOWER GALA BALL 2015

DPH had its annual fundraising Sunflower Gala Ball, which was held at the Shangri-La Singapore on 24 August 2015 and attended by 600 participants, helped raise more than \$1 Mil.

This year, the Ball had our Health Minister Mr. Gan Kim Yong, as its Guest-of-Honour. He was accompanied by his wife, Mrs. Esther Gan.

Dinner for that evening was prepared by local celebrity chef, Justin Quek, who collaborated with Shangri-La on the dinner menu. The evening was filled with entertainment provided by the emcee Karen Tan and our in-house show choir, GEMS.

DONORS

kinisou danki mēsi aabar akiba merkzi rahmat nkosi wado
madlobt shakkran supas dekuji waita omol
soolong dankewol grassie shukriyaa mauuru modupe
dakujem tenki grācies tashakor ngiyabonga shukriyaa mauuru modupe
manjuthe marahaba bayarlalaa sobodi obrigada arigato kiitos
blagodaria sobodi obrigada arigato kiitos
hvala tēnan cheers gratzias trugérē
aitāh menlau epharisto danke
miigwech waybale köszönöm multumesc obrigado
gracias ahsante saḍol meharbani dziakuju
manana skee tanmirt takk shukria matondi matondo misaotra paldies chokrane
spas taiku nuhun saha bedankt dēkoju zikomo salamat
pandri



IN APPRECIATION

Dover Park Hospice wishes to express our appreciation to all corporations, organisations, and individuals, for their generous support for the past year. Due to space constraints, we can only list donors who have contributed \$1,000 and above. Nevertheless, we thank all our donors for contributing towards Dover Park Hospice's compassionate cause of providing care and comfort to terminally-ill patients and their families during their difficult times and helping to make "Every Moment Matters." It is indeed a privilege to have your support.

If we have inadvertently left out any donor, please accept our sincerest apologies for the oversight.

INDIVIDUALS

A

Ang Seok Tee (IMO-Lim Chin Hock)
Angela G Tan
Au Oi Leng
Au Yeong Siew Peng
Aung Tiew Kin (IMO Tan Suang Buay)
Aw Kian Heng

Chia Wee Hong
Chia Wei Khuan
Chin Chi Onn, Colin
Chin Siew Foong
Chin Wen Chen, Sharon
Chin Yau Seng
Ching Swee Hoe

C

Chan Boon Kheng
Chan Chee Lum
Chan Guek Cheng, Noreen (Dr)
Chan Keng Meng
Chan Kim Mok
Chan Wai Fen
Chan Wai Leong
Chan Wing Seng
Cheah King Mun, Clifford
Cheang Boon Liang, Kelly
(IMO-Cheang Chee Meng)
Chen Cheng Jorge
Chen Choong Joong (IMO-Cedric E. Ritchie)
Cheng Soon Keong
Cheng Wei Liang
Cheng Yoke Ping
Cheok Han Meng
Chia Soo Hien

Chng Chee Kiong
Choa Haw Liong, Paerin
Choe Fook Cheong, Alan
Chong Fook Choy, Christopher
Chong Tzu Chew
Choo Bee Li
Choo Chieh Chen, Helen
Choo Teck Seng
Choo Wee Leong @ Winston Choo
Choong Sin Kheong
Chow Joo Ming
Chow Kwok Weng
Christopher Franck
Chua Cheng Boon
Chua Eng Him
Chua Hai Siew, Ambrose
Chua Jek Heng (IMO-Wong Swee Kiat)
Chua Kim Chiu
Chua Lai Poh
Chua Lee Ngoh, Annie

Chua Tiang Choon, Keith

Chuah Lam Siang

Chuah Yoong Yoong

Chung John

D

Dalip Singh (IMO-Amer Kuar)

Daljeet Singh Sidhu

De Vaz Ian Marc Rosairo

Dilhan Pillay Sandrasegara

E

Ee Beng Neo, Cecillia

Eng Hsi Ko, Peter

Estate of Roseanne Wee

F

Fang Eu Lin

Fang Woan Pin

Fong Yeng Chung, Frank

Foo Elian

Foo Jiok Wee

Foo Jong Wey

Foo Kwee Joen, Junie

Fu Chin Feng

G

Gan Cheng Chan

Gan Soh Har

Goh Ann Nee

Goh Boon Chye

Goh Yew Lin

H

Hans Ng Han Yang (IMO-Choy Poh Choo)

Heng Chung Huat, Kelvin

Heng Seoh Gek (IMO-Teo Ah Lee)

Heng Siok Tian (IMO-Teo Ah Lee)

Ho Joo Fatt

Ho Siok Hwa, Eileen

Ho Terence

Hochstadt Herman Ronald

Hoie Wai Fong (IMO-Boey Fong Siew)

Hsu Chin-Ying, Stephen

Hui Chook Yee

Hui Choon Wai

I

Intan Maria Dharmadji

J

Jim Rogers

Joseph Grimberg

K

Kang Wee San, Jessie

Kho Kwang Mui

Khoo Chwee Tin

Khoo Kim Geok, Jacqueline

Khoo Soo Guan, Christopher

Koh Choon Kiat

Koh H C, Adrian

Koh Kok Tian

Koh Tse Hsien

Kok Tat Onn, Marcus

Kork Au Yong

Kuah Leng Leng, Audrey

Kum Wan Sze, Jocelyn

Kwek Choon Lin, Winston

L

Lai Huen Poh
Lai Ling Ling (IMO-Lai Chee Meng)
Lai Swee Cheng (IMO-Kuek Seng Swee)
Lam Joanne
Lam Kah Hoe
Lam Kun Kin
Lam Yi Young
Lao Tong Seng
Latha E K, Mathew
Lau Hong Choon
Lee Ang Seng
Lee Chia Poh, Alvin
Lee Chin Siang, Barry
Lee Chwee Neo
Lee Chye Beng
Lee Ewe Choon
Lee Hock Tan, Clifford
Lee Kiam Heng
Lee Kim Hock, Lionel (Prof)
Lee Mun Tuck (IMO-Lee Kwok Hoong)
Lee Onn Kei, Angel (Dr)
Lee Po Nicola
Lee Soon Teck
Lee Swee Chan
Lee Teck Joo, Micky
Lian Ying Hua (IMO-Ho Peng Koon)
Lim Benny
Lim Boon Kit
Lim Choon Hong (IMO-Ann)
Lim Han Thuan
Lim Hock Chee
Lim Hui Mien, Sharon
Lim Hwai Ghee (IMO-Lim Eng Hong/
Ng Thiam Siew)
Lim Kian Tho, Jerry (Dr)
Lim Kim Quee
Lim Kong Eng

Lim Leong Keow
Lim Mei Yin
Lim Meng Woan
Lim Seng Lim
Lim Seng Wai, David
Lim Ser Yong
Lim Siok Mei
Lim Song Kie
Lim Wei Min
Lim Yi Tung (IMO-Ngim Lee Keng)
Ling Bee Yen
Loh Lee Hong
Loi Teck Shu
Loke Yuen Kin, Ruby
Low Chee Wah
Low Cher Leng, Shirley
Low Chor Ming (IMO-Ng Say Thum)
Low Hong Gang, Leonard (IMO-Teo Moy Kia)
Low Lee Hoon
Low Ngiap Jong, Jeann
Low Quay Boon (IMO-Low Boay Koom)
Luc H Caers

M

Mei Wan Kwee, Melissa
Michael A Witt (Prof)
Moeez H Nakhoda
Mong Soon Ping (IMO-Mong Siew Po)
Mueller Joergen Oerstroem

N

Ng Chee Chuan
Ng Ching Kok (IMO Yee Chen Kai)
Ng Han Lip
Ng Jia Lin, Hana (IMO-Ng Sen Ming)
Ng Jiak See
Ng Kar Ling

Ng Kuo Pin

Ng Lai Hong

Ng Lei Piar

Ng Moi Boon, Joseph

Ng She Tiong

Ng Siew Cheng

O

Ong Chiew Tin (IMO-Koh Ah Gong)

Ong Hui Lian, Grace

Ong Jen Yaw

Ong Kim Ling

Ong Mong Siang

Ong Qlan Wen

Ong Siew Ching

Ong Siew Tin

Ong Sueh Pheng (IMO-Ong Seh Kwee)

Ooi Chung Ping

Oon Gek Neo, Grace

Ow Woon Gue, Sharen

Oxborrow Michael Anthony

Ong Jee Moh

P

Peh Libby Tin

Pek Tiong Khuan

Poh Bee Li

Poi Choo Hwee

Poon Yew Hee, Donald

PGAA (IMO-Teo Keng Lin)

