



The Power of Positivity

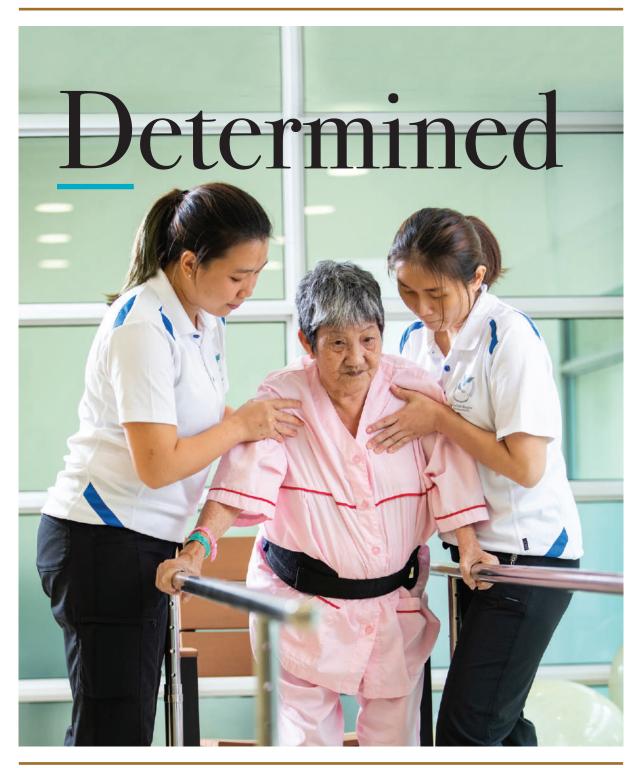
At Dover Park Hospice, we embrace the inevitable with positivity.

We walk alongside our patients and caregivers to help them overcome their fear and uncertainty and make every moment matter.

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OUR CLINICAL TEAM COMPRISING MEDICAL, NURSING, SOCIAL WORK AND PSYCHOSOCIAL SERVICES, PALLIATIVE REHABILITATION, IS DRIVEN WITH ONE GOAL – PROVIDING THE BEST CARE AND SUPPORT FOR PATIENTS AND THEIR FAMILIES. At Dover Park Hospice, our priority is the well-being of our patients. The multi-disciplinary team assesses, discusses and plans for the care of the patients including caregivers.

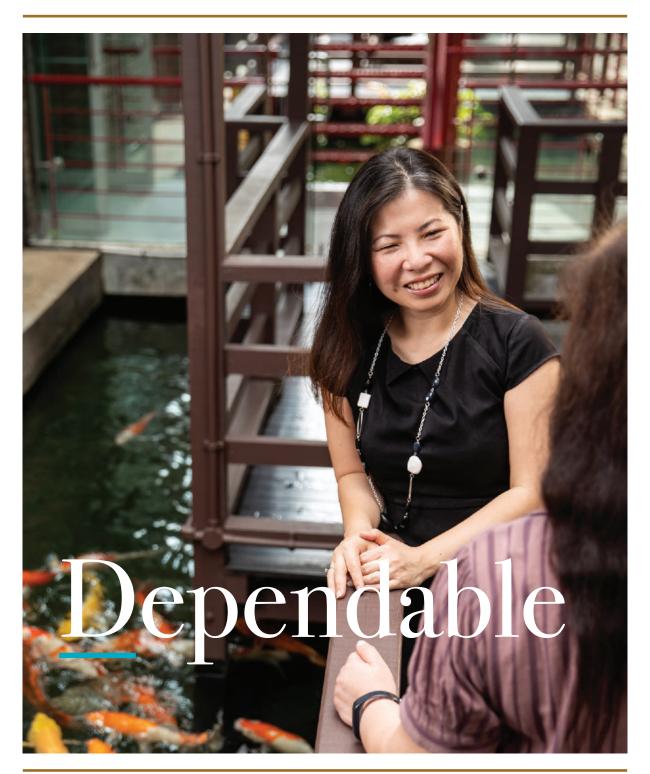


THE DETERMINATION OF OUR PATIENTS REFLECTS THEIR NEVER-GIVE-UP ATTITUDE. Our Palliative Rehabilitation team of physiotherapists and occupational therapists work with the patients to retain their mobility and independence as best as possible. Palliative rehabilitation also enables the patients to fulfil their wishes such as going on an outing or being able to sit up and have a meal with their family.

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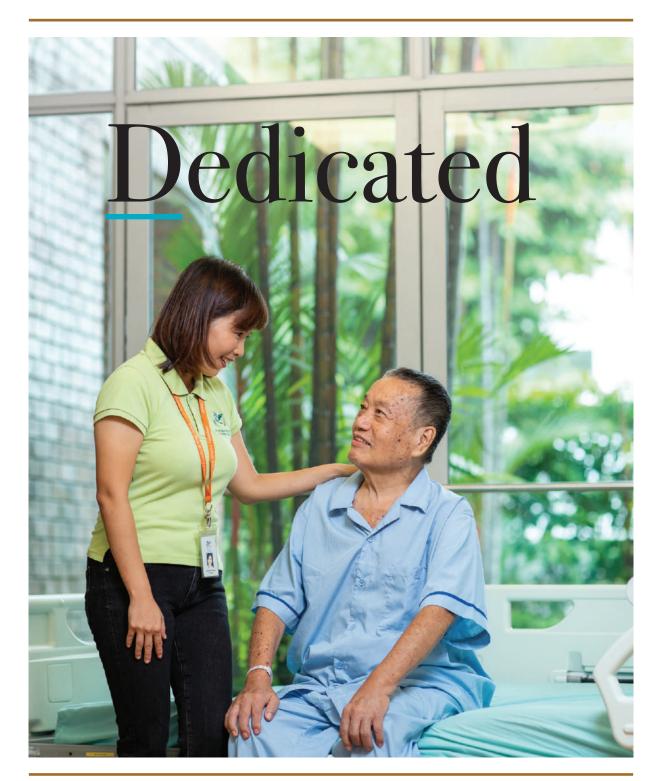


WITH FUN-FILLED ACTIVITIES LINED UP TO DELIGHT OUR PATIENTS, THERE IS NEVER A DULL MOMENT AT DOVER PARK HOSPICE. We have different activities planned out for our patients every week, enabling them to live their life to the fullest. Some of the activities include *Lim Kopi Sessions, Namaste Care, Patients' Outings and Massage Services*.

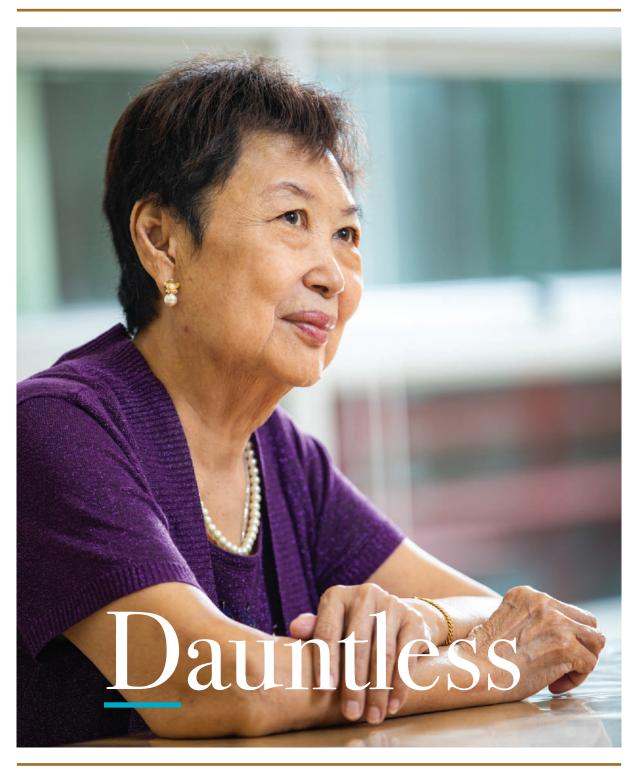


BY PROVIDING A LISTENING EAR TO FAMILIES AND CAREGIVERS, WE HOPE TO BECOME SOMEONE THEY CAN DEPEND ON. Our Social Work and Psychosocial team of medical social workers, art and music therapists, and pastoral counsellor, work closely with patients and caregivers in providing social, emotional and spiritual support. At times, we also explore the possibilities of legacy building with our patients in reflecting on their lives and creating lasting memories for family members.

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OUR VOLUNTEERS ARE AN INTEGRAL AND VALUED PART OF THE TEAM. There are many ways for one to contribute and make a difference. At Dover Park Hospice, we have 18 dedicated groups of volunteers who go the extra mile to meet the needs of our Hospice, as well as the physical, emotional and spiritual needs of our patients and are always there to brighten our patients' day.



THE DAUNTLESS ATTITUDE OF OUR PATIENTS DURING THE MOST DAUNTING TIME HAS NEVER FAILED TO INSPIRE US. Our patients' dauntless spirit had taught us many valuable life lessons. Undeterred, their optimism and fighting spirit inspire and uplift people around them.

Our Mission, Vision and Core Values

Our Mission

To provide comfort, relief of symptoms and palliative care to patients with advanced disease regardless of age, race or religion, and to support the grieving families.

Our Vision

To be the Centre of Excellence for Palliative Care Services, Education and Research.

Our Core Values

Excellence, Team Work and Compassionate Care

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MESSAGE FROM THE CHAIRMAN



As we forge ahead, let us not forget the hard work that has been put into and the many people behind the success of where we are today.

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Dover Park Hospice (DPH) was a 40-bed inpatient hospice in 2008. We are now a provider of comprehensive palliative services, offering home and day care services, in addition to operating 50 inpatient beds. Partnering with National Healthcare Group (NHG) and Nanyang Technological University (NTU) Lee Kong Chian School of Medicine, we set up the Palliative Care Centre for Excellence in Research and Education in 2017 to strengthen capabilities in endof-life care.

Having been on the Council of DPH for 10 years, I have had the privilege of working with DPH's founders, Dr Seet Ai Mee and Dr Jerry Lim, alongside the dedicated and diverse group of Council members. Last year, I had the honour of becoming the Chairman of DPH.

We began the year with a special visit by the President of Singapore, Madam Halimah Yacob to our Hospice on 29 January 2019. During her visit, Madam Halimah toured our inpatient wards, where she met and interacted with some of the patients, caregivers and staff. As we made our rounds, heart-warming stories of the unrelenting hard work and dedication of our staff and volunteers were shared with the President.

Indeed, underpinning our endeavour to be a centre of excellence for palliative care services, education and research, is *our people* – 134 staff and 450 volunteers. Since my first year as a Council member in DPH, I have witnessed the camaraderie of our staff and volunteers, working together to deliver compassionate and quality care to our patients.

The Council is committed to developing and sustaining DPH's core values of compassionate care, excellence and team work. Initiatives undertaken in 2018/2019 with this end in mind were:

1. Maintaining Good Governance

Good governance is at the heart of successful organisations; it increases trust with our stakeholders and the public, encourages positive behaviour among our staff and volunteers and provides a strong foundation for sustainability.

Our Executive Committee and Council take an austere stand in their leadership and oversight roles in ensuring good governance so as to protect and create value for our patients, employees, volunteers and community. We identified key areas of our strategy and operations to address current and emerging opportunities and risks given the changing healthcare landscape.

