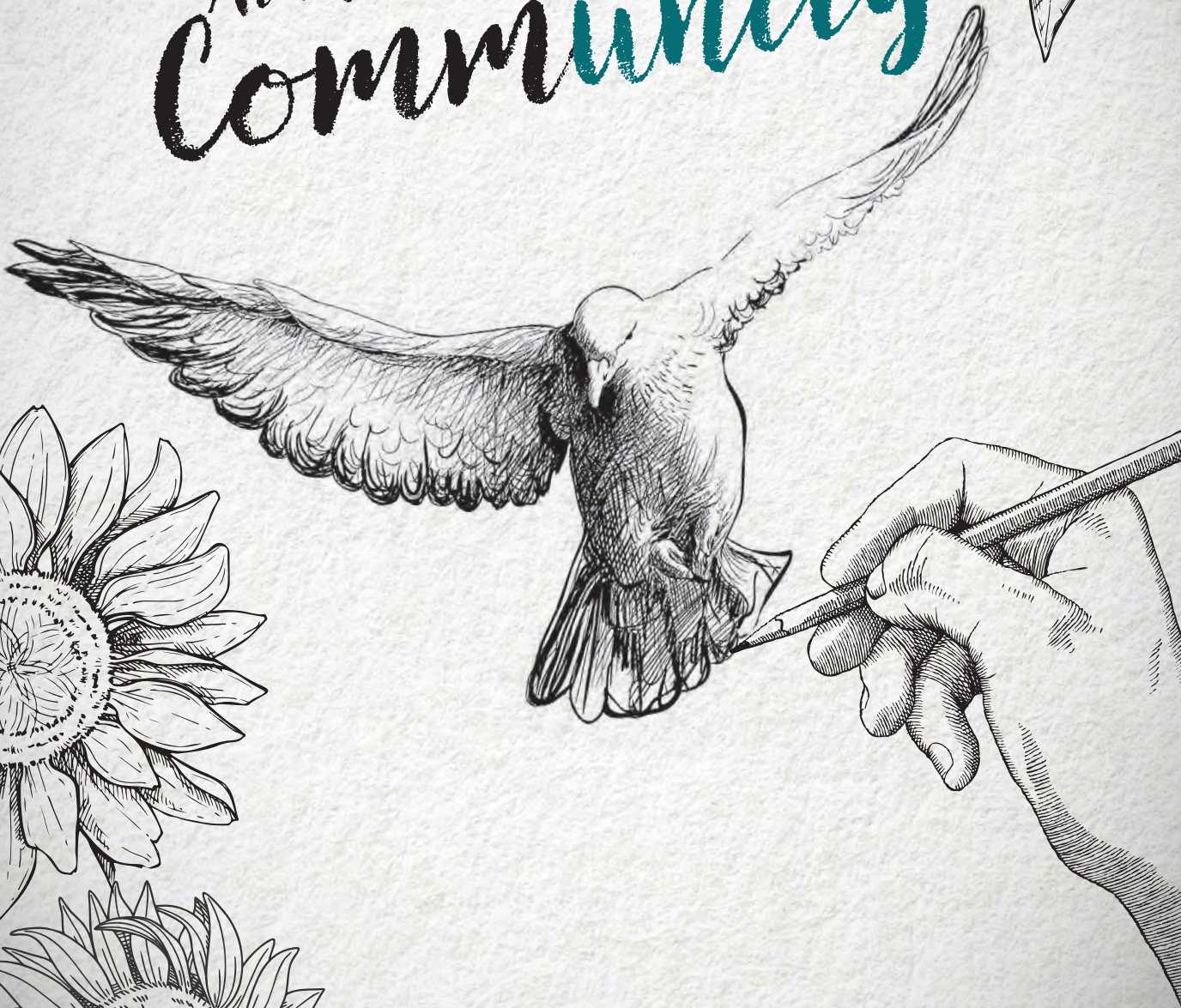




DOVER PARK HOSPICE
Every Moment Matters

At the Heart of the Community



DOVER PARK HOSPICE
ANNUAL REPORT 2022/23

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 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

OUR CARE VALUES

Dignity till the very end
Compassion as a way of life
Alive despite end of life
Respect choices of patients
Essential Care





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MESSAGE FROM THE CHAIRMAN



2022 was a year of reflection and renewal. We celebrated our 30th Anniversary with a series of events from our first charity concert in September 2022, first caregiver symposium for healthcare practitioners, academia, policymakers, caregivers and community service providers and a charity golf in April this year.

NEW LEADERSHIP

Building on our history and in moving the Hospice forward, we welcome Dr Liew Li Lian, who had succeeded Timothy Liu as the new CEO in April 2023. Along with her steadfastness, Li Lian brings with her a wellspring of over 20 years of experience in corporate planning and strategy, and operations in the healthcare sector. Her expertise will be an invaluable asset to the Hospice as we transit to our new premises with refreshed work processes that drive efficiency, efficacy and sustainability. On behalf of the Council, I would like to extend our deepest appreciation to Timothy for his seven years of service and contribution to Dover Park Hospice.

2023 NATIONAL STRATEGY FOR PALLIATIVE CARE

The 2023 National Strategy for Palliative Care has laid stronger foundations for the palliative care community. In the next 5 years, the plan will center on enhancing access, quality and the palliative care environment to strengthen the landscape for both palliative care providers and patients. It will empower palliative care providers like us with the autonomy to streamline care based on the needs and progression of patients' condition, thus reducing administrative processes.

The additional funding from the government will enable palliative care providers to scale up and expand capability and capacity, especially in the area of home care, to support more Singaporeans' wish to pass on at home. More importantly, the new recommendations will help to shift end-of-life care from acute to community-based care.

Beyond that, bringing end-of-life conversations into our collective consciousness is the bigger story that the policymakers and ourselves need to work in tandem towards educating Singaporeans on the importance and benefits of palliative care for people with life-threatening illnesses and their families.

DELIVERY OF CARE THROUGH INNOVATION

The pandemic has provided us a vantage point to innovate and advance our care model

through the use of technology for greater automation and work efficiency. In optimising patient care, our inpatient team has digitalised medication records and automated pharmacy processes to accurately supply medications that are safe, effective and cost-efficient for patients. We have also adopted the use of telemonitoring to collect the data of vital signs and monitor patients' symptoms remotely. This allows our nurses to focus their time in caring for patients with more pressing needs.

Our home care team continues to grow in the use of teleconsultations with an increase of 30% from 500 to 650 patients. Tapping on the benefits of telemedicine, the team had also piloted the use of teleconsultations for art therapy and music therapy through Project TeleHEAL (Heal, Embrace and Love) for our home care patients and was awarded Silver for "Productivity Improvement" in last year's Community Care Excellence Award.

With evidence-based outcome in harnessing technology, we are committed to enhance our delivery of care through data collection and rigorous documentation in the coming years.

AT THE HEART OF THE COMMUNITY

The theme for this year's Annual Report - At the Heart of the Community was ascribed to the early days of Dover Park Hospice. Upholding the spirit of our co-founders, Dr Seet Ai Mee and Dr Jerry Lim

and like-minded palliative care professionals and volunteers who came together to start Singapore's first purpose-built hospice, we continue to build a community of people advancing the work of palliative care and make palliative care a sustained and essential part of the healthcare system that is accessible and affordable so that it reaches everyone who needs it.

Helen Keller, an American author and disability rights advocate once said, "Alone we can do so little; together we can do so much." This simple yet powerful quote encapsulates the power of collaboration and unity. Dover Park Hospice has grown by leaps and bounds in the past three decades thanks to the generosity and unwavering support of our dedicated donors and volunteers. We look forward to more meaningful collaborations with our community partners as we innovate and drive change in our next phase of work at the Integrated Care Hub.

Moving forward in the next stage of our growth, we invite all of you to continue with us on this journey of providing compassion and dignity to our patients.

Assoc Prof Jeremy Lim

MESSAGE FROM THE CEO

I was no stranger to Dover Park Hospice when I joined them in April this year.

As I walked through the doors on my first day, it brought back fond memories of all the patients that I had referred to Dover Park Hospice as a young medical officer and how families had always shared the great tenderness and exceptional care that their loved ones had received.

Later in my career, I was part of the Tan Tock Seng Hospital (TTSH) team that supported the many palliative care, family medicine and general practice doctors who had been part of the history of palliative care development in Singapore. Among the projects that I worked on was the Integrated Care Hub, the building that we will be moving into, in the later part of this year.

It is with great honour that I am here today as a member of the Dover Park Hospice family as we chart new frontiers in the end-of-life spectrum.

NEW HOME, NEW FRONTIERS

There is no better time to be at Dover Park Hospice as we emerge from the pandemic. With the recent announcement of the new National Strategy for Palliative Care by Health Minister, Ong Ye Kung, we look forward to evolving and contributing to a more robust

palliative care ecosystem at the national level.

Against this backdrop, we continue to support our patients' wishes to be cared for and pass on at home. We are proud to be one of the key service providers committed to bring home palliative care to more Singaporeans in the next two years. We are embarking on a pilot capitation funding model in partnership with Tan Tock Seng Hospital (TTSH) and National Healthcare Group. It will be a national first to bring about a smoother transition from acute to palliative inpatient, home or day hospice care.

Amid the excitement, it will be a bittersweet goodbye as we bid adieu to our red-brick home in November this year. While we cherish the memories and moments made together by many patients, families, staff and volunteers, the Hospice goes beyond the physical premises. It is made of the most invaluable asset - our people - where everyone will be on this exhilarating journey together. What will not change are our motto "Every Moment Matters" and our care values that underlie the work we do.

Our momentous relocation will double the inpatient capacity, triple the day care space, with more options to offer respite, and room to grow our home care team to serve a diverse group of patients including those with end-stage organ

failure, advanced lung disease and advanced dementia. Residing in the same building as TTSH's new community hospital and tertiary rehabilitation services will allow us to work even closer to ensure continuity in care delivery as the different healthcare teams work as a cohesive team to better manage patient's condition.

We have replicated our iconic koi pond at our sky garden, which offers spaces for us to carry out the crucial work of psychosocial, spiritual, and therapeutic support.

SUPPORTING CAREGIVERS

Many people are surprised by how life-affirming palliative care actually is. We see our patients as they are and enable them to live their lives as fully as possible, doing the things that matter to them, with the people they love. One of the staff told me that when they receive a new inpatient, often, the family would cry upon admission. They cry out of relief that we are the one holistic team that will now take care of them and their loved ones - no more running around from outpatient appointments, diagnostic tests, treatments and to the ward. It is this struggle that we see in the caregivers - which push us to support and empower them as partners in the caregiving journey of their loved ones. In addition to equipping them with skills and knowledge, we walk

the journey together with them from first touch to beyond the demise of our patients to help them to cope with their grief and bereavement or in some instances, celebrate the lives and legacies of their loved ones.

FORGING AHEAD

As we conclude an eventful year, I am grateful for a strong and resilient Management Team who continue to display collective leadership which our staff can depend on. I am very thankful for a dynamic and discerning Governing Council as our mentors and guides, steering the Hospice to greater heights.

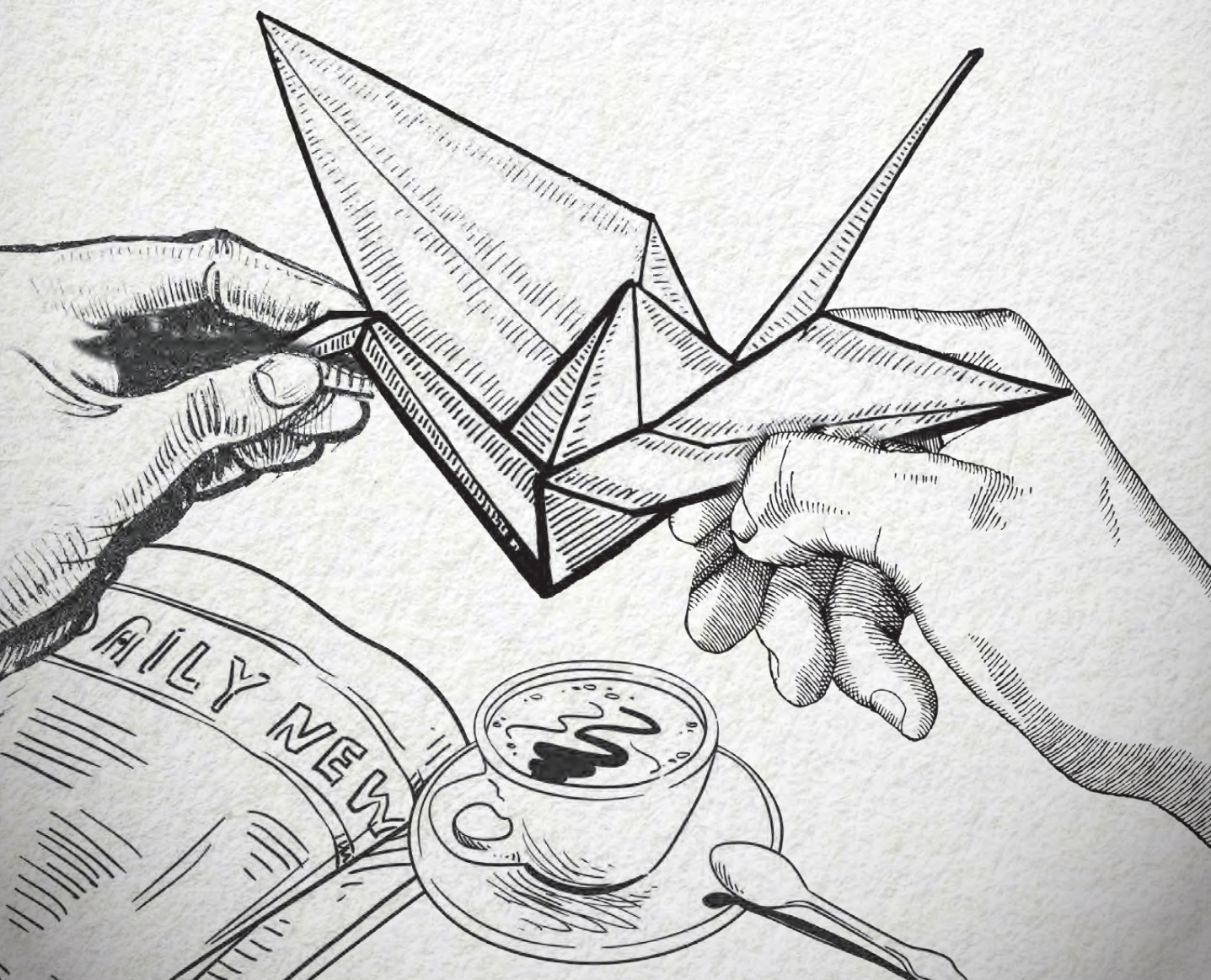
My sincere appreciation and gratitude go to our volunteers and donors for their relentless support over the years. We could not have come this far without them. Going forward, we will refine how our passionate volunteers can contribute to the care for our patients and families in difficult times.