Q

Queek Joo Huat

Quek Robert

Quek Song Yang (IMO-Chua Tiang Soong)

Quik Lee Lee (IMO-Khoo Choon Tin)

R

Rin Huei Yuen

Rin Nan Yoong

Robert John Savage

Robin Ian Rawlings

Rohit Bhattacharjee

S

Sadanand Varrma

Sajith Kumar K

Sam

Sant Kaur d/o Nand Singh (IMO-Amer Kaur)

Saw Cheow Hin

Seah Chee Hua

Seah Chin Hong

See Tho Kai Yin

Seet Iris

Seet Ju Ee (Dr)

Sen Yoke Fun, Ruth (IMO-Amer Kaur)

Sim Guek Neo, Elizabeth

Sim Mui Gek (IMO-Tan Siang Heok)

Sim Wing Yew

Sin Wai Chu

Siow Fung Wai Ying

Soh Keng Hock

Soh Lotus

Sum Wai Fun, Adeline

Susiwaty Luhur

Syn Hsien Min, Michael

Syn Li Min, Mark

T

Tai Choy

Tai Tsi Leong John (IMO-Mdm Taty Lonny, Ali Hakim)

Tan Francis (IMO-Mdm Chua)

Tan Hwee Choo, Caroline Paolina

Tan Kay Buan
 Tan Kheng Lee, Arnold
 Tan Khuan Seng
 Tan Kian Wee
 Tan Kok Huan
 Tan Kwang Hong
 Tan Lam Seng
 Tan Lay Hong
 Tan Lee Cheng
 Tan Lorena
 Tan Nguan Chee
 Tan Puay Kiow, Karen
 Tan Soo Hwee
 Tan Ta Sen
 Tan Tee Jim
 Tan Whei Mien, Joy
 Tan Yang Chong, Allan
 Tan Yang Guan
 Tan Yap Phang
 Tan Yin Ying
 Tan Yong Yao, Andy
 Tan Zhiting Serene (IMO-Tan Bo Yuen)
 Tang Hock Guan
 Tang See Chim
 Tang W Y John
 Tay Bee Leng
 Tay Eng Huat
 Tay Lai Peng
 Tay Poh King, Angeline
 Tay Teng Guan, Arthur
 Tay Toh Hin
 Tay Wai Yee
 Tan Ann (Dr)
 Teh Chew Mui, Joann
 Teng Kim Wei, Jennifer
 Teo Alvin
 Teo Ek Tian
 Teo Khiam Chong

Teo Kok Jin, Allan
 Teo Letty
 Teo, Marie Elaine
 Teo Miang Yeow
 Teo Teong Ho
 Tham Kui Seng
 The Late Ang Lee Cheng
 The Late Chuance Hong Gain
 The Late Hamish Mcmillian Dyer
 The Late Koh Bong Kim
 The Late Koh Eng Ann
 The Late Law Ah Kin @ Lau Kow Choy
 The Late Lee Lek Moi
 The Late Lim Kee Heng
 The Late Low Boon Yock
 The Late Mdm Wong Ah Yong
 The Late Ong Hai Kiat
 The Late Sung Tack Sing
 The Late Tan Yeow Kheng
 The Late Teo Kim Tee
 The Late Tok Yock Lan
 The Late Wong Ah Ngee
 The Late Wong Wan Sing
 Tien Sing Cheong
 Tin Keng Seng
 Tiong Siew Geok
 Tjio Shan
 Tnay Kwang Meng
 Toh Han Pin (IMO-Saw Kim Hiok)

W

Wan Fook Weng
 Wang Chew Juat
 Wee Mervin
 Wee Sin Tho & Family
 Wong Ben
 Wong Bor Horng

Wong Chooi Wan

Wong Chung Jeu

Wong Keen Mun

Wong Kiat Kong

Wong Kok Leong

Wong Mark

Wong Oi Fah

Wong Siu Ching, Cindy

Wong Sui Yee

Wong Weng Sun

Woon Tek Seng

Wong Kok Hoo, Steven (IMO-Wong Seng)

Wu Huei Yaw (Dr)

Wee Irene

Wee May Li, Stella

Winson Pola

Winston Hodge

Wong Mei Gin

Wong Lan Eng

Y

Yam Ah Mee

Yap Guat Eng

Yee Wei

Yeh Lin @ Timber Yeh

Yeo Boon Inn

Yeo Gim Hong (IMO-Ng Weng Hee)

Yeo Hiok Nglat (IMO-Mdm Tan Siang Heok)

Yeo Lik Seng

Yeo Wei Shoon, Freda

Yip Cheng Yee, Evelyn

Yip Shue Keen

Yip Yoke Ping, June

Yip Yue Lee

Yong Chin Hwee, Serene

Yong Kon Yoon

Yong Pei Xin, Marianna

Yoong Noeline Cora

Yuen Yew Kwan

Yuen Thio, Stefanie

Yuen Yu Tai

Yui Vivien

Yee Oi Kiew, Clara (IMO-Wong Ah Yong)

Yeow Chiok Fun (IMO-Pak Yuen May)

Yong Swee Lin, Irene

Z

Zhou Nicholas

FAMILIES OF THE LATE

Foo Gok Zin

Sih Sia Meng, Edward

ORGANISATIONS

A

Aegis Portfolio Managers Pte Ltd

Allen & Gledhill LLP

Alliance Steel Pte Ltd

Amitabha Buddhist Centre

AP Oil International Limited

Asia Brokers Managers Charity
(Singapore) Ltd

ASL Aviation Group Pte Ltd
(IMO-Ann Lim nee Tan Leng Kim)

Association of University Surgeons of Asia

B

Bank Pictet & Cie (Asia) Ltd
 Bedmar & Shi Pte Ltd
 BG Asia Pacific Services Pte Ltd
 Blue Moon Engineering Pte Ltd
 Brookline Medical Pte Ltd

C

Cathay Cineplexes Pte Ltd
 Centre For Assisted Reproduction Pte Ltd
 ComfortDelGro Corporation
 Courts Asia Limited
 Crystal Group

D

Dong Yi Enterprise Pte Ltd
 DP Architects Pte Ltd
 Dulwich College (Singapore) Pte Ltd

E

Erabelle Pte Ltd
 Expats Furniture Rental Pte Ltd

F

F.M. Noordin & Co Pte Ltd
 Focus Investments Pte Ltd

G

GNS Storage Pte Ltd

H

Hand & Nerve Disorders Surgery Pte Ltd
 Hatim Capital Pte Ltd
 Hong Leong Foundation
 Hydrochem (S) Pte Ltd

I

Isaac Manasseh Meyer Trust Fund
 Isetan Foundation

J

Jurong Health Nursing Division

K

Keppel Care Foundation Limited
 Kuan Im Tng Temple (Joo Chiat)

L

Lee Foundation
 Lee Kim Tah Foundation
 Lee Kim Tah Holdings Limited
 Lion Global Investors Limited

M

Mangala Vihara (Buddhist Temple)
 Marina Bay Sands Pte Ltd
 Marina Green Limited
 Maritime and Port Authority of Singapore
 ME Equipment Pte Ltd
 ME Holdings Pte Ltd
 Mellford Pte Ltd
 Methodist Girls' School (Secondary)
 Million Lighting Co Pte Ltd
 Mitsubishi Electric Asia Pte Ltd
 MST Golf (Singapore) Pte Ltd

N

National Council of Social Service
 New Funnels (S) Pte Ltd

New York Aircon Zhong Yuan Hui
Newman Corporate Services Pte Ltd
Nexcomm Asia Pte Ltd
NTUC Fairprice Foundation

P

PDS International Pte Ltd
PricewaterhouseCoopers LLP
Prive Clinic Pte Ltd

R

Refine Construction Pte Ltd
Renault Enterprise

S

Schroder Investment Mgt (Singapore) Ltd
Seaquest Enterprise Pte Ltd
Seed Global Investment Pte Ltd
Sim & Yeo Co Pte Ltd
Singapore Buddhist Youth Mission
Singapore Manufacturing Federation
Singapore United Estates Pte Ltd
Sun Holdings Ltd
Sunray Woodcraft Construction Pte Ltd
SUTL Logistics & Warehousing Pte Ltd
SymAsia Singapore Fund

T

Tactics System Engineering Pte Ltd
Tai Pei Old People's Home
Tampines Chinese Temple
Tang's Engineering Pte Ltd
TBT Nova Investment Pte Ltd
The Ngee Ann Kongsi
The Shaw Foundation Pte
Tong Tek Buddhist Temple
Tote Board and Singapore Turf Club
Trends N Trendies Pte Ltd
Tri-Harvest International Pte Ltd
TTJ Design and Engineering Pte Ltd

