



COMMITTED

TO EVERY

INDIVIDUAL

NAME: DOVER PARK HOSPICE

DOCUMENT TYPE: ANNUAL REPORT

YEAR:

2019

2020

BECAUSE
EVERY
MOMENT
MATTERS,

EVEN IN THE TIME OF COVID-19.

**DESPITE UNPRECEDENTED CHALLENGES,
THE ESSENCE OF OUR CARE REMAINS
THE SAME.**

**WE CONTINUE TO PROVIDE UTMOST CARE
AND SUPPORT TO OUR PATIENTS AND THEIR
FAMILIES USING DIFFERENT CREATIVE WAYS.**

COMING TOGETHER IN UNPRECEDENTED TIMES

We stand united in the face of adversity, empowering and supporting one another.

Providing whole patient care is our mantra and our multidisciplinary team works in solidarity to provide the care needed for our patients at different trajectories of their illnesses.



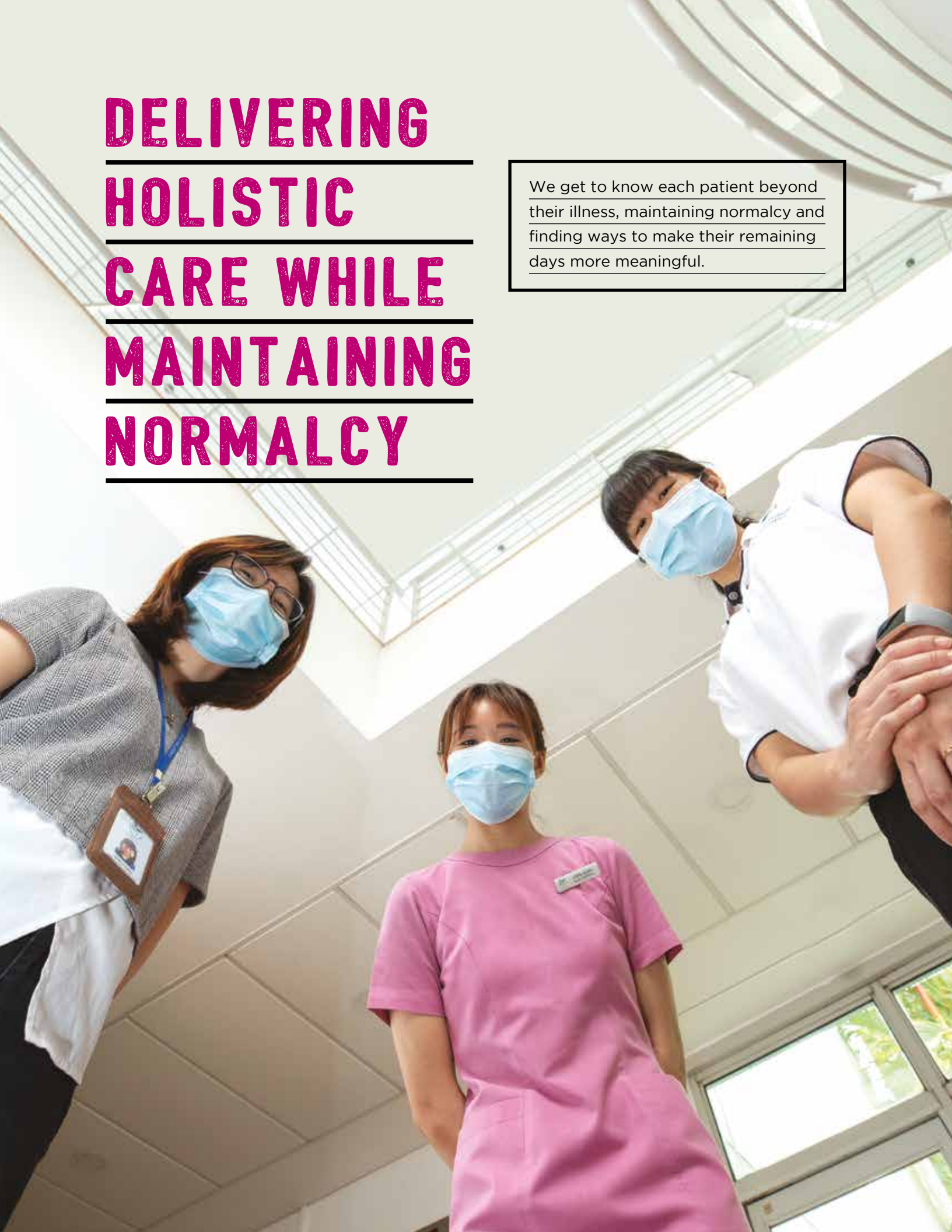
BALANCING SAFETY WITH COMPASSION

We adapt to change so as to uphold the safety and wellbeing of our patients in the midst of the evolving pandemic situation.



DELIVERING HOLISTIC CARE WHILE MAINTAINING NORMALCY

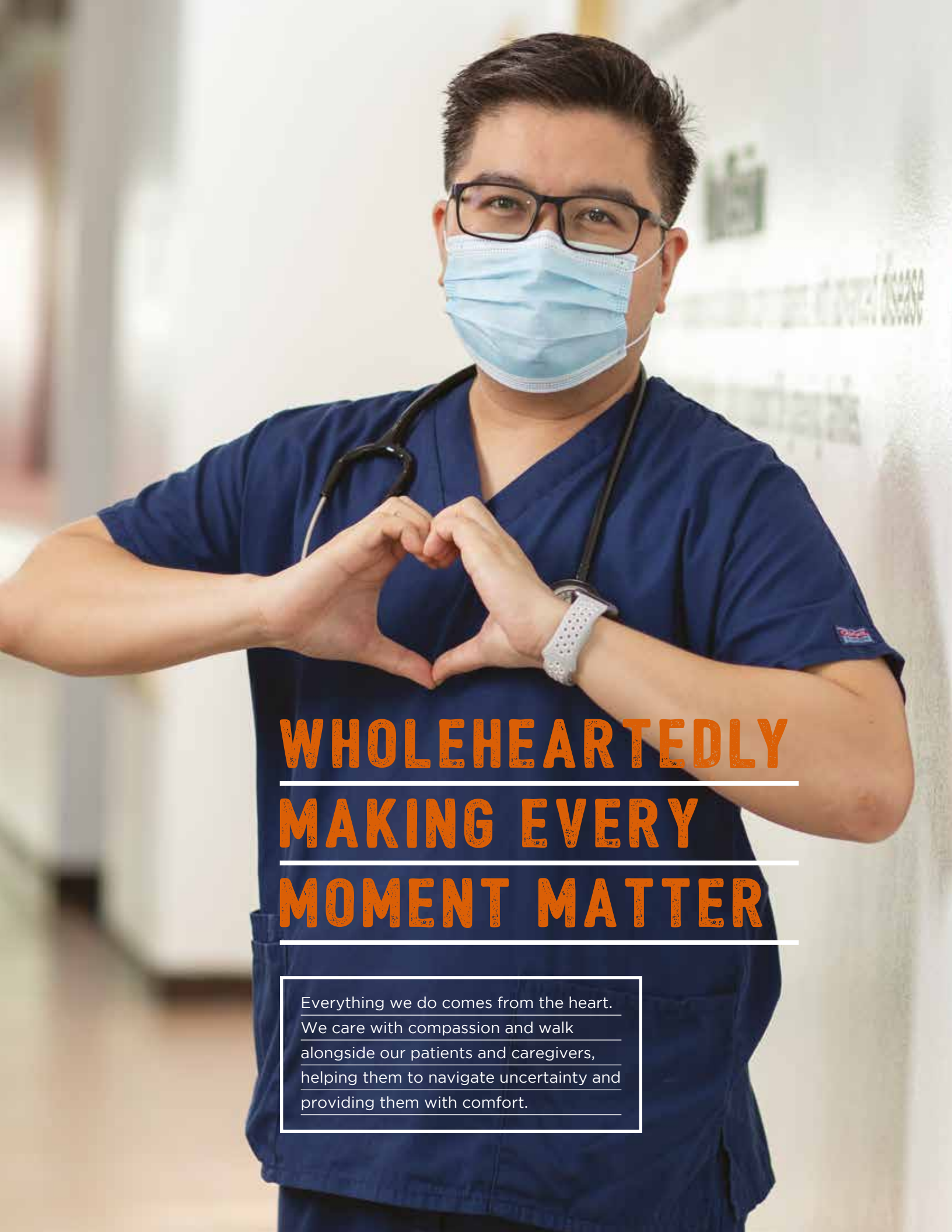
We get to know each patient beyond their illness, maintaining normalcy and finding ways to make their remaining days more meaningful.



PERSEVERING TO THE END

No obstacle is insurmountable. We journey together with our patients through their ups and downs so they can live their last days in comfort and with dignity.





WHOLEHEARTEDLY MAKING EVERY MOMENT MATTER

Everything we do comes from the heart. We care with compassion and walk alongside our patients and caregivers, helping them to navigate uncertainty and providing them with comfort.

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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**

MESSAGE FROM THE CHAIRMAN



As Singapore's first purpose-built hospice, we have come a long way from our humble beginnings as a ground-up initiative by volunteers to give comfort and dignity to people living with life-limiting illnesses. Over the years, our astute Executive Committee and Council have played a vital role in steering the ship; setting out principles and best practices in cultivating good governance and sustainable fiscal growth. I am proud to share that we were awarded the Charity Transparency Award last year as an affirmation of our consistent efforts in transparency and good governance practices.

With the vast experience and expertise of the Council, we also reviewed our strategic plans at our annual Governing Council and Management Retreat in May this year to re-align ourselves to meet the needs of a changing healthcare landscape and an ageing population, and to include terminally-ill non-cancer patients with frailty or chronic conditions.

EXPANSION OF OUR HOME CARE SERVICE

In January this year, we integrated Programme Dignity, our pilot home care programme incepted in 2014 and Singapore's first palliative home care programme that serves terminally-ill patients with advanced dementia, into our Dover Park Home Care service, with the service provided at no cost.

We will also embark on Programme IMPACT (Programme of Integrated Management and Palliative Care for the Terminally Ill Non-Cancer Patients) with Tan Tock Seng Hospital in August this year to extend our home care service to patients with end stage organ failure.

On the research front, we were awarded the Intermediate and Long-term Care (ILTC) research grant from the Agency for Integrated Care (AIC) to study the characteristics of our home care patients associated with their final place of care in June 2019.

OPENING OF OUR DAY CARE SERVICE

Our Day Care was officially opened by Dr Amy Khor, Senior Minister of State for Health on 30 October 2019. This provides an additional option for patients in choosing their preferred place of care, supporting them to continue staying at home and at the same time, enabling caregivers to be gainfully employed or have respite from their caregiving duties.

COPING WITH THE FALLOUT FROM COVID-19

Palliative care services are under-resourced at the best of times. As the healthcare system becomes strained due to COVID-19, providing safe and effective end-of-life care will become especially vital yet more difficult.

With the onslaught of COVID-19, I am proud and appreciative of the dedication of both the clinical and non-clinical teams, who readily stepped up to take on more responsibilities and quickly adapted to the fast-evolving COVID-19 situation, putting in place precautionary measures for the safety of our patients.

I am heartened to learn how the team worked creatively; helping patients and families connect with one another through technology; continuing rehabilitative therapy at the patient's bed; celebrating different festivities, to name a few, with one goal in mind – making every moment matter for our patients and their family members.

BEYOND COVID-19

With the outlook fraught with uncertainty, we will have to be more innovative moving forward. With telecommuting and virtual meetings as the new normal, we will need to rethink the way we engage our key partners, strengthen relations and further our mission. While we need to adapt to the new normal, more importantly, we need to transform how we operate to deliver more efficient and effective palliative care beyond COVID-19.

As the move to our new home at the Integrated Care Hub, HealthCity Novena, draws closer, we have been building up our infrastructure and resources to serve a bigger patient base. To this end, we have recently upgraded our human resource, finance and new day hospice modules. Other than systems, we continue to support our staff in upskilling themselves through Masters and postgraduate programmes so as to better care for our patients and enhance our operations. It is an honour that we were awarded the SkillsFuture Employer Award 2019, the only non-profit organisation in this year's list. With the enhanced systems and people in place, I am confident we are well poised for the move.

As I look back over the 11 years that I have been on the Council, I am convinced that none of our work would be possible without the commitment, determination, professionalism and *heart* of our employees – our most valued asset. Along with the immense support of our many volunteers, donors and community partners, I am positive that we will emerge stronger and nimbler after the pandemic.

The theme of this year's Annual Report is centred on COVID-19, where we showcase the grit, fortitude and perseverance of both our clinical and non-clinical teams, not forgetting our volunteers and donors who stood by us to make every moment matter for our patients and caregivers. We hope you will be inspired by the

indomitable spirit of our patients in their battle against their illnesses, through their stories.

On this note, I would like to extend my deepest appreciation to all staff, volunteers, donors, community partners and council members for their collective efforts and unwavering support in the past year and especially during such difficult times. We look forward to more meaningful collaborations as we enhance care for our patients and help them make the most of their last days.

A handwritten signature in black ink that reads "Robert Chew". The signature is written in a cursive, flowing style.

ROBERT CHEW
Chairman

MESSAGE FROM THE CEO



2019 was a busy, but fulfilling year for us. The opening of our Day Care in October 2019 marked a major milestone as we extended our services to provide holistic and seamless palliative care to our patients as they transition through the different trajectories of their illnesses. With our Inpatient Care, Home Care and Day Care, we ensure our patients and caregivers are best supported and cared for in different care settings at the right time and place. Recognising the pivotal role of caregivers, our Day Care emphasises respite for caregivers, supporting them in caring for their loved ones round the clock.