With our much-anticipated move and line-up of innovative projects, we are on the cusp of a transformative journey that will redefine our growth and development. We look forward to the fruition of our new projects and initiatives to grow not only our capabilities but also deepen our collaborations and network with our community partners in the area of health and social care. The list is long and we are ready, committed and clear where we are headed.

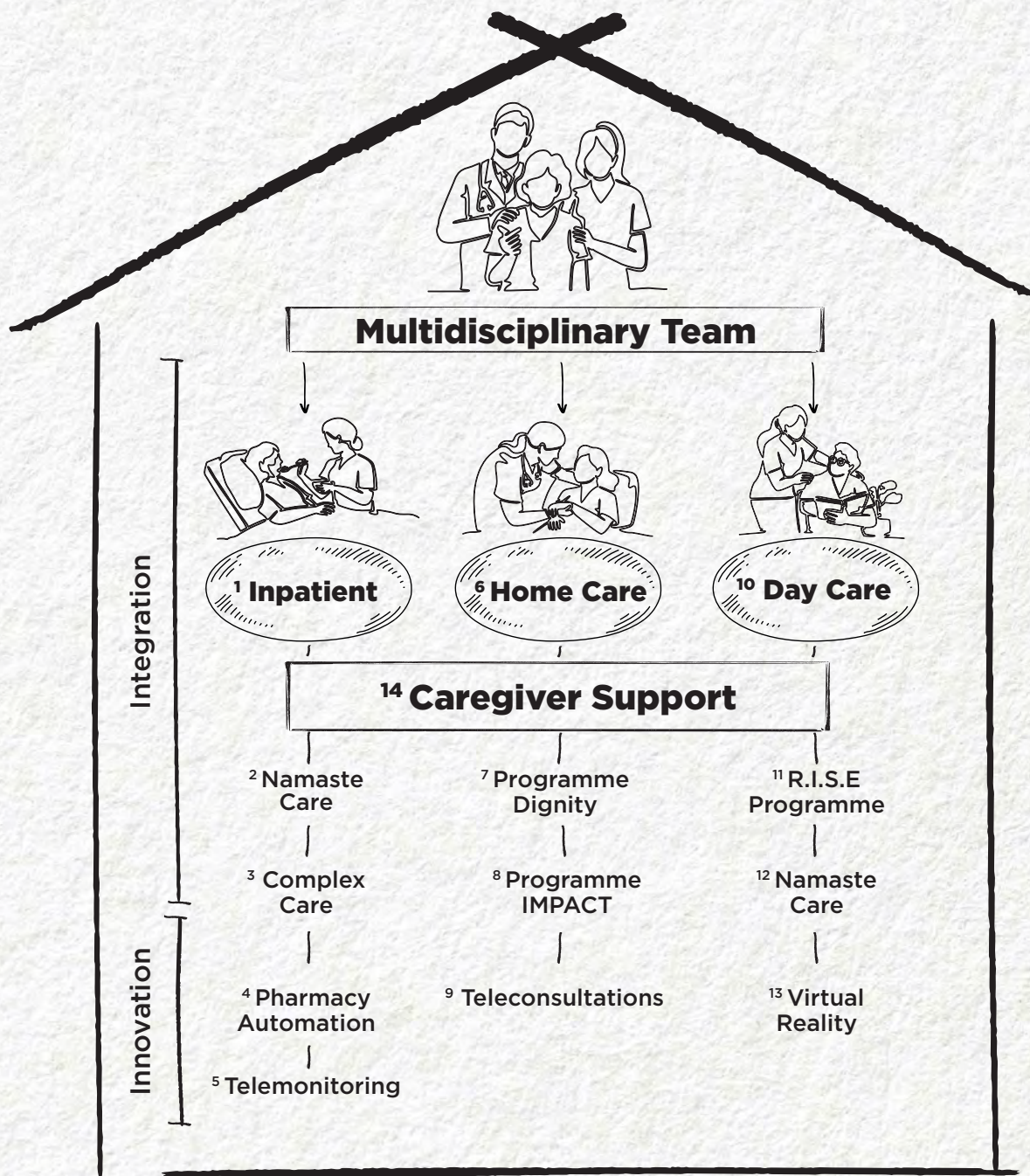
Dr Liew Li Lian



Clinical Programmes and Services



SEAMLESS PALLIATIVE CARE



Clinical Programmes and Services

1. Inpatient Care

With advanced diseases, patients at their end-of-life may develop increasing symptoms such as pain and breathlessness which make care challenging and do not allow them to be cared for at home. As a result, many are admitted to hospitals with acute decline in function. With our inpatient hospice care, patients with advanced, life-limiting illnesses or end-stage organ failure with a prognosis of less than three months can receive round-the-clock medical, nursing, psychosocial and spiritual care through a multidisciplinary team of doctors, nurses, medical social workers, physiotherapists, occupational therapists, art therapists, music therapists and pharmacists. Caregivers are also supported psychologically and emotionally with required caregiver training as some of the patients are able to be discharged home with stabilised symptoms.

2 & 12. Namaste Care

Developed by Joyce Simard, founder and honorary chair of Namaste Care International, in 2003, Namaste Care provides comfort and support to patients with advanced dementia through sensory stimulation and touch.

In adapting the programme for our inpatients and day care clients, our Namaste Care features a gentle and relaxing hand and face massage to

relax the mind and body. Recognising the benefits of Namaste Care on our patients, we have also developed a kit for our caregivers as part of their self-care routine.

3. Complex Care

The changing demographics of patients with life-limiting illnesses, frailty or chronic illnesses have resulted in increased complexity of palliative care patients. We support those with advanced organ failure who may require more complex supportive equipment or care for specialised areas such wound management, blood transfusion, peritoneal dialysis and ventilator.

4. Pharmacy Automation

Initiatives were put in place to automate pharmacy processes and digitalise our inpatient medication records to improve work efficiency, timely and accurate supply of medication that are safe, effective and cost-efficient for patients.

5. Telemonitoring

Leveraging on the use of technology to enhance patient care, our inpatient care has adopted the use of telemonitoring to collect data of vital signs and monitor their symptoms remotely. Through telemonitoring, it reduces the

time spent by nurses to take the vital signs at the patient's bedside and allows them to focus their time in caring for patients with more pressing needs.

6. Home Care

Many patients prefer to be cared for at home in the comfort of their home and surrounded by the company of their loved ones, especially during their final moments.

To support the care of patients with a prognosis of less than a year at home, our home palliative care team of doctors, nurses, medical social workers, art therapists and music therapists provide medical, nursing, social, psychosocial and spiritual care including after hours on-call service.

In empowering caregivers with the confidence, knowledge and skills to care for their loved ones at home, our home care team has equipped them with necessary training such as nursing or personal care to better care for their loved ones at home.

7. Programme Dignity

Started in 2014 with Tan Tock Seng Hospital, Programme Dignity is an integrated home care programme that enables palliative care patients with advanced dementia to be specially cared for at home in

a familiar environment. As this group of patients are unable to vocalise and articulate their needs and wants, this programme enables patients to live their remaining days with dignity and better quality of life at home through individualised care plans and equipping caregivers with the skills and knowledge needed to manage symptoms and signs of distress.

8. Programme IMPACT (Integrated Management and Palliative Care for Terminally-ill Non-Cancer)

Recognising the need of palliative care for non-cancer patients, our home care team collaborated with Tan Tock Seng Hospital in 2020 on Programme IMPACT to provide home palliative care to patients with end stage organ failure (kidney and heart), lung diseases and frailty with the aim for them to be cared for in the comfort of their homes.

9. Teleconsultations

As one of the early adopters of teleconsultations in providing continuum of care for our home care patients during the pandemic, our home care team of doctors, nurses, medical social workers and allied health therapists, continue to extend the use of teleconsultations to follow up on the care of patients in stable condition at home, in addition to home visits.

10. Day Care

People with advanced illnesses may gradually become home-bound due to the decline of their functional status. As a result, they may be socially isolated. Through psychosocial and therapy-based care, our day care focuses on improving the quality of life of our patients with diagnosis of less than one year (cancer or non-cancer) with activities such as mahjong, karaoke, bingo and board games led by our volunteers and rehabilitative sessions as a way to enhance their social participation and manage their activities of daily living to be able to continue to live in the community. The nursing care team also monitors and manages the clients' symptoms on a regular basis.

With day care service, caregivers are also able to get respite care while their loved ones are being cared for. Two-way transport is also provided to designated areas near our day care.

11. R.I.S.E (Restitutive. Integrative. Supportive. Empowering) Programme

In collaboration with Tan Tock Seng Hospital and Ren Ci Hospital, the Restitutive. Integrative. Supportive. Empowering (R.I.S.E) Programme is a 12-week programme that equips individuals with chronic lung diseases with the skills and abilities to self-manage their breathlessness at home.

Through a multidisciplinary team comprising a doctor, nurses, medical social worker,

occupational therapist and physiotherapist at Dover Park Day Care, the programme provides nursing, psychosocial and rehabilitation care to optimise physical functions through functional pulmonary rehabilitation therapy. Enhancing their quality of life and allowing reintegration to communities.

13. Virtual Reality

With growing research and studies, the use of Virtual Reality (VR) has proven to benefit palliative care patients in the area of pain management, physical therapy and cognitive stimulation. Providing an immersive experience, VR provides a realistic experience where our day care clients can be transported to another country or place without the need to travel. It also helps motivates patients to increase their physical activities such as partaking in different virtual games or activities.

14. Caregiver Support

Recognising the important role of caregiver in looking after their loved ones round the clock, our Social Work and Psychosocial Services team provides emotional, psychosocial and respite care to caregivers of our inpatient, home care and day care services. Through various initiatives such as the "Coffeetime" sessions and Namaste Care, we empower caregivers as partners in the care journey to practice self-care in order to avoid burn-out and fatigue in caregiving.



Navigating Life's Twists and Turns with Optimism

Diagnosed with end-stage lung cancer, Madam Tan Kiak Wah was a 64-year old widow living alone in a two-room rental flat. She also juggled a slew of other conditions such as reactive depression, psychosomatic disease and minor cognitive impairment. While she was able to handle basic care needs by herself, she required supervision in medication.

Madam Tan always wore a smile on her face during our Day Care activities with newfound friends. Always ready to lend a helping hand to others, Madam Tan was well-loved by our staff where she was affectionately addressed as "Ah Tan" by our volunteers and staff. Though her mood swings made it difficult to manage her care initially, she grew to trust our staff and treated them fondly.



Through the ebb and flow of her journey with us, Madam Tan regarded the staff and volunteers of Dover Park Hospice as her family. Likewise for us, Madam Tan was a part of the Dover Park Hospice family and we were privileged to be able to journey alongside her.

End-Stage Lung Cancer Diagnosis — September 2018

After exhibiting symptoms of cough, further investigations by doctors at the hospital revealed Madam Tan's end-stage lung cancer



Day Care

After assessment by our Home Care team, Madam Tan was referred to our Day Care for closer supervision for her medical and nursing needs.