U

United Overseas Bank Limited

W

Web Structures Pte Ltd
Wee Foundation
West Spring Secondary School
Wing Ship Marine Services Pte Ltd
Woh Hup (Private) Limited

Y

Yong Khian Pte Limited

Z

Zap Piling Pte Ltd

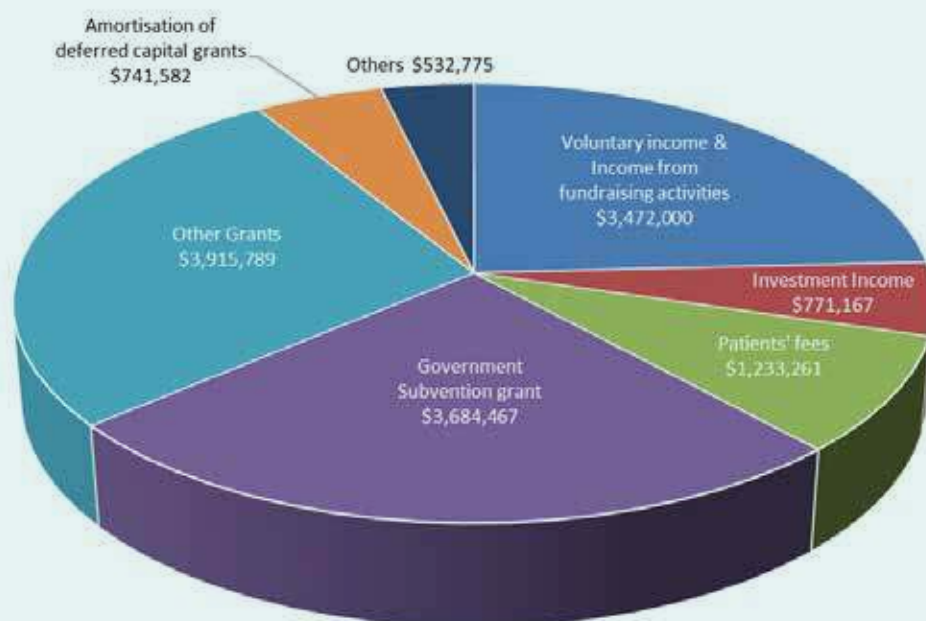
FINANCIAL HIGHLIGHTS



TOTAL INCOME FOR THE YEAR

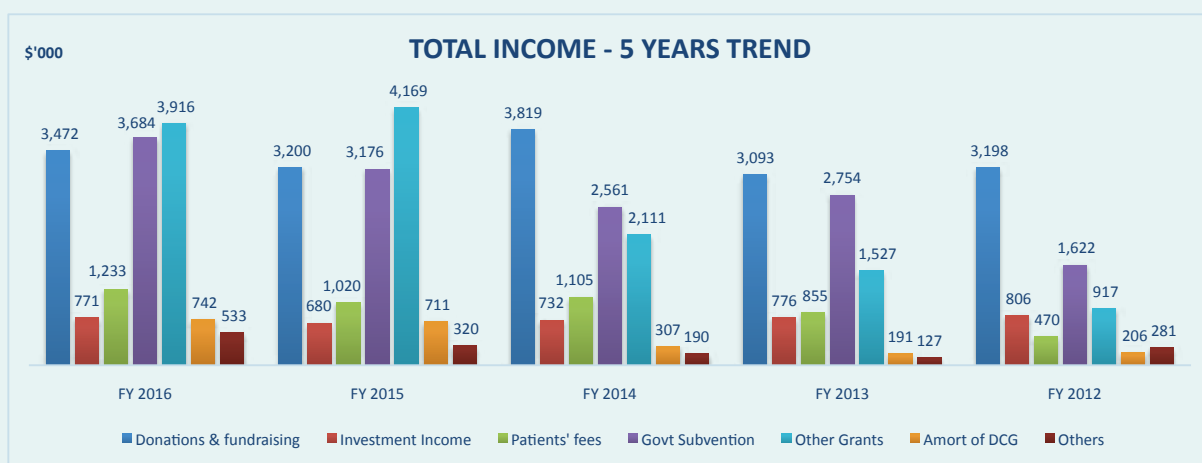
	FY 2016	FY 2015
Voluntary income & Income from fundraising activities	3,472,000	3,200,169
Investment Income	771,167	680,467
Patients' fees	1,233,261	1,019,767
Government Subvention grant	3,684,467	3,175,532
Other Grants	3,915,789	4,168,576
Amortisation of deferred capital grants	741,582	710,618
Others	532,775	319,971
	14,351,041	13,275,100

TOTAL INCOME FOR FY 2016



TOTAL INCOME

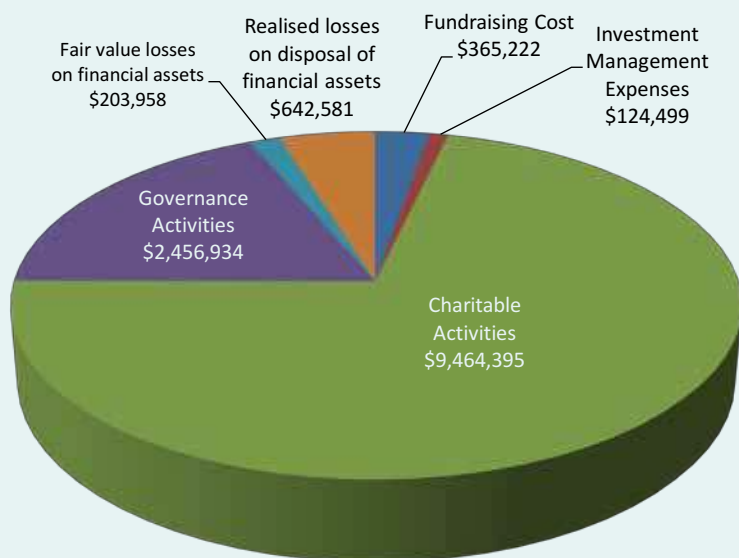
INCOME FROM FY 2012 TO FY 2016



TOTAL EXPENDITURE FOR THE YEAR

	FY 2016	FY 2015
Fundraising Cost	365,222	303,030
Investment Management Expenses	124,499	117,955
Charitable Activities	9,464,395	8,637,087
Governance Activities	2,456,934	2,305,421
Fair value (gains)/losses on financial assets	203,958	(474,535)
Realised (gains)/losses on disposal of financial assets	642,581	(263,439)
	13,257,589	10,625,519

TOTAL EXPENDITURE FOR THE YEAR



EXPLANATORY NOTES

1. **Charitable activities**

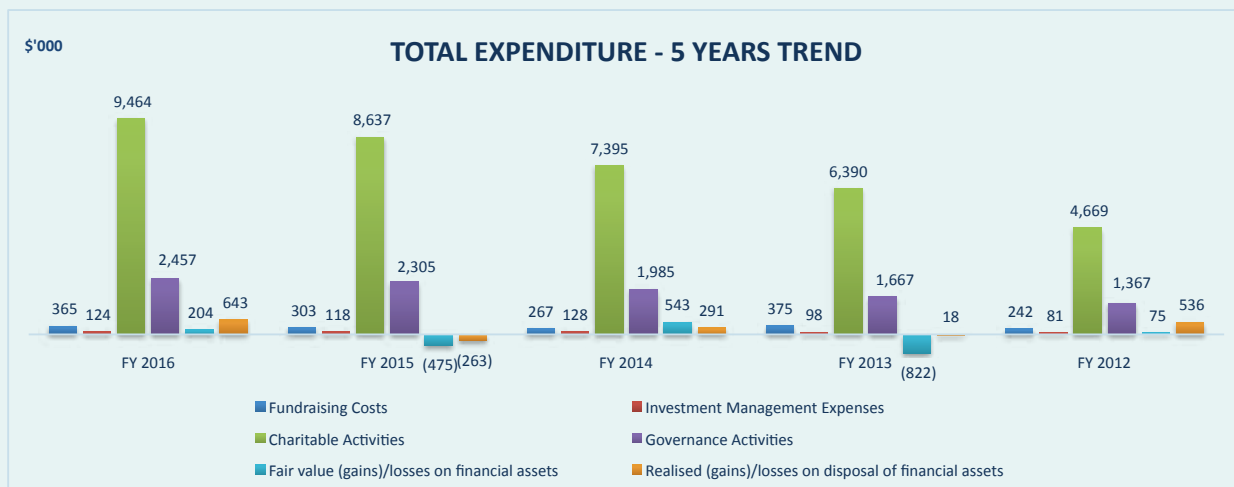
Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the Hospice which is the provision of inpatient and home care services to the terminally ill. The total costs of charitable expenditure include an apportionment of support costs.