Our Audit Committee has put in place enterprise risk management measures to help mitigate risks in governance. With the introduction of the new Charities (Electronic Transactions Service) Regulations in April this year, we have relooked at our compliance in electronic filing of annual submissions and applications, to ensure that we are aligned, above and beyond the Commissioner of Charities' (COC) new regulations.

2. Enhancing Our Information Technology (IT) Systems

Our IT Committee provides direction and guidance in enhancing our IT system so as to improve work processes and to provide useful information to our management and clinicians in a cost-efficient manner.

In 2018, we implemented a new Customer Relations Management system to improve the workflow of volunteer management and fundraising. This has provided our teams with an efficient tool to manage volunteers and donors and helped increase work efficiency and service satisfaction.

3. Attracting and Retaining Talents

With the growing demand for trained healthcare workers, challenges abound in recruiting and retaining staff.

Our Human Resource Committee has supported the design of a competitive and equitable salary scale and benefits scheme in line with developments in the healthcare and social sectors. They have also instituted a review of performance indicators to improve recognition of individual and team performance. A staff retreat and an executive team retreat were held at the beginning of the year to review our strategy and operations, improve communications and strengthen team work.

We are grateful to those who have shown their support and remained committed to our

cause for palliative care. As we forge ahead, let us not forget the hard work that has been put into and the many people behind the success of where we are today.

With this, I would like to thank all staff, volunteers, donors and partners for your collective efforts in enhancing care for our patients so that they would live a meaningful life to the end. Together, let us continue to work towards providing quality palliative care and enhancing the quality of lives for our patients and caregivers.

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Robert Chew Chairman Dover Park Hospice

MESSAGE FROM THE



We are not one to rest

on our laurels. In our endeavour to better serve our patients and pursue professional excellence, we believe in building capabilities of our staff through continuous learning, upskilling and trainings.

In 2018, we were occupied with the planning and operation of our long-awaited Day Care, located in the new wing of the Hospice.

Against the backdrop of an increased demand for palliative care and the overlap of services provided by various healthcare institutions and community care partners, we remain steadfast and focus in filling in the gaps to provide an integrated model of care to cater to the changing and growing needs of our diverse group of patients and caregivers.

One-Stop Service

Aligning with our person-centred care model for our patients, we strive towards being a one-stop palliative care service provider - offering inpatient, home and centre-based care.

We have recently piloted and operated our Day Care

programme in April this year, which acts as a complementary service to our Home Care service for caregiver respite and brings community life to patients at home. It offers social-based activities such as karaoke, mahjong, board games and therapy sessions such as art, music and rehabilitative sessions that focus on the psycho-emotional and physical well-being of the patients. The addition of our Day Care provides integrated care for our patients to ensure continuity of care in a seamless manner over time and in different care settings.

Changes and Expansion

In addition to predominantly serving cancer patients, we are expanding our capabilities to serve non-cancer patients such as those with chronic obstructive pulmonary disease (COPD), congestive heart failures, renal

diseases and advanced dementia, to better support terminally-ill.

As we are preparing for our move to our new facility at the Integrated Care Hub in 2021, we are excited to expand our suite of palliative care services in doubling our inpatient capacity from 50 to 100 inpatient beds, expanding our Home Care services to serve 300 home care patients and 30 day care patients.

Recognising the increased importance of palliative rehabilitation and changing needs of our patients, we have grown our palliative rehabilitation into a team of four consisting of our own full time occupational therapist, physiotherapist and therapy assistants. While palliative rehabilitation is not new to us, having our own team has enabled us to better serve and provide quality care for patients with a need in this area.

At the same time, in catering to the spiritual needs of our patients to find meaning and connections towards the end of their lives, we have our first full-time pastoral counsellor who came on board in January 2019. Our Social Work and Psychosocial Services team has also added two new initiatives – Namaste Care and *Project Lim Kopi* to enhance the social and mental well-being of our patients and caregivers. We also have our first full-time pharmacist who joined us in March 2019.

To provide a more comfortable place for our patients and

caregivers, we have refurbished our inpatient wards so as to provide a more comfortable place for our patients and family members.

Growth, Development and Excellence

We are not one to rest on our laurels. In our endeavour to better serve our patients and pursue professional excellence, we believe in building capabilities of our staff through continuous learning, upskilling and trainings.

I am proud of the recognitions and achievements of our clinical team as they continue in their passion and dedication in the work they do. Key awards received by our staff include the Nurses' Merit Award, Community Care Excellence Award, Healthcare Humanity Awards and Merit award for Quality Improvement (QI) project.

Collaboration and Partnerships

We cannot extend our mission of providing comfort, relief of symptoms and palliative care to our patients and expand the reach of our services without the belief and dedication of our staff and partners - volunteers, donors, caregivers and community partners in various disciplines.

We partner the Central Health Cluster within the National Healthcare Group led by Tan Tock Seng Hospital in working towards better integration of services not only with acute hospitals, but also with community partners

such as polyclinics, community hospitals, nursing homes, day care and home care services in the same catchment to build an ecosystem of care in providing seamless delivery of services across institutions.

We are grateful for your immense support and may we continue to journey together and alongside our patients to enable them to lead a meaningful life to the end.

In this year's Annual Report, we have decided to see the inevitable through the sheer resilience, strength and resolve of our patients and caregivers whom we have the privilege to be part of their journey. We hope their stories will inspire you as much as they have spurred us.

Timothy Liu Chief Executive Officer

Governing Council



Mr Robert Chew
Chairman
Governing Council
Date of Last Election
19 August 2017
Occupation
Managing Partner
iGlobe Partners



Ms Angelene Chan
Vice Chairman
Chairman, Building &
Development Committee
Date of Last Election
19 August 2017
Occupation
Chief Executive Officer
DP Architects Pte Ltd



Ms Ong Ai Hua
Honorary Secretary
Date of Last Election
19 August 2017
Occupation
Company Group Chairman
Janssen Asia Pacific



Mr Low Chee Wah
Assistant Honorary Secretary
Vice Chairman, Audit &
Governance Committee
Vice Chairman, Building &
Development Committee
Date of Last Election
11 August 2018
Occupation
Head
Retail & Commercial Frasers



Ms Woo E-Sah
Honorary Treasurer
Date of Last Election
11 August 2018
Occupation
Partner
RSM Singapore



Mr Chey Chor Wai
Assistant Honorary Treasurer
Chairman, Investment Committee
Date of Last Election
11 August 2018
Occupation
Consultant



Prof Ho Yew Kee
Chairman, Audit &
Governance Committee
Date of Last Election
11 August 2018
Occupation
Associate Provost
(Skills Future & Staff Development)
Singapore Institute of Technology



Mr Lester Lee
Chairman, Communications
& Outreach Committee
Date of Last Election
19 August 2017
Occupation
Director
Optimal E-Marketing



Dr Kwa Chong Teck
Co-Chairman, Fundraising
Committee
Vice Chairman, Human
Resource Committee
Date of Last Election
27 August 2016
Occupation
Senior Adviser
National Dental Centre Singapore



Dr Karen Soh
Co-Chairman, Fundraising
Committee
Date of Last Election
11 August 2018
Occupation
Medical Director
Prive Clinic



Dr Seet Ju Ee
Chairman, Human Resource
Committee
Date of Last Election
27 August 2016
Occupation
Consultant
National University Hospital



Col (Retired) Rupert Gwee
Chairman, Information Technology
Committee
Date of Last Election
11 August 2018
Occupation
Director
Ministry of Home Affairs



Dr Jeremy Lim
Chairman, Medical Professional
Audit Committee
Date of Last Election
27 August 2016
Occupation
Partner
Oliver Wyman



Ms Kemmy Lim
Chairman, Volunteers' Committee
Date of Last Election
27 August 2016
Occupation
Adjunct Lecturer
Singapore Polytechnic



Ms Diane Chen Dan

Member

Date of Last Election

27 August 2016

Occupation

Senior Vice President, Financial
Planning & Analysis
Group Finance
Sembcorp Industries Ltd



Ms Marlene Foo Member Date of Last Election 11 August 2018 Occupation Retired



Dr Wu Huei Yaw
Member
Date of Last Election
19 August 2017
Occupation
Senior Consultant
Palliative Care, Tan Tock Seng
Hospital Pte Ltd





Dr Seet Ai Mee
Honorary Council Member
Date of Last Election
Not Required
Occupation
Retired



Dr Jerry Lim
Honorary Council Member
Date of Last Election
Not Required
Occupation
Retired Doctor

INFORMATION

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Registration

Dover Park Hospice ("DPH") 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 Institutions 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 2017 to 30 September 2020.

Registered Address

10 Jalan Tan Tock Seng Singapore 308436

Unique Entity Number

S92SS0138D

Auditors

External Auditor: KPMG LLP Internal Auditor: Nexia TS Pte Ltd

Banker

DBS Bank Ltd

Fund Manager

UOB Asset Management Ltd

Governing Council Members

ChairmanMr Robert Chew

Vice Chairman Chairman, Building &

Development CommitteeMs Angelene Chan

Honorary Secretary

Ms Ong Ai Hua

Assistant Honorary Secretary

Mr Low Chee Wah

Honorary Treasurer

Ms Woo E-Sah

Assistant Honorary Treasurer & Chairman, Investment Committee

Mr Chey Chor Wai

Chairman, Audit & Governance Committee

Prof Ho Yew Kee

Chairman, Communications & Outreach Committee

Mr Lester Lee

Co-Chairman, Fundraising Committee

Dr Kwa Chong Teck Dr Karen Soh

Chairman, HR Committee

Dr Seet Ju Ee

Chairman, IT Committee

Col (Ret), Rupert Gwee

Chairman, Medical Professional Audit Committee

Dr Jeremy Lim

Chairman, Volunteers Committee

Ms Kemmy Lim

Members

Ms Diane Chen Dan Ms Marlene Foo Dr Wu Huei Yaw

Honorary Council Members

Dr Seet Ai Mee Dr Jerry Lim

Property Trustees

Mr Robert Chew Mr Chey Chor Wai

General Declaration

Nomination and Appointment of Council Members

All Council members were nominated and appointed to Council at the 26th Annual General Meeting held on 11 August 2018. 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

DPH falls under the Advanced Tier of Guidelines for purposes of the Code of Governance (Code) for Charities and Institutions of a Public Character as the Advanced Tier covers larger IPCs with gross annual receipts or total expenditure of \$10 million or more in each of its two immediate preceding financial years. DPH has complied with the relevant guidelines as stipulated in the Code. Full checklist can be obtained at the Charity Portal (www.charities.gov.sg) and page 33-36 of this report.

Conflict of Interests

All Council members and staff of DPH are required to read, 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 arises, Council members/staff will not participate in decision making and approvals of transactions to which they have a conflict of interest.

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Privacy Policy

To ensure that personal information is secure, DPH enforces the Privacy and Security guidelines according to the Personal Data Protection Act 2012.

DPH takes precautions to safeguard personal information against loss, theft, misuse, as well as against unauthorised access, collection, use, disclosure, copying, modification, disposal, or similar risks. DPH imposes very strict sanction controls and only authorised staff on a need-to-

know basis is given access to or will handle personal data. DPH provides regular training to all staff on this Policy and to keep them abreast of any new developments in privacy laws and regulations in Singapore.

