



DOVER PARK HOSPICE
Every Moment Matters

DOVER PARK HOSPICE | ANNUAL REPORT 2024/25



A TOUCH OF
LIGHT IN
EVERY MOMENT

OUR MISSION

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

OUR VISION

To be the centre of excellence for palliative care services, education and research

OUR CORE VALUES

Excellence, Teamwork and Compassionate Care



"You matter because you are you, and you matter to the last moment of your life."

- Dame Cicely Saunders
Founder of the modern hospice movement and palliative care

CONTENTS

2	Vision, Mission, Core Values
4	Message from the Chairman
6	Message from the CEO
8	My Seamless Care Journey
16	My Journey of Help and Hope

From Care to Connection

22	The Heart of Collective Care
24	Shaping Tomorrow's Palliative Care
26	Environmental, Social, Governance

Care Beyond the Spotlight

30	Our Executive Team
32	Our Organisational Structure
33	Our Donors for the Sunflower Charity Gala 2024
35	33 rd Governing Council
39	Corporate Information
41	Statement of Corporate Governance
45	Our Committees
47	Governance Evaluation Checklist
50	Financial Highlights

Message from the Chairman



Following my first term as the Chairman of Dover Park Hospice from 2011 to 2013, I am humbled to serve once again as Chairman when I was elected by Council in August 2024. This role remains a profound privilege where I have the honour and responsibility to lead alongside dedicated and astute Council Members and exceptional staff with one mission: to bring comfort, dignity and meaning to every person journeying through life's final chapter.

Integrating Care for Impact
Dover Park Hospice has evolved and progressed over the years and continued to see great progress in many areas in the past year. We are immensely proud of the pilot study we have conducted in partnership with Tan Tock Seng Hospital (TTSH) - the Integrated Palliative Care Programme (IPCP) - which concluded this year. The IPCP pilot has demonstrated what is truly possible when a mature, fully integrated hospice system partners closely with an acute hospital. Dover Park Hospice stands out not only in terms of breadth of services but in the depth of clinical expertise and the ability to manage complex needs across care settings.

The pilot has shown clinical outcomes that benefit patients and the service providers.

Joined in Purpose, Advancing Palliative Care Excellence
The good outcome of the IPCP pilot programme is largely because of the close cooperation and clinical integration with TTSH for many years. Dover Park Hospice will continue to work closely with TTSH and the National Healthcare Group (NHG Health) to enhance palliative care in the coming years. One of the partnerships with the National Healthcare Group and Lee Kong Chian School of Medicine is the Palliative Care Centre for Excellence in Research and Education (PalC) established in 2017. Last year, PalC launched the Holistic Palliative Care (HoPE) Programme, the first interdisciplinary, competency-based postgraduate curriculum for palliative care in Singapore and the greater Southeast Asia region. Designed for busy working healthcare professionals, it offers rigorous, flexible and modular learning that equips practitioners to lead with both skill and compassion. We proudly welcomed our inaugural class of 30 learners for the Graduate Certificate in August 2024.

Our research momentum continues to grow. Our clinical and research teams contributed to peer-reviewed journals and presented at international conferences across Canada, Malaysia, Finland, U.S and Mongolia. For example, ongoing research on breathlessness—R.I.S.E. (Restitutive. Integrative. Supportive. Empowering) Programme reflects our unwavering commitment to evidence-based, holistic care.

Expanding Care, Overcoming Challenges
As we continue to expand our home care services, we face several challenges. The most significant challenge is the ability to hire experienced nurses. Our management has introduced several initiatives to provide a better work life balance, to improve retention rate and to attract new joiners. The other challenge that impacts us overall is funding. We have been fortunate and blessed to have donors who have continued to support us, and we have been able to deliver a surplus in the last financial year. It takes many hands and a lot of hard work to raise funds. We continue to work on new ways to appeal to our supporters for donations.