2. **Governance activities**

Governance activities comprise all costs attributable to the general running of the Hospice in providing the governance infrastructure and in ensuring public accountability. These costs include costs related to constitutional and statutory requirements, and include an apportionment of overhead and support costs.

TOTAL EXPENDITURE

EXPENDITURE FROM FY 2012 TO FY 2016





DOVER PARK HOSPICE
Every Moment Matters

FINANCIAL STATEMENTS

ANNUAL REPORT 2015/16

Dover Park Hospice
UEN Number: S92SS0138D
Registered under the Singapore Societies Act, Chapter 311)

Charity Registration Number: 1019
(Registered under the Singapore Charities Act, Chapter 37)

Financial Statements
Year ended 31 March 2016

Corporate information

Registration

Dover Park Hospice (the Hospice) is registered as a Voluntary Welfare Organisation in accordance with the Singapore Societies Act, Chapter 311. The Hospice is registered as a charity under the Singapore Charities Act, Chapter 37. The Hospice is approved as an institution of a public character (IPC) under the provisions of the Income Tax Act. The Hospice's tax exempt status has been extended from 01 October 2014 to 30 September 2017.

Registered Address

10 Jalan Tan Tock Seng
Singapore 308436

Governing Council

Chairman

Prof. Lee Kim Hock, Lionel

Vice Chairman

Ms. Ong Ai Hua

Honorary Treasurer

Ms. Woo E-Sah

Honorary Secretary

Mr. Chey Chor Wai

Assistant Honorary Treasurer

Mr. Chew Robert

Assistant Honorary Secretary

Ms. Chan Li Chen, Angelene

Members

Ms. Cheng Yoke Ping
A/Prof. Chin Jing Jih
Ms. Foo Marlene
Dr. Goh Pheck Suan, June
Col. (Ret) Gwee Chwee Kee, Rupert
Prof. Ho Yew Kee
Mr. Lee Keng Kok, Lester
Dr. Lim Seng Cheong, Robert
Mr. Low Chee Wah
Dr. Low Cheng Tee, Edwin
Mr. Tan Seng Hock
Ms. Tan Whei Mien, Joy
Mr. Tan Yong Soon
Dr. Tanya Tierney

Honorary Council Members

Dr. Seet Ai Mee
Dr. Lim Kian Tho, Jerry

Statement by Governing Council

In our opinion, the financial statements set out on pages FS1 to FS26 present fairly, in all material respects, the financial position of the Hospice as at 31 March 2016 and the financial performance, changes in funds and cash flows of the Hospice for the year then ended in accordance with the provisions of the Singapore Charities Act and Singapore Financial Reporting Standards.

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

On behalf of the Governing Council

Prof. Lee Kim Hock, Lionel
Chairman, Governing Council

Ms. Woo E-Sah
Honorary Treasurer, Governing Council

26 July 2016

Independent auditors' report

Members of Dover Park Hospice

(Registered under the Singapore Societies Act, Chapter 311 and Singapore Charities Act, Chapter 37)

Report on the financial statements

We have audited the accompanying financial statements of Dover Park Hospice (the Hospice), which comprise the statement of financial position as at 31 March 2016, the statement of comprehensive income, statement of changes in funds 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.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the provisions of the Singapore Charities Act, Chapter 37 (the Singapore Charities Act), the Singapore Societies Act, Chapter 311 (the Singapore Societies Act) and Singapore Financial Reporting Standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Singapore Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Hospice as at 31 March 2016, and the financial performance, changes in funds and cash flows of the Hospice for the year then ended in accordance with the provisions of the Singapore Charities Act and Singapore Financial Reporting Standards.

Report on other legal and regulatory requirements

In our opinion:

- (a) the accounting and other records required by the regulations enacted under the Singapore Societies Act to be kept by the Hospice have been properly kept in accordance with those regulations; and
- (b) the fund-raising appeals held during the period 1 April 2015 to 31 March 2016 have been carried out in accordance with Regulation 6 of the Societies Regulations issued under the Singapore Societies Act and proper accounts and other records have been kept of the fund-raising appeals.

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

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

KPMG LLP
Public Accountants and
Chartered Accountants

Singapore
26 July 2016

Statement of financial position
As at 31 March 2016

	Note	2016 \$	2015 \$
Non-current asset			
Property, plant and equipment	4	4,251,214	5,216,760
Current assets			
Financial assets - Investments	5	16,897,133	18,121,099
Grants and other receivables	6	1,133,863	1,469,770
Cash and cash equivalents	7	19,615,048	17,179,080
		<u>37,646,044</u>	<u>36,769,949</u>
Total assets		<u>41,897,258</u>	<u>41,986,709</u>
Funds of the Hospice:			
Restricted fund - Endowment fund	8(i)	20,792,630	21,065,285
Unrestricted fund - Accumulated fund	8(ii)	14,057,146	12,691,039
Total funds		<u>34,849,776</u>	<u>33,756,324</u>
Non-current liability			
Deferred capital grants	9	2,389,201	2,907,619
Current liability			
Trade and other payables	10	4,658,281	5,322,766
Total liabilities		<u>7,047,482</u>	<u>8,230,385</u>
Total funds and liabilities		<u>41,897,258</u>	<u>41,986,709</u>

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

**Statement of comprehensive income
Year ended 31 March 2016**

Financial activities/Income and expenditure	Note	2016			2015		
		Unrestricted fund – Accumulated fund	Restricted fund – Endowment fund	Total funds	Unrestricted fund – Accumulated fund	Restricted fund – Endowment fund	Total funds
		\$	\$	\$	\$	\$	\$
Incoming resources							
<i>Incoming resources from generated funds</i>							
Voluntary income	11	1,554,457	–	1,554,457	1,333,995	–	1,333,995
Income from fund-raising activities	11	1,917,543	–	1,917,543	1,866,174	–	1,866,174
Investment income	12	94,054	677,113	771,167	73,008	607,459	680,467
Others		532,753	22	532,775	319,971	–	319,971
		4,098,807	677,135	4,775,942	3,593,148	607,459	4,200,607
<i>Charitable activities</i>							
Patient fees		1,233,261	–	1,233,261	1,019,767	–	1,019,767
Government subvention grant		3,684,467	–	3,684,467	3,175,532	–	3,175,532
Other grants	13	3,915,789	–	3,915,789	4,168,576	–	4,168,576
Amortisation of deferred capital grants		741,582	–	741,582	710,618	–	710,618
		9,575,099	–	9,575,099	9,074,493	–	9,074,493
Total incoming resources		13,673,906	677,135	14,351,041	12,667,641	607,459	13,275,100
Resources expended							
<i>Cost of generating funds</i>							
Fundraising costs	14	(365,222)	–	(365,222)	(303,030)	–	(303,030)
Investment management expenses	15	–	(124,499)	(124,499)	–	(117,955)	(117,955)
		(365,222)	(124,499)	(489,721)	(303,030)	(117,955)	(420,985)
<i>Charitable activities</i>	16	(9,464,395)	–	(9,464,395)	(8,637,087)	–	(8,637,087)
<i>Governance activities</i>	17	(2,456,934)	–	(2,456,934)	(2,305,421)	–	(2,305,421)
Total resources expended		(12,286,551)	(124,499)	(12,411,050)	(11,245,538)	(117,955)	(11,363,493)
Net incoming resources before investment gains and losses	13	1,387,355	552,636	1,939,991	1,422,103	489,504	1,911,607
Fair value (losses)/gains on financial assets at fair value through income and expenditure		(21,248)	(182,710)	(203,958)	17,883	456,652	474,535
(Losses)/gains on disposal of financial assets		–	(642,581)	(642,581)	(5,650)	269,089	263,439
Net incoming resources for the year and total comprehensive income for the year		1,366,107	(272,655)	1,093,452	1,434,336	1,215,245	2,649,581

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

Statement of changes in funds
Year ended 31 March 2016

	Unrestricted fund – Accumulated fund \$	Restricted fund – Endowment fund \$	Total funds \$
At 1 April 2014	11,256,703	19,850,040	31,106,743
Total comprehensive income for the year			
Surplus of income over expenditure	1,434,336	1,215,245	2,649,581
Total comprehensive income for the year	1,434,336	1,215,245	2,649,581
At 31 March 2015	12,691,039	21,065,285	33,756,324
At 1 April 2015	12,691,039	21,065,285	33,756,324
Total comprehensive income for the year			
Surplus/(deficit) of income over expenditure	1,366,107	(272,655)	1,093,452
Total comprehensive income for the year	1,366,107	(272,655)	1,093,452
At 31 March 2016	14,057,146	20,792,630	34,849,776