A BOOST FOR RESEARCH

In bolstering our research efforts, we are grateful to have received a gift of \$800,000 from the estate of the late Irene Tan Liang Kheng. With the establishment of the Irene Tan Liang Kheng Palliative Care Research Fund that supports research for the advancement of

palliative care, we can better serve our patients and caregivers with evidence-based knowledge and practices that are instrumental in enhancing care and shaping policies for them.

RECOGNISING EXCELLENCE

Our dedicated clinical staff continued to excel in their respective roles and I would like to congratulate them once again, for garnering several awards/accolades such as the Community Care Manpower Development Award, the Healthcare Humanity Award and the Nurses' Merit Award. I would also like to commend our nurses who continue to upgrade themselves. This year, four of our nurses have graduated from nursing diploma and degree courses.

PALLIATIVE CARE IN THE TIME OF COVID-19

Though the healthcare system is burdened by COVID-19, the focus of palliative care has not changed. It remains a 'whole-person' approach spanning medical, psychosocial, emotional, social and spiritual care, but using different and creative ways to engage patients and deliver essential care with infection control and safety measures in place.

When we implemented some of the precautionary measures in February this year, we faced challenges in having to balance the safety of our critically ill patients with compassionate care. Visiting hours were cut short and conversations with patients and bereaved families who lost their loved ones at this extremely challenging time became more difficult than ever.

In countering these challenges, our clinical team innovated by leveraging technology to connect patients and their families through video calls. Our music therapist also conducted her sessions with some patients using video calls. On some occasions, we facilitated video calls between our volunteers and patients who missed one another during the circuit breaker period.

In light of safe distancing, volunteer activities were cancelled and outdoor activities were suspended. Nonetheless, our Rehabilitation team continued to maintain normalcy by 'bringing the garden' to the patients' beds to lift their spirits, to overcome restrictions on patient movement. Volunteers continued to engage our patients by collecting materials and making videos for therapy, and through card making, tele-befriending and virtual pet therapy sessions.

Our home care team also embarked on telemedicine, using video consultation for non-critical cases while ensuring continuum of care and safety for patients and staff.

ADAPTING TO THE NEW NORMAL

This crisis is global in scale and none of us has been left untouched. While the pandemic has hit us unexpectedly, it has given us the opportunity to review and re-evaluate what we do, how we do it and why we do it. It has allowed us to be innovative in providing better care for our patients and supporting caregivers, during this difficult time. More importantly, the team came together, to ride the storm and has emerged stronger and more united than before.

Inevitably, the outbreak has also posed many challenges to our major fundraising efforts and volunteering activities. But, we are heartened to see how quickly people have rallied around vulnerable groups and shown their appreciation to frontline workers in one way or another. In adapting to the new environment, we are doing more online donation appeals and events to raise funds.

We are especially grateful for the immense support from kind individuals, as well as community and corporate partners who have cheered us on with donations of masks, lunch sets and care packs in the last few months.

While the COVID-19 situation is uncertain, we remain steadfast in delivering quality care to our patients, thinking ahead as we adjust to the new normal, navigating the uncertainties together.

TIMOTHY LIU
Chief Executive Officer

ADAPTING TO CHANGES IN THE TIME OF COVID-19

Since the COVID-19 outbreak in January 2020, we have adapted to the evolving situation by implementing precautionary measures to ensure the safety and wellbeing of our patients, visitors and staff amid the pandemic.

Our screening team, comprising our non-clinical colleagues, stepped up to undertake screening duties while our clinical colleagues maintain normalcy and deliver care to our patients using creative ways, such as bringing activities to the patient's bed and leveraging technology to keep them connected with their loved ones while working in split teams.

“
**WE REMAIN STEADFAST
IN PROVIDING THE BEST
CARE FOR OUR PATIENTS
AND SUPPORTING
CAREGIVERS, MAKING
EVERY MOMENT MATTER,
IN THE NEW NORMAL.**
”

With all volunteer activities cancelled at our hospice grounds, our dedicated volunteers continue to spread positive vibes and bring smiles to our patients through the videos they made.

While the COVID-19 situation is uncertain, we remain steadfast in providing the best care for our patients and supporting caregivers, making every moment matter, in the new normal.

In early February, two volunteer representatives from DPH Jade Group distributed goodie bags and mandarin oranges to our patients, in place of the annual Chinese New Year celebrations at the hospice.



Our Social Work & Psychosocial Services team prepared and gave out origami flowers to our patients and colleagues through the project - 'Flower Power', initiated and coordinated by our art therapist, to enliven the hospice.



Due to split team arrangements, our music therapist recorded and sang "世上只有妈妈好" (Mum is the Best in the World) with our patient, the late Mr Yap Hai Peng, for his mum on Mother's Day, via an online music therapy session, assisted by a medical social worker.



Our nurse gave out goodie bags and mandarin oranges gifted to our patients by Novena Neighbourhood Committee.



An inpatient, the late Mr Kua Thuan Hock, indulged in a spot of gardening at his bed with the help of our occupational therapists.



A heartfelt video from Gurmit Singh, our ambassador, to encourage and thank DPH staff for their selfless work.

Care packs and goodie bags including masks, mask ear guards, hand sanitizers and sponsored bento lunches were generously donated by our friends and partners.



Our volunteers produced a heartwarming video with a compilation of all their wishes to bring cheer to our colleagues.



In celebration of Parents' Day, our nurse distributed handmade cards to our patients, which were specially made by our creative volunteers.



Screening station set up at the beginning of the outbreak.

In supporting our patients and caregivers during the COVID-19 pandemic, our Home Care team ran a pilot teleconsultation programme for 17 stable Home Care and Programme Dignity patients in May 2020, with support from AIC.



Celebrated the Dragon Boat festival with patients from different wards, making dumplings through video conference.

Our first swabbing exercise for all staff conducted in May 2020, as part of the national effort to test all healthcare workers for COVID-19.





DPH CLINICAL PROGRAMMES AND SERVICES

ADOPTING A WHOLE PERSON APPROACH TO PALLIATIVE CARE

Every patient is unique, with diverse needs at different phases of their illness. At DPH, we journey together with our patients at different trajectories of their illness, ensuring continuum of care throughout their last days.

Palliative care is more than just the care of a patient's physical needs. It is about a whole person approach - caring for the physical, psycho-emotional and spiritual wellbeing of the patient. Our multidisciplinary team comprising doctors, nurses, medical social workers, physiotherapists, occupational therapists, a speech therapist, art and music therapists, and pharmacists work together to individualise care plans focusing on the needs of each patient. We recognise that patients, their families and loved ones are a unit and caring for our patients includes supporting their loved ones as well. We work with caregivers to empower them, equipping them with the necessary skills and knowledge.

As an integrated palliative care provider, we remain committed to building capabilities and capacities and continue to expand the network of community partners such as specialists from hospitals who serve as our Visiting Consultants and our dedicated group of volunteers, to serve more people with palliative care needs.

As we continually expand our delivery of patient care, treating our patients with respect and preserving their dignity remain the main tenets of our service.

OUR SERVICES

Inpatient Care

As their condition deteriorates, some patients with advanced illnesses may face increasing symptoms such as pain and breathlessness which do not allow them to be cared for at home. Many are admitted to hospitals with acute decline in function. With inpatient hospice care, patients with a prognosis of less than three months receive round-the-clock medical and nursing care complemented by our palliative rehabilitation and psychosocial care team, to ensure they and their caregivers are also supported psychologically and emotionally, thereby enhancing their quality of life. Some of the patients are able to be discharged home when their symptoms stabilise and with caregiver training. Since April 2020, short-term inpatient care of up to one month has been extended to patients with a prognosis of less than one year.

Home Care

Most patients with limited prognosis wish to be cared for at home for as long as they are able to. Based on our experience, many find comfort in a familiar environment and in the company of their loved ones. To fulfil the wishes of patients

with advanced illnesses (with a prognosis of less than a year) to spend their remaining days at home, our home care team provides medical and nursing care, while empowering caregivers with the knowledge and training to care for them.

In line with the national focus on increasing community support, DPH Home Care leverages services and resources in the community to provide physical and financial support to patients. As subsidised care and the loan of certain equipment are largely based on household income, we help patients and caregivers to navigate and tap on suitable financial assistance schemes in purchasing nursing consumables. In some instances, we help low income families to source for donations of nursing equipment and consumables as well.

Other than supporting their financial and emotional needs, our psychosocial team also provides link-up services connecting socially-isolated elderly patients and caregivers with community partners to strengthen their social support. This helps in providing continued social engagements and respite care to caregivers.

PROGRAMME DIGNITY

In recognition of the unmet needs and importance of palliative care for the rapidly growing population of individuals with advanced dementia, Programme Dignity was piloted in 2014 as an integrated home care programme specifically catering for advanced dementia patients.

Spearheaded and led by Dr Allyn Hum, a Senior Consultant in Palliative Care at Tan Tock Seng Hospital, together with a group of geriatricians and palliative care physicians, the programme allows patients with advanced dementia and their caregivers to be specially cared for at home in a familiar environment. The team develops customised care plans for patients, teaching caregivers to manage symptoms such as breathlessness, pain and to observe for signs of distress, which is particularly important as this vulnerable group of patients is unable to articulate their needs.

A published study of the programme revealed all-around improvement in their quality of life, with lower utilisation of healthcare services, reduced frequency of hospital admissions and emergency room visits. Those who need to be admitted typically have a shorter hospital stay after enrolment in Programme Dignity. Patients also experience less pain and lower incidence of neuropsychiatric challenges after Programme Dignity intervention.

This programme, as an evidence-based model of care for advanced dementia patients, has led to award winning research, with findings published in international journals.

DAY CARE

Due to their underlying illnesses, patients with advanced illnesses may be socially isolated and physically deconditioned staying at home. Our Day Care provides an option for patients to engage in social and therapy-based activities, in a different, but safe environment outside their homes, thereby enhancing their psychosocial and physical wellbeing. This is achieved through individual and group sessions involving art and music therapy as well as physiotherapy and occupational therapy. With the help of our regular volunteers, we also organise leisure activities such as mahjong, board games and gardening that promote social engagement. Our team of committed doctors and nurses also monitor and manage patients' symptoms pro-actively and pre-emptively. Together, through regular multidisciplinary meetings, we tailor our care plan to meet the goals and needs of each individual and their loved ones.

Caregivers play an active and pivotal role in caring for their loved ones at home. Our Day Care differentiates itself through increased caregiver engagement, providing respite and catering to their needs to help them better cope with the daily stressors of caregiving.

OUR MULTIDISCIPLINARY TEAM

Medical, Nursing and Pharmacy teams

Our medical team is led by specialist palliative care physicians in all our services. We work closely with specialists from hospitals in patient management so that our patients can transit and receive timely care at various settings like hospitals, daycare, inpatient hospices and in their homes.

Our pharmacy team comprises a full-time pharmacist and a pharmacy technician. Their participation in patient care has ensured delivery of best medication practices. They have been involved in operational practice improvements to minimise medication errors. Such improvements have been rolled out in areas such as labelling of medication, inventory management of pharmacy stores and ward areas. Our pharmacy team also plays a role in providing holistic clinical care by contributing medication related input and reconciling patients' medications upon admission and discharge.

Not only is nursing the backbone of healthcare, it is also a vital part of palliative care. Besides its primary role in monitoring patients, managing pain, administering medication and providing personal care, our palliative care trained nurses play an integral role in providing comfort to patients and their families, alleviating the fears and anxiety arising from their illnesses.

Being a training centre in Singapore, our team of doctors and nurses plays key roles in palliative care education in Singapore. Through internal training, we ensure standards in care not only in building capabilities but advocating for best practices and care for patients with advanced illnesses. Our medical and nursing leaders are also part of the national workgroups advising on policy and spearheading changes.

SOCIAL WORK AND PSYCHOSOCIAL SERVICES

Our Social Work and Psychosocial Services team comprising medical social workers, an art therapist, a music therapist, as well as a care coordinator, supports our patients by taking care of their bio-psycho-social and spiritual needs through case management. We work closely with our palliative rehabilitation team to organise activities such as "Namaste Care", which incorporates the use of loving touch and a calming environment to make a connection with patients to relieve stress and tension. Our popular "Lim Kopi" sessions, where the quintessential coffee shop experience is re-created at our premises, brings some joy to our patients as they

reminisce a part of their lives that is much missed. In addition, our art and music therapists use platforms such as "Art Studio" and "Musik-Inc" to encourage patients to express their emotions or reflect on significant events in their lives. Through these activities, we help to make lasting memories for both the patients and their family members.

Palliative care does not stop at the point when a patient passes on, but continues beyond in providing emotional and bereavement support to family members during such difficult times. With our "Rose for Remembrance" events, we provide a platform for families to celebrate and honour their loved ones with fond memories.

PALLIATIVE REHABILITATION

Maintaining one's mobility and independence in end-of-life care is critical in boosting the self-esteem and preserving the dignity of our patients. By addressing symptoms such as pain, fatigue, lack of appetite and helping to strengthen mobility and increase range of movement, our rehabilitation team comprising physiotherapists and occupational therapists enables patients to remain independent as much as possible which in turn positively impacts their emotional wellbeing. This allows them to fulfil their last wishes such as going on outings or the ability to sit up to have a meal with their family, making their last days meaningful and memorable.