Your Dedication, Our Strength

We could not have come this far without the strong support from our volunteers, the Governing Council members and the many members of the various sub-committees who have contributed hundreds of pro-bono hours, working tirelessly and mostly behind the scenes, to serve our patients, providing guidance and stewardship. We must also not forget our staff and the management, ably led by our CEO, Dr Liew Li Lian and Medical Director Dr Mervyn Koh. To all of them, I would like to record the Governing Council's sincere thanks and gratitude. Dr Mervyn Koh, who stepped down as our Medical Director on 30 June 2025, will be particularly missed as he had developed the clinical expertise and excellence that improved Dover Park Hospice's reputation and standing amongst the palliative care profession. He was succeeded by Dr Tricia Yung, whom I look forward to working with.

We are also bidding farewell to four valuable Council members who are stepping down from the Governing Council at the end of this term. They are Honorary Secretary Professor Ho Yew Kee, Fundraising Committee Co-chairman Dr Kwa Chong Teck, former Honorary Treasurer Ms Diane Chen, and Dr Seet Ju Ee. To them, we owe a great gratitude for all the selfless contributions and guidance in making Dover Park Hospice a better organisation.

Lastly, we are very grateful to our donors - seasoned philanthropists and new changemakers alike - for your contributions and continued trust in our work to honour the lives and stories of our patients, anchored by our belief to make palliative care accessible to everyone.

Chey Chor Wai



Message from the CEO



Dear Friends and Family of Dover Park Hospice,

This year flew by in a blaze of innovation and expansion.

Last year, we landed our Dove in the Integrated Care Hub (ICH) and planted our Sunflower firmly in the soil of our Sky Garden. This year, our Dove has flown higher and further, and

our Sunflower has put down stronger roots. These two iconic symbols of our promise to deliver excellent hospice care have really flourished.

Harnessing Technology and Innovation to Humanise Care

Our clinical team rolled out Phase Two of our Respiree monitoring programme, a collaboration that has garnered

our technology partner's successful closing of a US\$11.6 million Series A financing.

We initiated Virtual Reality (VR) journeys, starting from Inpatient, Day Care and soon, to our Home Care. What is amazing about this is that it gives our patients the ability to visit places that meant something, to feel and see again, sometimes in the company of a loved one. We were immensely privileged to be able to facilitate a patient's virtual journey home to his childhood town so far away, bringing his son with him. He passed away one week later.

Our Day Care team refreshed the R.I.S.E. (Restitutive. Integrative. Supportive. Empowering) programme into Version 2.0, incorporating the latest best practices – such is the pace of inclusion of evidence in our care.

Our Director of Nursing, Sister Atiqah Tanty, introduced our adaptation of "Liquid Nursing", an award-winning rostering concept learnt from our partner Tan Tock Seng Hospital (TTSH) that makes us more efficient by three shifts per month. Our Home Care nurses continued to grow in their depth of practice and our Day Care team found new ways to lift patients' spirits, yet give them peace of mind.



On the non-clinical front, our Finance and Human Resource teams streamlined their processes, rolling out digital solutions and weeding out inefficiencies while guarding quality and attention to detail. Our Information Technology and Data team took us up to the standards of the Data Protection Trustmark (DPTM) framework, ready for the upcoming Health Information Bill. The Operations team restructured Patient Services and streamlined three service workflows into one. We are weaving artificial intelligence (AI) into the daily operations of our teams.

In the midst of all this, our total patient load grew by about 30%. Step by step, we spread our wings island-wide across all three services, welcoming patients regardless of age, race or religion. Along the way, many new colleagues have joined our cause – each sharing the same conviction that we should do the right thing, make every moment matter, stand by our patients and continue to care for their families even beyond their final farewell.

I have Dr Mervyn Koh to thank for his strong and compassionate leadership as our former Medical Director. His legacy is a formidable clinical foundation that continues to receive trainee doctors, nurses, allied health and other fellows. He has left significantly large shoes, ably filled by Dr Tricia Yung, a dynamic energetic breath of fresh air.

Consolidation for Greater Outcomes

Our Volunteer Management team embarked on a flexible work week that increased their morale, response rate and productivity by a third. They did so to further

enable and support our beloved volunteers, who are chafing to do more. Vigils, befriending, and other patient-facing tasks give special meaning. Accompanying patients and families on outings and for their medical appointments helped enormously. The tireless administrative and other supportive tasks done by our volunteers have my endless gratitude. Their advocacy and passion inspire me every day.