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

Statement of cash flows
Year ended 31 March 2016

	Note	2016 \$	2015 \$
Cash flows from operating activities			
Net incoming resources for the year		1,093,452	2,649,581
Adjustments for:			
Amortisation of deferred capital grants	9	(741,582)	(710,618)
Depreciation of property, plant and equipment	4	1,218,922	1,195,033
Dividend income		(366,284)	(265,924)
Interest income		(404,883)	(414,543)
Net changes in fair value of financial assets		203,958	(474,535)
Property, plant and equipment written off		10,545	–
Losses on disposal of property, plant and equipment		–	9,324
Losses/(gains) on disposal of financial assets		642,581	(263,439)
		<u>1,656,709</u>	<u>1,724,879</u>
Changes in working capital:			
Grants and other receivables		362,791	(312,650)
Trade and other payables		(616,621)	4,060,139
Net cash from operating activities		<u>1,402,879</u>	<u>5,472,368</u>
Cash flows from investing activities			
Dividend received		366,284	265,924
Interest received		377,999	431,312
Proceeds from disposal of financial assets		10,487,047	8,843,343
Purchase of financial assets		(10,109,620)	(8,831,089)
Proceeds from disposal of property, plant and equipment		–	2,000
Purchase of property, plant and equipment	4	(263,921)	(236,256)
Fixed deposits (net)		(3,882,045)	(8,594)
Net cash (used in)/from investing activities		<u>(3,024,256)</u>	<u>466,640</u>
Cash flows from financing activity			
Capital grants received in advance	9	223,164	287,397
Net cash from financing activity		<u>223,164</u>	<u>287,397</u>
Net (decrease)/increase in cash and cash equivalents		(1,398,213)	6,226,405
Cash and cash equivalents at beginning of the year		14,397,732	8,171,327
Cash and cash equivalents at end of the year	7	<u>12,999,519</u>	<u>14,397,732</u>

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 Hospice's Governing Council on 26 July 2016.

1 Domicile and activities

Dover Park Hospice (the Hospice) is a society registered with the Registrar of Societies under the Singapore Societies Act, Chapter 311, and has its registered office at 10 Jalan Tan Tock Seng, Singapore 308436.

The Hospice has been registered as a charity under the Singapore Charities Act, Chapter 37 since 20 April 1994.

The principal activities of the Hospice are those relating to the provision of inpatient and home care services to the terminally ill.

The Hospice is approved as an institution of a public character (IPC) under the provisions of the Income Tax Act. The Hospice's tax exempt status has been extended from 1 October 2014 to 30 September 2017.

2 Basis of preparation

2.1 Statement of compliance

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

2.2 Basis of measurement

The financial statements have been prepared on the historical cost basis except as otherwise disclosed below.

2.3 Functional and presentation currency

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

2.4 Use of estimates and judgements

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

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

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The selection of critical accounting policies, the judgements and other uncertainties affecting application of those policies and the sensitivity of reported results to changes in condition and assumptions are factors to be considered when reviewing the financial statements. The Hospice believes the following critical accounting policies involve the most significant judgements and estimates used in the preparation of the financial statements.

Useful lives of property, plant and equipment

Property, plant and equipment are stated at cost and depreciated on a straight-line basis over their estimated useful lives. The estimated useful lives represent the estimate of the periods that management expects to derive economic benefits from these assets. In estimating these useful lives and in determining whether subsequent revisions to useful lives are necessary, the management considers the likelihood of technical obsolescence arising from changes in technology, asset utilisation and anticipated use of the assets.

Recognition of grant income

Grants are accounted for on an accrual basis in the statement of comprehensive income when there is reasonable assurance that the Hospice has complied with all the terms and conditions attached to the grants and that there is reasonable certainty that the grants will be received. In assessing the recognition of grant income, the management considers the criterion for each individual grant to ascertain all grant income in the statement of comprehensive income are presented appropriately.

Measurement of fair values

A few of the Hospice's accounting policies and disclosures requires the measurement of fair values, for both financial and non-financial assets and liabilities.

The Hospice has an established control framework with respect to the measurement of fair values.

When measuring the fair value of an asset or a liability, the Hospice uses observable market data as far as possible. Fair values are categorised into different levels in a fair value hierarchy based on the inputs used in the valuation techniques as follows:

- *Level 1* : quoted prices (unadjusted) in active markets for identical assets or liabilities.
- *Level 2* : inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices).
- *Level 3* : inputs for the asset or liability that are not based on observable market data (unobservable inputs).

If the inputs used to measure the fair value of an asset or a liability might be categorised in different levels of the fair value hierarchy, then the fair value measurement is categorised in its entirety in the same level of the fair value hierarchy as the lowest level of input that is significant to the entire measurement (with Level 3 being the lowest).

The Hospice recognises transfers between levels of the fair value hierarchy as of the end of the reporting period during which the change has occurred.

Further information about the assumptions made in measuring fair values is included in note 20.

2.5 Changes in accounting policies

In the current financial year, the Hospice has adopted all the new and revised FRSs and Interpretations of FRSs ("INT FRSs") that are relevant to its operations and effective for annual period beginning on 1 April 2015. The adoption of these new and revised FRSs and INT FRSs did not result in substantial changes to the Hospice's accounting policies and has no material effect on the amounts reported for the current and prior years.

3 Significant accounting policies

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

3.1 Funds structure

The Accumulated fund is available for use at the discretion of the Council in furtherance of the Hospice's objects.

The Endowment fund was established under Article 14 of the Dover Park Hospice Constitution. The objectives of and restrictions over the Endowment fund are stated in note 8 to the financial statements.

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, costs directly attributable to bringing the asset to a working condition for their intended use, and the cost of dismantling and removing the items and restoring the site on which they are located.

Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment.

Low value assets costing less than \$1,000 individually are written off in the period of outlay.

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.

The gain or loss on disposal of an item of property, plant and equipment (calculated as the difference between the net proceeds from disposal and the carrying amount of the item) is recognised net within other income/other expenses in statement of comprehensive income.

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 part will flow to the Hospice and its cost can be measured reliably. The carrying amount of the replaced component is derecognised. The costs of the day-to-day servicing of property, plant and equipment are recognised in the statement of comprehensive income 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 is recognised as an expense in the statement of comprehensive income on a straight-line basis over the estimated useful lives of each component of an item of property, plant and equipment unless it is included in the carrying amount of another asset.

Depreciation is recognised from the date that the property, plant and equipment are installed and are ready for use, or in respect of internally constructed assets, from the date that the asset is completed and ready for use.

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

Building	25 years
Facilities improvement	11 years
Office equipment	5 years
Plant and equipment	5 years
Medical equipment	5 to 10 years
Furniture and fittings	5 years
Motor vehicles	10 years
Computer equipment	3 years

Depreciation methods, useful lives and residual values are reviewed at each financial year-end and adjusted if appropriate.

3.3 Financial instruments

Non-derivative financial assets

The Hospice initially recognises loans and receivables and deposits on the date that they are originated. All other financial assets (including assets designated at fair value through income and expenditure) are recognised initially on the trade date, which is the date that the Hospice becomes a party to the contractual provisions of the instrument.

The Hospice derecognises a financial asset when the contractual rights to the cash flows from the asset expire, or it transfers the rights to receive the contractual cash flows on the financial asset in a transaction in which substantially all the risks and rewards of ownership of the financial asset are transferred, or it neither transfers nor retains substantially all of the risks and rewards of ownership and does not retain control over the transferred asset. Any interest in transferred financial assets that is created or retained by the Hospice is recognised as a separate asset or liability.

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

The Hospice classifies non-derivative financial assets into the following categories: financial assets at fair value through income and expenditure and loans and receivables.

Financial assets at fair value through income and expenditure

A financial asset is classified at fair value through income and expenditure if it is classified as held for trading or is designated as such upon initial recognition. Financial assets are designated at fair value through income and expenditure if the Hospice manages such investments and makes purchase and sale decisions based on their fair value in accordance with the Hospice's documented risk management or investment strategy. Attributable transaction costs are recognised in the statement of comprehensive income as incurred. Financial assets at fair value through income and expenditure are measured at fair value, and changes therein, which takes into account any dividend income, are recognised in the statement of comprehensive income.

Loans and receivables

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

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

Cash and cash equivalents comprise cash balances and bank deposits with maturities of three months or less from the acquisition date that are subject to an insignificant risk of changes in their fair value, and are used by the Hospice in the management of its short-term commitments.

Non-derivative financial liabilities

Financial liabilities are recognised initially on the trade date, which is the date that the Hospice becomes a party to the contractual provisions of the instrument. The Hospice derecognises a financial liability when its contractual obligations are discharged, cancelled or expire.