Please visit DPH website at **www.doverpark.sg** for further details on the data protection policy.

CORPORATE GOVERNANCE

Dover Park Hospice (DPH) as an Institution of a Public Character (IPC) is committed to good governance and management practices as it seeks to comply with the Charity and IPC regulations and Code of Governance for Charities and Institutions of a Public Character (Code). The Council takes the view that it is in the best interest of DPH to practise a high standard of corporate governance. DPH is also committed to improving its governance and management practices as a responsible IPC. DPH falls under the Advanced Tier of Guidelines for the purposes of the Code.

1. The Governing Council

1.1 Council Governance

The Council of DPH is the Board and its primary role is to ensure compliance with DPH's Constitution and all relevant laws and regulations. The Council ensures that DPH is well run and continues to operate in an effective, credible and sustainable manner. Its primary responsibility is to promote the long term interest of DPH in accordance with its mission.

1.2 The Council's roles and responsibilities include:

- 1. Overseeing the mission and strategy development process
- 2. Ensuring compliance with all regulations pertaining to good governance
- 3. Accounts for DPH's performance so that the efforts and resources deliver the desired

- outcome and benefits to the patients, their families and the community that DPH serves
- 4. Monitoring the prudent use of funds and to ensure financial sustainability of DPH in the long term
- 5. Evaluating the performance of top management
- 6. Devising and soliciting philanthropic giving.

2. Council Composition and Membership

- 1. The Council comprises of 2 Honorary Council members and 17 Council members. No staff members sit in the Council.
- In recognition of the Founding members' contributions to DPH, the 2 Honorary Council members need not have to stand for election at General Meetings. They are allowed to attend all meetings but they do not have any voting rights.
- The Council Chairman ensures that the Council consists of individuals with the relevant complementary core competencies so that they are able to bring to Council a degree of diversity, viewpoints, expertise and experiences.
- 4. All Council members are required to declare their conflict of interest at the earliest opportunity.
- All Council members are volunteers and are not remunerated for their services at DPH.

- 6. The Council ensures that there is a good balance between continuity, renewal and compliance with regulatory requirements.
- 7. There is a formalised process for the appointment/re-appointment of Council members.
- 8. Council members are required to perform an annual self-evaluation to assess the Council's performance and effectiveness.
- All Council members are elected at DPH's
 Annual General Meeting to be held in August.
 They are required to stand in for re-election at least once every 2 years.
- 10. Under the Constitution of DPH, no Council members shall serve more than 6 consecutive years. However, they may be renominated after a break of at least one year.
- 11. The Honorary Treasurer and Assistant Honorary Treasurer have a 2-year term. They may be re-appointed to that position after a break of one year.

3. Chairman and Chief Executive Officer (CEO)

- 1. The roles of the Chairman and CEO are separate and their responsibilities are defined to ensure a balance of power and authority within DPH.
- 2. The Chairman manages the governance of the Council and the sub-committees to set the strategic direction, vision and mission of DPH.

- The Chairman approves the agenda for Council meetings and exercises control over the quality, quantity and timeliness of information flow between the Council and management.
- 4. The CEO manages the business of DPH and implements the Council's decisions. The CEO is assisted by a management team.

4. Council's Evaluation

1. The Council has implemented Council's Evaluation on Governance since 2016 to examine the Council's performance and find ways to improve its effectiveness. The self-assessment questionnaire provides the Council the opportunity to self-reflect and provide necessary feedback for improvements.

5. Enterprise Risk Management

- The Council appoints the Audit and Governance Committee (AC) to oversee the risk management. The AC reviews the overall adequacy and effectiveness of risk management and internal control systems.
- 2. The Management is responsible for the effective implementation of risk management strategies, policies and processes to facilitate the achievement of DPH's operational and strategic objectives. Key risks are identified, addressed and reviewed on an ongoing basis and mitigated risks where possible.

3. The CEO will report to the AC on the progress of the ERM on a periodic basis. Thereafter, the AC will report to the Council.

6. Council Meetings

- The Council meets quarterly during the work year that starts from August to July of each year. The Council has met on the following dates:
 - 11 August 2018
 - 27 November 2018
 - 26 March 2019
 - 23 July 2019

The Council members' attendance at the Council meetings for the period of August 2018 to July 2019 are as follow:

Name of Council Members	No. of Meetings Attended
Mr Robert Chew	4/4
Ms Angelene Chan	4/4
Ms Ong Ai Hua	2/4
Mr Low Chee Wah	1/4
Ms Woo E-Sah	1/4
Mr Chey Chor Wai	3/4
Prof Ho Yew Kee	3/4
Mr Lester Lee	2/4
Dr Kwa Chong Teck	2/4
Dr Karen Soh	1/4
Dr Seet Ju Ee	4/4
Col (Ret) Rupert Gwee	4/4
Dr Jeremy Lim	4/4
Ms Kemmy Lim	3/4
Ms Diane Chen	2/4
Ms Marlene Foo	3/4
Dr Wu Huei Yaw	4/4
	Mr Robert Chew Ms Angelene Chan Ms Ong Ai Hua Mr Low Chee Wah Ms Woo E-Sah Mr Chey Chor Wai Prof Ho Yew Kee Mr Lester Lee Dr Kwa Chong Teck Dr Karen Soh Dr Seet Ju Ee Col (Ret) Rupert Gwee Dr Jeremy Lim Ms Kemmy Lim Ms Diane Chen Ms Marlene Foo

Roles and Responsibilities of Sub-committees

7. Audit and Governance Committee (AC)

- The AC oversees the audit by reviewing the quality, timeliness and effectiveness of the financial reporting process and internal controls. In addition, it also assumes the role of risk management for DPH. It considers the types of risk faced by DPH and the risk mitigations being implemented by the management.
- 2. KPMG LLP was appointed as the external auditor whereas Nexia TS Pte Ltd was appointed as the internal auditor. These auditors report directly to the AC.
- 3. Audit partners in charge of DPH are changed every five years.
- 4. The AC meets at least 3 times a year.

8. Appointment and Nomination Committee (ANC)

- 1. The ANC is responsible for evaluating suitable candidates for DPH's Council as well as the sub-committees under the Council.
- 2. To ensure that new Council members have sufficient knowledge about palliative care, the CEO provides an induction programme to all new Council members. Suitable courses from the National Council of Social Services (NCSS) on Governance are forwarded to Council members for their participation as deemed necessary.
- 3. The ANC meets at least once a year.

9. Building and Development Committee (BDC)

- The BDC obtains user requirements from the various hospice stakeholders for endorsement by EXCO and Council before submitting to the Hospital Planning Committee (HPC).
- The BDC works with HPC on user requirements, legal arrangements, costs and funding matters and inputs from EXCO and Council for inclusion in the Building Design Brief for DPH at the Integrated Care Hub (ICH).

- 3. The BDC liaises with the building consultant and contractor(s) on the Building Design Brief and monitors the progress of the building project and timeline.
- 4. The BDC meets at least once a month.

10. Communications and Outreach Committee (COC)

- 1. The COC sets the overall communication policies, protocols and guidelines for DPH.
- The COC sets the objectives, strategies and KPIs and provides advice on the development of a comprehensive digital and social media strategy.
- 3. The COC meets at least 4 times a year.

11. Executive Committee (EXCO)

- 1. The EXCO oversees the operations of DPH.
- 2. Both the CEO and Medical Director report to the EXCO and update them on the operations and development of DPH.
- 3. The EXCO reviews and approves all matters such as annual budget, strategies and policies before they are tabled for Council's approval.
- 4. The EXCO meets at least 6 times a year.

12. Fundraising Committee (FRC)

- The FRC provides strategic directions for fundraising in ensuring that all fundraising activities comply with regulatory requirements.
- 2. The FRC also provides guidance to the management in hosting major events such as Charity Golf and Gala Dinner.
- 3. The FRC meets up to five times a year.

13. Human Resources Committee (HRC)

- 1. The HRC is responsible for establishing the Human Resource policies, manpower needs and practices of DPH so that they are in line with the vision and mission of DPH.
- 2. The HRC recommends and sets remuneration of key staff to be approved by the Council.
- 3. The HRC meets at least 4 times a year.

14. Information Technology Committee (ITC)

- The ITC formulates and drives the implementation of an integrated Information and Technology Strategy which will be consistent with and supporting the national Information Technology (IT) efforts led by MOH Holdings.
- 2. The ITC helps DPH to leverage IT in enhancing various aspects of its operations such as patients' records and management, knowledge management and other areas that IT may determine as useful.
- 3. The ITC meets at least 4 times a year.

15. Investment Committee (IC)

- 1. The IC sets the objectives, strategies and policies on the management of investments. They oversee DPH's investible funds.
- 2. An Investment Policy Statement (IPS) governs the management of the investible funds and it is approved by the Council upon recommendation by IC.
- 3. The IC ensures that the Fund Manager manages the DPH investible funds in accordance with the IPS.
- 4. The IC meets at least 4 times a year.

16. Medical Professional Audit Committee (MPAC)

- 1. The MPAC oversees the quality and assurance of the professional medical and nursing services provided by DPH.
- 2. The MPAC monitors the clinical quality and governance to ensure proper policies and procedures are in place to provide the highest standard of patient care.
- 3. The MPAC also encourages clinical research, in-house research proposals and monitors the research activity.
- 4. The MPAC meets at least 4 times a year.

17. Volunteers Committee (VC)

- 1. The VC ensures that the volunteers activities meet the vision and mission of DPH so as to benefit both the patients and DPH.
- 2. The VC meets at least 5 times a year.

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18. Whistle-blowing Policy

1. DPH has a whistle-blowing policy to allow staff, suppliers, contractors, partners and other stakeholders to raise concerns or report malpractices and misconducts to the relevant authority in DPH. The policy aims to encourage the reporting of such matters in good faith, with the confidence that persons making such reports will be treated fairly and with due follow-up action. All whistle-blow reports, including the identity of the whistle-blower will be treated with confidentiality. There is no known whistle-blow report in the financial year ended 31 March 2019.

19. Reserve Policy

The Council has established a reserve policy for DPH by using the unrestricted net liquid assets available to meet expenditure obligations as a reserve measurement. This policy is disclosed in the Audited Financial Statements under Capital Management.

20. Disclosure and Transparency

- The Annual report is prepared to include information on its programmes, financial, governance, Council and the Management.
- 2. Audited Financial Statements are available on DPH website and information on DPH's financials can be found in the Commissioner of Charities website.
- 3. For the financial year ended on 31 March 2019, Council members were not remunerated for their services to the Hospice. There is no staff serving as Council members.

4. The annual remuneration of the Hospice's three highest paid staff is disclosed in the bands of \$100,000 are as follows:

Remuneration Bands	FY 2019	FY 2018
\$100,001 to \$200,000	2	1
\$200,001 to \$300,000	1	2

- 5. There is no paid staff who is a close member of the family of the Chief Executive Officer or Council members receiving more than \$50,000 in remuneration during the financial year.
- 6. In the financial year ended on 31 March 2019, the Hospice did not make any loan or grant to any third parties.