She attended the centre five days a week with two-way transportation provided and took her medication on time. It also increased her social interaction skills through group activities with other Day Care clients

Day Care

Madam Tan's condition stabilised and was discharged from our inpatient hospice. While it was assessed that she would benefit from institutionalised care, she was adamant in returning home and was placed under our Day Care



Day Care

Madam Tan was able to return home after her condition stabilised under the focused care of our inpatient teams and continued to attend our Day Care

Hospital Admission

Due to an infection, Madam Tan was admitted to the hospital

September 2018

Early August 2020

Mid-August 2020

April 2022

Early June 2022

Late June 2022

August 2022

October 2022

February 2023

Early March 2023

Home Care

Due to her prognosis, Madam Tan was referred to Dover Park Home Care by the hospital

Inpatient Care

Madam Tan had an onset of an infection, leading to the deterioration of her medical condition. As she was unable to care for herself and needed a full-time caregiver, she was admitted to our inpatient hospice for round-the-clock care

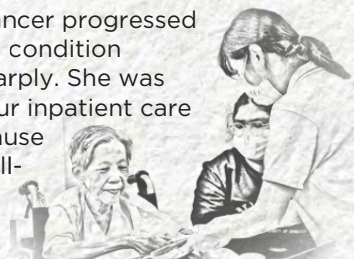


Inpatient Care

Madam Tan was admitted into our inpatient care due to a decline in her health and she was no longer able to cope with her care independently

Inpatient Care

Madam Tan's cancer progressed and her medical condition deteriorated sharply. She was admitted into our inpatient care once more because she needed a full-time caregiver



Inpatient Care

Madam Tan became frail, breathless and needed help with her activities of daily living. She was admitted to our inpatient care and passed on peacefully at the end of March 2023 at the hospice surrounded by our staff

KEY HIGHLIGHTS



Extending our Reach

R.I.S.E (Restitutive. Integrative. Supportive. Empowering Programme)

In collaboration with Tan Tock Seng Hospital and Ren Ci Hospital, the R.I.S.E Programme aims to empower those with chronic lung diseases with the skills and abilities to manage their conditions for better quality of life at home and reintegrate them back into their communities. From January 2021 to July 2023, we have 28 patients with 16 of them who had completed the 12-week programme.

Extending our Reach

Programme IMPACT (Integrated Management and Palliative Care for Terminally-Ill Non-Cancer Patients)

A joint initiative between our Dover Park Home Care team and Tan Tock Seng Hospital, Programme IMPACT had extended care to 79 patients with end stage organ failure between April 2022-March 2023.

Beyond patients with end-stage renal failure, severe frailty, and end-stage heart failure, Programme IMPACT was gradually extended to patients with end-stage lung disease in February 2022 and is in discussions with the Department of Gastroenterology at Tan Tock Seng Hospital to extend Programme IMPACT to end-stage liver cirrhosis patients.

Extending our Reach

Continued Growth in Number of Patients

In FY22-23, the number of patients served by our Home Care team had increased by about 20% from 600 to more than 700 patients as compared to FY21-22.

Innovating our Care Expressive Therapies for Home Care Patients

For the first time, our Social Work and Psychosocial Services team brought music therapy and art therapy into the home of our patients in the first quarter of 2022 after noticing a need for such therapies in home care settings. Workflows and processes were refined, allowing the team to value-add and enhance the benefits that patients, their Next-of-Kin and caregivers, received from the therapy sessions.

Innovating our Care Continued Growth in the Use of Telemedicine

With the accelerated use of telemedicine during the pandemic, we continue to enhance the use of telemedicine in home palliative care by 30% from 501 to 652 patients.

Innovating our Care Initiating Pharmacy Automation

Our Pharmacy team has put in place initiatives to automate pharmacy processes and digitise inpatient medication records. The team is also in the midst of securing additional funding for automated dispensing cabinets to store single dose medications. These are part of our efforts to improve work efficiency and ensure timely and accurate supply of medication that are safe, effective and cost-efficient for our patients.

Caring for Caregivers Restarting 'Coffee Time' Sessions for Caregivers

We have resumed our "Coffee Time", a support group for caregivers in August 2022. Our caregivers enjoyed the monthly physical gathering that provided respite and allowed them to bond and share caregiving tips with one another over afternoon tea and snacks.



KEY HIGHLIGHTS

Caring for Caregivers **Rose for Remembrance 2022**

After a two-year hiatus, our bi-annual memorial service, Rose for Remembrance was back with a physical event on 15 September 2022 at the Lee Kong Chian School of Medicine. Celebrating the lives and legacies of our patients who had passed on in the past year, 104 family members attended the event to remember their departed loved ones through creating mini-gardens in a “Flower Gift Lightbox” and penned their thoughts and messages for their loved ones on the “Remembering Tree”.



Caring for Caregivers **Dover Park Hospice Grief and Bereavement Care Framework**

The team has developed a Grief and Bereavement Care Framework to help standardise evidence-based processes and interventions by the SWPSS team. The Grief and Bereavement pamphlet was among some of the resources specially designed to aid bereaved families.

Nurturing our People **Singapore Nurse Leaders Programme**

We were proud of our Nurse Manager, Quek Yanting who is one of the 33 nurses who graduated from the 3rd Singapore Nurse Leader Programme (SNLP) on 10 August 2022. SNLP is a three-month national programme run by the Healthcare Leadership College that aims to nurture nurse leaders to be advocates of change with strong leadership and policy perspectives.



Nurturing our People

Cross-Attachment with Woodlands Health

Dover Park Hospice and Woodlands Health joined hands in a cross-attachment agreement for medical social workers with the aim in allowing them to learn about the nuances and challenges faced in different care settings, improving case management skills and sharing resources. The attachment spanned 3 months, with a Senior Medical Social Worker from Woodlands Health attached to our Home Care team and our Senior Medical Social Worker, Koh Tang En, attached to Khoo Teck Puat Hospital.

Nurturing our People

Portable Ventilatory Needs Training

Close to 30 doctors and nurses from our Inpatient and Home Care teams undergone training to care for patients with portable ventilatory needs. The training was supported by the Central Health Enabling Funding (CHEF) and facilitated by the Tan Tock Seng Home Ventilation Respiratory System Support (HVRSS) team. Post training, the Inpatient team has already put their new skills to work by serving two patients with these needs.



Recognising our Team

Nurses' Merit Award 2022

We are proud of our Senior Staff Nurse, Muhammad Ikliluddin Bin Abdul Rahmat who was one of the recipients of the Nurses' Merit Award by Ministry of Health, for his exceptional performance and dedicated work in the community care sector.

Receiving the award from Minister for Health, Mr Ong Ye Kung at the award ceremony on 6 July 2022, the award recognises nurses with excellent performance and professional development and contributed to enhancing the nursing profession in Singapore.

KEY HIGHLIGHTS



Recognising our Team

Community Care Manpower Development Award 2022

Our Medical Social Worker, Michelle Lau was awarded the 'Community Care Manpower Development Award' on 5 September 2022 to further her studies in Master of Social Work. Organised by the Agency for Integrated Care, the award provides healthcare professionals working in community care to grow in their careers and empowers them to further contribute to their area of work.

Recognising our Team

Community Care Manpower Development Awards 2022

This year's saw four of our nurses, Chang Yee Yee, Chaw Pui Teng, Geraldine Tulio Sasis and Madelina Lim being awarded with a Specialist Diploma in Palliative Care Nursing to develop themselves professionally on 5 September 2022. Organised by the Agency for Integrated Care, the award provides healthcare professionals working in community care to grow in their careers and empowers them to further contribute to their area of work.



Recognising our Team Community Care Excellence Award 2022

For the implementation of telemedicine by Dover Park Home Care, we had clinched the Silver in the category for "Productivity Improvement" with our initiative, Project TeleHEAL (Heal, Embrace, And Love) at the Community Care Excellence Award 2022 in October 2022.

Since May 2020, the team had conducted over 800 video consultations and expanded to include more patients. It had also piloted video consultations to include allied health services such as art and music therapy.



Developing our Sector Expert Educational Series

We were delighted to have Professor Kerlyn Carville from the Primary Health Care and Community Nursing at Silver Chain Group and Curtin University who delivered a talk on pressure injuries, wound care and effective prevention strategies on 31 August 2022 at our hospice. Held as part of our Expert Educational Series which aims to continually train and develop our clinical teams, the talk was attended by over 40 clinicians from our hospice and Tan Tock Seng Hospital.

KEY HIGHLIGHTS



Developing our Sector **International Pressure Injury Prevention Day**

In commemoration of Worldwide Pressure Injury Prevention Day, we are privileged to have Professor Nick Santamaria from the University of Melbourne who shared insights on pressure injury prevention in community and palliative care at our hospice on 18 November 2022, attended by 50 nurses from various healthcare institutions and hospices.



Developing Our Sector **Field Visit by Occupational Therapy Students**

In collaboration with the Singapore Association of Occupational Therapy Student Council, our Occupational Therapists, Jasmine Tsoi and Loh Wan Ping hosted 33 occupational therapy students from the Singapore Institute of Technology on 13 February 2023 to share about the role of an occupational therapist in Dover Park Hospice. The team also provided a hands-on experience of Namaste Care, a programme adapted into our practice that integrates compassionate nursing care through sensory-based activities focusing on the sense of touch to enhance the quality of life of patients.



Developing Our Sector

Learning Journey for National University of Singapore (NUS) Students

On 24 February 2023, our Medical Social Workers, Chew Li Sien and Lee Wei Ting, hosted a group of students from NUS in sharing with them first-hand experience in working in the sector, providing an in-depth understanding of the role and function which social workers play in the community.

The visit was part of an introduction module to social work that allowed the students to learn beyond textbooks.



Sharing our Expertise

Ministry of Health (MOH) Palliative Nursing Competency Framework Publication

In October 2022, our Nurse Manager, Pamela Koh and Assistant Director of Nursing, Joyce Goo participated in the MOH Palliative Nursing Competency Framework publication. The framework details job roles, professional competencies and professional development milestones for specialist nurses working in palliative care.



Namaste Care For Caregivers



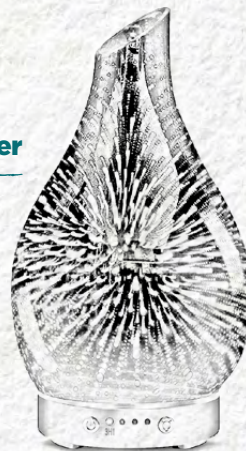
Namaste Care is a programme originally developed in 2003 by Ms Joyce Simmard, the founder and honorary chair of Namaste Care International. It provides comfort and support to patients with advanced dementia through sensory stimulation and touch.

In adapting the programme, we extended Namaste Care to Dover Park Hospice caregivers as a self-care activity to relieve their day-to-day stress and encourage them to prioritise their well-being. Our Namaste Care programme features a gentle and relaxing hand massage to stimulate blood circulation, warm the hands, and calm the mind and body.

Materials required:

Hand cream/massage oil

Room mist/aroma diffuser



Eye mask/facial mask



Towels



Soothing music, plants, and picture books can also be used during the massage to create a calming environment.



Scan the QR code to watch our
Namaste Care demonstration.

PATIENT STATISTICS



NUMBER OF PATIENTS
ADMITTED



GENDER
Female/Male

Inpatient

370

197/173

Home Care

(Consolidation of Programme
Compassion, Programme
Impact and Programme Dignity)

745

353/392

Day Care

38

20/18



LENGTH OF STAY
(Average Days)



AVERAGE AGE



% OF LOW INCOME PATIENTS
(Last 2 category of the National Means-Testing)

26

74

58.38%

74

80

54.50%

105

77

53.05%



Mini Squats

This exercise will help to strengthen your thigh muscles to support your knees and improve ease to get up from the chair.

- 1 Stand tall with your feet apart, holding on to support.
- 2 Lean forward with a straight back. Gently bend both knees as if you are sitting on a chair.



- 3 Ground both feet and straighten knees to return to standing upright.
- 4 Avoid bending your knees beyond sight of your toes.

Repeat 10 times.

Aim to lower for a slow count of 5 before standing up.



Chest Stretch

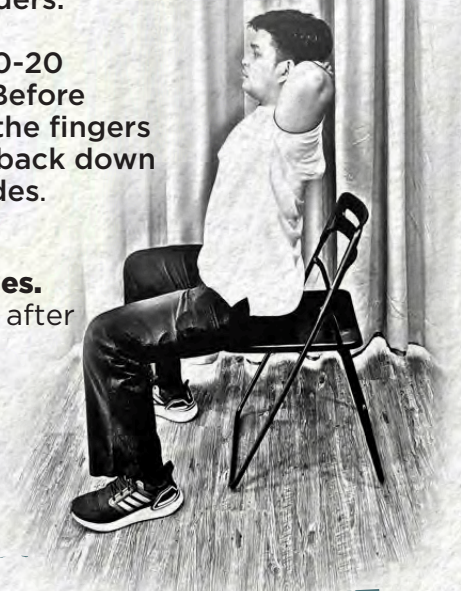
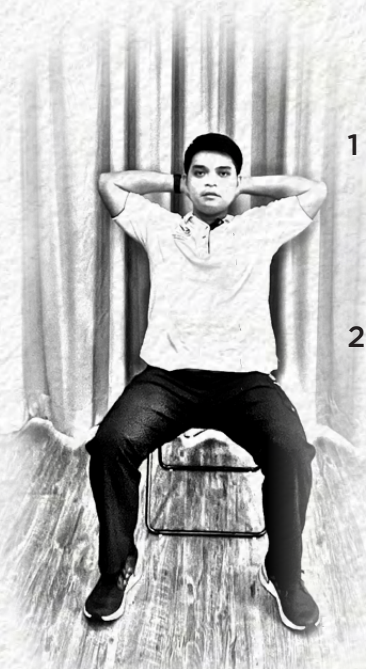
This exercise will help to improve posture and mobility in your chest and upper back for lung expansion.