Our Fundraising, Communications and Outreach functions were combined into a powerhouse Community Engagement team who launched new channels to engage, spread awareness and seek like-minded supporters across Singapore and beyond. We hosted our media friends in different ways so that they had the chance to witness the magical and tender work of hospice care. We gently nudged everyone during festive seasons such as Chinese New Year to share abundance with the two thirds of our patients who needed financial assistance.

We have proudly flown the flag of Dover Park Hospice high on the international stage, reflecting the quality and standards of our Ministry of Health, as we presented orally and through posters, or were invited as speakers at palliative care conferences. We now have a Doctorate (PhD) staff among us whose passion to add knowledge to palliative care is a wonderful calling.

Our annual Rose for Remembrance memorial service has continued to grow as we welcomed the families of more than 900 patients whose lives and legacies we came together to honour and celebrate. Our steadfast team of social workers

and therapists, strongly supported by our volunteer corps, stood by to receive these families after the service. They are survivors of the loss of a loved one. Often, people think it is only the elders who pass on, but we have held younger patients and we are here for the children and spouses whom they have left behind. Many volunteers themselves have been bereaved. They understand what this grief feels like.

With Gratitude, We Move Forward Together

As we expand our work, I continue to watch over our governance – ensuring that risks are well-managed and that we care for our environment and social impact.

Dover Park Hospice's mission remains unchanged - to bring comfort, symptom relief and deliver compassionate palliative care. We continue to strive for excellence in service, education and research, bringing hospice care to as many as we can.

I am immensely thankful to our staff, volunteers, donors and members of the Governing Council and Sub-Committees for walking with us through thick and thin. Together, hand in hand, we can make miracles come true. We would not be here today if not for you and what you do and give to Dover Park Hospice that keeps us strong enough to care for our patients.

Together, we continue to Make Every Moment Matter.

Dr Liew Li Lian

My Seamless Care Journey

- part 1 of 3 -

“From the first visit by Dover Park Hospice’s Home Care team, they treated me with kindness and respect. They did not just see my illness, they saw ME.”

I spent over 40 years working as a hotel chef specialising in french cuisine. Busy kitchens, long hours and the joy of serving others. Nothing quite prepared me for what came after I was diagnosed with Metastatic Prostate Cancer. When I was discharged from TTSH in December 2021, I was referred to Dover Park Hospice’s Home Care service. The doctors told me I had about a year.

At that point in my life, I was mostly on my own. I was living alone, while my siblings were all overseas. My godson did what he could, but most days, it was just me. I was getting weaker, losing weight, feeling exhausted, struggling with swollen legs and constant pain. Some days, just moving around the house felt like a risk. I was afraid of falling. More than that, I was afraid of fading away quietly, without anyone really seeing me.

From the first visit by Dover Park Hospice’s Home Care team, they treated me with kindness and respect. They did not just see my illness, they saw ME. They listened. They took the time to understand what mattered to me. They helped manage my pain, but more than that, they preserved my dignity.

Dover Park Hospice gave me more than care. They gave me peace of mind, they honoured my life, my story, and who I was. And for that, I am truly grateful.

...Story continues on page 12



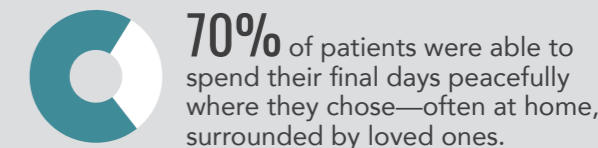
At Dover Park Hospice, every story and milestone reflect lives touched and dignity upheld with unwavering care.

INTEGRATED PALLIATIVE CARE PROGRAMME (IPCP) WITH TTSH

In partnership with TTSH, we piloted Singapore’s first capitation-based IPCP, enabling seamless hospital-to-home transitions for patients with

advanced illness. Currently, **1,290** patients have been referred, with 70% able to spend their final days where they chose, often at home.

To continue serving patients like Mr Johnny, the IPCP has not only drastically improved transfer timeliness while honouring care preferences, but it also significantly reduced hospital and emergency visits. This demonstrates the value and impact of community-based palliative care.