COMMITTEES

Dover Park Hospice's Committees

1. Appointment and Nomination Committee

- Mr Robert Chew (Chairman)
- Ms Angelene Chan
- Ms Ong Ai Hua

2. Audit and Governance Committee

- Prof Ho Yew Kee (Chairman)
- Mr Low Chee Wah (Vice Chairman)
- Ms Cheng Yoke Ping
- Mr Ryan Tan
- Mr Tham Chee Soon

3. Building and Development Committee

- Ms Angelene Chan (Chairman)
- Mr Low Chee Wah (Vice Chairman)
- Mr Loh Hai Yew
- Mr Kenneth Sim
- Dr Wu Huei Yaw

- Mr Timothy Liu (Management)
- Dr Ong Wah Ying (Management)

4. Communications and

Outreach Committee

- Mr Lester Lee (Chairman)Dr Tanya Tierney
- Ms Ai Ling Sim-Devadas
- Mr Andy Seet
- Mr Jack Ang
- Mr Alfred Low
- Mr Danny Yeo
- Ms Genevieve Kuek
- Ms Manisha Tank
- Ms Siti Rohanah Binte Mohamad Koid

5. Executive Committee

- Mr Robert Chew (Chairman)
- Ms Angelene Chan (Vice Chairman)
- Ms Ong Ai Hua (Honorary Secretary)
- Mr Low Chee Wah (Assistant Honorary Secretary)

- Ms Woo E-Sah (Honorary Treasurer)
- Mr Chey Chor Wai (Assistant Honorary Treasurer)

6. Fundraising Committee

- Dr Kwa Chong Teck (Co-Chairman)
- Dr Karen Soh (Co-Chairman)
- Mr Gilbert Cheah
- Dr June GohMs Joy Tan
- Made and
- Ms Kemmy LimMr Kenneth Tan
- Ms Shan Tjio
- Ms Tiffany Varinata
- Dr Penelope Wong

7. Human Resource Committee

- Dr Seet Ju Ee (Chairman)
- Dr Kwa Chong Teck (Vice Chairman)
- Mr Robert Chew
- Mr Robert Goh
 Ms Opg Ai Hua
- Ms Ong Ai Hua
- Mr Anthony Chee
- Mr Tan Kim Kwang

8. Information Technology Committee

- Col (Retired) Rupert Gwee (Chairman)
- Mr Shee Gim Leng (Vice Chairman)
- Mr Paul D. Gagnon
- Mr Lester Lee
- Mr Ying Shao Wei

9. Investment Committee

- Mr Chey Chor Wai (Chairman)
- Mr Tan Seng Hock (Vice Chairman)
- Mr Guan Ong
- Mr Joel Cheng
- Ms Lissa Toh
- Mr Ho Hin Wah
- Mr Freddy Orchard

Endowment Fund Trustees

- Ms Jacqueline Khoo
- Dr Seet Ai MeeProf Tay Boon Keng (Appointed 25 July 2017)

10. Medical Professional Audit Committee

- Dr Jeremy Lim (Chairman)
- Dr Angel Lee
- (Vice Chairman)
- Dr Gilbert Fan
- Dr Kwa Chong Teck
- Dr Jerry Lim
- Dr Robert Lim
- Dr Tay Miah Hiang
- Adj A/Prof Tiew Lay Hwa
- Dr Uma Rajan
- Dr Wu Huei Yaw
- Mr Wu Tuck Seng
- Adj A/Prof Nellie Yeo

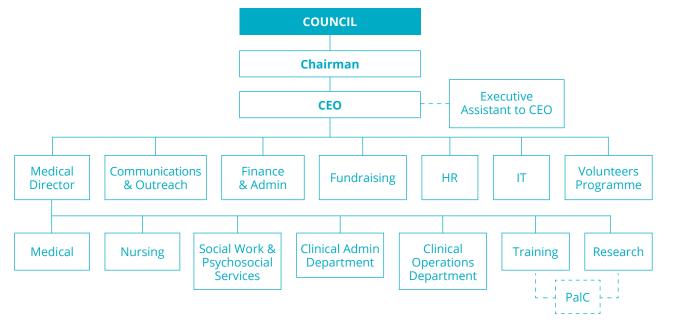
11. Volunteers Committee

- Ms Kemmy Lim (Chairman)
- Mr Raymond Chiang
- Ms Lynda Sonya Eaw
- Mr Muhammad Agus Bin Othman
- Mr Lester Lee
- Ms Janice Phua
- Mr Gilbert Lew
- Mr Sia Ooi Kong
- Ms Chan Choo Lin
- Ms Mabel Pek
- Ms Pearl Lim
- Mr Bernard Yeo
- Ms Lesley de Clerck
- Mr Tan Too Yong
- Ms Linda Hart
- Ms Lily Han
- · Mdm Cheok Boon Kiew
- Mr S Vivek Anand
- · Mr Anthony Lim Jun Hong
- Dr Tanya Tierney
- Ms Cheah Li Yean

ORGANISATION STRUCTURE

Council Structure





Note: The Palliative Care Centre for Excellence in Research and Education (PalC) is a tripartite collaboration among Dover Park Hospice, Nanyang Technological University (NTU) Lee Kong Chian School of Medicine and National Healthcare Group.

Our Management

Chief Executive Officer

Mr Timothy Liu (Date of Appointment: 7 March 2016)

Medical Director

Dr Ong Wah Ying

Senior Consultant

Dr Allyn Hum

Consultant

Dr Joseph Ong Yew Jin
(Date of Appointment:
11 March 2019)
Dr Yang Sze Yee
(Last Day: 30 June 2019)
Dr Yee Choon Meng
(Date of Appointment:
1 January 2019)
Dr Tricia Yung
(Last Day: 31 May 2019)
Dr Ho Si Yin
(Last Day: 31 December 2018)

Registrar

Dr Chiam Zi Yan

Trainee Registrar

Dr Beverly Siew

Resident Physicians

Dr Erwin Phillip Francisco Dr Hoh Sek Yew Dr Martin Lee Dr Chia T-Yunn (Date of Appointment: 1 August 2018)

Director of Nursing

Ms Chin Soh Mun

Head, Social Work and Psychosocial Services

Ms Cheong Ee May Deidre Adele

Manager, Finance and Administration

Mr Steven Foo

Assistant Manager, Finance

Ms Karen Tan

Manager, Communications and Outreach

Mr Ethan Ang (Last Day: 5 September 2018) Ms Jenny Goo (Date of Appointment: 21 January 2019)

Assistant Manager, Fundraising

Ms Michelle Too (Last Day: 3 May 2019) Mr Alex Ho (Date of Appointment: 15 July 2019)

Manager, Information Technology

Mr Kwok Wing Kit

Manager, Human Resource

Ms Violet Cheong (Last Day: 14 December 2018) Ms Teresa Tang (Date of Appointment: 28 November 2018)

Manager, Volunteer Programme

Ms Tok Shou Wee

Manager, Training

Ms May Siu

Staff-in-charge, Research

Ms Tay Ri Yin

GOVERNANCE EVALUATION

CHECKLIST ADVANCED TIER

S/N	Code guideline	Code ID	Response
	Board Governance		
1.	Induction and orientation are provided to incoming governing board members upon joining the Board.	1.1.2	Complied
	Are there governing board members holding staff¹ appointments? (skip items 2 and 3 if "No")		No
2.	Staff does not chair the Board and does not comprise more than one third of the Board.	1.1.3	NA
3.	There are written job descriptions for the staff's executive functions and operational duties, which are distinct from the staff's Board role.	1.1.5	NA
4.	The Treasurer of the charity (or any person holding an equivalent position in the charity, e.g. Finance Committee Chairman or a governing board member responsible for overseeing the finances of the charity) can only serve a maximum of 4 consecutive years.	1.17	Complied
	If the charity has not appointed any governing board member to oversee its finances, it will be presumed that the Chairman oversees the finances of the charity.		
5.	All governing board members must submit themselves for re-nomination and re-appointment , at least once every 3 years.	1.1.8	Complied
6.	The Board conducts self evaluation to assess its performance and effectiveness once during its term or every 3 years, whichever is shorter.	1.1.12	Complied
	Is there any governing board member who has served for more than 10 consecutive years? (skip item 7 if "No")		No
7.	The charity discloses in its annual report the reasons for retaining the governing board member who has served for more than 10 consecutive years.	1.1.13	NA
8.	There are documented terms of reference for the Board and each of its committees.	1.2.1	Complied

S/N Code guideline Code ID Response **Conflict of Interest** There are documented procedures for governing board 2.1 Complied members and staff to declare actual or potential conflicts of **interest** to the Board at the earliest opportunity. Governing board members do not vote or participate in 2.4 Complied decision making on matters where they have a conflict of interest. **Strategic Planning** 3.2.2 11. The Board periodically reviews and approves the strategic Complied **plan** for the charity to ensure that the charity's activities are in line with the charity's objectives. There is a documented plan to **develop the capacity** and 3.2.4 Complied capability of the charity and the Board monitors the progress of the plan. **Human Resource and Volunteer² Management** 13. The Board approves **documented human resource policies** 5.1 Complied 14. There is a **documented Code of Conduct** for governing board 5.3 Complied members, staff and volunteers (where applicable) which is approved by the Board. 5.5 There are processes for regular supervision, appraisal and Complied professional development of staff. Are there volunteers serving in the charity? (skip item 16 Yes if "No") There are **volunteer management policies** in place for 5.7 Complied volunteers. **Financial Management and Internal Controls** There is a documented policy to seek the Board's approval 6.1.1 Complied for any loans, donations, grants or financial assistance provided by the charity which are not part of the charity's core charitable programmes. The Board ensures that internal controls for financial 6.1.2 Complied matters in key areas are in place with documented procedures. The Board ensures that reviews on the charity's internal 6.1.3 Complied controls, processes, key programmes and events are regularly conducted. The Board ensures that there is a process to **identify**, and 6.1.4 Complied regularly monitor and review the charity's key risks.

The Board approves an **annual budget** for the charity's plans

and regularly monitors the charity's expenditure.

Does the charity invest its reserves, including fixed

deposits? (Skip item 22 if "No")

6.2.1

Complied

Yes

	25
/	IJIJ

S/N	Code guideline	Code ID	Response
22.	The charity has a documented investment policy approved by the Board.	6.4.3	Complied
	Fundraising Practices		
	Did the charity receive cash donations (solicited or unsolicited) during the financial year? (skip item 23 if "No")		Yes
23.	All collections received (solicited or unsolicited) are properly accounted for and promptly deposited by the charity.	7.2.2	Complied
	Did the charity receive donations in kind during the financial year? (skip item 24 if "No")		Yes
24.	All donations in kind received are properly recorded and accounted for by the charity.	7.2.3	Complied
	Disclosure and Transparency		
25.	The charity discloses in its annual report — (a) the number of Board meetings in the financial year; and (b) the attendance of every governing board member at those meetings.	8.2	Complied
	Are governing board members remunerated for their services to the Board? (skip items 26 and 27 if "No")		No
26.	No governing board member is involved in setting his own remuneration.	2.2	NA
27.	The charity discloses the exact remuneration and benefits received by each governing board member in its annual report. OR The charity discloses that no governing board member is remunerated.	8.3	Complied
	Does the charity employ paid staff? (skip items 28, 29 and 30 if "No")		Yes
28.	No staff is involved in setting his own remuneration.	2.2	Complied
29.	The charity discloses in its annual report — (a) the total annual remuneration for each of its 3 highest paid staff who each has received remuneration (including remuneration received from the charity's subsidiaries) exceeding \$100,000 during the financial year; and	8.4	Complied
	(b) whether any of the 3 highest paid staff also serves as a governing board member of the charity.		
	The information relating to the remuneration of the staff must be presented in bands of \$100,000. OR		
	The charity discloses that none of its paid staff receives more than \$100,000 each in annual remuneration.		