- 1 Sit tall with feet apart. Reach your arms forward, interlacing your fingers.
- 2 Lift both arms above your head, stretch upwards before placing hands behind your head.

- 3 Slowly open up the elbows. Feel the stretch on your chest and shoulders.
- 4 Hold for 10-20 seconds. Before releasing the fingers and arms back down to your sides.

Repeat 3 times.

Self check-in after exercise



How are you feeling?



- How does my body feel?
- How is my breathlessness? (Score 0-10)

You can manage your breathlessness with pacing, relaxation and your recovery breathing practice!



Beginning Anew

Together with her elder sister, 70-year-old Madam Lim Chwee Yeong has more than 40 years of experience as a “Tze Char” stall assistant in their neighborhood coffeeshop. She juggled operations with great skill – passing orders to the kitchen, handling money and worked from 3am to 3pm almost daily.

In late 2021, she developed breathlessness and began to feel winded after simple daily activities. She stopped working in June 2022 and could not continue helping her sister at the coffeeshop. Her condition declined and her first hospitalisation turned into a six-day stay. She was eventually diagnosed with Chronic Obstructive Pulmonary Disease (COPD).

Having lost her livelihood due to her medical condition, she began to lose sight of her identity and developed anxiety. As someone who found joy in her work, she no longer saw herself as a productive member of society and her quality of life declined.



Walking to the toilet and sometimes even sitting at home watching television shows made Madam Lim feel breathless. Due to her worsening symptoms, she had to be readmitted to the hospital multiple times. Having poor understanding of her condition, she was uncertain and anxious about how her breathlessness would progress. She was also not confident in managing her symptoms. She was subsequently referred to our Day Care and attended our Restitutive-Integrative-Supportive-Empowering (R.I.S.E) Programme which equips individuals with chronic lung diseases with the skills and tools to self-manage their breathlessness symptoms.

Madam Lim attended our 12-week R.I.S.E Programme where our rehabilitation team taught her exercises and imparted knowledge to help her handle breathlessness independently. The programme required her to continue the exercises at home but she remarked with a grin that she always “takes it easy” because no one supervises her at home.

Having gained insights on how to better pace herself and manage her anxiety, Madam Lim regained motivation and even motivated other clients in our Day Care by sharing her experiences.

Madam Lim completed her R.I.S.E Programme in August 2023. Her condition has improved as compared to when she first joined us. She is able to rest better at home and can even climb stairs without too much of a struggle.

Our team is proud of Madam Lim for persevering in her journey of learning how to self-manage her symptoms and reintegrate back into her community and reducing her visits to the hospital and reliance on breathing aids. We are happy to have helped Madam Lim take control of her symptoms and improve her quality of life.



Down

1. It is one of the most heartfelt and affectionate things to say, and it matters so much more to those in their final days.
2. It is a simple expression to show appreciation and gratitude for our loved ones for being a part of our lives.

Across

3. This phrase has the power to heal relationships and can provide closure and comfort at the end of life.
4. This word may not be the easiest thing to say but it conveys well wishes when parting.





Life Folder

It is essential to plan ahead of time when it comes to end-of-life planning. Through this Life Folder, we hope this checklist can help you to plan and keep a record of your personal information on how you wish to be honoured during the end of your life.

YOUR PERSONAL DATA AND DOCUMENTS

- ☐ **Prepare a list of passwords that includes phone, tablet, computer, email, social media accounts, etc.**
You may use a password software like LastPass for ease of transfer to a trusted family member or friend.
- ☐ **Take note of what you wish to do with your social media accounts after you pass on.**
There are different settings for each social media platform.
- ☐ **Document your bank account information (including PIN number/password), and safe-deposit box locations if any.**
- ☐ **Make a list of all life insurance policies and beneficiaries, including information on funeral insurance or pre-paid burial plot/niche, if applicable.**
- ☐ **Make your CPF nomination.**
- ☐ **Make your HDB nomination if your HDB flat is not under joint tenancy ownership.**
- ☐ **Make/Include your will.**
Remember to keep it up to date as much as possible.
- ☐ **Document all your bills and state the due dates and amounts.**
Note down how statements are received and payments made. Identify which bills are ongoing and which have an end date.

YOUR HEALTHCARE

- ☐ **Create an Advanced Care Plan (ACP)**
Plan for future healthcare options through a series of voluntary, non-legally binding conversations with your family and a qualified ACP facilitator. You will be guided to understand, reflect upon and discuss your goals, values and beliefs before indicating your preferences regarding future healthcare treatments and care options.
 - ☐ **Make copies of your ACP to be given to your healthcare providers or trusted family/friends.**
 - ☐ **Inform your family if you have drafted an Advanced Medical Directive.**
-

YOUR POSSESSIONS

- ☐ **Designate significant items to be given away to specific people.**
Consider doing so as soon as you are able to, rather than detailing it in your will.
 - ☐ **Identify the location of any cash you have stored for emergencies, and provide instructions on how you wish to allocate the cash or use it.**
 - ☐ **Discard any items you own that you would not want others to find, or include instructions about disposing of sensitive items, e.g. your journals, for a trusted friend or family member.**
 - ☐ **Do up a “Where to Find...” document such as deed to your house, car keys, credit cards/ATM cards, etc. indicating the location of important things your loved ones might need after you pass on.**
-

YOUR LEGACY

- ☐ **Write your own obituary.**
Doing so will allow you to decide how you wish to be remembered.
 - ☐ **Plan for your funeral/remembrance ceremony.**
Who would you like to speak or give an eulogy at your funeral? What music and decorations would you like to include? Write down and share your preference.
 - ☐ **Write down instructions for your final disposition.**
Do you prefer burial or cremation? Where would you prefer your final resting place to be?
 - ☐ **Leave a message for loved ones.**
You can do so through a letter, video or other ways which will be meaningful to the person receiving it.
-

SECURE YOUR LIFE FOLDER

- ☐ **Print or email a copy of your Life Folder to a trusted friend or family members.**

Estate Planning

WHEN SHOULD I PLAN & APPLY

WHAT TO EXECUTE AT EACH STAGE IN LIFE

When I am well with mental capacity

- Advanced Care Planning
- Lasting Power of Attorney
- Will Planning
- CPF Nomination

When I am unwell without mental capacity

- Advanced Care Planning
- Lasting Power of Attorney
 - Personal Welfare¹
 - Property & Affairs²

After death

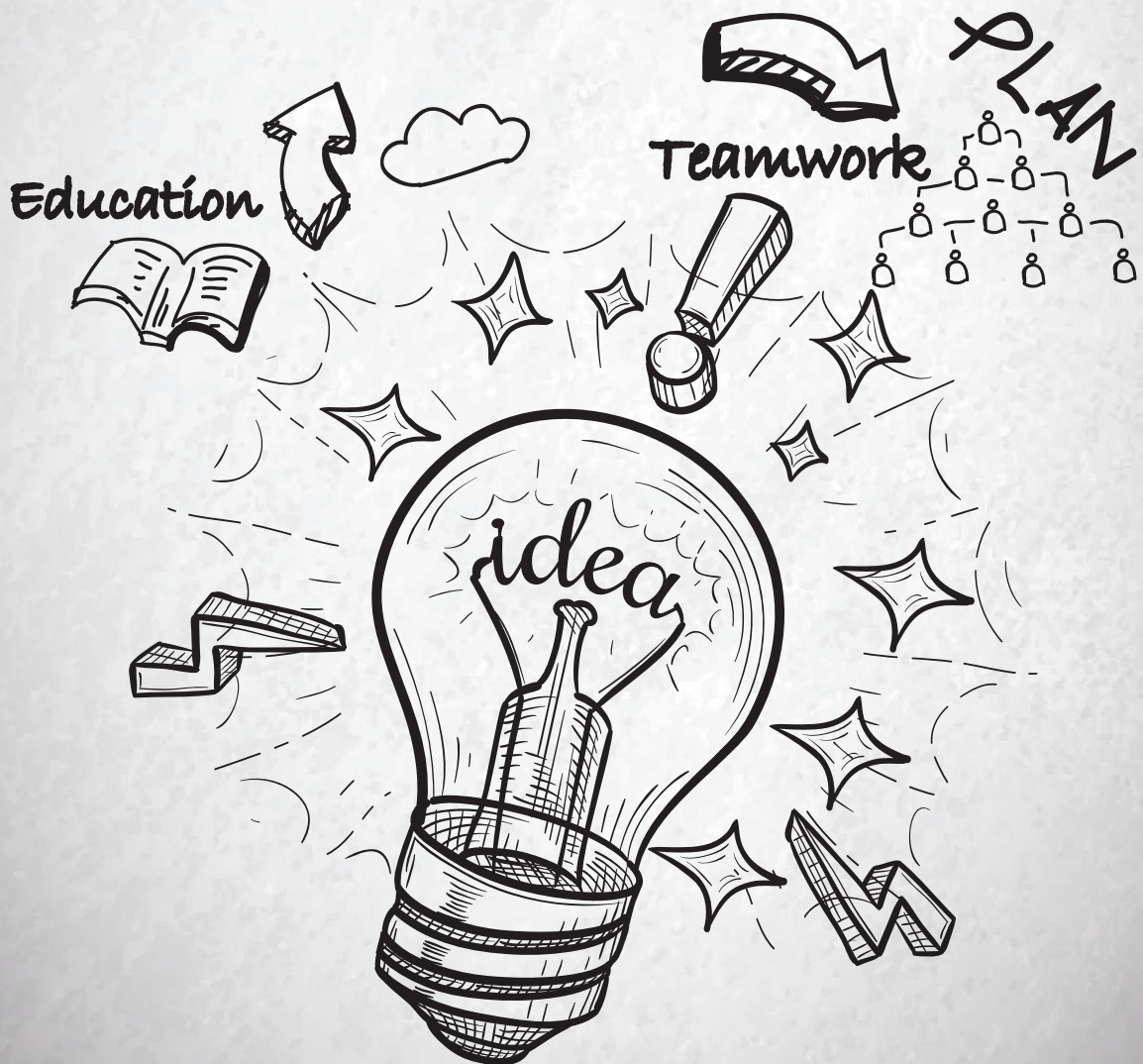
- Will Planning
- CPF Nomination

1. For example: living arrangements; handling of personal correspondences, social activities

2. For example: handling of properties such as buying, selling, renting and mortgaging; financial matters

	Advanced Care Planning (ACP)	Lasting Power of Attorney (LPA)	Will Planning	CPF Nomination
FOR WHO	Anyone regardless of age	Person who is 21 years old & above	Person who is 21 years old & above	CPF member who is 16 years old & above
WHAT THIS IS	<ul style="list-style-type: none"> - Open conversations between you, your loved ones and healthcare providers on your future preferred care options. - Enables people to know your preferred treatment plans should you become seriously ill one day, and unable to speak for yourself. - Not a legal document. 	<ul style="list-style-type: none"> - Voluntary appointment of one or more persons ('donee(s)') to make decisions and act on your behalf should you lose mental capacity one day. - This is a legal document. 	<ul style="list-style-type: none"> - A will is a legal document which states your last wishes relating to your assets and loved ones after you pass on. - This will include: <ul style="list-style-type: none"> • All your assets and liabilities, such as your debts • Beneficiaries of your assets • Guardians to care for your children until they turn 21 • Executor(s) of your will 	<ul style="list-style-type: none"> - Allow you to make a nomination to receive your CPF monies after you pass on. - You may change your nomination by completing the CPF Nomination Form. This form must be signed in the presence of 2 witnesses above 21 years old.
HOW	A formal ACP can be done at available ACP centres, whereby an ACP facilitator will take you through the process.	<ul style="list-style-type: none"> - Choose your donee(s) and what decision powers to grant them. - Approach any LPA certified issuers to complete the LPA application forms. - Submit completed LPA forms by post. 	You can make a will online by yourself, or approach a wills lawyer to ensure your will is valid and your assets are distributed in accordance with your wishes.	Log on to mycpf Online Services with your SingPass to make an online nomination. Your nomination will be processed by CPF Board in the presence of both witnesses. CPF Board will notify you via SMS and/or email on the status of your nomination.

Advancing Research and Training with Innovation



DOVER PARK HOSPICE RESEARCH AND TRAINING

As Singapore's first purpose-built hospice, we strive to deliver quality evidence-based palliative and end-of-life care with the expertise of our multidisciplinary clinical team. Collaborating with various institutions since the early 2010s, our research studies shed light on how life-limiting illnesses impact patients, caregivers, healthcare professionals and the healthcare system.

With Singapore projected to be a super-aged society in 2026 where one in four citizens will be aged 65 and above, more Singaporeans will need palliative care. Through top-quality studies in the area of cancer and non-cancer illnesses such as end-stage

organ failure and dementia, we uncover insights to guide improvements in patient care delivery, caregiver support and policy formulation for the palliative care sector.