“
AS WE CONTINUALLY EXPAND OUR DELIVERY OF PATIENT CARE, TREATING OUR PATIENTS WITH RESPECT AND PRESERVING THEIR DIGNITY REMAIN THE MAIN TENETS OF OUR SERVICE.
”

KEY HIGHLIGHTS

1

HEALTHCARE HUMANITY AWARDS 2020

Resident Physician Dr Martin Lee, Senior Staff Nurse in the Home Care team Ang Boon Yang, and our volunteer Muhammad Agus bin Othman won the Healthcare Humanity Award 2020. The awards give recognition to outstanding healthcare workers, caregivers and volunteers who go the extra mile to offer care and comfort to the sick and elderly.

2

NURSES' MERIT AWARD 2019

On 17 July 2019, Staff Nurse Lydia Quah Mei Hwei received the Nurses' Merit Award 2019, which recognises those who have displayed consistent and outstanding performances for the past three years, been involved in professional development and made contributions to promote the nursing profession.



3

COMMUNITY CARE MANPOWER DEVELOPMENT AWARD (CCMDA) 2019

Our CEO Timothy Liu and three of our staff received awards from Guest-of-Honour, Dr Amy Khor, Senior Minister of State for Health, at the Community Care Manpower Development Award (CCMDA) 2019 presentation on 18 September 2019. Staff Nurse Muhammad Ikiluddin from Home Care is pursuing a part-time Bachelor of Science (Nursing) degree course at Curtin University (Singapore). Senior Staff Nurse Me Me Oo from Inpatient Care completed the Specialist Diploma in Palliative Care Nursing course at Ngee Ann Polytechnic. Senior Physiotherapist, Roxanne Foo also received the award and is currently pursuing a Master of Science in Palliative Care degree at King's College London.



4

OFFICIAL OPENING OF DOVER PARK DAY CARE



Another major milestone was reached with the official opening of our Day Care on 30 October 2019. Officiated by Dr Amy Khor, Senior Minister of State for Health, the guests were given a tour of the Day Care facility and viewed a showcase of some of our Day Care activities. Besides social-based activities, the Day Care provides therapy-based and rehabilitative sessions to meet patients' physical and psychosocial needs.

5

COMPLETION OF NATIONAL COLLABORATIVE PRESCRIBING PROGRAMME BY APN SYLVIA LEE



Advanced Practice Nurse (APN) Sylvia Lee successfully completed The National Collaborative Prescribing Programme, which was co-hosted by the NUS Alice Lee Centre for Nursing Studies and the Department of Pharmacy, and the graduation ceremony was held on 20 November 2019. The 14-week programme prepares APNs and pharmacists to prescribe medication under a Collaborative Practice Agreement with a medical practitioner. APN Sylvia Lee, together with former Singapore Hospice Council Chairman Dr Angel Lee, and DPH Medical Director, Dr Ong Wah Ying, is now also part of the Ministry of Health Community Collaborative Prescribing Subcommittee which oversees the Collaborative Prescribing Community implementation framework for the prescription of drugs by APNs in the community setting. Dr Yee Choon Meng, Consultant and Head of Dover Park Home Care is the collaborating physician.

6

GRADUATION FROM NURSING COURSES

Senior Staff Nurse Me Me Oo and Staff Nurse Roi Lai from our Inpatient team graduated from the Specialist Diploma in Palliative Care Nursing programme while Staff Nurse Elaine Yip from the Home Care team graduated from the Advanced Diploma in Palliative Care Nursing programme. These programmes are conducted by Ngee Ann Polytechnic in collaboration with Dover Park Hospice and the National Cancer Centre. In addition, Senior Staff Nurse Mirza Abdul Halim Rafi from Inpatient Care graduated from the Bachelor of Nursing degree course at Curtin University (Singapore).

7

PROGRAMME IMPACT

Dover Park Home Care team is in discussion with Tan Tock Seng Hospital to continue Programme IMPACT (Programme of Integrated Management & Palliative Care for the Terminally ill Non-Cancer Patients) in August 2020. Programme IMPACT is an ongoing Home Care service which was started in Tan Tock Seng Hospital in 2017 to care for patients with end stage organ failure.

8

PROGRAMME DIGNITY

Programme Dignity, Singapore's first palliative home care programme specially for those with advanced dementia, was integrated with Dover Park Home Care programme in January 2020. Piloted in October 2014, the programme which allows patients with advanced dementia to be specially cared for at home in a familiar environment, has seen close to 590 patients (as of 30 June 2020).

Since 2018, the learning points from Programme Dignity have been translated into the Geri-Pall Workshop conducted in Singapore and Khon Kaen, Thailand that teaches specialist trainees, consultants and healthcare providers across all healthcare sites about the care of individuals suffering from advanced dementia.

9

"SPIRITUAL CARE 101" TALK

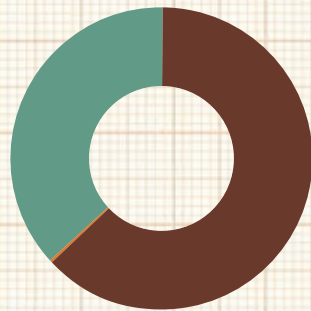
On November 21, 2019, a group of religious leaders attended the "Spiritual Care 101" talk where they exchanged ideas and discussed ways they could work together in supporting our patients' spiritual needs. Insights were also shared on helping patients and caregivers identify and respond to spiritual distress.

10

PALLIATIVE REHABILITATION SERVICE

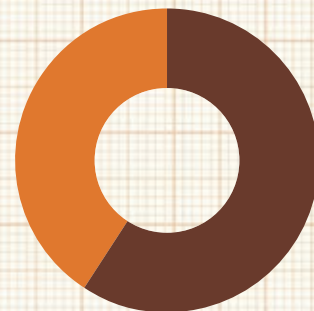
To meet the increased need for Palliative Rehabilitative services, our Palliative Rehabilitation team was strengthened with the recruitment of Senior Principal Occupational Therapist, Grace Sim, who has extensive experience in palliative day care in October 2019.

INPATIENT



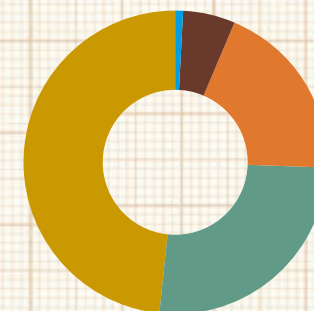
BY REFERRAL

Admitted (63.0%)	355
Rejected (0.2%)	1
Withdrawn (36.8%)	207
Total	563



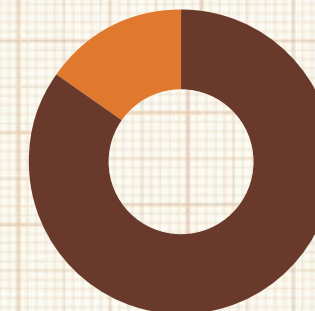
BY GENDER

Male (59.4%)	211
Female (40.6%)	144
Total	355



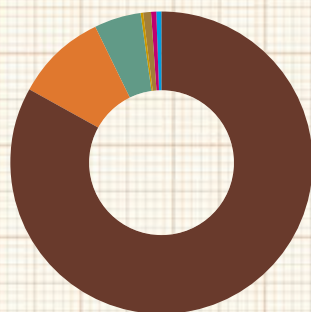
AGE GROUP

Below 20 (0%)	0
20 – 45 (0.9%)	3
46 – 55 (5.6%)	20
56 – 65 (19.2%)	68
66 – 75 (26.2%)	93
Above 75 (48.2%)	171
Total	355



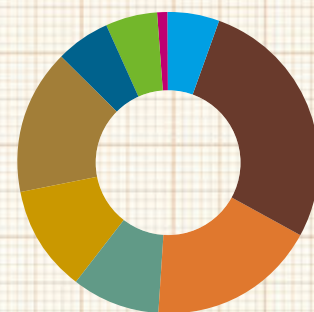
BY DIAGNOSIS

Cancer (84.8%)	301
Non-Cancer (15.2%)	54
Total	355



BY RACE

Chinese (83.0%)	295
Malay (9.8%)	35
Indian (5.1%)	18
Boyanese (0.3%)	1
Sikh (0.9%)	3
Eurasian (0.6%)	2
Filipino (0.3%)	1
Total	355



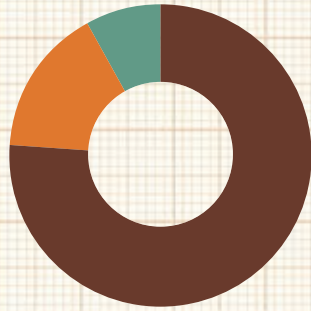
LENGTH OF STAY

Less than 1 day (5.6%)	20
1 – 7 days (27.6%)	98
8 – 14 days (18.0%)	64
15 – 21 days (9.3%)	33
22 – 30 days (11.5%)	41
31 – 60 days (15.5%)	55
61 – 90 days (5.9%)	21
More than 90 days (5.6%)	20
Not discharged during FY19 (0.9%)	3
Total	355
Average	28

BY REFERRAL

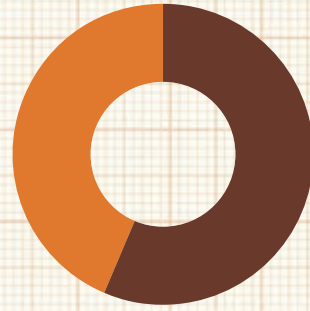
Hospitals	423
Community Hospitals and Nursing Homes	19
Dover Park Home Care/ Programme Dignity	99
Other Home Care	20
Others	2
Total	563

HOME CARE



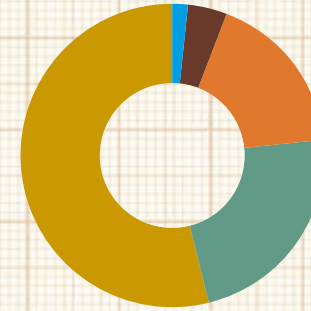
BY REFERRAL

Admitted (76.2%)	342
Rejected (15.8%)	71
Withdrawn (8.0%)	36
Total	449



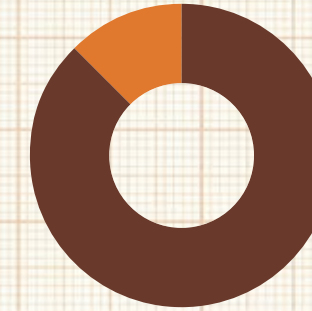
BY GENDER (ADMITTED)

Male (56.4%)	193
Female (43.6%)	149
Total	342



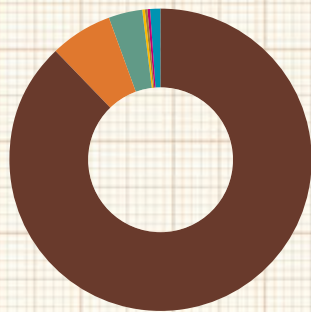
AGE GROUP (ADMITTED)

Below 20 (0%)	0
20 – 45 (1.8%)	6
46 – 55 (4.1%)	14
56 – 65 (17.5%)	60
66 – 75 (22.8%)	78
Above 75 (53.8%)	184
Total	342



BY DIAGNOSIS (ADMITTED)

Cancer (87.7%)	300
Non-Cancer (12.3%)	42
Total	342



BY RACE (ADMITTED)

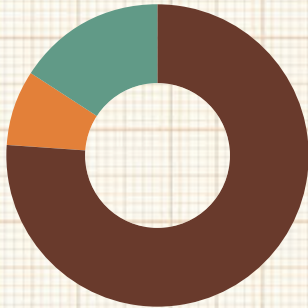
Chinese (88.0%)	301
Malay (6.4%)	22
Indian (3.8%)	13
Sikh (0.3%)	1
Javanese (0.3%)	1
Eurasian (0.3%)	1
Other races (0.9%)	3
Total	342



LENGTH OF STAY (ADMITTED)

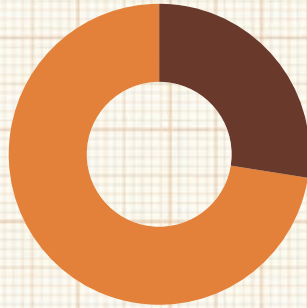
Less than 1 day (0%)	0
1 – 7 days (12.6%)	43
8 – 14 days (6.7%)	23
15 – 21 days (7.6%)	26
22 – 30 days (8.2%)	28
31 – 60 days (14.9%)	51
61 – 90 days (9.6%)	33
More than 90 days (19.9%)	68
Not discharged during FY19 (20.5%)	70
Total	342
Average	84

PROGRAMME DIGNITY



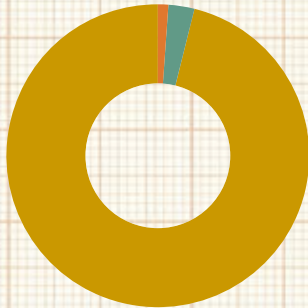
BY REFERRAL

Admitted (63.9%)	76
Rejected (10.1%)	12
Withdrawn (26.0%)	31
Total	119



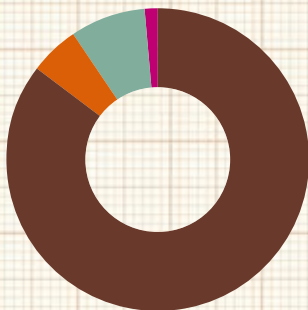
BY GENDER (ADMITTED)

Male (27.6%)	21
Female (72.4%)	55
Total	76



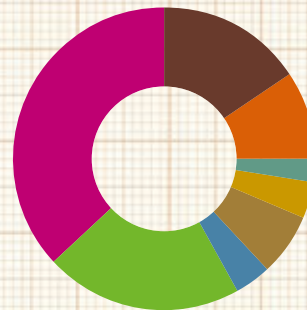
AGE GROUP (ADMITTED)