S/	N	Code guideline	Code ID	Response
30	0.	The charity discloses the number of paid staff who satisfies all of the following criteria: (a) the staff is a close member of the family³ belonging to the Executive Head⁴ or a governing board member of the charity; (b) the staff has received remuneration exceeding \$50,000 during the financial year. The information relating to the remuneration of the staff must be presented in bands of \$100,000. OR The charity discloses that there is no paid staff, being a close member of the family³ belonging to the Executive Head⁴ or a governing board member of the charity, who has received remuneration exceeding \$50,000 during the financial year.	8.5	Complied
		Public Image		
31	1.	The charity has a documented communication policy on the release of information about the charity and its activities across all media platforms.	9.2	Complied

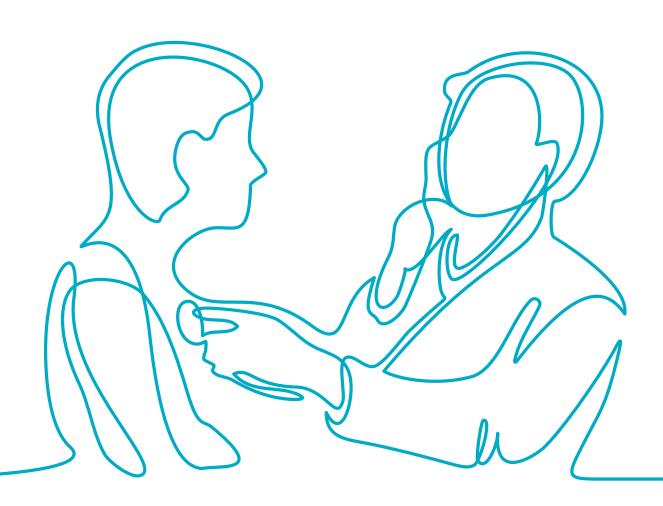
Notes:

- ¹ Staff: Paid or unpaid individuals who are involved in the day-to-day operations of the charity, e.g. an Executive Director or Administrative personnel.
- ² Volunteer: Persons who willingly give up time for charitable purposes, without expectation of any remuneration. For volunteers who are involved in the day-to-day operations of the charity, they should also abide by the best practices set out in the Code applicable to 'staff'.
- ³ Close member of the family: Those family members who may be expected to influence, or be influenced by, that person in their dealings with the charity. In most cases, they would include:
- That person's children and spouse;
- Children of that person's spouse; and
- Dependants of that person or that person's spouse.



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DPH Clinical Programmes and Services



"Providing Holistic Palliative Care"

At DPH, we provide holistic palliative care across three settings: Inpatient, Home Care and the latest inclusion of Day Care to meet the needs of our patients at different trajectories of their illnesses.

As we continue to aim towards a one-stop, one-team service, our 27 years of experience has taught us the importance of journeying with our patients and their loved ones with the mantra of making every moment count for our patients. To achieve this, we are committed in building capabilities and capacities and collaborate with our community partners to serve more people with palliative care needs.

Our transdisciplinary team includes doctors, nurses, pharmacist, medical social workers, art therapist, music therapist, pastoral counsellor, speech therapist, occupational therapist and physiotherapists. We believe in a team-based holistic approach when caring for our patients and their loved ones as every patient's needs are different. Having a transdisciplinary team allows us to individualise care focusing on patient's needs. Respecting patient's autonomy and maintaining dignity till the end is the cornerstone of our care.

Inpatient Care

With advanced diseases, patients might develop increasing symptoms like pain and breathlessness which makes care challenging at home. Through our dedicated team of professional healthcare workers, patients can receive 24-hour nursing care in the hospice with support from our medical, psychosocial and rehabilitation team.

Home Care

To widen our circle of care from hospice to home, our team of home care doctors, nurses and medical social workers support patients with advanced illnesses (with a prognosis of less than 12 months) to be cared for at home. Through home visits and round-the-clock on-call service, our home care team help patients remain comfortable in their preferred place of care. It is essential that we care for patients and their families as a unit. Supporting caregivers emotionally and empowering them with caregiver training are part of our service.

Programme Dignity

As part of DPH home care service which started in October 2014, Programme Dignity is an integrated home care programme led by a Geriatric-trained Palliative Care Specialist with a multidisciplinary homecare team. This service caters to patients diagnosed with Advanced Dementia with short prognosis to enable them to continue living in their homes and live their remaining days with dignity.

Day Care

As patients at home can be socially isolated and physically deconditioned from underlying illnesses, we expand our services beyond hospice and home care with the latest inclusion of our Day Care.

Our Day Care focuses on improving the quality of life of our patients through assessing and understanding their individual needs. It allows patients to travel out of their homes for activities which they can benefit from and it provides respite for caregivers in the day. It offers social-based activities such as *karaoke*, *mahjong*, board games supported by a group of volunteers and therapy-led sessions such as art, music and rehabilitative sessions which focus on the emotional and physical wellbeing of the patients. Transport is also provided to designated areas near our Day Care.

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Highlights of the Year

Our volunteer, Ms Evelyn Ho and caregiver from our Home Care

caregiver from our Home Care programme, Mr Ching Hong Rui received the **Healthcare Humanity Awards 2019** in April that pays tribute to healthcare workers, caregivers and volunteers who go the extra mile in caring for the sick and elderly.



2

Our Senior Staff Nurse Lee Jing Ru (inpatient) received the **Nurses' Day Merit Award 2018** which recognises nurses who have demonstrated consistent and outstanding performance in both professional development and contributions to the nursing profession.





7

We had our **first full-time Pastoral Counsellor** who joined us in January 2019 in providing spiritual care to our inpatients and home care patients. We also had our **first full-time pharmacist** who joined us in March 2019.

A team of nurses led by
Staff Nurse, Lydia Quah
had completed a Quality
Improvement (QI) project
titled "Patients Under
Active Observation for
Healthcare-associated falls
(Puatoh)" project where they
also presented a poster at the
BMJ Institute for Healthcare
Improvement (IHI) Patient
Safety Quality Conference in
Glasgow in March 2019.

4 nurses from our inpatient and home care team had graduated from the **Specialist Diploma in Palliative Care Nursing**, a collaborative programme designed and conducted by Dover Park Hospice, National Cancer Centre and Ngee Ann Polytechnic.



At the National Healthcare Group (NHG) Quality Festival 2018,

Associate Consultant Dr Tricia Yung, Staff Nurse Pamela Koh, Senior Administrative Assistant Edna Lim had received the Merit award for their Quality Improvement (QI) project which aims at reducing the waiting time for patients from Tan Tock Seng Hospital who were referred to DPH.



President of Singapore,
Madam Halimah Yacob's first
visit to Dover Park Hospice on
29 January 2019. During the visit,
the President toured the inpatient

29 January 2019. During the visit, the President toured the inpatient wards and met with the patients, caregivers and staff.



In recognising the needs of our patients, we had our very first full-time team of Palliative Rehabilitation team with 1 Occupational Therapist, 1 Senior Physiotherapist and 2 Therapist Assistants, that help patients to engage and maintain their functional abilities and promote their mental wellbeing through participation in various activities.



"Inaugural Grief and Bereavement Conference
2018" organised by the Singapore Hospice Council. At the
conference, the team presented on "The Nuts and Bolts
of Organising a Secular Memorial: A Hospice's Experience"
and helmed the memorial service. It also presented on the
topics of "Legacy Building with Patients and their Families in
a Hospice" and "Facing Our Deaths Creatively".





2 new initiatives - Namaste Care and Project Lim Kopi

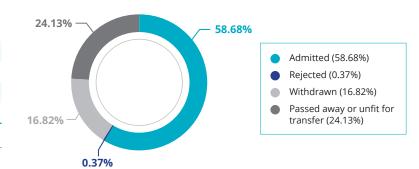
led by our Social Work and Psychosocial team were started in May 2018 to enhance the social and mental wellbeing of our inpatients and patients from our Day Care. We were honoured to have the Founder of *Namaste Care*, Professor Joyce Simard, who visited Dover Park Hospice and conducted a training session for our staff and volunteers on 15 January 2019.



Inpatient Statistics

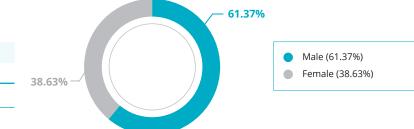
By Referral Admitted

Total	547
Passed away or unfit for transfer	132
Withdrawn	92
Rejected	2
Admitted	321



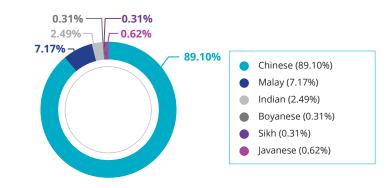
By Gender

Total	321
Female	124
Male	197
by Genuci	



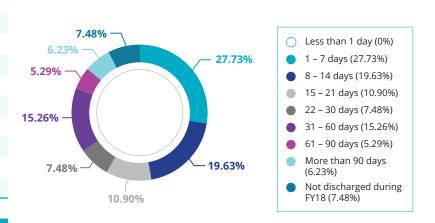
By Race

Total	321
Javanese	2
Sikh	1
Boyanese	1
Indian	8
Malay	23
Chinese	286
•	



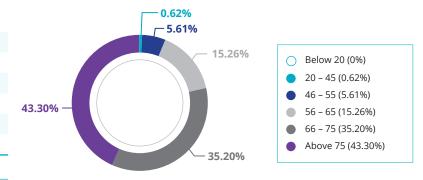
Length of Stay

Less than 1 day	0
1 - 7 days	89
8 - 14 days	63
15 - 21 days	35
22 - 30 days	24
31 - 60 days	49
61 - 90 days	17
More than 90 days	20
Not discharged during FY18	24
Total	321
Average	32



Age Group

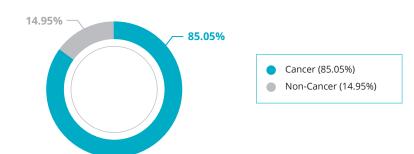
Total	321
Above 75	139
66 - 75	113
56 - 65	49
46 - 55	18
20 - 45	2
Below 20	0



Inpatient Statistics (cont'd)

By Diagnosis

Total	321
Non-Cancer	48
Cancer	273
, 0	

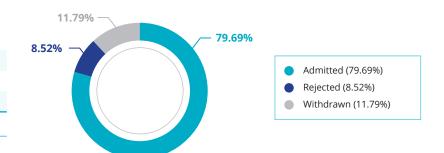


By Source Referral

Total	547
TAN TOCK SENG HOSPITAL	202
SINGAPORE GENERAL HOSPITAL	71
SENGKANG GENERAL HOSPITAL	11
PRIVATE HOSPITALS	12
NG TENG FONG GENERAL HOSPITAL	16
NATIONAL UNIVERSITY HOSPITAL	28
NATIONAL CANCER CENTRE	29
KHOO TECK PUAT HOSPITAL	21
KANDANG KERBAH WOMEN'S & CHILDREN'S HOSPITAL	6
HCA HOSPICE CARE	29
DOVER PARK HOME CARE / PROGRAMME DIGNITY	83
COMMUNITY HOSPITALS AND NURSING HOMES	34
CHANGI GENERAL HOSPITAL	5
CHANGE CENEDAL LIGGRITAL	