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

The Hospice classifies non-derivative financial liabilities into the other financial liability category. Such financial liabilities are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial liabilities are measured at amortised cost using the effective interest method.

Other financial liabilities comprise trade and other payables.

3.4 Impairment

Non-derivative financial assets

A financial asset not carried at fair value through income and expenditure is assessed at the end of each reporting period to determine whether there is objective evidence that it is impaired. A financial asset is impaired if objective evidence indicates that a loss event(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 Hospice on terms that the Hospice would not consider otherwise, indications that a debtor or issuer will enter bankruptcy and 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. The Hospice considers a decline of 20% to be significant and a period of 9 months to be prolonged.

Loans and receivables

The Hospice considers evidence of impairment for receivables at both a specific asset and collective level. All individually significant receivables are assessed for specific impairment. All individually significant receivables found not to be specifically impaired are then collectively assessed for any impairment that has been incurred but not yet identified. Receivables that are not individually significant are collectively assessed for impairment by grouping together receivables with similar risk characteristics.

In assessing collective impairment, the Hospice uses historical trends of the probability of default, the timing of recoveries and the amount of loss incurred, adjusted for management's judgement as to whether current economic and credit conditions are such that the actual losses are likely to be greater or less than suggested by historical trends.

An impairment loss in respect of a financial asset measured at amortised cost is calculated as the difference between its carrying amount and the present value of the estimated future cash flows discounted at the asset's original effective interest rate. Losses are recognised in the statement of comprehensive income and reflected in an allowance account against receivables. Interest on the impaired asset continues to be recognised. When the Hospice considers that there are no realistic prospects of recovery of the asset, the relevant amounts are written off. If the amount of impairment loss subsequently decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, then the previously recognised impairment loss is reversed through statement of comprehensive income.

Non-financial assets

The carrying amounts of the Hospice's non-financial assets are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, then the asset's recoverable amount is estimated. An impairment loss is recognised if the carrying amount of an asset or its related 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 groups of assets or CGU.

Impairment losses are recognised in the statement of comprehensive income. Impairment losses recognised in respect of CGUs are allocated to reduce the carrying amounts of the other assets in the CGU (group of CGUs) on a *pro rata* basis.

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

3.5 Employee benefits

Contribution to Central Provident Fund

Obligations for contributions to Central Provident Fund are recognised as an expense in the statement of comprehensive income as incurred.

Short-term accumulating compensated absences

Short-term accumulating compensated absences are recognised when employees render services that increase their entitlement to future compensated absences.

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 if the Hospice has a present legal or constructive obligation to pay this amount as a result of past service provided by the employee and the obligation can be estimated reliably.

3.6 Deferred capital grants

Grants from the government received by the Hospice to construct, furnish and equip the Hospice and to purchase depreciable assets are taken to the deferred capital grants account. Deferred capital grants are recognised in the statement of comprehensive income over the periods necessary to match the depreciation of the assets purchased or donated, with the related grants.

3.7 Operating leases

Where the Hospice has the use of assets under operating leases, payments made under the leases are recognised in the statement of comprehensive income on a straight-line basis over the term of the lease. Lease incentives received are recognised as an integral part of the total lease expense, over the term of the lease.

3.8 Incoming resources

(i) Donations are recognised as income when the following three criteria are met:

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

(ii) Grants are accounted for on an accrual basis in the statement of comprehensive income when there is reasonable assurance that the Hospice has complied with all the terms and conditions attached to the grants and that there is reasonable certainty that the grants will be received.

(iii) Membership subscriptions are recognised on an accrual basis.

(iv) Revenue from rendering services is recognised when the services are rendered.

3.9 Investment income

Investment income comprises interest income on funds invested, dividend income, gains on disposal of financial assets and foreign exchange gain that are recognised in the statement of comprehensive income. Interest income is recognised as it accrues, using the effective interest method. Dividend income is recognised on the date the Hospice's right to receive payment is established.

3.10 Resources expended

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

(i) Allocation of support costs

Support costs comprise staff costs relating to general management, human resource and administration, budgeting, accounting and finance functions and have been allocated to fundraising, charitable activities and governance based on management's best estimated amount of time spent on each activity, if possible.

(ii) Costs of generating funds

The costs of generating funds are those costs attributable to generating income for charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the Hospice's objects.

(iii) Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the Hospice. The total costs of charitable expenditure include an apportionment of support costs.

(iv) Governance costs

Governance costs comprise all costs attributable to the general running of the Hospice in providing the governance infrastructure and in ensuring public accountability. These costs include costs related to constitutional and statutory requirements, and include an apportionment of overhead and support costs.

3.11 New standards and interpretations not yet adopted

A number of new standards, amendments to standards and interpretations are effective for annual periods beginning after 1 April 2015, and have not been applied in preparing these financial statements. The Hospice is currently assessing the potential impact of adopting these new standards and interpretations, on the financial statements of the Hospice.

These new standards include, among others, FRS 115 *Revenue from Contracts with Customers* and FRS 109 *Financial Instruments* which are mandatory for the adoption by the Hospice on 1 April 2018.

- FRS 115 establishes a comprehensive framework for determining whether, how much and when revenue is recognised. It also introduces new cost guidance which requires certain costs of obtaining and fulfilling contracts to be recognised as separate assets when specified criteria are met. When effective, FRS 115 replaces existing revenue recognition guidance, including FRS 18 *Revenue*, FRS 11 *Construction Contracts*, INT FRS 113 *Customer Loyalty Programmes*, INT FRS 115 *Agreements for the Construction of Real Estate*, INT FRS 118 *Transfers of Assets from Customers* and INT FRS 31 *Revenue – Barter Transactions Involving Advertising Services*.
- FRS 109 replaces most of the existing guidance in FRS 39 *Financial Instruments: Recognition and Measurement*. It includes revised guidance on classification and measurement of financial instruments, a new expected credit loss model for calculating impairment on financial assets, and new general hedge accounting requirements.

As FRS 115 and FRS 109, when effective, will change the existing accounting standards and guidance applied by the Hospice in accounting for revenue and financial instruments, these standards are expected to be relevant to the Hospice. The Hospice does not plan to adopt these standards early.

4 Property, plant and equipment

	Building \$	Facilities improvement \$	Office equipment \$	Plant and equipment \$	Medical equipment \$	Furniture and fittings \$	Motor vehicles \$	Computer equipment \$	Total \$
Cost									
At 1 April 2014	4,538,567	3,391,018	20,941	108,521	787,776	180,415	327,428	688,677	10,043,343
Additions	–	–	4,200	23,184	104,085	2,880	–	101,907	236,256
Disposals	–	–	(1,545)	–	(102,746)	(19,707)	–	(1,000)	(124,998)
At 31 March 2015	4,538,567	3,391,018	23,596	131,705	789,115	163,588	327,428	789,584	10,154,601
Additions	–	5,400	–	–	74,198	13,464	–	170,859	263,921
Write-offs	–	–	–	–	(69,741)	(4,494)	–	(6,816)	(81,051)
At 31 March 2016	4,538,567	3,396,418	23,596	131,705	793,572	172,558	327,428	953,627	10,337,471
Accumulated depreciation									
At 1 April 2014	1,692,461	974,359	13,415	72,669	523,741	118,821	69,802	391,214	3,856,482
Depreciation for the year	474,351	402,777	3,363	17,426	75,591	18,955	32,743	169,827	1,195,033
Disposals	–	–	(1,545)	–	(93,740)	(17,389)	–	(1,000)	(113,674)
At 31 March 2015	2,166,812	1,377,136	15,233	90,095	505,592	120,387	102,545	560,041	4,937,841
Depreciation for the year	474,351	403,637	3,719	15,958	70,917	19,087	28,110	203,143	1,218,922
Write-offs	–	–	–	–	(60,095)	(3,595)	–	(6,816)	(70,506)
At 31 March 2016	2,641,163	1,780,773	18,952	106,053	516,414	135,879	130,655	756,368	6,086,257
Carrying amounts									
At 1 April 2014	2,846,106	2,416,659	7,526	35,852	264,035	61,594	257,626	297,463	6,186,861
At 31 March 2015	2,371,755	2,013,882	8,363	41,610	283,523	43,201	224,883	229,543	5,216,760
At 31 March 2016	1,897,404	1,615,645	4,644	25,652	277,158	36,679	196,773	197,259	4,251,214

5 Financial assets – Investments

Investments at fair value through income and expenditure	←----Managed internally-----→		Managed by fund manager	Total
	Accumulated fund	Endowment fund	Endowment fund	
	\$	\$	\$	
2016				
Quoted equity securities	–	2,258,485	3,446,976	5,705,461
Fixed income securities	522,540	522,540	9,352,392	10,397,472
Quoted preference shares	532,950	261,250	–	794,200
	<u>1,055,490</u>	<u>3,042,275</u>	<u>12,799,368</u>	<u>16,897,133</u>
2015				
Quoted equity securities	–	2,439,129	5,452,733	7,891,862
Fixed income securities	537,515	537,515	8,350,659	9,425,689
Quoted preference shares	539,223	264,325	–	803,548
	<u>1,076,738</u>	<u>3,240,969</u>	<u>13,803,392</u>	<u>18,121,099</u>

Fixed income securities bear coupon rates as at year end ranging from 2.00% to 5.75% (2015: 2.00% to 5.75%). All financial assets are denominated in Singapore dollar.