Below 20 (0%)	0
20 – 45 (0%)	0
46 – 55 (0%)	0
56 – 65 (1.3%)	1
66 – 75 (2.6%)	2
Above 75 (96.1%)	73
Total	76



BY RACE (ADMITTED)

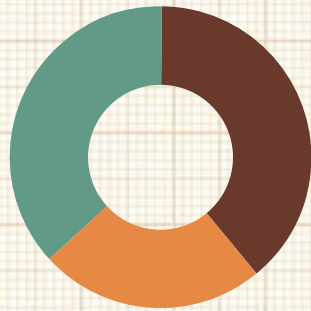
Chinese (85.5%)	65
Malay (5.3%)	4
Indian (7.9%)	6
Eurasian (1.3%)	1
Total	76



LENGTH OF STAY (ADMITTED)

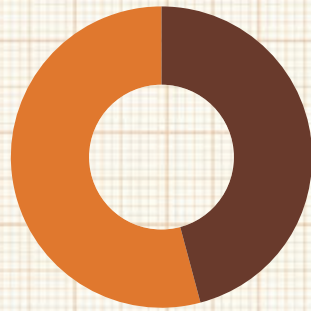
Less than 1 day (0%)	0
1 – 7 days (15.8%)	12
8 – 14 days (9.2%)	7
15 – 21 days (2.6%)	2
22 – 30 days (3.9%)	3
31 – 60 days (6.6%)	5
61 – 90 days (3.9%)	3
More than 90 days (21.0%)	16
Not discharged during FY19 (36.8%)	28
Total	76
Average	108.4

DAY CARE



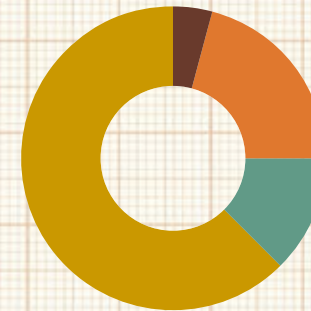
BY REFERRAL

Admitted (38.7%)	24
Rejected (24.2%)	15
Withdrawn (37.1%)	23
Total	62



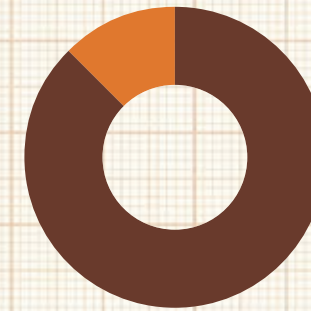
BY GENDER

Male (45.8%)	11
Female (54.2%)	13
Total	24



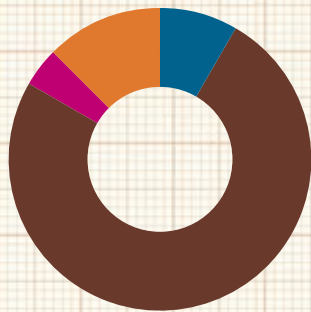
AGE GROUP

Below 20 (0%)	0
20 – 45 (0%)	0
46 – 55 (4.2%)	1
56 – 65 (20.8%)	5
66 – 75 (12.5%)	3
Above 75 (62.5%)	15
Total	24



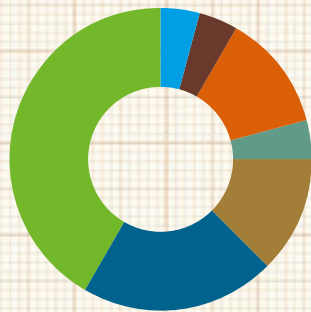
BY DIAGNOSIS

Cancer (87.5%)	21
Non-Cancer (12.5%)	3
Total	24



BY RACE

Boyanese (8.3%)	2
Chinese (75.0%)	18
Eurasian (4.2%)	1
Malay (12.5%)	3
Total	24



LENGTH OF STAY

Less than 1 day (4.2%)	1
1 – 7 days (4.2%)	1
8 – 14 days (12.5%)	3
15 – 21 days (4.2%)	1
22 – 30 days (0%)	0
31 – 60 days (12.5%)	3
61 – 90 days (20.8%)	5
More than 90 days (41.7%)	10
Not discharged during FY19 (0%)	0
Total	24
Average	93

A FILIAL SON AND A LOVING FATHER TILL THE VERY END

Mr Tan Geok Chuan



When Mr Tan Geok Chuan was diagnosed with liver cancer in early 2018 at the age of 59, the news did not come as a complete shock to him.

Mr Tan's family had a history of liver cancer and he had lost both his mother and younger brother to liver cancer several years earlier. He too had suffered from hepatitis and liver cirrhosis for a long time. Mr Tan felt that he was very unlucky as he believed "bad luck comes in threes" and he had already undergone three major operations in the previous five years as he was afflicted by other health problems as well.

A family man with two grown-up children, Mr Tan had once run a successful business with about 30 staff, offering traditional Thai massage services. However, he was forced to close his business after about 10 years due to spiralling overhead costs and worked as a masseur thereafter.

Upon his doctor's advice, Mr Tan underwent an operation to remove the tumour. He thought he was out of the woods, however, a scan six months later revealed that the cancer was back and he had to undergo chemotherapy. A subsequent scan some months later revealed that the cancer had spread. This time, he was given a prognosis of two months.

Sad and disappointed upon hearing this news, Mr Tan chose to go home. His wife, a dedicated caregiver always by his side providing emotional support, remained committed to looking after him. However, when she was at work, there was no one to stay home with Mr Tan. Hence, she had to rely on a closed-circuit television camera to monitor him.

Mr Tan came under the care of our Home Care team in October 2019. Our nurse and medical social worker checked in on him frequently to monitor his condition and manage his symptoms, and gave Mrs Tan advice on how best to take care of him at home.

Mr Tan's condition deteriorated further after about a month, and our Home Care team recommended that he be admitted to our hospice as it was increasingly difficult for Mrs Tan to care for him. As a hospice volunteer, Mrs Tan agreed that he should receive round-the-clock care as an inpatient. However, Mr Tan was adamant about spending his last days at home. In respecting Mr Tan's wish, our Home Care team continued to care for him and were readily available to help when Mrs Tan called for assistance. Our medical social worker also arranged for a nurse to assist in taking care of Mr Tan at night.

Even though he was in considerable pain in the few weeks prior to his passing, Mr Tan never complained and kept his faith. As a devout Taoist, he had come to terms with his condition and only wished not to be a burden to his family. One of his last wishes was to make a trip to Thailand to visit a revered monk, but he was already too frail at that point to travel.

Mr Tan also hoped to arrange for his late father's niche to be repositioned to a 'better location' at eye level in the columbarium before he passed on. He had not been able to afford this at the time of his father's death and had felt deep remorse over the years. He felt more at peace with himself after this had been arranged.

Mr Tan had expressed his wish to attend his daughter's wedding and our Home Care team arranged for a wheelchair for him. He was very happy to be able to attend the wedding dinner in Singapore, just two weeks before he passed away.

Mr Tan passed away peacefully at home on November 17, 2019, just a few hours after his daughter had held her wedding dinner in Malaysia the previous night. Although he was not able to attend, it was as if he had willed himself to live on just so she could complete her wedding celebrations. He was truly a filial son and a loving father till the very end.



DPH RESEARCH AND TRAINING

ADVANCING EVIDENCE-BASED RESEARCH IN CARING FOR PATIENTS

As a purpose-built hospice, we pride ourselves in delivering quality evidence-based palliative and end-of-life care and have been collaborating with other institutions on research studies since the early 2010s. Through our research, we gain insights into the challenges life-limiting diseases place not only on patients, but also on caregivers, clinicians and the healthcare system. This evidence-based knowledge helps us better care for our terminally ill patients, while serving to inform policy makers in the allocation of resources and formulation of guidelines that may eventually translate to better patient care and caregiver support.

With growing needs in palliative care from cancer to non-cancer illnesses such as end-stage organ failure and dementia, we design and conduct high-quality studies in these areas so as to have a greater impact on our patients and caregivers.

Training and education are imperative for healthcare professionals in providing quality palliative care to patients. In line with our goal of being the centre for excellence for research and education, we remain focused on our efforts to increase capabilities in end-of-life care by offering training programmes to the healthcare community. We offer clinical attachments for medical and nursing students and year-round training opportunities to doctors, nurses and allied health professionals to support their professional development. Field visits are also organised to facilitate knowledge sharing with partners in the healthcare sector.

In addition to building capabilities in the sector, we strive to establish a culture of lifelong learning for our staff by providing a myriad of upgrading opportunities. E-learning courses are available for staff to enhance their skills while weekly talks and tutorials are conducted to share insights and the latest developments in palliative care to elevate the level of care offered to our patients.

“
WITH GROWING NEEDS IN PALLIATIVE CARE FROM CANCER TO NON-CANCER ILLNESSES SUCH AS END-STAGE ORGAN FAILURE AND DEMENTIA, WE DESIGN AND CONDUCT HIGH-QUALITY STUDIES IN THESE AREAS SO AS TO HAVE A GREATER IMPACT ON OUR PATIENTS AND CAREGIVERS.
”

KEY HIGHLIGHTS

RESEARCH

1

16TH WORLD CONGRESS OF THE EUROPEAN ASSOCIATION FOR PALLIATIVE CARE (EAPC)



In May 2019, 5 DPH staff participated in the 16th World Congress of the European Association for Palliative Care (EAPC), a highly anticipated international research congress in Berlin. Resident Physician, Dr Erwin Francisco's study on "Antibiotic Use in Advanced Dementia Patients Near End of Life: Comfort or Conflict" was selected out of 1,400 abstract submissions for oral presentation, alongside eminent researchers in the field.

2

CLINICAL OUTCOMES OF PROGRAMME DIGNITY PUBLISHED IN JOURNALS

The clinical outcomes of Programme Dignity were published in journals. Our article "Advanced Dementia: an integrated homecare programme" was published in the journal "BMJ Supportive and Palliative Care" in May 2019. Our research paper, "Comfort and Satisfaction with Care of Home-Dwelling Dementia Patients at the End of Life" was published in the "Journal of Pain and Symptom Management" in December 2019.

Both research papers can be accessed at <https://www.palc.org.sg/research/our-publications/journals/>

3

INTERMEDIATE AND LONG-TERM CARE (ILTC) RESEARCH GRANT

In June 2019, DPH was awarded the Intermediate and Long-term Care (ILTC) research grant administered by the Agency for Integrated Care (AIC) to study the characteristics of our homecare patients associated with their final place of care.

4

JOINT RESEARCH STUDIES WITH TAN TOCK SENG HOSPITAL AND NTU LKCMEDICINE

Through research grants administered by PalC awarded in September 2019, Medical Director, Dr Ong Wah Ying and Resident Physician, Dr Chia T-Yunn were separately invited to collaborate with investigators from Tan Tock Seng Hospital and NTU LKCMedicine in two research studies on "Evaluating Clinical Benefits and Healthcare Utility Impact of a Novel Palliative Rehabilitation Service for Patients with Chronic Breathlessness – The Integrated Care for Advanced REspiratory Disorders (ICARE) Programme" and "Movie Reflection for Junior Doctors Working in Palliative Care Units" respectively.

5

SINGAPORE HEALTH AND BIOMEDICAL CONGRESS 2019

DPH participated in the Singapore Health and Biomedical Congress in October 2019 and our poster "Impact of a specialised palliative homecare programme for advanced dementia: Comfort and satisfaction with care at the end-of-life" by Senior Research Executive, Ms Tay Ri Yin, won the Silver Award in the Health Services Research category. Our poster "Antibiotic Use in Advanced Dementia at the End of Life: Comfort or Conflict?" was also presented by Resident Physician, Dr Erwin Francisco.



TRAINING

6

VISIT BY HELPING HAND (HONG KONG)



On 16 May 2019, 27 staff from "Helping Hand", a charity that provides personalized residential care and leisure services for seniors in Hong Kong, were hosted during a short visit. A mini tour was conducted to give them a better understanding of our daily activities while insights into Advance Care Planning in Singapore and real-life experiences relating to end-of-life services were also shared.

7

VISIT BY 53 LEADERS FROM THE COMMUNITY CARE SECTOR



53 leaders from the Community Care sector were hosted for a learning visit on 17 October 2019 to gain insights into hospice operations and end-of-life care, as part of the Agency for Integrated Care's IGNITE programme. In addition to discussing developments in Palliative Care and some of the challenges faced in managing a hospice, a site tour was also conducted.

8

VISIT BY PARTICIPANTS IN 15TH IGNITING LEADERS PROGRAMME

On 16 January 2020, participants in the 15th Igniting Leaders Programme (ILP), a course organised by Healthcare Leadership College (HLC), were hosted as part of a learning journey to gain a better understanding of the types of services available to support patients and the elderly in the community care setting and the challenges service providers faced in developing these services.

9

FIELD VISITS FOR STUDENTS AND HEALTHCARE PROFESSIONALS

Hosted 188 students and healthcare professionals both local as well as from China, Hong Kong, Japan, Korea, Taiwan and the United Kingdom.



10

TRAINING COURSES FOR HEALTHCARE PROFESSIONALS, STUDENTS, STAFF AND VOLUNTEERS

- Provided training for 131 healthcare professionals through 5 different palliative care courses.
- Conducted clinical attachments for 303 local and overseas students and professionals from the medical, nursing and allied health sectors.
- Launched 9 new e-learning courses on topics such as those pertaining to patient care for staff, volunteers and participants on clinical postings.