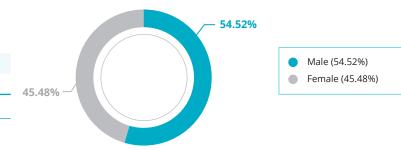
Home Care

Total	458
Withdrawn	54
Rejected	39
Admitted	365
ByReferral	



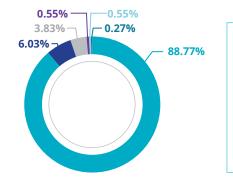
By Gender (Admitted)

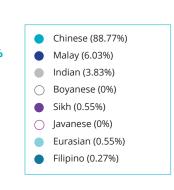
Total	365
Female	166
Male	199
by contact (rannitects)	



By Race (Admitted)

Total	365
Filipino	1
Eurasian	2
Javanese	0
Sikh	2
Boyanese	0
Indian	14
Malay	22
Chinese	324



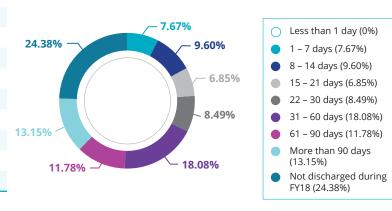


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Home Care (cont'd)

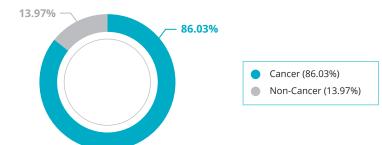
Length of Stay (Admitted)

Average	69
Total	365
0 0	265
Not discharged during FY18	89
More than 90 days	48
61 - 90 days	43
31 - 60 days	66
22 - 30 days	31
15 - 21 days	25
8 - 14 days	35
1 - 7 days	28
Less than 1 day	0
, , ,	



Diagnosis (Admitted)

Total	365
Non-Cancer	51
Cancer	314
Diagnosis (mannetea)	

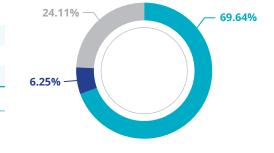


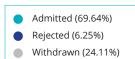


Programme Dignity

By Referral

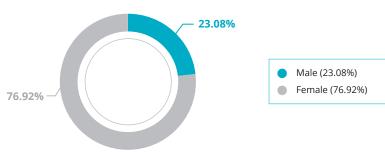
Total	112
Withdrawn	27
Rejected	7
Admitted	78
Dy Receirus	





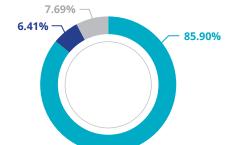
By Gender (Admitted)

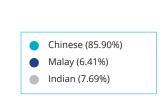
Total	78
Female	60
Male	18



By Race (Admitted)

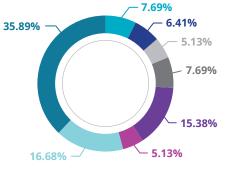
Total	78
Indian	6
Malay	5
Chinese	67

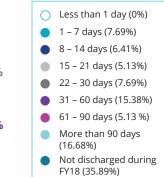




Length of Stay (Admitted)

Average	105.9
Total	78
Not discharged during FY18	28
More than 90 days	13
61 - 90 days	4
31 - 60 days	12
22 - 30 days	6
15 - 21 days	4
8 - 14 days	5
1 - 7 days	6
Less than 1 day	0





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To Hope, To Believe, To Inspire

I t was an arduous journey for Mr Yang Qing Bin and his family ever since they found out about his terminally-ill condition. Mr Yang, 46, has been a Permanent Resident in Singapore for over 20 years and runs a local business to support his family.

It was 2 years ago when he started having headaches and was then detected to be diagnosed with brain cancer.

Despite going through surgeries and chemotherapy, Mr Yang was eventually given a prognosis of having 3 months left to live and this left him and his wife feeling helpless and clueless as the future seems bleak. Things, however, improved when they got referred to Dover Park Hospice (DPH).

With weekly activities such as *Lim Kopi* session, Rehabilitation and *Namaste Care*, it has helped to regulate Mr Yang's lifestyle. "Things are so different now... it feels as though time has slowed down here in DPH. I used to sleep at wee hours, smoke and drink. But, I don't do any of these now."

He recalled being very pessimistic before coming to DPH. Yet, receiving so much help from the staff here has motivated him to live his life to the fullest. Gradually, he decided to let nature take its course and not dwell on his illness. He now dearly treasures his time spent with his family.

What keeps Mr and Mrs Yang motivated and going are their conversations with other patients in the same wards and the staff in DPH.

Knowing that it has been ages since they took a picture together, our social workers coordinated and planned a day for them to take a family portrait. Sometimes, little things like this to us can mean so much to them.

Mr Yang emphasises, "We should offer help within our own capacities whenever possible." Despite his terminally-ill condition, seeing patients in the same ward who requires more assistance than him has inspired him to serve those in need. "If I get better, I will definitely volunteer at a nursing home and help those in need." – This mindset of his is surely something we should learn from.

We should offer help within our own capacities whenever possible.

99



Mr Yang Qing Bin and his family

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DPH Education and Research



Spearheading Best Practices and Care for Patients and Caregivers

As Singapore's first purpose-built hospice, training and research are integral to DPH where we pride ourselves in providing evidence-based care through excellence in clinical and research. In addition to offering specialised programmes and trainings in palliative care for healthcare professionals and undergraduate students, we also strongly believe in constantly enhancing the knowledge and capabilities of our staff through continuous learning and training.



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Highlights of the Year

Dr Allyn Hum, Senior Consultant and Programme Director (Programme Dignity) presented "The Dignity in **Advanced DEMentia (DIADEM) Study: Quality of Life of Home Dwelling Patients and Caregiver Burden"** and Dr Beverly Siew, Resident Physician presented the posters "A Retrospective **Evaluation of Occupational Therapy Service in an Inpatient Hospice"** and "A Retrospective **Review of Physiotherapy Utilization in an Inpatient Hospice"** at the 22nd International Congress on Palliative Care in Montreal in October 2018.



2

Tay Ri Yin, Research Executive and Speech Therapist, presented the poster "The DIgnity in Advanced DEMentia (DIADEM)
Study: Quality of Life and Caregiver Burden of Homedwelling Persons with Dementia" at the Singapore Health and Biomedical Congress (SHBC) 2018.

3

In January 2019, we started our **first research library at our Training and Resource Room** to equip our staff with the necessary resources for their research work.

4

Research on the cost evaluation of DPH Home Care programme, **Programme Dignity that** serves patients with **Advanced Dementia**, on 'The cost of homebased palliative care for advanced dementia patients: What is the cost-savings threshold?' won the Gold award at the Singapore Health and Biomedical Congress (SHBC) 2018 (Young Investigator -Clinical Research' category). The principal investigator of this study was from the Health Services and Outcomes Research unit of the National Healthcare Group.

5

Hosted close to 115 visitors and leaders from various organisations, including healthcare institutions and universities from Singapore, Hong Kong, China and Thailand.



6

Conducted clinical attachment for about 300 students and professionals in medical, nursing and allied health disciplines.

7

Trained about 200 external nursing and allied health professionals through five different courses on palliative care.

8

In building capabilities and enhancing the professional development of our transdisciplinary team, 13 staff from the nursing, social work and psychosocial, and palliative rehabilitation team attended 3 overseas conferences namely the 22nd International Congress on Palliative Care, Montreal; 23rd Joint Malaysia-Singapore Nursing Conference in Malacca, Malaysia; and Jockey Club End-of-Life Community Care Project Conference, Hong Kong. 28 staff and 2 volunteers also attended 5 local conferences pertaining to healthcare, nursing, grief and bereavement and research ethics.

 $\frac{54}{}$

The Palliative Care Centre for Excellence in Research and Education (PalC)

Established in October 2017, PalC is a tripartite collaboration among Dover Park Hospice, Nanyang Technological University (NTU) Lee Kong Chian School of Medicine and National Healthcare Group (NHG). It aims to develop and provide quality, evidence-based training and education programmes on end-of-life care to build and nurture capabilities, capacities and connectedness amongst healthcare professionals and volunteers. PalC's mission is also to promote research in palliative care, in order to contribute to the growing evidence base that informs the care of our patients.

Through this collaboration, PalC leverages on the strengths, capabilities and capacities of its partner institutions to achieve its mission of advancing evidence-based palliative care research and the development of education programmes for stakeholders in healthcare to better serve patients and their caregivers.



Highlights of the Year (PalC)

Launch of the inaugural research grant call for palliative care research with a maximum of \$150,000 research fund in December 2018.

Appointed by the Agency for Integrated Care (AIC) to be one of the six **Lead Training Providers for the community care sector**.

215 participants attended 8 different courses on palliative care for allied health professionals. This includes a new course "CLEAR Communication, Law, Ethics And Professional Regulations Course on End of Life Care".



4

For the first time in February 2019, PalC held the course, "Essential of Thanatology: Death, Dying and Bereavement" conducted by award-winning researcher, educator and psychologist, Dr Andy Ho, Assistant Professor, Nanyang Technological University Singapore.



Choosing What Matters Most

S pending quality time is an important affair for those with family members who are nearing the end of their life, as they journey and care for their loved ones before they pass on.

For caregiver Jayson Lin, giving up his career to spend more time with his father, Mr Lim Swee Leong during the last days of his life was a wise decision he had made. Nothing matters more than having time well spent with his family.

In September 2015, the elder Mr Lim had gone to the hospital for a check-up due to a stomachache and blood in his stools. He was then diagnosed with stage 3 colon cancer. After going through an operation and almost 9 months of chemotherapy, his condition stabilised. However, his body had become weaker.

"When I first discovered that dad had cancer, I was a business manager for the South-East Asia region of my company then. My work required me to remain overseas frequently. However, at that time, I thought that dad needed me by his side as there were just the two of us in the

family. The next day, I resigned from the company." Jayson shared.

After his resignation, Jayson decided to take on a job as a taxi driver. Precious moments were shared between father and son during this tough time which brought them closer to each other.

"During my three years as a taxi driver, dad and I had a good time together due to my flexible work arrangements. Every 1st and 15th of the lunar month, I was dad's personal driver. I chauffeured him to temples for prayers and brought him to eat what he liked. We always had a good time together." He further added.

In addition to having the company of each other, the staff at Dover Park Hospice (DPH) were there to provide support and comfort for Jayson and his father.

Jayson's father passed on at Dover Park Hospice on 19 September 2018, slightly more than a month after he celebrated his 68th birthday at the hospice. The family is grateful to all friends, DPH doctors, nurses and physiotherapists who had been there for them during this difficult period.

Jayson reiterates, "Life is very short, do not pursue material wealth at the expense of your precious time that could be spent with your family. Moment matters more than material."



Mr Jayson Lin and his late father

Life is very short,
do not pursue
material wealth
at the expense of
your precious time
that could be spent
with your family.
Moment matters
more than material.