6 Grants and other receivables

	2016 \$	2015 \$
Grants receivable from Ministry of Health	263,685	297,904
Grants receivable from Tote Board	–	560,176
Grants receivable from Temasek Care	356,775	133,947
Deposits	74,053	72,593
Interest receivable	112,124	85,240
Other receivables	283,865	299,151
Loans and receivables	<u>1,090,502</u>	<u>1,449,011</u>
Prepayments	43,361	20,759
	<u>1,133,863</u>	<u>1,469,770</u>

7 Cash and cash equivalents

	2016 \$	2015 \$
Cash at bank and in hand	8,068,578	13,034,098
Fixed deposits with financial institutions	11,546,470	4,144,982
Cash and cash equivalents in statement of financial position	19,615,048	17,179,080
Less: Fixed deposits with maturity more than 90 days at year end	(6,521,252)	(2,639,207)
Less: Cash at bank in Medifund Account	(94,277)	(142,141)
Cash and cash equivalents in statement of cash flows	12,999,519	14,397,732

The effective interest rates per annum for fixed deposits as at year end ranged from 0.65% to 1.00% (2015: 0.15% to 0.65%) and reprice at intervals of one to twelve months.

Included in cash at bank and in hand is \$1,352,724 (2015: \$593,796) held on behalf of the Hospice by an external fund manager. The Hospice considers this amount as cash and cash equivalent as it is able to utilise this amount for its operating requirements on short notice.

An account of \$120,990 (2015: \$64,732) held on behalf of the Hospice by an external fund manager is included in cash at bank and in hand. It acts as collateral to equity derivatives future contracts invested by the fund manager for the Hospice for hedging purposes.

Included in cash at bank and in hand is \$94,277 (2015: \$142,141) held on behalf of the Medifund account.

8 Funds of the Hospice

(i) Restricted fund - Endowment fund

The Endowment fund is represented by the following:

	2016 \$	2015 \$
Financial assets	15,841,643	17,044,361
Grants and other receivables	87,708	73,453
Cash and cash equivalents	4,873,077	3,960,007
Trade and other payables	(9,798)	(12,536)
	20,792,630	21,065,285

The Endowment fund comprises:

	2016 \$	2015 \$
Capital account	9,786,146	9,786,146
Accumulated surplus	11,006,484	11,279,139
	20,792,630	21,065,285

The Endowment fund was established on 1 September 1996 under Article 14 of the Dover Park Hospice Constitution. It comprises the capital account and accumulated surplus. According to Article 14, the accumulated surplus of the Endowment fund may be applied by the Council for the purposes of the Hospice. No capital of the Endowment fund shall be expended without the approval of members of the Hospice at a general meeting.

The purpose of the Endowment fund is to provide a constant stream of income to the Hospice to supplement the Accumulated fund, the amount of which is subject to uncertainty.

(ii) Unrestricted fund - Accumulated fund

The Accumulated fund is represented by the following:

	2016	2015
	\$	\$
Property, plant and equipment	4,251,214	5,216,760
Financial assets	1,055,490	1,076,738
Grants and other receivables	1,046,155	1,396,317
Cash and cash equivalents	14,741,971	13,219,073
Deferred capital grants	(2,389,201)	(2,907,619)
Trade and other payables	(4,648,483)	(5,310,230)
	14,057,146	12,691,039

Capital management

The capital structure of the Hospice consists of the Endowment fund and the Accumulated fund. The Hospice's primary objective in capital management is to maintain the size of the capital account in its Endowment fund whilst having sufficient funds to continue to provide palliative care services.

Pursuant to the Code of Governance for Charities and Institutions of a Public Character Guideline 6.4.1, the Council has established a reserve policy ("Reserve Policy") for the Hospice. In setting the Reserve Policy, the Council is of the view that it is more reasonable to use net liquid assets available to meet expenditure obligations as a reserve measurement instead of the full unrestricted funds. Unrestricted net liquid assets available to meet expenditure obligations is calculated as the sum of the financial assets, grants and other receivables, cash and cash equivalents less trade and other payables relating to the unrestricted fund. The reserves of the Hospice provide financial stability and the means for the development of its operations and activities. The Hospice intends to maintain the reserves at a level sufficient for its operating needs and the Council regularly reviews the amount of reserves that are required to ensure that they are adequate to fulfil its continuing obligations.

	2016 \$	2015 \$
<u>Unrestricted funds</u>		
Financial assets	1,055,490	1,076,738
Grants and other receivables	1,046,155	1,396,317
Cash and cash equivalents	14,741,971	13,219,073
Trade and other payables	(4,648,483)	(5,310,230)
Total unrestricted net liquid assets	<u>12,195,133</u>	<u>10,381,898</u>
 Total operating expenditure	 <u>12,286,551</u>	 <u>11,245,538</u>
 Ratio of net liquid assets to total operating expenditure	 <u>0.99</u>	 <u>0.92</u>

There were no changes in its approach to capital management during the year.

9 Deferred capital grants

	2016 \$	2015 \$
At 1 April	2,907,619	3,330,840
Capital grants received during the year	223,164	287,397
Amortisation for the year	(741,582)	(710,618)
At 31 March	<u>2,389,201</u>	<u>2,907,619</u>

Deferred capital grants comprise government grants and solicited donations received for the purpose of constructing, furnishing and equipping the Hospice.

10 Trade and other payables

	2016 \$	2015 \$
Trade payables	353,406	318,880
Accrued operating expenses	754,284	708,376
Advance membership subscriptions	1,224	1,361
Employees' short-term accumulating compensated absences	101,833	100,058
Deferred income - grants received from Community Silver Trust Fund	3,324,906	3,842,819
Other payables	<u>122,628</u>	<u>351,272</u>
	<u>4,658,281</u>	<u>5,322,766</u>

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.

Community Silver Trust

	2016	2015
	\$	\$
Balance at beginning of year	3,842,819	(51,661)
Add:		
- Matching grants from Community Silver Trust	1,539,348	5,964,325
- Interest earned	26,777	–
Less: Utilisation		
- Operating expenditure	(1,883,130)	(1,860,238)
- Capital assets	(200,908)	(209,607)
Balance at the end year	<u>3,324,906</u>	<u>3,842,819</u>

The unutilised grants received from CST can be used towards improving capabilities of the Hospice.

11 Incoming resources from generated funds

	2016	2015
	\$	\$
Tax exempt receipts	2,731,783	2,798,881
Non-tax exempt receipts	740,217	401,288
	<u>3,472,000</u>	<u>3,200,169</u>

The Hospice was one of the beneficiaries of the 2014 President's Challenge. Included in non-tax exempt receipts was a donation amounting to \$97,000 (2015: \$nil) that was received from National Council of Social Services on 17 April 2015. The donation was used to defray the cost of the Hospice's service contract for its Home Care Consultant charge.