Our goal to be the centre of excellence for research and education in palliative care stems from our strong belief in continuous training and learning which helps equip healthcare professionals with the skills required to provide consistent and quality care. Through a slew of training programmes, we build capacity and capability of the palliative care sector with diverse training programmes for the healthcare community. Field visits for knowledge exchange among

healthcare partners, year-round training opportunities for doctors, nurses and allied health professionals, and clinical attachments for healthcare professionals and students are among the various types of training we offer.

While we continue to strengthen palliative care capabilities within the healthcare sector, we also aim to enhance the skills of our staff through lifelong learning. Upskilling opportunities such as e-learning courses, weekly professional sharing, journal clubs and tutorials are all part of the continuum of professional development that we provide our staff in pursuit of the best care for our patients.

KEY HIGHLIGHTS

Developing our Sector Clinical Attachments

A total of 179 healthcare professionals from medical, nursing, allied health, therapy and pharmacy had their clinical attachments with us. The group comprised of:

- 49 Medical Doctors
- 14 Nurses
- 7 Allied Health Professionals
- 109 Medical Students

Developing our Sector Specialist Diploma in Palliative Care Nursing

In collaboration with the National Cancer Centre and School of Life Sciences, Ngee Ann Polytechnic, 27 registered nurses have graduated with a specialist diploma.

Through this course, participants are equipped with the clinical knowledge and skills in palliative care for patients with life-limiting illnesses. DPH helped the Non-Cancer conditions and Clinical Consolidation modules.

THE PALLIATIVE CARE CENTRE FOR EXCELLENCE IN RESEARCH AND EDUCATION

A tripartite collaboration established in October 2017 between Dover Park Hospice, Nanyang Technological University (NTU) Lee Kong Chian School of Medicine and National Healthcare Group, the Palliative Care Centre for Excellence in Research and Education (PaIC) aims to tap on the capabilities, strengths and capacities of its partner institutions to drive palliative care education and research forward to improve care and support for patients and their caregivers.

PaIC strives to boost efforts in palliative care research, especially in non-cancer illnesses, and grow the evidence base for patient-centred care to cater to the needs of Singapore's ageing population. With the Ministry of Health's goal to shift end-of-life care from the hospital to the community, PaIC also aims to delve deeper into understanding the effectiveness of community palliative care models, to improve the care for patients living at home and enhance support for their caregivers.

Appointed as one of the Lead Training Providers of the Agency for Integrated Care's (AIC) Learning Institute Community Care Sector since July 2018, PaIC develops and conducts quality, evidence-based training programmes that furnish healthcare professionals with the skills to deliver needs-based, quality palliative care to patients and their caregivers, allowing patients to journey through the end-of-life phase with dignity.

KEY HIGHLIGHTS

Advancing our Research International Publications

1. Our Medical Social Worker, Ms Clara Kong, and Music Therapist, Ms Camellia Soon's paper titled 'Virtual Volunteering During COVID-19: Case Studies of Virtual Animal-assisted Activities in a Singapore Hospice', was published in the Journal of Social Work in End-of-Life & Palliative Care on 1 August 2022.
2. Our Music Therapist, Ms Camellia Soon's article titled 'Telehealth Music Therapy in End-of-Life Care in Response to the COVID-19 Pandemic: Two Descriptive Case Reports' was published in the Australian Music Therapy Association on 20 September 2022.

Advancing our Research PaIC Research Grant

Over \$100,000 was awarded to four applicants for the inaugural PaIC Research Grant which ended on 31 August 2022 as follows:

- 1) Dr Tessa Koh, Resident Physician, TTSH Department of Palliative Medicine on the topic - "Movie Reflection for Junior Doctors Working in Palliative Care Units"
- 2) Dr Neo Han Yee, Senior Consultant and Head, TTSH Department of Palliative Medicine on the topic - "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"
- 3) Dr Goh Wen Yang, Consultant, TTSH Department of Palliative Medicine on the topic - "Geriatric Oncology SuPportive clinic for ELderly (The GOSPEL study)"



Advancing our Research

McGill Palliative Care Conference 2022

Our Nurse Manager, Ms Chong Yunn Ling and Senior Medical Social Worker, Ms Chew Li Sien's poster titled 'Psychosocial Interventions for Persons with End-Stage Lung Diseases (ESLD) offered through a Specialised Pulmonary Rehabilitation Programme' was presented at the McGill International Palliative Care Congress 2022 held from 18 to 21 October 2022.

Advancing our Research

PaLC Family Caregiver Study

To understand how inflation and the COVID-19 pandemic have affected caregiving, 200 family caregivers from Dover Park Home Care and Day Care were surveyed between October 2022 and January 2023. Cost was the most prevalent concern with a perceived increase in cost of care associated with a 10 times depression risk. To fulfil the majority's preference for home death, care at home has to be economically viable; financial support for family caregivers is paramount.

Advancing our Research

Survey on Death Anxiety among Palliative Care Professionals

Dr Chau Mo Yee, our inpatient consultant, and Ms Gillian Ong, our senior medical social worker and Senior Art Therapist will conduct an anonymous survey over two to four months to understand the prevalence of and reasons for death anxiety among palliative care professionals in Singapore. The aim is to survey 200 respondents and the findings could provide insights about the interventions needed to help palliative care professionals better care for terminally ill patients.

KEY HIGHLIGHTS



Developing our Sector

Palliative Care Training and Development for Healthcare Professionals

PalC conducted eight courses for 224 healthcare professionals on topics including palliative care in advanced dementia and non-cancer illnesses, pain management, coping with bereavement, psychosocial, spiritual, rehabilitative, legal and ethical aspects of end-of-life care, and self-care for the healthcare professionals.

Of the eight courses, the workshop on Burnout and Self-care was the first in-person course conducted post-pandemic. It was held on 9 and 10 June 2022. This course taught participants how to incorporate mindfulness meditation and expressive arts into their own clinical work and self-care practices through lectures, meditation practices, art creation, reflective writing and group discussions.

Developing our Sector

PalC in its 3rd Year of Appointment as a Learning Institute under AIC Learning Institutes Network 2.0

First appointed in 2021, PalC was appointed as one of the eight learning institutes under the Agency for Integrated Care (AIC) Learning Institutes Network 2.0 in its 3rd year and conducted five runs of the following courses for participants mainly from Community Care Organisations:

- Certificate in General Basic Palliative Care (CGBPC)
- Talk on Pain Management (for nurses)
- Certificate in Community Palliative Care: Psychosocial Care (CCPC)
- Essentials of Thanatology: Death, Dying and Bereavement (EOT)
- Palliative Care in Advanced Non-cancer Conditions (PCAN)
- CLEAR (Communication, Law, Ethics and Professional Regulations) Course on End-of-life Care



Sharing our Expertise

National Strategy for Palliative Care

PalC was appointed by the Ministry of Health in June 2022 to participate in the National Strategy for Palliative Care gaps analysis exercise to identify gaps and chart strategies and visions for the palliative care sector in the next five to ten years.



*Connecting
with the
People*

COMMUNITY ENGAGEMENT

At Dover Park Hospice, beyond advancing our medical care capabilities, we are also committed to building a robust support network where individuals from all walks of life band together to care for our patients and their caregivers.

Our Volunteer Management, Fundraising, and Communications and Outreach teams work hand-in-hand in building meaningful collaborations with new community and corporate partners and volunteers while reinforcing longstanding relationships with those who have stood by us over the years.

Importantly, we aim to shed light on palliative care through our outreach efforts which emphasise how end-of-life care provides respect, comfort, and quality of life to the terminally ill and accords them dignity during their final days.

It takes a community to care for our patients and their caregivers, and everyone can play a part.

To make a difference in the lives of our patients, you can join us as a volunteer or make a donation to support our meaningful cause.



KEY HIGHLIGHTS



Fundraising

Dover Park Hospice 30th Anniversary Appreciation Dinner 2022

In celebration of our 30th anniversary, we organised a curated 4-course Western dinner at Goodwood Park Hotel on 12 August 2022 in appreciation of the unwavering support and contributions from our major gift donors and our previous and current council and committee members. Our Patron, Dr Tony Tan Keng Yam, former President of Singapore had also attended the dinner.



Visit by Mr Ong Ye Kung, Minister for Health

We were proud to have Minister for Health, Mr Ong Ye Kung, who visited the hospice on 5 September 2022. During the visit, Minister Ong toured our inpatient ward where he spoke to a few patients and our clinical team. He also joined a music therapy session with our clients at the day care centre.

World Hospice and Palliative Care Day 2022

In commemorating World Hospice and Palliative Care Day, we participated in the roadshow organised by Tan Tock Seng Hospital (TTSH) from 3 to 7 October 2022 at TTSH atrium with other community palliative care providers.

At the five-day roadshow, we had the opportunity to engage the public on interactive games in debunking myths about hospice and end-of-life care where they also penned their well wishes for our patients.





Fundraising

Dover Park Hospice Sunflower Charity Concert 2022

Our Dover Park Hospice Sunflower Charity Concert on 20 October 2022, held at the Esplanade Theatre was attended by more than 900 guests with Minister for Health, Mr Ong Ye Kung as the Guest-of-Honour. The concert, titled “Making More Moments Matter 增。时”, featured stellar performances by top local artistes – Kit Chan, Dick Lee and Jocie Guo and other *Xinyao* classic performances by veteran artistes, Dr Ng King Kang, Hong Shao Xuan and Pan Ying. With the generosity of our donors, sponsors, supporters and guests, the event successfully raised over \$1 million, with 1-to-1 dollar matching from Tote Board’s Enhanced Fundraising Programme.

Dover Park Hospice Volunteer Awards 2022

In celebration of International Volunteer Day every year, we celebrate the work of our volunteers with our very own Dover Park Hospice Volunteer Awards. This year, we presented Ms Linda Hart with the Outstanding Volunteer Award and our Volunteer Drivers with the Outstanding Volunteer Group Award. A Special Recognition Award was presented to our co-founders, Dr Seet Ai Mee and Dr Jerry Lim for their invaluable contributions.

Special Recognition Award

Dr Seet Ai Mee



Outstanding Volunteer Award

Ms Linda Hart



Khoo Chwee Tin
Edwin Chen
Lee Chuan Too
Lauraine Lee
Ang Moh Chiang
Tan Gen Hao
Tan Too Yong
Johnny Oh Kwee Chwee
Bernard See Eng Ga

Anthony Wong Wee Kiong
Anthony Wong Choong Hoong
Lim Kheng Huat
Karin Seet Cher Mei
Richard Goh Kok Hwa
Ang Leong Teck
Seah Pow Kong
Johnny Lam Kwan Meng



Fundraising Annual Year-end Fundraising Mailer Campaign

Our year-end fundraising mailer, themed “Joy, Love, Peace, Creating Moments that Matter” had raised over \$175,000 with the generous support of our donors. We are thankful for our dedicated volunteers who helped us mail the festive greeting cards and mailers to over 8,000 recipients.

OUR VOLUNTEERS ARE BACK IN ACTION!

While our in-person volunteering activities were suspended during the COVID-19 pandemic, our dedicated volunteers continued to bring joy to our patients through video calls and virtual activity sessions.

COVID-19 has since become endemic, and our volunteers have returned to our hospice grounds to resume activities, bringing smiles, spreading cheer and making more moments matter for our patients and caregivers.



Started in October 2021, our **"Breakfast with Care"** project resumed in May 2022, and is organised by our staff who go above and beyond by volunteering their time to prepare breakfast for caregivers who have spent the night at the hospice.

Being a non-patient facing activity, our volunteer pianists gradually returned from 2021 to fill the air of our hospice with soothing music and familiar tunes, bringing joy and comfort to our patients.



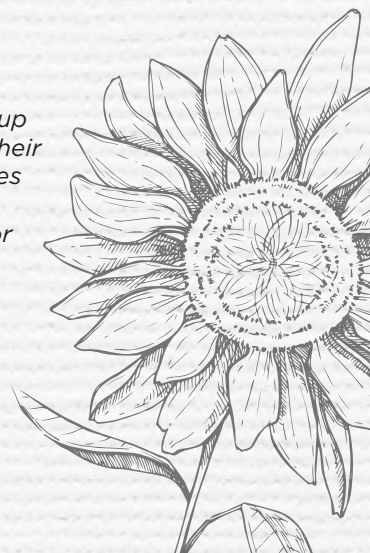
In January 2022, our volunteers from Dover Park Hospice Pearl Group were once again able to deliver delicious home-cooked soup to our inpatients, served by our nurses.



Our Dover Park Hospice volunteers returned to our hospice from April 2022 onwards, bringing with them delectable home-cooked lontong, cookies and cake to celebrate Hari Raya.



Bringing with them good vibes and great tunes, our Dover Park Hospice Amethyst Group volunteers continued their bimonthly performances in May 2022 to enliven Saturday afternoons for our patients.



OUR VOLUNTEERS ARE BACK IN ACTION!



Our volunteers restarted **"Happy Hour"** every Monday since May 2022, distributing refreshments to reinvigorate patients and staff at the start of the week. With more volunteers returning, **"Happy Hour"** resumed on a weekly basis.



"Project Lim Kopi" sessions where patients can indulge in kopitiam treats including coffee, tea and toast prepared by our volunteers, resumed in May 2022 as well.



With their loving touch and calming presence, our volunteers resumed **"Namaste Care"** in May 2022 to give soothing hand massages to our Day Care clients.