THE PALLIATIVE CARE CENTRE FOR EXCELLENCE IN RESEARCH AND EDUCATION (PaIC)

A tripartite collaboration was established by Dover Park Hospice, Nanyang Technological University (NTU) Lee Kong Chian School of Medicine and National Healthcare Group (NHG) to form the Palliative Care Centre for Excellence in Research and Education (PaIC) in October 2017. Through this collaboration, PaIC leverages on the strengths, capabilities and capacities of its partner institutions to advance palliative care research and education in order to contribute to the growing base of evidence that drives the care of our patients.

PaIC aims to advance palliative care research, particularly in non-cancer illnesses, expanding the evidence base for patient centred care to meet the needs of an ageing population. As more individuals prefer to pass away at home, PaIC also aims to study the effectiveness of community palliative care models, to better care for patients living at home, and to support their caregivers who provide the majority of the care.

One of AIC's Lead Training Providers since July 2018, PaIC develops and delivers quality, evidence-based palliative care training and education programmes on end-of-life care to build and empower healthcare providers. Through these programmes which raise palliative care awareness, knowledge and skill, healthcare providers are better equipped to provide disease-specific, needs-based palliative care for patients and their caregivers, allowing patients to live their final days with dignity.

“
**PaIC AIMS TO ADVANCE
PALLIATIVE CARE RESEARCH,
PARTICULARLY IN NON-CANCER
ILLNESSES, EXPANDING THE
EVIDENCE BASE FOR PATIENT
CENTRED CARE TO MEET THE
NEEDS OF AN AGEING POPULATION.**

”

KEY HIGHLIGHTS

1

THE IRENE TAN LIANG KHENG PALLIATIVE CARE RESEARCH FUND



In March 2020, the Palliative Care Research Grant was renamed the Irene Tan Liang Kheng Palliative Care Research Fund with part of a donation from her estate. Mr Tan Hsuan Heng, nephew and trustee of the estate of the late Irene Tan Liang Kheng gifted the donation of \$800,000 to PalC. This generous donation will help support research for the advancement of palliative care and increase the capacity of the healthcare community in caring for terminally ill patients. A portion of the fund will also be used for self-care educational programmes for palliative care nurses.

2

PALC COURSES

10 courses covering various areas in palliative care such as pain management, coping with bereavement, and the psychosocial, spiritual, legal and ethical aspects of end-of-life care were organised and attended by a total of 325 healthcare professionals.

3

INTRODUCTION OF NEW COURSES

Two new courses made their debut in 2019. "Palliative Care in Advanced Non-cancer Conditions" as well as "Family Dignity Intervention: Psycho-Socio-Spiritual Care for Terminally-ill Patients and their Families" were organised and attended by 73 healthcare professionals in total.

4

SINGAPORE HEALTH & BIOMEDICAL CONGRESS 2019

We participated in the Singapore Health and Biomedical Congress 2019 organised by the National Healthcare Group on 11 October 2019, leading the Palliative Care track themed "It Takes a Kampung" where insights were shared on the "whole care" approach adopted in palliative medicine.



5

ASIA PACIFIC HOSPICE NETWORK (APHN) WEBINAR

We hosted an Asia Pacific Hospice Network (APHN) webinar on "Palliative Care in ICUs" with Dr Poi Choo Hwee, Senior Consultant, Department of Palliative Care, Tan Tock Seng Hospital, as the speaker on 18 November 2019. This was part of a series of collaborative webinars hosted by APHN that are accessed by member organisations across the Asia Pacific region.

PERSEVERING IN THE FACE OF ADVERSITY

Mr Kathappan s/o Muthu



An avid golfer in his younger days, Mr Kathappan s/o Muthu recalls the 40 years he spent as a golf coach with much fondness.

To help support his family, he started working as a caddie when he was just 10 years old where some of the expatriate golfers he interacted with taught him how to play the game. As he had a flair for golf, he started playing professionally when he was 20, participating in prestigious tournaments such as the Singapore Open and the Malaysia Open. As he did not wish to leave his wife and children frequently to travel overseas for tournaments, he decided to give up playing professionally to become a golf coach four years later.

"The interaction with my students and the joy I got from seeing them picking up the necessary skills are what I miss most about my days as a golf coach. Many think golf is a difficult game to pick up, but my instructions were easy to follow so my students were able to pick up the skills without much difficulty," he shared proudly.

With age catching up, Mr Kathappan eventually gave up coaching but still returned to his first love as a golf course supervisor, a role he retired from about 10 years ago. He subsequently became a security officer.

About three years ago, Mr Kathappan was admitted to hospital for further tests due to a persistent fever. He was distraught to learn that he had liver cancer. He has since undergone chemotherapy, however, his prognosis is not good.

Despite his condition, Mr Kathappan continues to work as a security officer. He is the sole breadwinner as his children are unable to work. His wife, who has been his pillar of support all these years, still cooks delicious meals for him, despite her own health problems. They met when she was in her teens, and have been happily married for 55 years.

Mr Kathappan has been under the care of our Home Care team since September 2019. They have been checking in on him regularly to monitor his condition. Our medical social worker has helped him obtain financial assistance, which has helped ease his financial burden. The team also provides him with emotional and psychological support, as he continues his fight with cancer.

"As a cancer patient, I often have bad nightmares that affect me emotionally but the Home Care

team always lends a listening ear. This helps me feel much better," he said.

"Last year, my wife, son and I went for an outing to Suntec City arranged by the Home Care team. It was truly a memorable experience," he added nostalgically.

Despite his condition, Mr Kathappan's only hope is to carry on working so he can provide for his family for as long as possible. He has been trying alternative therapies such as traditional medicine and food to help manage his illness.

A devoted and selfless family man, Mr Kathappan's resilience and perseverance that were built up over his years as a golfer, golfing coach and in battling cancer, are definitely traits worth emulating by all.

“

A DEVOTED AND SELFLESS FAMILY MAN, MR KATHAPPAN'S RESILIENCE AND PERSEVERANCE THAT WERE BUILT UP OVER HIS YEARS AS A GOLFER, GOLFING COACH AND IN BATTLING CANCER, ARE DEFINITELY TRAITS WORTH EMULATING BY ALL.

”



COMMUNITY ENGAGEMENT

BUILDING A COMMUNITY OF CARE AND SUPPORT

“

WE STRIVE TO INCREASE THE AWARENESS AND UNDERSTANDING OF END-OF-LIFE CARE THROUGH OUR OUTREACH EFFORTS AND TO ADVOCATE THE IMPORTANCE OF SUCH CARE ESPECIALLY FOR PEOPLE WHO ARE TERMINALLY ILL AS WELL AS THEIR CAREGIVERS.

”

At DPH, we believe in building a community of care and support where people from different walks of lives come together in caring for our patients.

Engaging the community, our Volunteer Management, Fundraising and Communications & Outreach teams continue to forge relationships with new partners and volunteers while strengthening ties with the old, building a community of care

where individuals, members of the community and corporate partners come together to reinforce each other's efforts in making every moment count for our patients.

In addition, we strive to increase the awareness and understanding of end-of-life care through our outreach efforts and to advocate the importance of such care especially for people who are terminally ill as well as their caregivers.

KEY HIGHLIGHTS

1

DPH CHARITY GOLF 2019



About 105 golfers teed off for a good cause at our biennial DPH Charity Golf which took place at The Singapore Island Country Club (Bukit Course) on 24 April 2019. The event concluded with a dinner graced by Mr Tan Kwang Cheak, Chief Executive Officer of Agency for Integrated Care (AIC) as Guest-of-Honour. More than S\$258,000 was raised, thanks to the generosity of our sponsors and supporters.

2

EVERY MOMENT MATTERS 2019



We expressed our appreciation to 45 community partners at our annual Every Moment Matters (EMM) event held at our new Day Care on 3 July 2019, hosted by DPH Ambassador Gurmit Singh. The event was attended by long-term community partners, those that have recently joined us as well as other guests who wanted to find out more about Dover Park Hospice and how they can collaborate with us to enhance the quality of life for our terminally-ill patients. A dialogue session entitled "Care in the Community" was also held as part of the programme.

3

SUNFLOWER GALA BALL 2019



Our annual Sunflower Gala Ball with the theme "Jam, Jive, Jazz" was held at The Ritz-Carlton Millenia on 17 August 2019. Graced by Guest-of-Honour Mr Gan Kim Yong, Minister for Health, and DPH patron, Dr Tony Tan Keng Yam who was our special guest, the event raised more than S\$1.1 million in support of our patient care programmes.

4

ANNUAL YEAR-END FUNDRAISING MAILER



More than 8,700 copies of our creatively designed annual year-end mailer were sent out as part of our yearly fundraising drive, thanks to the hard work of our dedicated volunteers. More than S\$300,000 was raised through this campaign.

5

"FUTURE-PROOFING PALLIATIVE & BEREAVEMENT CARE IN THE COMMUNITY" PUBLIC FORUM



Ms Linda Hart, our active volunteer and group leader of the Sapphire Befrienders Group was invited to be a panelist at a public forum, "Future-Proofing Palliative and Bereavement Care in the Community" on 13 January 2020. Organised by Tan Tock Seng Hospital, the forum highlighted the important role of volunteers and the community in supporting patients and their loved ones in palliative and bereavement care.

6

VOLUNTEER ACTIVITIES

About 1,200 activities were conducted by our 420 devoted volunteers across 18 different volunteer groups for our patients in Home Care, Day Care and Inpatient Care.

7

FUNDS RAISED FOR THE YEAR

As a result of the generous support of donors, a total of close to S\$2.6 million was raised for the Financial Year 2019-2020 to help provide our patients with quality end-of-life care.

DONORS

LIST

WE WOULD LIKE TO EXPRESS OUR DEEPEST APPRECIATION TO OUR DONORS - CORPORATIONS, ORGANISATIONS AND INDIVIDUALS FOR THEIR CONTRIBUTIONS (\$1,000 AND ABOVE) IN THE PAST YEAR. THANK YOU FOR SUPPORTING OUR CAUSE IN PROVIDING QUALITY PALLIATIVE CARE AND BRINGING COMFORT TO OUR PATIENTS AND THEIR FAMILIES DURING THEIR DIFFICULT TIMES. WE ARE PRIVILEGED TO HAVE YOUR SUPPORT.

INDIVIDUALS

A

Ang Poh Jiok
Ang Woon Kai
Au Oi Leng
Aw Kian Heng
Aw Sen Harn

B

Boey Wen Ching, Lydia

C

Caers Lucas Henri R.
Chan Ah Choo
Chan Bee Leng
Chan Guek Cheng, Noreen
Chan Kin Ming
Chan Wai Fen

Chan Wai Leong
Chang Yoong Hui, Joyce
Chan-Lien Margaret
Chay Oh Moh
Cheah Suan Beng, Nicholette Agnes
Chen Dan, Diane
Chen Jie'An, Jared
Cheng Hong Wing, Alfred
Cheng Yoke Ping
Cheong Wei Kok, Bernard
Chew Robert
Chey Chor Wai
Chia Fan Tat
Chia Lay Hoon
Chia Mok Leng
Chia Piah Yam
Chia Soo Hien
Chia Weng Kaye
Chiang Khim Kee
(IMO-Chiang Teng Guan)

Chin Chi Onn, Colin
Chin Khan Sang
(IMO-Tan Kok Kong)
Chin Lee Ting, Verena
Chin Yau Seng
Chionh Chye Luay
Chng Bee Leng
Chng Chee Kiong
Chng Hwee Hong
Choe Fook Cheong @ Alan Choe
Chok Soo Hoon, Mildred
Chong Yu Moi
Choo Bee Li
Choo Chiau Beng
Choo Wan Ling (Dr)
Chow Goon Chau, Patricia
Chow Harry
Chua Choon Hock
(IMO-Phang Hong King)
Chua Jiak Hwee

Chua Kim Chiu
Chua Lee Ngoh, Annie
Chua Pei Ling, Eileen
Chua Yong Kwang, Kevin (Dr)

D

Daljeet Singh Sidhu (Dr)

E

Edmund Lin and Trina Ling-Lin
Estate of Chong Yok Moi
Estate of Irene Tan Liang Kheng
Estate of Tan Kay Guan
Eu Oy Chu (Dr)

F

Fan Yue Soon, Charles
Foo Jong Wey
Foo Marlene
Foo Yee Ling

G

Gan Ser Khoon
Go Puay Wee
Goh Cheong Hock
(IMO-Goh Teck Chye)
Goh Eng Kee
Goh Eng Kuang, Danny
Goh Ing Nam
Goh Pheck Suan, June (Dr)
Goh Pi Lee, Beverly (Dr)
Goh Timothy
Gwee Chwee Kee, Rupert

H

Heng Hock Mui
(IMO-Heng Yee Koon)
Heng Kelvin

Ho Liam Juan
Ho Mui Peng
Ho See Cheng
Ho Siok Hwa, Eileen
Ho Vee Leung
Ho Vui Min
Hon Sook Chern
Huang Ching-Kuei
Hun Sue Fong, Lydia
(IMO-Hun Tong Phong)
Hun Sue Hwee, Vivian
(IMO-Hun Tong Phong)
Hun Tock Juan, Ronnie
(IMO-Hun Tong Phong)

J

James Best (Dr)
Jay Sadhana Shiven
Julia & Robert Quek

K

Kamsiah Bte Abdul Hamid
Kang Wee San, Jessie
Khan Yeow Wai, Robert
Kho Kwang Mui (Dr)
Khoo Chwee Tin
KHOO Linda
Khoo Siok Puay
Khoo Whee Leng
Khoo Whee Luan
Koh Ah Soon
Koh Choon Kiat
Koh Guan Teck
(IMO-Koh Chek Huat)
Koh Kok Ong
Koh Kok Tian
Koh Tieh Koun (Dr)
Koh Tse Hsien (Dr)
Kwek Kon Yew (Dr)