99

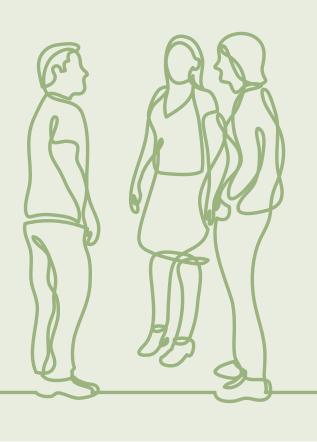
59

Community Engagement

Bringing People Together

Change cannot be brought about by one person or an organisation. At DPH, we believe in the community coming together to collaborate, encourage and reinforce each other's strengths. Through our Communications and Outreach, Volunteer Management and Fundraising teams, we have one common goal – which is to build and strengthen sustainable partnerships and collaborative relationships with our partners.

Beyond our outreach efforts to promote the importance of endof-life care to the community, we aim to make a difference to our patients and make every moment count for them with the continued support of our contributors – corporate or individual donors and volunteers.



Highlights of the Year

1

We concluded Dover Park Hospice's 25th Anniversary celebration on 12 August 2018 with our **signature fundraising event - Sunflower Gala Ball,** "The Enchanted Garden of Life" held at the Shangri-La Hotel. This

held at the Shangri-La Hotel. This event was graced by President Halimah Yacob as our Guest-of-Honour for the night and together with the support of donors at the event, over S\$1.2 million was raised.

Sunflower Gala Ball 2018 – "The Enchanted Garden of Life"

Amount Raised

\$1,290,403 Expenses Incurred

\$198,681



2

Dover Park Hospice (DPH) is honoured to be a selected beneficiary of SingHealth President's Challenge 2018.

"With Compassion, We Share" – in line with this theme, the event aimed to inspire giving and sharing within the community through philanthropy and volunteerism. DPH Crystal Group also set up a booth to sell handicrafts to help raise additional funds for our patients and family members on the grand finale for SingHealth President's Challenge on 10 November 2018.



In addition to daily befriending activities, about 720 regular volunteer activities were conducted throughout the year by our 450 dedicated volunteers, across the 18 different volunteer groups.

4

We appreciated 39 community partners in **Every Moment Matters (EMM) 2018** held at Lee Kong Chian School of Medicine on 28 June 2018. It is an annual event where we appreciate our new and regular Corporate Social Responsibility (CSR) partners and explore possible CSR opportunities on how our partners can enhance the quality of life of our patients with lifelimiting illnesses.



With the support from the community, we have raised close to \$\$2.9 million in donations for the Financial Year 2018-2019 to provide essential services for our patients and their families.

Carrying On As One Family

I t seemed just like another ordinary just day for Mdm Ng Gek Leng as she made her usual commute on the train back home. However, upon alighting at Bishan MRT station, she felt breathless and was gasping for air. Realising that this uncomfortable feeling was not normal for her body, she decided to head down to the hospital immediately.

What initially was a visit to the doctor turned into a life-changing moment. This was back in December 2015, when Mdm Ng found out that she had cancer.

She was only 58 years old then.

Although she did not have time to process thoroughly the gravity of the situation, she remained apprehensive about what this meant for her. The prognosis continued to weigh on her mind. Sometimes, she would ask herself, "Why do I need to go through this sickness even though I am not wicked?"

She felt her world crumbling at an instance. Recalling the moment with trepidation, she shared, "It is something



Family portrait of the late Mdm Ng Gek Leng

which nobody would wished upon themselves".

Whilst reeling from the devastating news of her illness, Mdm Ng felt it was better to break this news to her family at a later time. She never wanted them to worry for her.

For over 30 years, Mdm Ng had worked in Operations at a logistic company. Despite spending many hours at work, she was close to both her husband and her three sons. She shared, "My husband would often describe me as a workaholic", but she adds that they would spend time talking with each other and going for walks together.

Reminiscing the days of her past, she shared about how she grew up poor. Back then, watching television was a privilege. As her family did not have television, she would often go to her neighbour's house to peek and watch shows on their television.

Reflecting about the difference between life now as compared to the past, she said, "Our lives have become too modern and digitalised." Gone are the days where she used to stay in the Kampong at Ah Hood Road. She recounts many memorable moments playing in the rain. When the rain became too heavy, the Kampong would flood and they would go into the drain and swim. With a quiet laughter, she recalls fond memories of catching spiders, climbing trees, and numerous fun times spent with friends running after the chickens. She also shared that they also used to play games such as marbles and stones.

Growing up, all three sons were close to Mdm Ng. On her philosophy in bringing up her kids, she shared, "Often, I am very concerned about them but I hope I can lead them properly through the way I live my life."

Not long after, her family learnt about her cancer prognosis.

Battling cancer for the last 3½ years has never been an easy journey for both Mdm Ng's family and herself. But her family grew much closer with her illness.

In the midst of it all, Mdm Ng appreciates the love, concern, understanding and support received from her husband, three sons and her good friends.

DPH Home Care team also makes regular visits to monitor Mdm Ng's condition and ensure that her symptoms are better managed, keeping her comfortable while living at home. The family appreciates the warmth and support shown to her by our doctors, nurses, medical social worker and pastoral counsellor.

Mdm Ng passed away peacefully on 13 June 2019 in the hospital.

Mdm Ng appreciates the love, concern, understanding and support received from her husband, three sons and her good friends.

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Donors List

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 and comfort to terminally-ill patients and their families in their difficult times and helping to make "Every Moment Matter". We are privileged to have your support.

Individuals

A

Ahmad Fawzi Ayuby Ang Jwee Herng Ang Woon Kai Au Kit Har, Marianne Au Oi Leng

B

Boey Wen Ching, Lydia Boh Chek Kwong, Albert Brian Michael Torrey (IMO-Patricia Lam)

C

Caers Lucas Henri R.
Campos F N Nee De Silva K
Chan Ah Choo
Chan Bee Leng
Chan Tuck Han
Chan Wai Fen
Chang Shern Hin
Chan-Lien Margaret
Cheah Nicola
Chen Dan, Diane
Chen Jie'An, Jared

Chen Yin Mun Chen Yong Phin Cheng Heng Yu Cheng Yoke Ping

Cheong Wei Kok, Bernard Cheong Yan Yan, Ann (Dr)

Chew Eng Cheow Chew Robert

Chey Chor Wai Chia Lay Hoon

Chia Piah Yam Chin Chi Onn, Colin

Chin Yau Seng Chin Yong Joo, Vincent

Chng Chee Kiong
Chng Hwee Hong

Chng Peng

Choe Fook Cheong @ Alan Choe

Chong Shue Yin Chong Tzu Chew Chong Wee Meng, Oliver Chong Yu Moi

Choo Cheng Chong
Choo Chiau Beng
Choo Chieh Chen, Helen

Choo Eng Bee

Choo Peng Yong

Chow Joo Ming Chow Kwok Weng

Chow Li Ping, Angela (Dr) Chua Chay Koon, Jean Marie

Chua Jiak Hwee Chua Kim Chiu

Chua Lai Poh @ Jacqueline Chua

Chua Siok Lin

Chuace Lee Choo @ Jessie Nah

Lee Choo

Chuah Yoong Yoong (IMO-Choy Sisters)

D

Daljeet Singh Sidhu (Dr)

E

Eran Lipszyc

F

Fang Eu-Lin Fang James Fong Frank Foo Jong Wey 64

Foo Kwee Joen, Junie Li Qianwen Khoo Whee Leng Foo Yee Ling Khoo Whee Luan Liew Onnah Kim Hwa Keu Lim Chew Meng, Vincent G Koh Choon Kiat Lim Chin Yiong, Jesper Koh Kah Yeok (IMO-Koh Shing) Lim Fung Yen, Jeremy (Dr) Gagnon Douglas Paul Koh Kok Tian Lim Hock Chee Gan Soh Har Koh Tse Hsien (Dr) Lim Hock Choon Goh Ann Lim Hong Kheng Kong Yuet Peng Goh Eng Heng Kum Soh Har, Michael Lim Hui Mien Goh Hock Tai Kwang Yee Ling Lim Kai Kuang Goh Peng Ee Kwek Choon Lin, Winston Lim Kim Leng, Max Goh Pheck Suan, June (Dr) Kwek Kon Yew (Dr) Lim Kong Eng Goh Timothy Kwik Wan Ling, Regina Lim Leong Keow Gwee Chwee Kee, Rupert Lim Siew Hiang Lim Siew Ling L H Lim Siok-Mei Lai Kim Seng Heng Hock Mui Lim Song Hiang Lai Ling Ling Heng Kelvin Lim Soon Cheng Lam Kah Hoe Ho Mui Peng Lim Su-Yin Lam Poh Min (IMO-Lam Kong Lai) Ho Peng Kee (Assoc Prof) Lim Teng Teng Lam Yi Young Ho See Cheng Lim Wen Phei (Dr) Lao Tong Seng Ho Siok Hwa, Eileen Lim Yu Lin Lau Hong Choon (Dr) Ho Soo Eng Lim Zhi Xiang, Melvin Lau Mei Hwa Ho Vui Min (IMO-Tan Soon Kang) Lee Ai Ling Ho Yew Kee (Prof) Ling Wei Feng, Sandra Lee Beng Hooi Hon Chai Chin Loh Choon Ngan Lee Chia Poh, Alvin Hon Sook Chern Loh Seet Yoong Lee Chin Cheng Hui Choon Wai Loo Kim Lian (IMO-Loo Chwee Kow Lee Choy Peng, Eddie In Memory of the Late Mrs & Loo Kim Lock) Lee Ee Ling, Tina Williams Tryntje Dina Margaretha Looi Lee Geok, Audrey Lee How Sung (IMO-Lee Yoong Low Chee Wah Er) Low Chor Chor Lee Jun Chou James Best (Prof) Low Gin Cheng, Gerald Lee Kim Hock, Lionel (Prof) Julia & Robert Quek Low Sze Chuan Lee Kiow Seng Low Tut Choon Lee Ming San Lum Wai Kit, Fabian Lee Ping Loon Luo Wan Yin Lee Soon Teck Kang Wee San, Jessie Lye Chee Yoong, Kevin Lee Swee Chan Kang Wen Ling Leong Kam Cheong Kapde Tushar M Leong Kwok Weng

Leong Wai Leng

(IMO-Tuxedo)

Li Lap Fung, Richard

Mah How Soon

Moeez H Nakhoda

Kho Patrick

Khoo Chwee Tin

Khoo Soo Guan, Christopher

Khoo Jennifer

N New Lee Ping Ng Adrian (Dr) Ng Aik Hoe Ng Cheong Bian Ng Ching Kok Ng Han Yang, Hans Ng Huey Ling Ng Kah Hui Ng Kien Ng Kok Hui Ng Kuo Pin Ng Lai Hong Ng Lee Wah (IMO-Cheong Jin Sim) Ng Nam Guan (IMO-Patricia Lam) Ng Say Khoon, Adrian Ng Tee Im (IMO-Ng Lee Yang) Ng Tian Huat Ng Wai Chuin Noor Azlinda Bte Abdul Aziz () Ong Ai Hua Ong Beng Huat Ong Ching Khiam Ong Ching Khuan Ong Joon Lim, Wilson Ong Kuwi Seng Ong Mei Yin (IMO-Ng Kim Heok) Ong Mong Siang Ong Siew Ching Ong Sing King, Christina Ong Wah Ying (Dr) Ong Yee Ching, Cheryl Oscar Mico P