Our patients were able to enjoy hairdressing and grooming services by our Dover Park Hospice Sunstone volunteers again since November 2022.

Beloved by our patients, our gentle furry friends resumed their services together with their owners in December 2022 after COVID restrictions were eased.



OUR VOLUNTEERS ARE **BACK IN ACTION!**



In celebration of Christmas and Lunar New Year, our volunteers from various groups and organisations collaborated with our staff to arrange a wide range of activities to celebrate the festive season, including decorating our hospice premises, organising parties and distributing gifts to our patients.



From goodie bag distribution to performances and parties for our patients, our corporate and community partners resumed their volunteering activities at our hospice.



DONORS LIST

Deepest appreciation to our individual and corporate donors for their contributions (\$1,000 and above) in the past year.

Thank you for your continued support towards our cause that sees our patients through their difficult times.

Individuals

Adelyn Lim Pei Hsien (IMO - Tan Kin Sing)
 Alban Lim
 Ang Jwee Herng
 Ang Seong Kang, Samuel
 Aspiah Binte Basman
 Au Oi Leng
 Aw Kian Heng
 Bedmar Ernesto Francisco
 Boh Chek Kwong
 Caers Lucas Henri R.
 Chai Gin Tsen
 Chan Ah Choo
 Chan Angelene
 Chan Chee Onn
 Chan Chun Meng (IMO - Chan Sia Chor)
 Chan Guek Cheng, Noreen
 Chan Sia Chor
 Chan Yin Yoke
 Chang Keah Wai
 Chan-Lien Margaret
 Chao Hick Tin
 Charlyn Low
 Cheah Li Yean
 Chee Kim Loon
 Chen Yew Nah
 Cheng Benney
 Cheng Yoke Ping
 Chew Bang Ing, Lucy
 Chew Bow Tee
 Chew Kwee San
 Chew Robert
 Chey Chor Wai
 Chia Ee Han
 Chia Piah Yam
 Chia Soo Hien
 Chia Wai Kong @ Sik Wai Kong
 Chia Wee Leng, Joyce
 Chia Yi Xue
 Chian Yit Hoe
 Chin Chi Onn, Colin

Chin Yau Seng
 Ching Liang Heng, Albert
 Chiu Huey Ching
 Chng Chee Kiong
 Chng Hup Jeng
 Choe Fook Cheong @ Alan Choe
 Chong Mee Lim
 Chong Yu Moi
 Choo Bee Li
 Choo Chiau Beng
 Choo Shiu Ling
 Chow Joo Ming
 Chow Tin Hah
 Chua Guan Kiat
 Chua Jiak Hwee
 Chua Ka Hong
 Chua Kim Bong
 Chua Kim Chiu
 Chua Koon Seng (IMO - Koh Huee Lan)
 Chua Li Lian
 Chua Siok Lin
 Chuah Lam Siang
 Deanna Ong Aun Nee
 Effie Chew
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 Eu Oy Chu (Dr)
 Fong Frank
 Foo Yee Ling
 Gan Soh Har
 Go Puay Wee
 Go Wee Ser
 Goh Boon Huat (IMO - Tay Bee Geok)
 Goh Ing Nam
 Goh Miaw Hui
 Goh Pheck Suan, June (Dr)
 Goh Pi Lee, Beverly (Dr)
 Goh Shannon
 Goh Siew Kuan
 Goh Sock Huang, Lydia (IMO - Chon Chew Hoi)
 Goh Swee Ngoh (IMO - Goh Keow)

Harkishin Ghanshamdas Aswani
 Hee Siew Fong
 Hendrik Robert. De Glint
 Heng Ching Huat, Kelvin
 Heng Hock Mui (IMO Heng Yee Koon)
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 Ho Kinn Lie, Adeline (IMO - Tan Poay Cheng)
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 Ho Siok Hwa, Eileen
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 Ho Yew Kee (Prof)
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 Hoong Kar Mei, Cindy
 Huang Shuo Mei
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 Jimmy Koh
 Joseph Barnabas Tan Chi Ann
 Julia & Robert Quek
 June Chia
 June Wong (IMO - Jenny Lam Ah Lun)
 Kaan Sheung Kin
 Kang Song Chua, Dave
 Kapde Tushar
 Khoo I-Jean
 Khoo Jennifer
 Khoo Lee Jin
 Khoo Whee Leng
 Khoo Whee Luan
 Kiew Yan Ching, Geann
 Koh Ah Soon
 Koh Chay Hui
 Koh Choon Kiat
 Koh Kok Ong
 Koh Lee Kiow
 Koh Leng Leng
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 Koh Soo Yong
 Kok Weng Koon
 Kong Yuet Peng
 Koo Tin Chew
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 Kwa Kim Li

Kwan Hong Choon (IMO - Tay Siew Hong)
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 Lee Tiek Sze
 Lee Wai Mun
 Lee Wee Jean
 Lek Yong Teck
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 Lim Hock Choon
 Lim Hon Ing
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 Lim Hwai Ghee
 Lim Kai Kuang
 Lim Kian Tho, Jerry
 Lim Mei Yin
 Lim Peck Neo, Lillian
 Lim Puay Hoon (IMO - Lim Soo Eng)

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 Ling Ai Mee (Dr)
 Liu Chuan Tian, Timothy
 Loe Keng Sing (IMO - Look Gan)
 Loh Ruen Chze
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 Loh Shu Ching
 Loh Yuan Mun
 Loi Kok Cheng (IMO - Loi Sing Lee)
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 Loo Choon Meng
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 Loo Lai Har
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 N.R. Mitra (Dr)
 Narayanan Sreenivasan
 Ng Boon Gek
 Ng Han Yang, Hans (IMO - Choy Poh Choo)
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 Ng Yoke Loon (IMO - Yong Ah Eng)
 Ng Yuet Hoong, Audra
 Ng Yung Yong
 Ngo Get Ping
 Nishta Geetha Thevaraja (IMO - Thevaraja S/O
 Thamby Ayah)
 Oh Beng Soo (IMO - Koh Mui Whay)
 Ong Ai Hua
 Ong Beng Huat
 Ong Bing Leng, Clara
 Ong Hung Guan

Ong Hwee Hwee
 Ong Joo Ee
 Ong Kah Seng, Isaac
 Ong Kiam Ho (IMO - Ong Ah Mn)
 Ong Lay Liang
 Ong Meng Hui (IMO - Ong Kim Ling)
 Ong Mong Siang
 Ong Pway Kheng
 Ong Seok Hwa
 Ong Siew Ching
 Ong Siew Tin
 Ong Sing King
 Ong Woon Sing
 Ong Yu Xuan, Nicholas
 Oo Soon Hee
 Pang Keep Ying, Joey (IMO - Hauw Soei Yong Laura)
 Pang Sze Kang, Jonathan (Dr)
 Pang Weng Sun
 Pauline Chia (IMO - Roseanne Wee and Rosemarie Wee)
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 Peng Whye Chee
 Phua Lay Peng, Denise
 P'ng Ju Han
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 Poi Choo Hwee (Dr)
 Poon Kee Hwang
 Puah Swee Lin
 Pun Boon Li, Pamela
 Qua Chern Yin
 Quah Chien Choon, Terence
 Quek HY, Christopher (IMO - Siow Wai Ying)
 Quik Lee Lee (IMO - Khoo Choon Tin)
 Rebecca Ng
 Roselinda Binte Zainal (IMO - Kalsom Binte Harun)
 Samuel Ang
 Sangeetha Mariamma George
 Sanjay Trivedi
 Saw Cheow Hin
 Saw Seang Kuan
 Say Lap Man
 Seah Chee Hua
 Seah Chee Hwee
 See Toh Yuet Ping, Helen
 Seet Ju Ee (Dr)
 Seow Bee Lean
 Seow Eillyne
 Seow Mein Chou
 Seow Sok Yau

Shanti D/O Vellasamy (IMO - A. Sathiaselan)
 Shee Gim Leng
 Shin Kim Peow
 Shoba Rajandram
 Siaw Jieming
 Sie Lay Hoon
 Sim Chiar Tsen, Kenneth
 Sim Siong Lee, Richard (IMO - Teo Bing Lai)
 Sin Kam Hong
 Sng Tiong Yee
 Soh Hui Hian, Karen (Dr)
 Soon Boon Chin
 Suchad Chiaranussati
 Tae Kwok Wah
 Tan Boon Guan, Augustine
 Tan Chay Hoon
 Tan Cheng Suan, Alice
 Tan Chow Tee
 Tan Chun Yan
 Tan Eng Gim
 Tan Geok Lin
 Tan Hock Kian
 Tan Hong Beng
 Tan Hsuan Heng
 Tan Hui Cheng
 Tan Hwee Gek, Angelina (IMO - Chia Bee Tin)
 Tan Hwei Ling
 Tan Juliana
 Tan Khim Choo
 Tan Kian Wee
 Tan Kok Hiang (IMO - Chua Ka Saek)
 Tan Lee Eng
 Tan Liu Tai, Joni
 Tan Nguan Chee
 Tan Pei Lin, Lynnette (Dr)
 Tan Pek Hoon
 Tan Sai Cheng, Louisa
 Tan Shirley
 Tan Sim Hock
 Tan Siok Hiang, Eunice
 Tan Siok Lan
 Tan Siok Lan, Anne
 Tan Siok Tze, Jennifer
 Tan Soo Hwee
 Tan Soon Peng (IMO - Quek Kim Neo)
 Tan Swee Tin, Agnes
 Tan Tiong Huat, Alex
 Tan Wee Chong, Roger
 Tan Wee Keong, Kasper

Tan Wei Fang, Geraldine
 Tan Wei Ming, Brian (IMO - Johnny Tan Beng Yan)
 Tan Whei Mien, Joy
 Tan Wi Jian, Andy
 Tan Yang Guan
 Tan Yap Phang
 Tan Yee Ren, Melvin (IMO - Lerh Beng Nghoh)
 Tay Jie Ren, Gerald
 Tay Kwong Soong
 Tay Lai Peng
 Tay Shen Chin, Michael
 Tay Tian Jian
 Teng Wen Lien, Matthew
 Teo Boon Lie
 Teo Kang Sheng, Kenneth
 Teo Kee Meng
 Teo Lai Kheng
 Teo Li-Ming (Dr)
 Tham Kui Seng
 The Late Andrew Fong Wing Kee
 The Late Ang Guan Huat
 The Late Chow Yang Chuan
 The Late Goh Kiew Yeng
 The Late Kim Poh Ting
 The Late Lee Choo Kiong
 The Late Lim Cha Ngin
 The Late Lim Siew Ying
 The Late Low Ah Buay
 The Late Low Yang Him
 The Late Tan Joon Eng
 The Late Tan Sew Tee
 The Late Tan Yao Kheng
 The Late Wee Kim Eng
 The Late Wong Yoke Mui
 The Late Yap Chiew Lan
 The Late Yun Yin Har Elizabeth
 Tien Sing Cheong
 Tiffany Varinata
 Tin Keng Seng
 Ting Kwong Seng
 Ting Sew Peng (IMO - Phang Ah Ti)
 Tiong Shu
 Tok Yau Cheng @ Toh Yeow Cheng
 Wang Meng Wah
 Watt Wing Fong
 Wee Ai Ning
 Wong Bor Horng (IMO - Wong Chui Wung)
 Wong Chit Sieng
 Wong Kahoe

DONORS LIST

Wong Keen Mun
 Wong Kit Yee
 Wong Mae Ling, Stephanie
 Wong Mei Gin
 Wong Pak Kwong, Benjamin
 Wong Sin Yee
 Wong Siu Ching, Cindy
 Wong Wai Mun
 Wong Wai Yin
 Wong Wei Chin (Dr)
 Wong Weng Sun
 Xiao Li
 Xu Caihong
 Xu Fen Fen
 Yak Zhaoying
 Yang Yuen Tsyr, Caroline
 Yap Boh Wei (Dr)
 Yap Er Chin
 Yap Poh Suan
 Yap Poh Tee
 Yap Siew Moi
 Yeang Xian Wei (Dr)
 Yee Choon Meng
 Yee Lai Ching
 Yee Sheue Ing, Jean (IMO - Koh Siew Gek)
 Yeo Chee Peng, David
 Yeo Julie
 Yeo Lay Yong
 Yeo Lik Seng
 Yew Ah Looi
 Yew Siong Yong, Stanley (IMO - Kwok Mee Keow)
 Yip Yue Lee
 Yong Chee Fah (Dr)
 Yong Kon Yoon
 Yong Pei Xin, Marianna
 Yue Yean Feng
 Yuen Wei Yi, Gerard
 Zeng Ling, Antonia