L

Lai Kuan Hoe, Leslie
Lai Ling Ling
Lam Kah Hoe
Lam Yi Young
Lars Sorensen
Lau Hong Choon (Dr)
Lau Kim Choo
Lau Mei Hwa
Lee Aik Seow
Lee Ang Seng
Lee Angel (Dr)
Lee Beng Hooi
Lee Chiang
Lee Chin Cheng
Lee Deborah
Lee Ee Ling, Tina
Lee Kiow Seng
Lee Swee Chan
Lee Teng Suan
Lee Tuck Wah, Philip
Lee Yi Qian, Cheryl
Leong Eng Keong
Leong Kwok Weng
Leong Say Boon
Leow Fan Siew
Li Qianwen
Lian Whye Meng
Lim Ai Nah
Lim Chee Hoe
(IMO-Lim Yock San)
Lim Chee Khiam
Lim Chee Liang
(IMO-Lim Kiat Keng)
Lim Chew Meng, Vincent
Lim Chiaw Chang
Lim Chin Hu
Lim Choon Hong
Lim Feng, Philip
Lim Fung Yen, Jeremy (Dr)
Lim Hock Chee
Lim Joo Boon
Lim Juay Hiong

Lim Kai Kuang
Lim Kay Yew
(IMO-Lim Yong Kwang)
Lim Kian Tho, Jerry (Dr)
Lim Kong Eng
Lim Mei Yin
Lim Ser Yong (Dr)
Lim Siok-Mei
Lim Su-Yin
Lim Swee Eng
Lim Wan Chin, Maria
(IMO-Lim Khim Meng)
Lim Wen Phei (Dr)
Liu Wei Hai, William
Lock Yin Mei
Loh Choon Ngan
Loh Seet Yoong
Loi Oi Kuan
Loke Yuen Kin, Ruby
Loo Choon Meng
Low Chee Wah
Low Chor Chor
Low Sze Chuan
Lum Mun Hung, Jack
Lum Wai Kit, Fabian
Lye Chee Yoong, Kevin

M

Ma Kar Kui, Anthony
Mary Martha Katherine Campos
Moez H Nakhoda

N

N. Thanabalen
Neo Li Yun
Neo Sing Hwee
Ng Bee Lay
Ng Cheong Bian
Ng Chih Wei
Ng Ching Kok, Anson
Ng Eng Tiong
Ng Han Yang, Hans

Ng Kuo Pin
Ng Lai Hong
Ng Lo-Peng, Natalie
Ng Say Khoon, Adrian
Ng Sok Keng, Joyce
Ng Tze Luen, Adrian (Dr)
Ng Wai Chuin
Ngooi Chan Soon

O

Oh Kai Ling
(IMO-Goh Soo Hoon)
Oh Kok Chye
(IMO-Oh Yong Guat)
Ong Ai Hua
Ong Beng Huat
Ong Hwee Hwee
(IMO-Ong Kuwi Seng)
Ong Joo Ee
Ong Kah Seng, Isaac
Ong Kuwi Seng
Ong Mong Siang
Ong Siew Chin
(IMO-Ong Teow Bee)
Ong Siew Ching
Ong Wah Ying (Dr)
Ong Woon Sing

P

Pang Jenny
Pang Sze Kang, Jonathan (Dr)
Peck Quee Bock
(IMO-Peck Tang Poh)
Peh Libby Tin nee Tin Chun Moon
Pek Tiong Khuan
Pemberton Tania
Poh Bee Li
Poh Seok Ming
Poi Choo Hwee (Dr)
Poon Wing Loong
Pun Boon Li, Pamela
Purnima Kodanda

Q

Quek Ser Pheng
Quek Yi Ting, Lydia

R

Ravi Seshadri @ Srinivasan (Dr)
Rohan Kamis

S

Sadanand Varma
Saw Cheow Hin
Seah Chee Hua
Seah Chee Hwee
Seah Gek Beng
(IMO-Low Whee Koon)
Seah Kian Peng
(IMO-Low Whee Koon)
Seah Soo Kiong
(IMO-Seah Kian Moh)
Seet Iris
Seow Wooi Fen
Shi Soon Heng
Sia Seow Yong
(IMO-Sia Mok Quee)
Sie Suh-Ting
Sim Hua Soon
Sim Ye Lin, Deborah
Sin Kam Hong
Sin Wai Chu
Siow Fung Wai Ying
Siow Hua Ming (Dr)
Siow Kon Sang nee Lily Seet
Sng Tai Liat
Sng Tiong Yee
Soh Why Yu
(IMO-Ngu Chin Luang)
Suresh Nair

T

Tan Ai Noi
(IMO-Tan Kia Cheap)
Tan Angela Gabiano
Tan Ann (Dr)
Tan Bee Kim
Tan Chin Lu
Tan Eng Cheow, Victor
Tan Geok Khim
Tan Hean Beng, Tommy
Tan Hong Beng
Tan Hsing Ying
(IMO-Tan Ping Chye)
Tan Hui Cheng
Tan Jhu Hwa, Kenneth
Tan Jit Hui, Charles
Tan Joo Ean
Tan Kek Seng
Tan Kian Wee
Tan Kok Huan
Tan Lee Eng
Tan Li Ling
Tan Nguan Chee
Tan Shirley
Tan Siok Lan
Tan Siong Lu @ Tan Siang Lu
Tan Soo Hwee
Tan Tat Ming
Tan Tee Jim
Tan Tor Khoong, Kenneth
Tan Wei Fang, Geraldine
Tan Whei Mien, Joy
Tan Yang Guan
Tan Yap Phang
Tan Yin Ying
Tang Kok Foo (Dr)
Tang Wai Kok
(IMO-Tang Pok Ming)
Tay Chek Khoon
Tay Chin Chye
Tay Jin Ying
Tay Kwong Soong

Tay Poh King, Angeline
Tea Han Guat
Teh You Leong, Lawrence
Teng Kim Wei, Jennifer
Teng Lee Chan
(IMO-Woo Yin Cheng)
Teo Beng Teck
Teo Cher Cheong
Teo Guan Hoe
Teo Li-Ming
Teo Miang Yeow
Tham Kui Seng
Tham Sai Choy
The Family of Late Lim Eng Tuan
The Family of Late Ong Tee Kiang
The Late Ho Soo Hai
The Late Ho Thian Choo, Joyce
The Late Ng Yeong Chew
The Late Quek Choon Huay
The Late Tan Kong Beng
The Late Tan Meoy Nee
The Late Tan Siew Eng
The Late Teo Chew How
The Late Toh Li Keong
The Late U Kyaw Mya Thein
The Late Yue Chin
Tin Keng Seng
Tiong Shu
Tiong Siew Geok
Tjio Shan
Tng Hian Huat, Victor
(IMO-Wong Choy Lui, Lily)
Toh Hoon Meng, Bernard
Yap Kean Meng, Melvin (Dr)
Toh Soon Huat
Tong Ah San, Harry
(IMO-Tan Siang Cheng, Stella)

V

Varinata Tiffany

W

Wan Fook Weng
Wang Chew Juat
(IMO-Cheng Kiam Wah)
Wang Jonathan
Wee Chuan Heng, Mervin
Wee Eden
(IMO-Wee Heng Guan)
Wee Hian Woon
Wong Chit Sieng
Wong Jenny (Dr)
Wong Keen Mun
Wong Kit Yee, Karmen
Wong Mei Gin
Wong Pak Kwong, Benjamin
Wong Siu Ching, Cindy
Wong Sui Yee
Wong Wai Yin
Woo Yern Yee, Gordon
Wu Huei Yaw (Dr)

X

Xiao Li

Y

Yang Yuen Tsyrr, Caroline
Yao Yiling, Rachel
(IMO-Yew Moon Cheong)
Yap Boh Wei (Dr)
Yap Siew Moi
Yeang Xian Wei (Dr)
Yeo Basil
Yeo Lik Seng
Yeo Loo Peng
Yeo Teck Guan
Yeo Tiam Chye
Yip Yue Lee
Yong Chin Hwee
Yong Swee Lan, Irene
(IMO-Vaithilingam Daisy Kiruvai)
Yuen Wei Yi, Gerard

ORGANISATIONS

A

Accenture Pte Ltd
Aegis Portfolio Managers Pte Ltd
Akeles Consulting Pte Ltd
Allen & Gledhill LLP
Amber Electronics Pte Ltd
Amitabha Buddhist Centre
Antara Koh Private Limited
ASL Aviation Group Pte Ltd
(IMO-Ann Lim nee Tan Leng Kim)

B

Bank Pictet & Cie (Asia) Ltd
Beauty One International Pte. Ltd.
Beaver Contromatic Pte. Ltd.
Bethesda (Pasir Ris) Kindergarten
Borneo Motors (Singapore) Pte Ltd

C

Capital Airconditioning
International PL
Caramel Food Products Pte Ltd
Catalent Pharma
Catalyst Asia Pte. Ltd.
Cellresearch Corporation Pte Ltd
Char Yong (Dabu) Foundation
Limited
Chew How Teck Foundation
ComfortDelGro Corporation Limited
Concept Power Pte Ltd

D

Deutsche Bank AG
Dong Yi Enterprise Pte Ltd
DP Architects Pte Ltd
DPH Crystal Group
DPH Diamond Group

DPH Jade Group
Dr D.Y.H. Poon & Associates Medical
Duke Bakery Pte Ltd

E

En-Naeem Mosque Kindergarten
Erabelle Pte Ltd
Eu Yan Sang (Singapore) Pte Ltd
Expats Furniture Rental Pte Ltd

F

Fonda Global Engineering Pte Ltd
Fraser's Property Retail Management
Pte Ltd

G

GNS Storage Pte Ltd

H

Halliburton Completions Mfg Pte Ltd
Hong Leong Foundation
Hotel Grand Central Limited
Hotel Properties Limited
HSBC Institutional Trust Services

I

Isaac Manasseh Meyer Trust Fund
Isetan Singapore Limited

J

JU-I Properties Pte. Ltd.
Jurong Port Pte Ltd

K

Kajima Overseas Asia (Singapore)
Pte Ltd

Kanlian Ferry Pte Ltd
Keppel Care Foundation Limited
Kong Meng San Phor Kark See
Monastery
Kuan Im Tng Temple (Joo Chiat)
Kwan Im Thong Hood Cho Temple

L

La Source Singapore Pte Ltd
Lee Kim Tah Foundation
Lee Kim Tah Holdings Limited
Low Keng Huat (Singapore) Limited

M

Mangala Vihara (Buddhist Temple)
Meidong Boutique
Million Lighting Co Pte Ltd
Mitsubishi Electric Asia Pte Ltd

N

Neoasia (S) Pte Ltd
Newman Corporate Services Pte Ltd
Nexcomm Asia Pte. Ltd.
NTUC Fairprice Foundation Limited
NTUC FairPrice Co-operative Ltd

P

Paradise Group Holdings Pte Ltd
Passion Restaurants Pte. Ltd.
Pavilion Capital International
Pte. Ltd.
Pei Hwa Foundation Limited
President's Challenge
Prive Clinic Pte. Ltd.

Q

Q&M Dental Group (Singapore) Ltd

R

Robert Khan & Co Pte Ltd
RSM Chio Lim LLP

S

SBS Transit Ltd
Schroder Investment Mgt
(Singapore) Ltd
SINCL Pte Ltd
Singapore Buddhist Youth Mission
Singapore Press Holdings Limited
Singapore United Estates (Pte) Ltd
St Andrew's Junior School
Sunray Woodcraft Construction
Pte Ltd

T

T. S. Lee & Sons (Pte) Ltd
Tai Pei Foundation
Tampines Chinese Temple
Tan Chin Tuan Foundation
The Federation of Trade Fair Traders'
Association (2016)
The Hokkien Foundation
The Ngee Ann Kongsi
The PWC Singapore Foundation
c/o Community Foundation of
Singapore
Think Masters & Associates Pte Ltd
TL Whang Foundation Limited
Tote Board and Singapore Turf Club
Trends N Trendies Pte Ltd

U

UK Online Giving Foundation

V

Vincar Pte Ltd
Virtual HR Solutions Pte Ltd

W

Waypoints Private Limited
Web Synergies (S) 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.



MAKING EACH DAY COUNT

Mr Tan Mia Hiok

When Mr Tan Mia Hiok, a 65-year-old home care patient of Dover Park Hospice received news of his cancer in May 2019, he accepted it calmly.

A divorcee with no savings, Mr Tan lived in a two-room flat with his cousin. A happy-go-lucky person who took things easy in life, Mr Tan had worn many different hats. He was a *karung guni* man who bought and resold junk, a dishwasher, a cleaner and a newspaper deliveryman during his younger days. He was also a cook during National Service. Mr Tan continued to find joy in cooking despite his illness. He cooked for himself and his cousin every day with *laksa* and curry being his best dishes.

When Mr Tan found out that he had only 9 months left to live, he was not afraid. "I know cancer is not curable and only the symptoms can be managed. So, I have decided to let nature take its course. Death is something which everyone has to face someday. So, what is there to be afraid of?"

Mr Tan's carefree outlook in life has taught us the importance of living life one day at a time. "If I crave any type of food, I will buy it without any hesitation and enjoy it. If I have difficulty walking long distances, I stop to give myself a break and learn to pace myself."

Despite his resilience, Mr Tan's journey was not an easy one. He had to cope with the side effects of radiotherapy and rely on various

medications to manage his pain and symptoms. Nevertheless, he continued to motivate and encourage other cancer patients to remain positive and take each day as it comes. To Mr Tan, each day was a day of hope and he was always grateful to be able to wake up to a brand new day.