12 Investment income

	Unrestricted fund Accumulated Fund \$	Restricted fund Endowment Fund \$	Total \$
2016			
Interest income from banks	39,144	6,148	45,292
Income from fixed income securities	54,910	304,681	359,591
Dividend income	–	366,284	366,284
	<u>94,054</u>	<u>677,113</u>	<u>771,167</u>
2015			
Interest income from banks	9,349	3,584	12,933
Income from fixed income securities	63,659	337,951	401,610
Dividend income	–	265,924	265,924
	<u>73,008</u>	<u>607,459</u>	<u>680,467</u>

13 Net incoming resources

The following items have been included in arriving at net incoming resources:

	2016 \$	2015 \$
Other grants		
Grants income from Tote Board	—	1,019,427
Grants income from Community Silver Trust	1,883,130	1,860,239
Grants income from Ministry of Health	1,592,072	1,160,714
Others	440,587	128,196
	<u>3,915,789</u>	<u>4,168,576</u>
Resources expended		
Depreciation of property, plant and equipment	(1,218,922)	(1,195,033)
Staff costs	(8,838,889)	(7,896,472)
Contributions to Central Provident Fund included in staff costs	(631,403)	(528,375)
Operating lease expenses	<u>(262,553)</u>	<u>(270,582)</u>

14 Fundraising costs

	2016 \$	2015 \$
Auction items	53,143	10,000
Charity gala, food and beverages	150,373	130,908
Staff costs	43,600	58,534
Others	118,106	103,588
	<u>365,222</u>	<u>303,030</u>

15 Investment management expenses

	2016 \$	2015 \$
Management fee	59,055	75,427
Investment charges	50,479	35,334
Other charges	14,965	7,194
	<u>124,499</u>	<u>117,955</u>

16 Charitable activities

	2016	2015
	\$	\$
Depreciation of property, plant and equipment	1,032,120	998,644
Staff costs	7,323,305	6,491,042
Operating lease expenses	228,421	235,406
Patient care expenses	626,941	598,606
Other operating expenses	253,608	313,389
	<u>9,464,395</u>	<u>8,637,087</u>

17 Governance activities

	2016	2015
	\$	\$
Depreciation of property, plant and equipment	186,802	196,389
Staff costs	1,471,984	1,346,896
Operating lease expenses	34,132	35,176
Other operating expenses	764,016	726,960
	<u>2,456,934</u>	<u>2,305,421</u>

Staff costs under governance activities include cost of staff of the Hospice who are also involved in general running of the Hospice. It is not practicable to allocate their time accurately so as to apportion their salaries to fundraising and charitable activities.

18 Remuneration of employees

In compliance with the Code of Corporate Governance for Charities and Institutions of a Public Character - Guideline 8.3, the annual remuneration of the Hospice's three highest paid staff who each received remuneration exceeding \$100,000, in the following bands in the year are as follows:

	2016	2015
Number of employees in bands:		
\$100,001 to \$200,000	1	1
\$200,001 to \$300,000	2	2

The Hospice entered into a service agreement for the purchase of medical consultancy services from Tan Tock Seng Hospital Pte Ltd which commenced on 1 July 2008. The service fees paid and payable to Tan Tock Seng Hospital Pte Ltd amounted to \$1,180,869 (2015: \$1,082,377).

The Hospice receives services from its volunteers. The volunteers are not remunerated for their services.

The total number of employees as at financial year end is 118 (2015: 114).

19 **Income tax expense**

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

20 **Financial instruments**

Overview

Risk management is integral to the whole operation of the Hospice. The Hospice has a system of controls in place to create an acceptable balance between the cost of risks occurring and the cost of managing the risks. The Council continually monitors the Hospice's risk management process to ensure that an appropriate balance between risk and control is achieved.

The Hospice is exposed to credit risk, liquidity risk and market risk. This note presents information about the Hospice's exposure to each of these risks, the Hospice's objectives, policies and procedures and processes for measuring and managing risks. Further quantitative disclosures are included in these financial statements.

Credit risk

Credit risk is the potential financial loss resulting from the failure of a counterparty to settle its financial and contractual obligations to the Hospice, as and when they fall due.

The Hospice's exposure to credit risk arises principally from grants and other receivables, and investments in fixed income securities and non-cumulative, non-convertible preference shares.

The ageing of loans and receivables (excluding cash and cash equivalents) as at 31 March is:

	2016 \$	2015 \$
Not past due	1,058,157	1,355,839
Past due 1 – 30 days	4,280	–
More than 30 days	28,065	93,172
	<u>1,090,502</u>	<u>1,449,011</u>

The Hospice may establish an allowance for impairment that represents its estimate of incurred loss in respect of grant due from Ministry of Health, patient fees receivable and other receivables. The main component of this allowance is a specific loss component that relates specifically to individually significant exposures. There are no allowances for impairment arising from these amounts.

The allowance accounts are used to record impairment losses unless the Hospice is satisfied that no recovery of the amount owing is possible; at that point, the amount considered irrecoverable is written off against the allowances directly.

Cash and fixed deposits are placed with banks and financial institutions which are regulated. Investments and transactions involving financial instruments are allowed only with counterparties that are of high credit worthiness.

As at year end, significant concentration of credit risk relates to cash at bank and fixed deposits placed with financial institutions in Singapore and financial assets held on behalf by a custodian. The maximum exposure to credit risk is represented by the carrying amount of each financial asset in the statement of financial position.

On investment operations, the Investment Committee limits investments to bonds with at least BBB/Baa2 by Standard & Poor's, Moody's, Fitch's or equivalent credit rating.

The fixed income securities held by the Hospice have credit ratings of at least BBB/Baa2 by Standard & Poor's, Moody's, Fitch's or the fund manager's in-house equivalent ratings. The fixed income securities comprise mainly government securities and corporate bonds.

Liquidity risk

Liquidity risk is the risk that the Hospice will not be able to meet its financial obligations as they fall due. The Hospice's approach to managing liquidity is to ensure, as far as possible, that it will always have sufficient liquidity to meet its liabilities when due, under both normal and stressed conditions, without incurring unacceptable losses or risking damage to the Hospice's reputation.

Typically, the Hospice ensures that it has sufficient cash on demand to meet expected operational demands excluding the potential impact of extreme circumstances that cannot reasonably be predicted.

The following are the contractual maturities of financial liabilities, including estimated interest payments and excluding the impact of netting agreements:

	Carrying amount \$	Total contractual cash flows \$	Within 1 year \$
Non-derivative financial liabilities			
2016			
Trade and other payables*	1,333,375	(1,333,375)	(1,333,375)
2015			
Trade and other payables*	1,479,947	(1,479,947)	(1,479,947)

* Excludes deferred income

Market risk

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

Equity and bonds price risk

Equity and bonds price risk is the risk that the fair value or future cash flows of an investment will fluctuate because of changes in market prices, including changes in market interest rates, whether those changes are caused by factors specific to the individual investment or its issuer, or factors affecting all similar investments traded in the market.

Sensitivity analysis

The Hospice's investments are designated as fair value through income and expenditure investments. A 10% increase or decrease in the underlying prices at the reporting date would increase or decrease income by \$570,546 (2015: \$789,186) respectively. This analysis assumes that all other variables remain constant.

Foreign currency risk

The Hospice has minimal exposure to foreign currency risk as most transactions are denominated in Singapore dollars.

Accounting classification and fair values

The carrying amounts and fair values of financial assets and financial liabilities, including their levels in the fair value hierarchy are as follows. It does not include fair value information for financial assets and financial liabilities not measured at fair value if the carrying amount is a reasonable approximation of fair value.

		Fair value							
	Note	Held-for- trading \$	Loans and receivables \$	Other financial liabilities \$	Total \$	Level 1 \$	Level 2 \$	Level 3 \$	Total \$
2016									
Financial assets not measured at fair value									
Grants and other receivables*	6	—	1,090,502	—	1,090,502				
Cash and cash equivalents	7	—	19,615,048	—	19,615,048				
		—	20,705,550	—	20,705,550				
Financial assets measured at fair value									
Financial assets - Investments	5	16,897,133	—	—	16,897,133	16,897,133	—	—	16,897,133
Financial liabilities not measured at fair value									
Trade and other payables**	10	—	—	(1,333,375)	(1,333,375)				
2015									
Financial assets not measured at fair value									
Grants and other receivables*	6	—	1,449,011	—	1,449,011				
Cash and cash equivalents	7	—	17,179,080	—	17,179,080				
		—	18,628,091	—	18,628,091				
Financial assets measured at fair value									
Financial assets - Investments	5	18,121,099	—	—	18,121,099	18,121,099	—	—	18,121,099
Financial liabilities not measured at fair value									
Trade and other payables***	10	—	—	(1,479,947)	(1,479,947)				

* : Excludes prepayment

***: Excludes deferred income

The following summarises the significant methods and assumptions used in estimating the fair values of financial instruments of the Hospice.

Investments in equity and fixed income securities

The fair value of financial assets at fair value through income and expenditure is determined by reference to their quoted bid prices at the reporting date.

Other financial assets and liabilities

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

21 Related party transactions

Key management personnel remuneration

Key management personnel of the Hospice are those persons having the authority and responsibility for planning, directing and controlling the activities of the Hospice. The senior management are considered as key management personnel of the Hospice.

Key management personnel remuneration recognised in the statement of comprehensive income is as follows:

	2016	2015
	\$	\$
Key management personnel		
- short-term employee benefits	702,797	663,344

The Hospice is governed by the Governing Council. All members of the Council are volunteers and received no monetary remuneration for their contribution to the Hospice.

Other related party transactions

Other than as disclosed elsewhere in the financial statements, transactions with related parties carried out in the normal course of business on terms agreed between the parties are as follows:

	2016	2015
	\$	\$
Corporations in which certain members of the Governing Council have control or significant influence		
Maintenance of server contract	14,038	8,614