Pang Kah Noh

Pang Wai Yin

Pang Sze Kang, Jonathan (Dr)

Peh Libby Tin nee Tin Chun Moon

Pek Tiong Khuan **Phang Thomas** (IMO-Yuen Kum Yin) Phua Peter Poi Choo Hwee (Dr) Pun Boon Li, Pamela 0 Qua Chern Yin Quek Ai Swan Quek Pei Chen Quek Siew Bee R Ravi Seshadri (Dr) Rin Huei Yen Rin Nan Yoong Sadanand Varma Sam Elizabeth Satpal Khattar Saw Cheow Hin Seah Chee Hua Seah Chee Hwee Seet Iris Seet Ju Ee (Dr) Seet Lucy (Dr) Shan Tjio Siow Fung Wai Ying Siow Kon Sang nee Lily Seet Sng Tai Liat Sng Tiong Yee Sohmen-Pao Doris, Susan Tan Angela G Tan Bee Kim Tan Chin Lu

Tan Eng Gim

Tan Eng Hwa, Leslie

Tan Eng Seong, Phillip Tan Hean Beng, Tommy Tan Hong Beng Tan Hui Cheng Tan Hwee Bin Tan Jin Siong Tan Joelle Tan Ken Hwee Tan Khuan Seng Tan Kian Wee Tan Kim San Tan Kok Huan Tan Lay Keong, Sarah (IMO-Gian Chay Hian) Tan Lee Lang (IMO-Heah Swee Cheng) Tan Lee Leng (IMO-Sng Heo Choo) Tan Mary Tan Ming Bin Tan Nguan Chee Tan Poh Ann, Anne Tan Ser Kiat Tan Shirley Tan Sian Ann, Ann (Dr) Tan Siong Lu Tan Sok Hoon Tan Soo Hwee Tan Tat Ming Tan Tiong Wee (IMO-Vong Yok Chin) Tan Wei Fang, Geraldine Tan Whei Mien, Joy Tan Yang Chong, Allan Tan Yang Guan Tan Yap Phang Tan Yeok Miang Tan Yin Ying Tang Hock Guan Tang Mei Khay, Selina (IMO-Tang Yu Kuan) Tania Ione Pemberton

Tay Chek Khoon Tay Chin Chye Tay Eng Hseon Tay Kwong Soong Tay Poh King, Angeline Tay Yong Chua (IMO-Lim Khee Eng) Tay Yong Song (IMO-Lim Khee Eng) Teng Kim Wei, Jennifer Teo Guan Hoe Teo Kah Chee, Rachel Teo Li-Ming (Dr) Teo Marie Elaine **Teo Miang Yeow** Teo Seng Cheong Teo Wee Poh Tew See Mong Tham Kui Seng Tham Kum Fook The Family of Late Lee Yoong Er The Family of Late Ng Chew Keng The Family of Late Yeo Seok Kheng The Late Chan Lai Yong The Late Chua Siew Kee The Late Chua Soo Eng The Late Juan Jeew Kok The Late Khoo Teck Soon The Late Lieu Swee Lin The Late Neo Kweok Wah The Late Ng Cheh Mui The Late Peh Teck Seng The Late Seah Siok Lay The Late Soh Keng Thye The Late Song Hoe San The Late Tan Gek Kee The Late Tan Kok Tong The Late Teo Chin Chye Tin Keng Seng Tiong Siew Geok Toh Hoon Meng, Bernard

Tong Chi Kong

W

Wan Kwong Chuen (IMO-Chow Siow Mui) Wan Yoke Yee Wang Chew Juat Wang Tao-Hing, Phillip Wong Bor Horng Wong Chooi Wan Wong Chung Jeu Wong Keen Mun Wong Lee Yuen (Dr) Wong Mei Gin Wong Mei Leng, Jenny (IMO-Wong Charlie) Wong Ming Wong Phui Lun, Joseph Wong Siew Hoong Wong Siu Ching, Cindy Wong Wai Yin Wong Yuet Chen, Michael (Dr) Woo Pan-E Wu Huei Yaw (Dr)

2

Xin Grace

Wu Woffles (Dr)

Y

Yang Yuen Tsyr, Caroline
Yap Boh Wei
Yap Cheng Tong, Nicholas
(IMO-Foo Seow Kheng, Peggy)
Yap Jit Wei
Yap Jit Wu
Yap Pheng Hui
(IMO-Chong Phui Ying)
Yap Poh Tee
Yap Siew Moi
Yaw Chee Ming
Yeang Xian Wei (Dr)
Yeo Ah Yeng
Yeo Basil

Yeo Boon Inn
Yeo Lik Seng
Yeo Wee, Kenneth
(IMO-Lee Wai Mun, Doris)
Yip Yue Lee
Yong Chin Hwee, Serene
Yong Sow Chin, Linda
(IMO-Lau Poh Lan)
Yong Swee Lan, Irene
(IMO-Daisy Vaithilingam)
Yuet Chia Sin Fai Lam
(IMO-Khim Nian Sin Fai Lam)
Yui Vivien

Organisations

A

Ace-Industrial Pte Ltd
ACS (International)
Aegis Portfolio Managers Pte Ltd
Akeles Consulting Pte Ltd
Alcare Pharmaceuticals Pte Ltd
Alliance Steel Pte Ltd
Amber Electronics Pte Ltd
Amitabha Buddhist Centre
Antara Koh Pte Ltd
Apex Cardiology Pte Ltd
Arie Darma Enterprises (S) Pte Ltd
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B

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\mathbf{C}

Cellresearch Corporation Pte Ltd Char Yong (Dabu) Foundation Limited Ciap Architects Pte. Ltd. Concorde Security Pte Ltd Crocodile Foundation Ltd CYS Global Remit Pte. Ltd.

D

D.S. Lee Foundation
DCA Architects Pte Ltd
Deutsche Bank AG, Filiale
Singapur
Diastar Pte Limited
Dong Yi Enterprise Pte Ltd
DP Architects Pte Ltd
DPH Crystal Group
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E

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F

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G

Glenn Knight GNS Storage Pte Ltd Goh Foundation Limited

Η

Holywell Foundation Limited Hong Seng Sports Industries Pte Ltd Hotel Properties Limited HRS Marketing Pte Ltd

J

Impact Life Style Inc. Pte Ltd Isaac Manasseh Meyer Trust Fund

urong Port I

Jurong Port Pte Ltd

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Kajima Overseas Asia (Singapore) Pte Ltd Kanlian Ferry Pte Ltd Kong Meng San Phor Kark See Monastery KPMG LLP Kuan Im Tng Temple (Joo Chiat)

I

La Source Singapore Pte Ltd Lee Foundation Lee Kim Tah Foundation Lee Kong Chian School of Medicine

M

M&L Hospitality Trust Mangala Vihara (Buddhist Temple) Monfort Junior School

N

Newman Corporate Services Pte Ltd Nexcomm Asia Pte. Ltd.

P

Pei Hwa Foundation Limited Pontiac Land Group PricewaterhouseCoopers LLP Prive Clinic Pte Ltd

R

Rose Marie Khoo Foundation

S

Salpac (S) Pte Ltd
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(Singapore) Ltd
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Shanghai Chong Kee Furniture &
Construction Pte Ltd
Singapore Buddhist Youth Mission
Singapore Press Holdings Limited
Singapore United Estates (Pte) Ltd
Sun Holdings Ltd
Sunray Woodcraft Construction
Pte Ltd

T

Tampines Chinese Temple
Tan Chin Tuan Foundation
The Community Foundation of
Singapore
Top Tech Electrical Engineering
Pte Ltd
Tote Board and Singapore
Turf Club
Trends N Trendies Pte Ltd
TTJ Design and Engineering Pte Ltd

U

Unitrio Trading Pte Ltd U-Want Services Pte Ltd

M

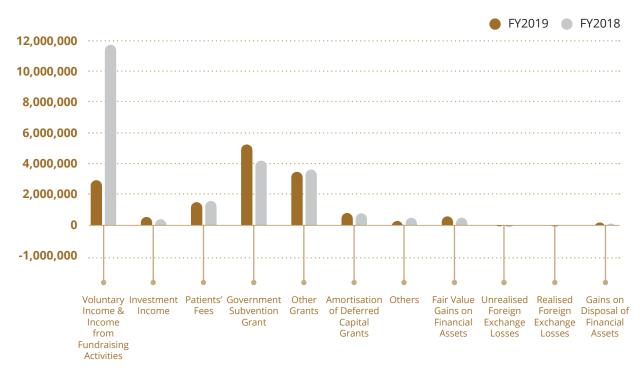
Waypoints Private Limited
Web Structures Pte Ltd
Web Synergies (S) Pte Ltd
Wesley Methodist Church
West Spring Secondary School
William Secure Solutions Pte Ltd
Wing Huat Loong (Pte) Ltd
Wing Ship Marine Services Pte Ltd
Woh Hup (Private) Limited

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

Financial Highlights

Total Income for the Year

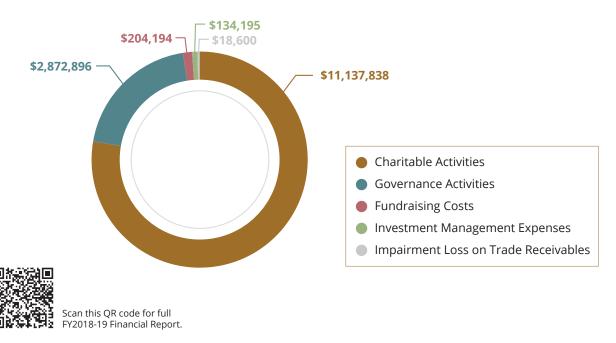
	FY 2019	FY 2018
Voluntary Income & Income from Fundraising Activities	2,881,705	11,709,311
Investment Income	504,209	324,935
Patients' Fees	1,457,043	1,519,652
Government Subvention Grant	5,211,932	4,155,838
Other Grants	3,441,754	3,578,259
Amortisation of Deferred Capital Grants	751,590	741,636
Others	224,959	443,171
Fair Value Gains on Financial Assets	532,767	461,612
Unrealised Foreign Exchange Losses	(19,292)	(37,216)
Realised Foreign Exchange Losses	(68,374)	_
Gains on Disposal of Financial Assets	48,045	27,885
	14,966,338	22,925,083



Total Expenditure for the Year

	FY 2019	FY 2018
Fundraising Costs	204,194	383,118
Investment Management Expenses	134,195	107,309
Charitable Activities	11,137,838	10,536,231
Impairment Loss on Trade Receivable	18,600	-
Governance Activities	2,872,896	2,935,997
	14,367,723	13,962,655

FY2019 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.

The full set of audited financial statements can be downloaded from our website at www.doverpark.org.sg.



DOVER PARK HOSPICE Every Moment Matters

10 JALAN TAN TOCK SENG, SINGAPORE 308436

TEL: 6500 7272 FAX: 6254 7650 EMAIL: INFO@DOVERPARK.ORG.SG

WWW.DOVERPARK.ORG.SG