In December 2019, Mr Tan came under the care of Dover Park Home Care team. A team comprising a doctor, nurse and medical social worker provided home medical, nursing and psychosocial care to him in the comfort of his home. "Every two to three days, I will receive a call from a nurse who regularly checks in on me. My social worker has also supported me emotionally with her frequent visits."

In February 2020, Mr Tan's condition deteriorated unexpectedly and he was hospitalised. He became weaker, and his gait unsteady. To fulfil his wish to remain comfortably at home, Dover Park Home Care engaged a private nurse to care for him at home upon his discharge. We also made transport arrangements for his medical appointments and successfully helped him to apply for financial assistance.

Mr Tan passed away peacefully on 28 February 2020, five days after he was admitted to Dover Park Hospice as an inpatient.

“
**I KNOW CANCER IS NOT CURABLE
AND ONLY THE SYMPTOMS
CAN BE MANAGED. SO, I HAVE
DECIDED TO LET NATURE TAKE
ITS COURSE. DEATH IS SOMETHING
WHICH EVERYONE HAS TO FACE
SOMEDAY. SO, WHAT IS THERE TO
BE AFRAID OF?**
”

GOVERNING COUNCIL



MR ROBERT CHEW
CHAIRMAN
28TH GOVERNING
COUNCIL & INVESTMENT
COMMITTEE

DATE OF LAST ELECTION
19 August 2017

OCCUPATION
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



MR CHEY CHOR WAI
HONORARY SECRETARY

DATE OF LAST ELECTION
11 August 2018

OCCUPATION
Consultant



PROF HO YEW KEE
CHAIRMAN
AUDIT, RISK &
GOVERNANCE COMMITTEE

DATE OF LAST ELECTION
11 August 2018

OCCUPATION
Associate Provost
(Skills Future & Staff Development)
Singapore Institute of Technology



DR TANYA TIERNEY
CHAIRMAN
COMMUNICATIONS &
OUTREACH COMMITTEE

DATE OF LAST ELECTION
24 August 2019

OCCUPATION
Assistant Dean
Nanyang Technological University,
Lee Kong Chian School of Medicine



DR KWA CHONG TECK
CO-CHAIRMAN
FUNDRAISING COMMITTEE

DATE OF LAST ELECTION
24 August 2019

OCCUPATION
Senior Adviser
National Dental Centre Singapore



MS CHENG YOKE PING
ASSISTANT HONORARY
SECRETARY

DATE OF LAST ELECTION
24 August 2019

OCCUPATION
Partner
Rajah and Tann Singapore



MS WOO E-SAH
HONORARY TREASURER

DATE OF LAST ELECTION
11 August 2018

OCCUPATION
Partner
RSM Singapore



MS ONG AI HUA
ASSISTANT HONORARY
TREASURER

DATE OF LAST ELECTION
19 August 2017

OCCUPATION
Company Group Chairman, Asia Pacific
The Janssen Pharmaceutical
Companies of Johnson & Johnson



DR KAREN SOH
CO-CHAIRMAN
FUNDRAISING COMMITTEE

DATE OF LAST ELECTION
11 August 2018

OCCUPATION
Medical Director
Prive Clinic



MR TAN KIM KWANG
CHAIRMAN
HUMAN RESOURCE
COMMITTEE

DATE OF LAST ELECTION
24 August 2019

OCCUPATION
Consultant



COL (RETIRED) RUPERT GWEE
CHAIRMAN
INFORMATION TECHNOLOGY
COMMITTEE

DATE OF LAST ELECTION
11 August 2018

OCCUPATION
Director
Ministry of Home Affairs



A/PROF JEREMY LIM
CHAIRMAN
MEDICAL PROFESSIONAL
AUDIT COMMITTEE

DATE OF LAST ELECTION
24 August 2019

OCCUPATION
Director
Global Health Program,
Saw Swee Hock School of Public
Health, National University of
Singapore



MS KEMMY LIM
CHAIRMAN
VOLUNTEERS COMMITTEE

DATE OF LAST ELECTION
24 August 2019

OCCUPATION
Adjunct Lecturer
Singapore Polytechnic



MS DIANE CHEN DAN
MEMBER

DATE OF LAST ELECTION
24 August 2019

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



DR SEET JU EE
MEMBER

DATE OF LAST ELECTION
24 August 2019

OCCUPATION
Consultant
National University Hospital



DR WU HUEI YAW
MEMBER

DATE OF LAST ELECTION
19 August 2017

OCCUPATION
Senior Consultant
Palliative Care, Tan Tock Seng Hospital Pte Ltd

HONORARY COUNCIL MEMBERS



MS MARLENE FOO
MEMBER

DATE OF LAST ELECTION
11 August 2018

OCCUPATION
Retired



MR PAUL D. GAGNON
MEMBER

DATE OF LAST ELECTION
24 August 2019

OCCUPATION
Consultant



DR LIONEL LEE
MEMBER

DATE OF LAST ELECTION
24 August 2019

OCCUPATION
Retired



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

CORPORATE INFORMATION

Registration

Dover Park Hospice ("DPH") is registered as a Social Service Agency (previously referred to as 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 for 3 years 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: Deloitte & Touche
ERM Auditor (biennial): Deloitte & Touche

Banker

DBS Bank Ltd

Fund Manager

UOB Asset Management Ltd

Governing Council Members

Chairman of the 28th Governing Council & Investment Committee

Mr Robert Chew

Vice Chairman of the 28th Governing Council & Chairman, Building & Development Committee

Ms Angelene Chan

Honorary Secretary

Mr Chey Chor Wai

Assistant Honorary Secretary

Ms Cheng Yoke Ping

Honorary Treasurer

Ms Woo E-Sah

Assistant Honorary Treasurer

Ms Ong Ai Hua

Chairman, Audit, Risk & Governance Committee

Prof Ho Yew Kee

Chairman, Communications & Outreach Committee

Dr Tanya Tierney

Co-Chairman, Fundraising Committee

Dr Kwa Chong Teck

Dr Karen Soh

Chairman, HR Committee

Mr Tan Kim Kwang

Chairman, IT Committee

Col (Ret), Rupert Gwee

Chairman, Medical Professional Audit Committee

A/Prof Jeremy Lim

Chairman, Volunteers Committee

Ms Kemmy Lim

Members

Ms Diane Chen Dan

Ms Marlene Foo

Mr Paul D. Gagnon

Dr Lionel Lee

Dr Seet Ju Ee

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 27th Annual General Meeting held on 24 August 2019. 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 76 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.

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.

STATEMENT OF 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 20 Council members. No staff members sit in the Council.

2. 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.
3. 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.
5. 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 Council's performance and effectiveness.
9. 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 re-nominated 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.

3. 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 (ERM)

1. The Council appoints the Audit, Risk and Governance Committee (ARGC) to oversee the risk management. The ARGC 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 ARGC on the progress of the ERM on a periodic basis. Thereafter, the ARGC will report to the Council.

6. Council Meetings

1. 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:
 - 24 August 2019
 - 14 January 2020
 - 24 March 2020
 - 21 July 2020

The Council members' attendance at the Council meetings for the period of August 2019 to July 2020 are as follow:

S/No	Name of Council Members	No of Meetings in the work year	No of Meetings attended
1.	Mr Robert Chew	4	4
2.	Ms Angelene Chan	4	3
3.	Mr Chey Chor Wai	4	3
4.	Ms Cheng Yoke Ping	4	4
5.	Ms Woo E-Sah	4	3
6.	Ms Ong Ai Hua	4	4
7.	Prof Ho Yew Kee	4	4
8.	Dr Tanya Tierney	4	3
9.	Dr Kwa Chong Teck	4	4
10.	Dr Karen Soh	4	2
11.	Mr Tan Kim Kwang	4	4
12.	Col (Ret) Rupert Gwee	4	4
13.	A/Prof Jeremy Lim	4	3
14.	Ms Kemmy Lim	4	3
15.	Ms Diane Chen Dan	4	3
16.	Ms Marlene Foo	4	2
17.	Mr Paul D. Gagnon	4	3
18.	Dr Lionel Lee	4	4
19.	Dr Seet Ju Ee	4	3
20.	Dr Wu Huei Yaw	4	4

2. In view of Covid-19 and safe distancing measures, some of the Council meetings were held via video conferencing.

ROLES AND RESPONSIBILITIES OF SUB-COMMITTEES

7. Audit, Risk and Governance Committee (ARGC)

1. The ARGC is established to provide audit oversight by reviewing the quality, timeliness and effectiveness of the hospice's financial reporting process, internal controls, internal and external audit, risk environment and governance.
2. KPMG LLP was appointed as the external auditor whereas Deloitte and Touche was appointed as the internal auditor as well as the ERM auditor. These auditors report directly to the ARGC.
3. Audit partners in charge of DPH are changed every five years.
4. The ARGC 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)

1. The BDC obtains user requirements from the various hospice stakeholders for endorsement by EXCO and Council before submitting to the Hospital Planning Committee (HPC).
2. 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 4 times a year.

10. Communications and Outreach Committee (COC)

1. The COC sets the overall communication policies, protocols and guidelines for DPH.
2. 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)

1. 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 5 times a year.

13. Human Resource 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)

1. 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 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.

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 Chairman of the Audit, Risk and Governance Committee. 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-blower reports, including the identity of the whistle-blower will be treated with confidentiality. There is no known whistle-blower report in the financial year ended 31 March 2020.

19. Reserve Policy

1. 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

1. 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 also be found in the Commissioner of Charities website.
3. For the financial year ended 31 March 2020, 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 2020	FY 2019
\$100,001 to \$200,000	1	2
\$200,001 to \$300,000	1	1
\$300,001 to \$400,000	1	-

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 31 March 2020, the Hospice did not make any loan or grant to any third parties.

OUR COMMITTEES

DOVER PARK HOSPICE COMMITTEES

1. Appointment and Nomination Committee

- Mr Robert Chew (Chairman)
- Ms Angelene Chan
- Mr Chey Chor Wai

2. Audit, Risk and Governance Committee

- Prof Ho Yew Kee (Chairman)
- Mr Low Chee Wah (Vice Chairman)
- Mr Tham Chee Soon
- Mr Wilson Tan

3. Building and Development Committee

- Ms Angelene Chan (Chairman)
- Dr Lionel Lee (Vice Chairman)
- Mr Loh Hai Yew
- Mr Kenneth Sim
- Ms Woo E-Sah
- Dr Wu Huei Yaw
- Mr Timothy Liu (Management)
- Dr Ong Wah Ying (Management)

4. Communications and Outreach Committee

- Dr Tanya Tierney (Chairman)
- Mr Lester Lee
- 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 Mohammad

5. Executive Committee

- Mr Robert Chew (Chairman)
- Ms Angelene Chan (Vice Chairman)
- Mr Chey Chor Wai (Honorary Secretary)
- Ms Cheng Yoke Ping (Assistant Honorary Secretary)
- Ms Woo E-Sah (Honorary Treasurer)
- Ms Ong Ai Hua (Assistant Honorary Treasurer)

6. Fundraising Committee

- Dr Kwa Chong Teck (Co-Chairman)
- Dr Karen Soh (Co-Chairman)
- Mr Gilbert Cheah (Stepped down on 9 March 2020)
- Dr June Goh
- Ms Joy Tan
- Ms Kemmy Lim (Stepped down on 20 September 2019)
- Mr Kenneth Tan
- Dr Penelope Wong (Stepped down on 17 January 2020)
- Ms Shan Tjio
- Ms Shauna Teo (Appointed on 30 April 2019)
- Ms Tiffany Varinata

7. Human Resource Committee

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

8. Information Technology Committee

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

9. Investment Committee

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

Endowment Fund Trustees

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

10. Medical Professional Audit Committee

- A/Prof 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
- Dr Tiew Lay Hwa
- Dr Uma Rajan
- Dr Wu Huei Yaw
- Mr Wu Tuck Seng
- Mrs Nellie Yeo

11. Medifund Committee (Appointed by MOH)

- Prof Ho Yew Kee
- Dr Ian Leong
- Ms Maureen Fung
- Ms Jenny Bong (Appointed on 1 April 2020)