Organisations

Akeles Consulting Pte Ltd
 Alcare Pharmaceuticals Pte Ltd
 Allalloy Dynaweld Pte Ltd
 Allen & Gledhill LLP
 Amber Electronics Pte Ltd
 Arie Darma Enterprises (S) Pte Ltd
 ASL Aviation Group Pte Ltd
 A-Trio Technologies Pte Ltd
 Authorities Facilities Management P/L
 Beaver Contromatic Pte. Ltd.
 Bycanary Pte Ltd
 Catalyst Asia Pte. Ltd.
 Chemicals & Machinery Pte Ltd
 Chew How Teck Foundation
 City Developments Limited
 ComfortDelGro Corporation Limited
 Context Interactive Pte Ltd
 CYS Global Remit Pte. Ltd.
 Deutsche Bank AG
 Duke Bakery Pte Ltd
 Erabelle Pte Ltd
 Eu Yan Sang (Singapore) Pte Ltd
 Eu Yan Sang Integrative Health Pte Ltd
 Fabric's Life Laundry Service
 Far East SOHO Pte Ltd
 Focus Network Agencies (S) Pte Ltd
 Frasers Property Corporate Services P L
 Frasers Property Retail Management Pte Ltd
 Furndek Pte Ltd
 Gateway of Asia Pte Ltd
 Gennal Industries Pte Ltd
 GNS Storage Pte Ltd
 Golden Pagoda Buddhist Temple
 Grandlux Private Limited
 Hong Leong Foundation
 HSC Pipeline Engineering Pte Ltd
 Isaac Manasseh Meyer Trust Fund
 Isetan Singapore Limited
 K Food Holdings
 Kajima Overseas Asia (Singapore) Pte Ltd
 Kanlian Ferry Pte Ltd
 Kong Meng San Phor Kark See Monastery
 Lee Kim Tah Foundation
 LHN Group Pte Ltd
 Mega Development & Trading Pte Ltd
 Nera Telecommunications Ltd

Netpoleon Solutions Pte Ltd
Newman Corporate Services Pte Ltd
Nexcomm Asia Pte. Ltd.
Ngee Ann Development Pte Ltd
Nila Singapore Pte Ltd
NTUC Fairprice Co-operative Ltd
NTUC Fairprice Foundation Limited
Oncocare Medical Pte Ltd
OUE Group Foundation
Pei Hwa Foundation Limited
Poly Electronic Service Co Pte Ltd
Privé Clinic Pte Ltd
Q&M Dental Group (Singapore) Ltd
Rainbow Covenant Church Ltd
RSM Chio Lim LLP
Sim & Yeo Co Pte Ltd
SINCL Pte Ltd
Sindo Damai Shipping Pte Ltd
Singapore Buddhist Youth Mission
Singapore United Estates (Pte) Ltd
ST Logistics Pte Ltd
SymAsia Singapore Fund
Tai Pei Foundation
Tampines Chinese Temple
TCRE Partners Private Limited
The Canary Diamond Company Pte Ltd
The Community Foundation of Singapore
The Laser Vision Correction Centre P/L
The Ngee Ann Kongsi
Tiffany and Company Pte Ltd
Trailblazer Foundation Ltd-LHL Fund
Trends N Trendies Pte Ltd
Tri-Harvest International Pte Ltd
Twist Media Pte Ltd
UK Online Giving Foundation
Unitrio Trading Pte Ltd
UOB Kay Hian Private Limited
Vino Partners Pte Ltd
Web Synergies (S) Pte Ltd
Wilmar International Limited
Wing Ship Marine Services Pte Ltd
Woh Hup (Private) Limited (IMO - Willie Siow Fung Wai Ying)
YTL PowerSeraya Pte Ltd
Zu-Lin Temple Association

31ST GOVERNING COUNCIL



A/Prof Jeremy Lim
Chairman
31st Governing Council

Date of Last Election
20 August 2022

Occupation
Director
Global Health Program
Saw Swee Hock School
of Public Health, National
University of Singapore
Co-founder & CEO, AMILI



Ms Angelene Chan
Vice Chairman
Chairman, Building &
Development Committee

Date of Last Election
21 August 2021

Occupation
Chairman, DP Architects &
its Group of Companies



Prof Ho Yew Kee
Honorary Secretary
Chairman, Investment
Committee

Date of Last Election
21 August 2021

Occupation
Professor of Accounting
Cluster Director Business,
Communication and Design
Singapore Institute of
Technology



Mr Low Chee Wah
Chairman
Audit, Risk & Governance
Committee

Date of Last Election
20 August 2022

Occupation
CEO
Fraser's Property Retail



Mr Paul Gagnon
Chairman
Communications & Outreach
Committee

Date of Last Election
21 August 2021

Occupation
Consultant



Dr Kwa Chong Teck
Co-Chairman
Fundraising Committee

Date of Last Election
20 August 2022

Occupation
Senior Adviser
Singhealth



Mr Shee Gim Leng
Assistant Honorary
Secretary
Chairman, Information
Technology Committee

Date of Last Election
20 August 2022

Occupation
DD (Training and Learning
System Office), PMG, HTX



Ms Diane Chen Dan
Honorary Treasurer

Date of Last Election
20 August 2022

Occupation
Chief Financial Officer
NetLink NBN Trust



Ms Ong Ai Hua
Assistant Honorary Treasurer

Date of Last Election
21 August 2021

Occupation
Deputy Secretary
Ministry of Social and Family
Development



Dr Karen Soh
Co-Chairman
Fundraising Committee

Date of Last Election
20 August 2022

Occupation
Medical Director
Laser Clinics Singapore



Ms Deanna Ong
Chairman
Human Resource
Committee

Date of Last Election
21 August 2021

Occupation
Chief People Officer
GIC



**Adjunct A/Prof Mark Chan
Peng Chew**
Chairman
Medical Professional Audit
Committee

Date of Last Election
20 August 2022

Occupation
Divisional Chairman
(Integrative & Community
Care), Senior Consultant,
Tan Tock Seng Hospital

31ST GOVERNING COUNCIL



Dr Tanya Tierney
Chairman
Volunteers Committee

Date of Last Election
21 August 2021

Occupation
Assistant Dean, Clinical
Communication,
Lee Kong Chian School of
Medicine,
Nanyang Technological
University



Mr Chey Chor Wai
Member

Date of Last Election
20 August 2022

Occupation
Consultant



Dr Lionel Lee
Member

Date of Last Election
21 August 2021

Occupation
Retired



Ms Cheng Yoke Ping
Member

Date of Last Election
21 August 2021

Occupation
Retired



Ms Woo E-Sah
Member

Date of Last Election
20 August 2022

Occupation
Partner & Head of Audit
RSM Singapore



Mr Henk R. De Glint
Member

Date of Last Election
21 August 2021

Occupation
Managing Director &
Senior Advisor Singapore &
Southeast Asia,
JP Morgan Private Bank

HONORARY COUNCIL MEMBERS



Ms Shefali Srinivas
Member

Date of Last Election
21 August 2021

Occupation
Head of Business
Communications
Meta, APAC



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 Societies Act 1966. The Hospice is registered as a charity under the Charities Act 1994. 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 2020 to 30 September 2023.

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 31st Governing Council

A/Prof Jeremy Lim

Vice Chairman & Chairman, Building & Development Committee

Ms Angelene Chan

Honorary Secretary & Chairman, Investment Committee

Prof Ho Yew Kee

Assistant Honorary Secretary & Chairman, Information Technology Committee

Mr Shee Gim Leng

Honorary Treasurer

Ms Diane Chen Dan

Assistant Honorary Treasurer

Ms Ong Ai Hua

Chairman, Audit, Risk & Governance Committee

Mr Low Chee Wah

Chairman, Communications & Outreach Committee

Mr Paul D. Gagnon

Co-Chairman, Fundraising Committee

Dr Kwa Chong Teck
Dr Karen Soh

Chairman, HR Committee

Ms Deanna Ong

Chairman, Medical Professional Audit Committee

Adjunct A/Prof Mark Chan
Peng Chew

Chairman, Volunteers Committee

Dr Tanya Tierney

Members

Mr Chey Chor Wai
Ms Cheng Yoke Ping
Dr Lionel Lee
Mr Henk R. De Glint
Ms Shefali Srinivas
Ms Woo E-Sah

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 30th Annual General Meeting held on 20 August 2022. 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).

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 (Amendment) Act 2020.

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.org.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 19 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 the 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 3 years.
10. Under the Constitution of DPH, no Council members shall serve more than 9 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 4-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.

- 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

- 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)

- 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.
- 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.
- 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

- 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:
 - 20 August 2022
 - 12 December 2022
 - 21 March 2023
 - 25 July 2023

The Council members' attendance at the Council meetings for the period of August 2022 to July 2023 are as follow:

S/No	Name of Council Members	No of Meetings in the work year	No of Meetings attended
1.	A/Prof Jeremy Lim	4	4
2.	Ms Angelene Chan	4	3
3.	Prof Ho Yew Kee	4	4
4.	Mr Shee Gim Leng	4	1
5.	Ms Diane Chen Dan	4	3
6.	Ms Ong Ai Hua	4	4
7.	Mr Low Chee Wah	4	1
8.	Mr Paul D. Gagnon	4	3
9.	Dr Kwa Chong Teck	4	3
10.	Dr Karen Soh	4	-
11.	Ms Deanna Ong	4	1
12.	Adjunct A/Prof Mark Chan Peng Chew	4	4
13.	Dr Tanya Tierney	4	3
14.	Mr Chey Chor Wai	4	4
15.	Dr Lionel Lee	4	3
16.	Ms Cheng Yoke Ping	4	4
17.	Mr Henk R. De Glint	4	4
18.	Ms Shefali Srinivas	4	1
19.	Ms Woo E-Sah	4	-

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

ROLES AND RESPONSIBILITIES OF SUB-COMMITTEES

7. Audit, Risk and Governance Committee (ARGC)

- 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.
- 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.
- Audit partners in charge of DPH are changed every five years.
- The ARGC meets at least 3 times a year.

STATEMENT OF CORPORATE GOVERNANCE

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 oversees, builds and strengthens DPH's current branding and communication policies, protocols and guidelines.
2. The COC provides insight and counsel on the communications strategies that support the achievement of the communications and outreach objectives with respect to enhancing the presence of DPH in all media platforms (traditional and digital media), and align with the corporate mission and vision.
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 Resources Committee (HRC)

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

14. Information Technology Committee (ITC)

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 4 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 2023.

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 2023, 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 2023	FY 2022
\$200,001 to \$300,000	-	2
\$300,001 to \$400,000	2	1
\$400,001 to \$500,000	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 2023, the Hospice did not make any loan or grant to any third parties.

OUR COMMITTEES

DOVER PARK HOSPICE'S COMMITTEES

1. APPOINTMENT AND NOMINATION COMMITTEE

- A/Prof Jeremy Lim (Chairman)
- Ms Angelene Chan
- Prof Ho Yew Kee

2. AUDIT, RISK AND GOVERNANCE COMMITTEE

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

3. BUILDING AND DEVELOPMENT COMMITTEE

- Ms Angelene Chan (Chairman)
- Dr Lionel Lee (Vice Chairman)
- Mr Loh Hai Yew
- Mr Kenneth Sim
- Dr Wu Huei Yaw

4. COMMUNICATIONS AND OUTREACH COMMITTEE

- Mr Paul D. Gagnon (Chairman)
- Ms Shefali Srinivas (Vice 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 Koid
- Dr Tanya Tierney
- Ms Suzanne Lim

5. EXECUTIVE COMMITTEE

- A/Prof Jeremy Lim (Chairman)
- Ms Angelene Chan (Vice Chairman)
- Prof Ho Yew Kee (Honorary Secretary)
- Mr Shee Gim Leng (Assistant Hon Secretary)
- Ms Diane Chen Dan (Honorary Treasurer)
- Ms Ong Ai Hua (Assistant Hon Treasurer)

6. FUNDRAISING COMMITTEE

- Dr Kwa Chong Teck (Co-Chairman)
- Dr Karen Soh (Co-Chairman)
- Dr June Goh
- Ms Joy Tan
- Mr Kenneth Tan
- Ms Shan Tjio
- Ms Shauna Teo
- Ms Tiffany Varinata
- Mr Johnny Lam
- Mr Alex Tan Tiong Huat
- Ms Lim Hon Ing
- Ms Amanda Tan
- Dr Shirley Kwee

7. HUMAN RESOURCE COMMITTEE

- Ms Deanna Ong (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

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

9. INVESTMENT COMMITTEE

- Prof Ho Yew Kee (Chairman)
- Mr Guan Ong (Vice Chairman)
- Mr Freddy Orchard
- Mr Ho Hin Wah
- Mr Joel Cheng
- Ms Lissa Toh

ENDOWMENT FUND TRUSTEES

- Ms Jacqueline Khoo
- Dr Seet Ai Mee
- Prof Tay Boon Keng

10. MEDICAL PROFESSIONAL AUDIT COMMITTEE

- Adjunct A/Prof Mark Chan Peng Chew (Chairman)
- Dr Angel Lee (Vice Chairman)
- Dr Robert Lim
- Dr Tiew Lay Hwa
- Dr Uma Rajan
- Dr Wu Huei Yaw
- Mr Wu Tuck Seng
- Mrs Nellie Yeo
- Dr Alan Ong
- Dr Kwa Chong Teck

11. MEDIFUND COMMITTEE (APPOINTED BY MOH)

- Prof Ho Yew Kee (Chairman)
- Dr Ian Leong
- Ms Jenny Bong

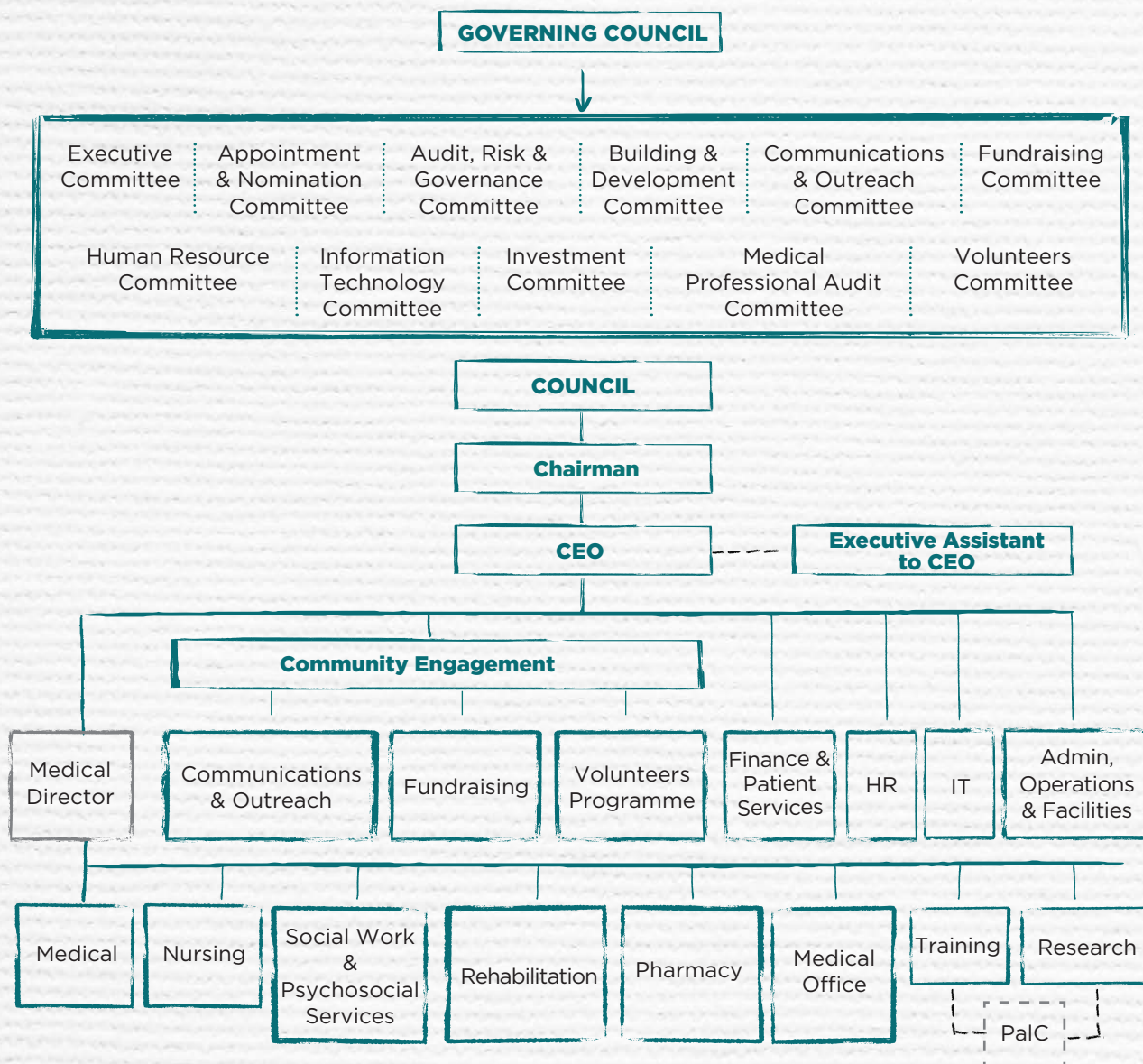
The Medifund Committee was appointed by MOH for a tenure of 4 years from 1 April 2021 to 31 March 2025.

12. VOLUNTEERS COMMITTEE

- Dr Tanya Tierney (Chairman)
- Mr Raymond Chiang
- Mr Muhammad Agus Bin Othman
- Ms Janice Phua
- Mr Gilbert Lew
- Mr Sia Ooi Kong
- Ms Chan Choo Lin
- Ms Ler Yu-Min
- Mrs Pearl Lim
- Mr Bernard Yeo
- Ms Linda Hart
- Ms Cheah Li Yean
- Ms Yeo Tze Yee
- Ms Lim Guek Har
- Mr Kelvin Fong
- Ms Yeo Jing Ping
- Mr Christen Teo Rui En

OUR ORGANISATIONAL STRUCTURE

Council Structure



Note:

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

OUR MANAGEMENT

CHIEF EXECUTIVE OFFICER

Mr Timothy Liu

(Date of Appointment: 7 March 2016)

(Last Day of Service: 12 January 2023)

Dr Liew Li Lian

(Date of Appointment: 1 April 2023)

MEDICAL DIRECTOR

Dr Mervyn Koh

SENIOR CONSULTANT

Dr Allyn Hum

Dr Joseph Ong Yew Jin

CONSULTANT

Dr Yee Choon Meng

(Last Day of Service: 7 July 2023)

Dr Tricia Yung

(Date of Appointment: 1 April 2023)

PRINCIPAL RESIDENT PHYSICIAN

Dr Yea Kok Chin

SENIOR RESIDENT PHYSICIAN

Dr Martin Lee

Dr Hoh Sek Yew

RESIDENT PHYSICIANS

Dr Chia T-Yunn

Dr Drusilla Teo

Dr Kevin Lim

(Date of Appointment: 22 May 2022)

Dr Wang Zhiyi

(Date of Appointment: 5 July 2022)

DIRECTOR OF NURSING

Ms Chin Soh Mun

(Last Day of Service: 30 September 2022)

Ms Joyce Goo

(Date of Appointment: 1 July 2023)

HEAD, SOCIAL WORK AND PSYCHOSOCIAL SERVICES

Ms Martha Ng

HEAD, PALLIATIVE REHAB UNIT

Ms Roxanne Foo

SENIOR MANAGER, FINANCE AND PATIENT SERVICES

Ms Karen Tan

SENIOR MANAGER, COMMUNICATIONS AND OUTREACH

Ms Jenny Goo

SENIOR MANAGER, FUNDRAISING

Mr Alex Ho

SENIOR MANAGER, INFORMATION TECHNOLOGY

Mr Tan Chong Boon

SENIOR MANAGER, HUMAN RESOURCE

Ms Teresa Tang

SENIOR MANAGER, VOLUNTEER PROGRAMME

Ms Tok Shou Wee

SENIOR MANAGER, ADMIN, OPERATIONS AND FACILITIES

Mr Manmhom Singh

MANAGER, TRAINING

Ms Tan Li Kuan

STAFF-IN-CHARGE, RESEARCH

Ms Tay Ri Yin

OUR EXECUTIVE TEAM



From left:

Ms Roxanne Foo, Head, Palliative Rehab Unit • **Dr Tricia Yung**, Consultant and Head of Home Care •
Ms Tan Li Kuan, Manager, Training • **Ms Teresa Tang**, Senior Manager, Human Resource • **Mr Manmhom Singh**,
Senior Manager, Admin, Operations and Facilities • **Ms Jenny Goo**, Senior Manager, Communications and Outreach •
Dr Mervyn Koh, Medical Director



From left:

Dr Liew Li Lian, CEO • **Ms Tok Shou Wee**, Senior Manager, Volunteer Programme • **Ms Martha Ng**, Head of Social Work and Psychosocial Services • **Mr Alex Ho**, Senior Manager, Fundraising • **Ms Karen Tan**, Senior Manager, Finance and Patient Services • **Mr Tan Chong Boon**, Senior Manager, Information Technology • **Ms Joyce Goo**, Director of Nursing

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	Complied
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	Complied
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	Complied

GOVERNANCE EVALUATION CHECKLIST

S/N	Code guideline	Code ID	Response
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
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. <u>OR</u> 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 ⁴ 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. <u>OR</u> 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

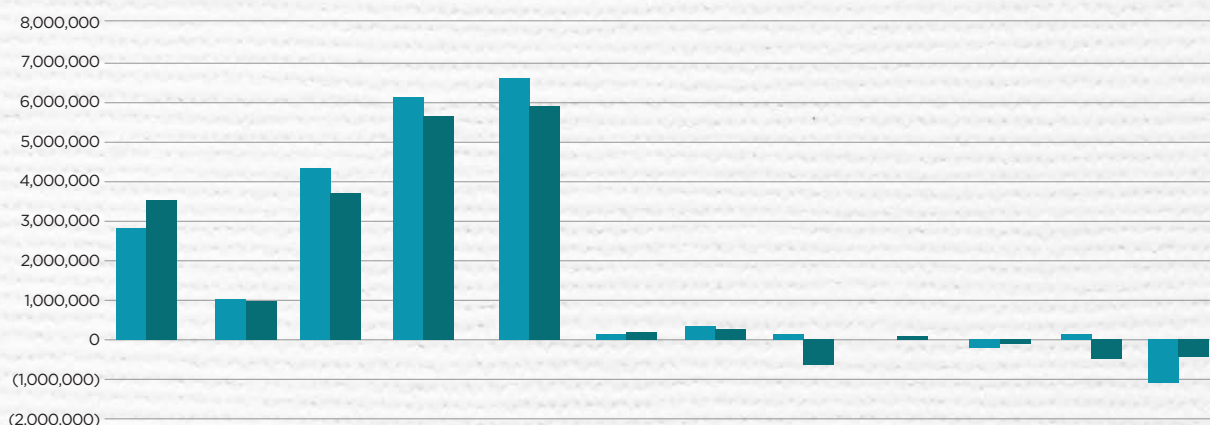
Notes:

- 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.

FINANCIAL HIGHLIGHTS

Total Income for the year

	FY 2023	FY 2022
Voluntary Income & Income from Fundraising Activities	2,805,557	3,495,074
Investment Income	1,007,867	964,947
Patients' Fees	4,328,269	3,702,577
Government Subvention Grant	6,135,657	5,638,729
Other Grants	6,623,348	5,909,398
Amortisation of Deferred Capital Grants	111,591	170,555
Others	314,286	241,651
Net Fair Value Gains/(Losses) on Financial Assets at FVTPL - Investments	98,220	(662,759)
Net Fair Value Gains on Financial Assets at FVTPL - Forward Exchange Contracts	-	91,514
Net Unrealised Foreign Exchange Losses	(237,488)	(141,307)
Net Realised Foreign Exchange Gains/(Losses)	103,468	(517,166)
Net Loss on Disposal of Financial Assets	(1,116,833)	(449,573)
	20,173,942	18,443,640

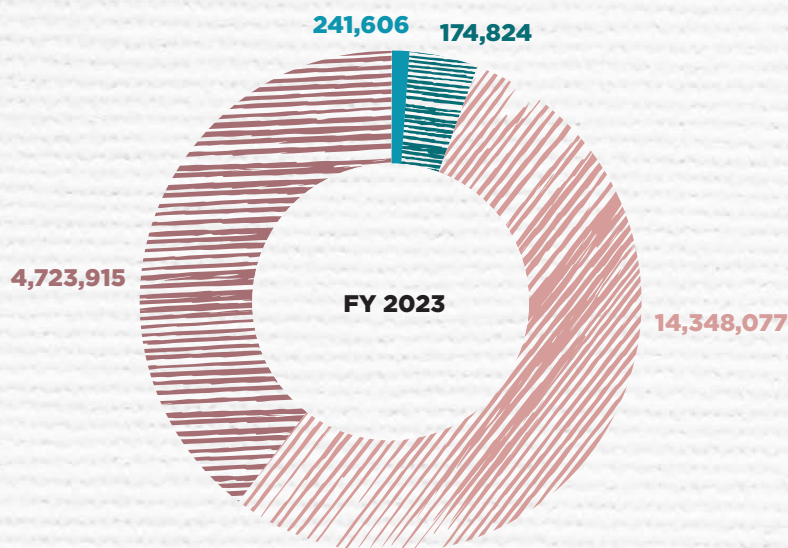


	Voluntary Income & Income from Fundraising Activities	Investment Income	Patients' Fees	Government Subvention Grant	Other Grants	Amortisation of Deferred Capital Grants	Others	Net Fair Value Gains/(Losses) on Financial Assets at FVTPL - Investments	Net Fair Value Gains on Financial Assets at FVTPL - Forward Exchange Contracts	Net Unrealised Foreign Exchange Losses	Net Realised Foreign Exchange Gains/(Losses)	Net Loss on Disposal of Financial Assets
FY 2023	2,805,557	1,007,867	4,328,269	6,135,657	6,623,348	111,591	314,286	98,220	-	(237,488)	103,468	(1,116,833)
FY 2022	3,495,074	964,947	3,702,577	5,638,729	5,909,398	170,555	241,651	(662,759)	91,514	(141,307)	(517,166)	(449,573)

FINANCIAL HIGHLIGHTS

Total Expenditure for the year

	FY 2023	FY 2022
● Fundraising Costs	241,606	256,630
● Investment Management Expenses	174,824	187,714
● Charitable Activities	14,348,077	12,727,904
● Impairment Loss on Trade Receivables	-	7,473
● Governance Activities	4,723,915	4,418,029
	19,488,422	17,597,750



Explanatory Notes

- 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.
- 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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FY2022 - 23 Financial Report



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