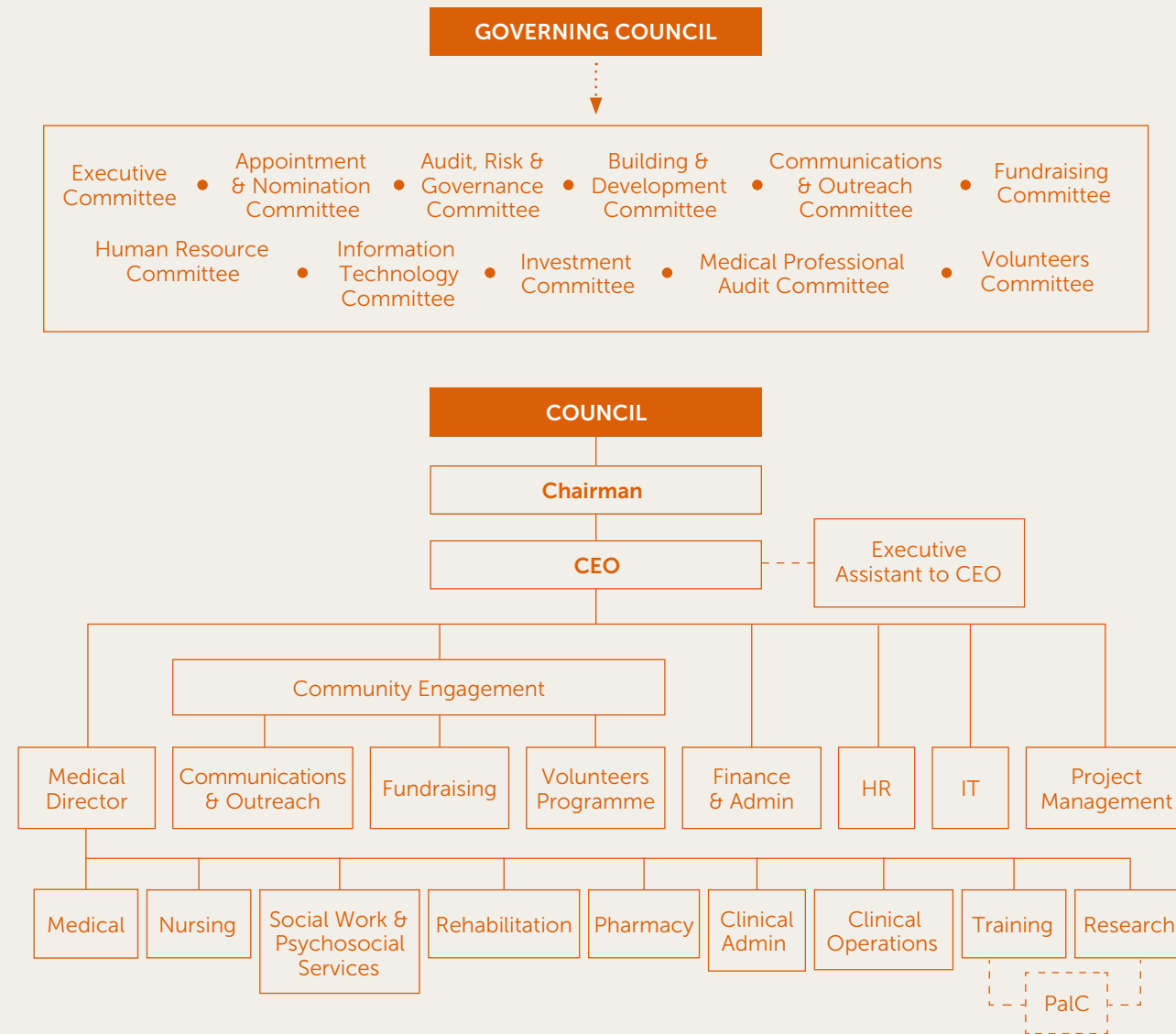
The Medifund Committee was appointed by MOH for a tenure of 3 years from 1 April 2019 to 31 March 2021.

12. Volunteers Committee

- Ms Kemmy Lim (Chairman)
- Mr Raymond Chiang
- 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 Ler Yu-Min
- Mrs Pearl Lim
- Mr Bernard Yeo
- Mr Xavier Lim
- Ms Linda Hart
- Mdm Cheok Boon Kiew
- Mr Anthony Lim Jun Hong
- Dr Tanya Tierney
- Ms Cheah Li Yean
- Ms Yeo Tze Yee (Appointed on 5 December 2019)

OUR ORGANISATION STRUCTURE

Council Structure



Note: The Palliative Care Centre for Excellence in Research and Education (PaC) 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
Dr Joseph Ong Yew Jin

Consultant, Head of Home Care

Dr Yee Choon Meng

Principal Resident Physician

Dr Yea Kok Chin (Date of Appointment: 23 April 2020)

Resident Physicians

Dr Erwin Phillip Francisco
Dr Hoh Sek Yew
Dr Martin Lee
Dr Chia T-Yunn

Director of Nursing

Ms Chin Soh Mun

Head, Social Work & Psychosocial Services

Ms Cheong Ee May Deidre Adele

Manager, Finance & Administration

Mr Steven Foo (Last Day: 31 May 2020)

Acting Manager, Finance & Administration

Ms Karen Tan (Date of Appointment: 1 May 2020)

Manager, Communications & Outreach

Ms Jenny Goo

Manager, Fundraising

Mr Alex Ho

Manager, Information Technology

Mr Kwok Wing Kit

Manager, Human Resource

Ms Teresa Tang

Manager, Volunteer Programme

Ms Tok Shou Wee

Manager, Project Management

Mr Kenneth Chan (Date of Appointment: 1 October 2019)

Manager, Training

Ms May Siu (Last Day: 25 July 2020)

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 . 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.	1.1.7	Complied
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
Conflict of Interest			
9.	There are documented procedures for governing board members and staff to declare actual or potential conflicts of interest to the Board at the earliest opportunity.	2.1	Complied
10.	Governing board members do not vote or participate in decision making on matters where they have a conflict of interest.	2.4	Complied
Strategic Planning			
11.	The Board periodically reviews and approves the strategic plan for the charity to ensure that the charity's activities are in line with the charity's objectives.	3.2.2	Complied
12.	There is a documented plan to develop the capacity and capability of the charity and the Board monitors the progress of the plan.	3.2.4	Complied

S/N	Code guideline	Code ID	Response
Human Resource and Volunteer² Management			
13.	The Board approves documented human resource policies for staff.	5.1	Complied
14.	There is a documented Code of Conduct for governing board members, staff and volunteers (where applicable) which is approved by the Board.	5.3	Complied
15.	There are processes for regular supervision, appraisal and professional development of staff.	5.5	Complied
	Are there volunteers serving in the charity? (skip item 16 if "No")		Yes
16.	There are volunteer management policies in place for volunteers.	5.7	Complied
Financial Management and Internal Controls			
17.	There is a documented policy to seek the Board's approval for any loans, donations, grants or financial assistance provided by the charity which are not part of the charity's core charitable programmes.	6.1.1	Complied
18.	The Board ensures that internal controls for financial matters in key areas are in place with documented procedures .	6.1.2	Complied
19.	The Board ensures that reviews on the charity's internal controls, processes, key programmes and events are regularly conducted.	6.1.3	Complied
20.	The Board ensures that there is a process to identify, and regularly monitor and review the charity's key risks .	6.1.4	Complied
21.	The Board approves an annual budget for the charity's plans and regularly monitors the charity's expenditure.	6.2.1	Complied
	Does the charity invest its reserves, including fixed deposits? (skip item 22 if "No")		Yes
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. <u>OR</u> The charity discloses that no governing board member is remunerated.	8.3	Complied

S/N	Code guideline	Code ID	Response
	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 (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.	8.4	Complied
30.	The charity discloses the number of paid staff who satisfies all of the following criteria: (a) the staff is a close member of the family ³ belonging to the Executive Head 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 family ³ belonging to the Executive Head 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.	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.



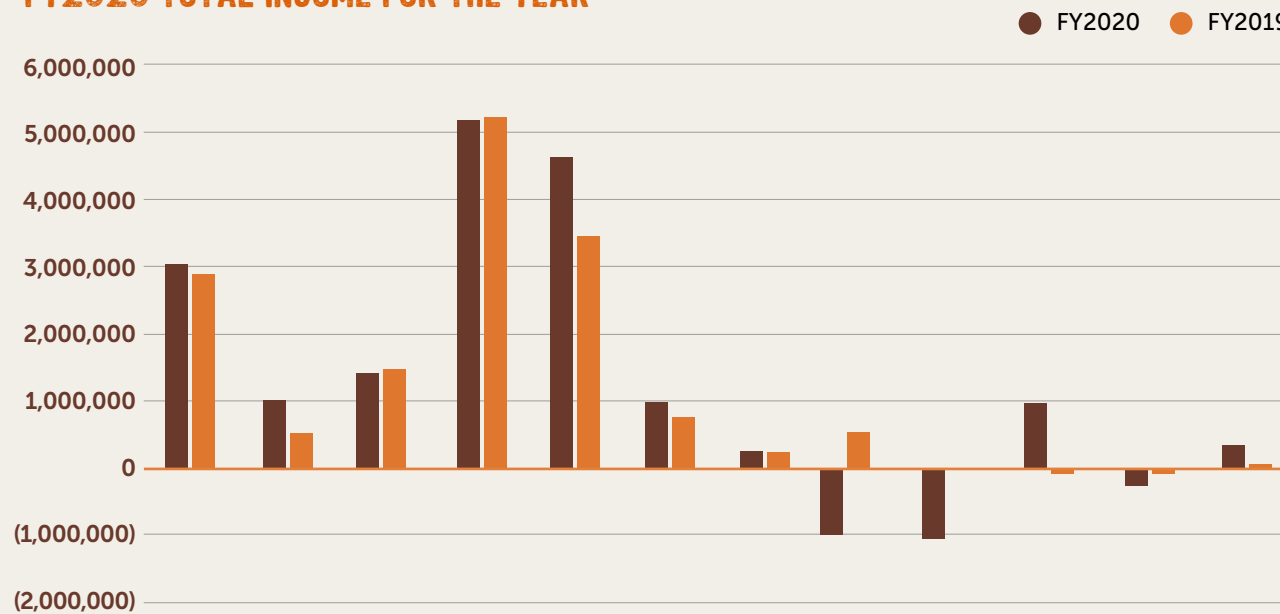
FY2019/2020

FINANCIAL HIGHLIGHTS

TOTAL INCOME FOR THE YEAR

	FY 2020	FY2019
Voluntary Income & Income from Fundraising Activities	3,024,467	2,881,705
Investment Income	996,873	504,209
Patients' Fees	1,394,966	1,457,043
Government Subvention Grant	5,155,726	5,211,932
Other Grants	4,612,909	3,441,754
Amortisation of Deferred Capital Grants	969,652	751,590
Others	233,411	224,959
Fair Value (Losses)/Gains on Financial Assets at FVTPL - Investments	(973,371)	526,773
Fair Value (Losses)/Gains on Financial Assets at FVTPL - Forward Exchange Contracts	(1,048,398)	5,994
Unrealised Foreign Exchange Gains/(Losses)	952,706	(19,292)
Realised Foreign Exchange Losses	(252,267)	(68,374)
Gains on Disposal of Financial Assets	334,612	48,045
	15,401,286	14,966,338

FY2020 TOTAL INCOME FOR THE YEAR

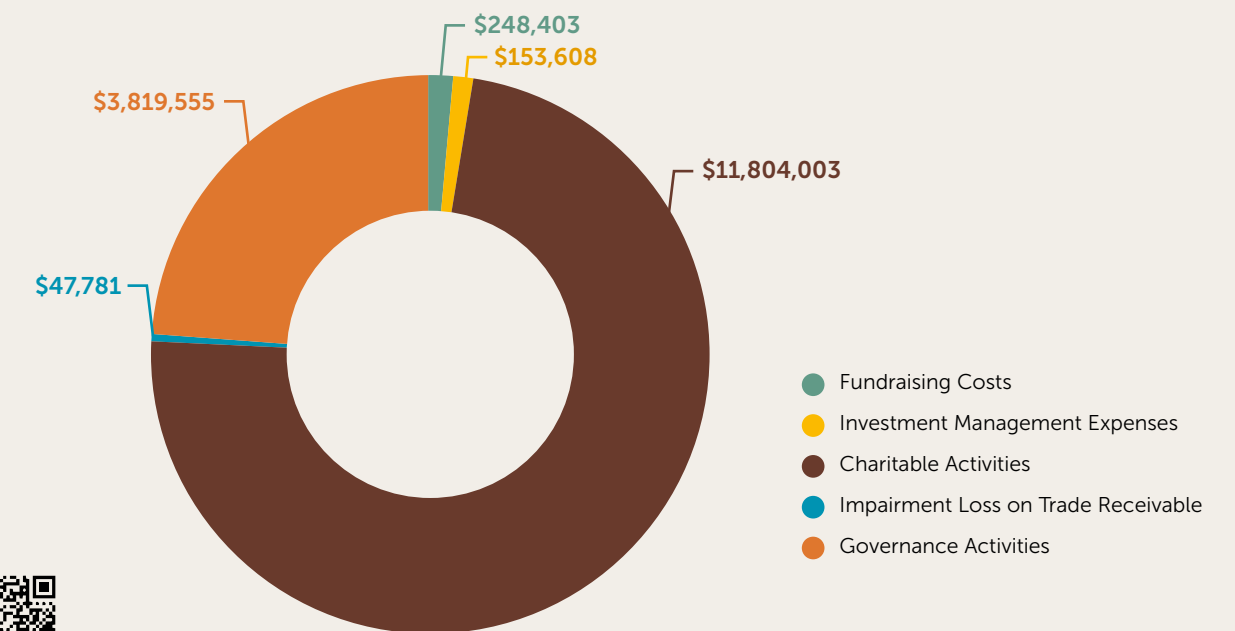


	Voluntary Income & Income from Fundraising Activities	Investment Income	Patients' Fees	Government Subvention Grant	Other Grants	Amortisation of Deferred Capital Grants	Others	Fair Value (Losses)/Gains on Financial Assets at FVTPL - Investments	Fair Value (Losses)/Gains on Financial Assets at FVTPL - Forward Exchange Contracts	Unrealised Foreign Exchange Gains/(Losses)	Realised Foreign Exchange Losses	Gains on Disposal of Financial Assets
FY 2020	3,024,467	996,873	1,394,966	5,155,726	4,612,909	969,652	233,411	(973,371)	(1,048,398)	952,706	(252,267)	334,612
FY 2019	2,881,705	504,209	1,457,043	5,211,932	3,441,754	751,590	224,959	526,773	5,994	(19,292)	(68,374)	48,045

TOTAL EXPENDITURE FOR THE YEAR

	FY 2020	FY2019
Fundraising Costs	248,403	204,194
Investment Management Expenses	153,608	134,195
Charitable Activities	11,804,003	11,137,838
Impairment loss on trade receivable	47,781	18,600
Governance Activities	3,819,555	2,872,896
	16,073,350	14,367,723

FY2020 TOTAL EXPENDITURE FOR THE YEAR



Scan this QR code for full FY2019-20 Financial Report.

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.



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