QUALITY CARE AT EVERY STAGE

Dover Park Hospice’s three services (Inpatient, Home Care and Day Care) work seamlessly as one ecosystem for patients like Mr Johnny, whose needs changed through stages of care. Uniquely, we can truly deliver our promise to be there for him, tailoring care as he required, in the places that were best for him.

Home Care

Number of Patients Admitted

25.6% Increase



Day Care

Number of Patients Admitted

75% Increase



Inpatient Care

Number of Patients Admitted

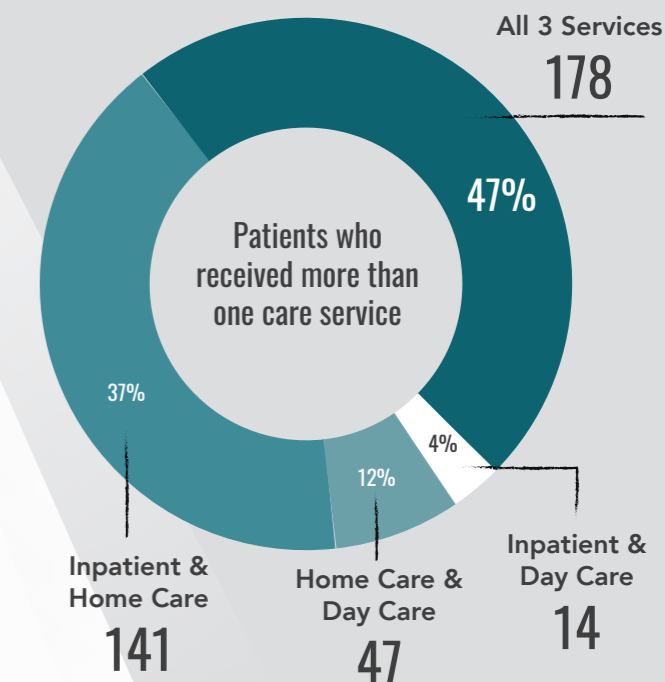
12.5% Increase



■ FY 2024 ■ FY 2023

“ONE OF 178”: A SEAMLESS CARE JOURNEY

Mr Johnny is one of our 178 patients who have received support across all three services. His journey reflects how a complete hospice ecosystem ensures patients are supported with dignity through every stage.



Mr Johnny's story is one of many that reflects the growing need and trust in hospice care at home. Like him, more patients are expressing a wish to spend their final days at home.

To honour who they are and what matters most to them, Dover Park Hospice continues to expand its Home Care service islandwide, ensuring that compassionate and personalised support is within reach for every patient's final chapter.

At its heart, hospice is not about giving up, it is about living well, and being prepared for the end.



SCALING HOME CARE CAPACITY

21%
Growth in number of Home Care patients supported over the last two years.



ENHANCING ACCESS ISLANDWIDE

From April 2024, we have increased our bench strength to better serve patients and increase accessibility to our services.

MORE TAILORED EXPERTISE TO SUPPORT A WIDER RANGE OF PATIENTS

Programme Dignity: Integrated home care programme for palliative care patients with advanced dementia who can no longer express their needs.

Programme IMPACT (Integrated Management and Palliative Care for Terminally-ill Non-Cancer): Support for non-cancer patients with end-stage organ failure and frailty.

HoPE (Home-based Palliative care for patients with End stage liver disease) Research Project: A collaboration with Tan Tock Seng Hospital's Department of Gastroenterology for patients with advanced liver failure.

Partnership with National Neuroscience Institute: Support for patients with advanced dementia or other life-limiting neurological conditions such as motor neuron disease and Parkinson's Disease.

HONOURING FINAL WISHES: HELPING PATIENTS PASS ON AT HOME

	Admission	Advance Care Planning Discussed: Making Future Care Choices	Honouring Patient's Care Plan Choices (%)*	Honouring Patient's Preference Not to Die in Hospital (%)
Home Care	766	427	92%	71%
Programme IMPACT	136	67	82%	71%
Programme Dignity	189	94	97%	92%

*A small percentage of care plans were not honoured because patients or their families could no longer manage care at home.

"Hospice is about living well to the end. Choosing hospice is not giving up, it is choosing care that honours what matters most at life's end."

- Dr Tricia Yung
Medical Director

To support patients in spending their final days at home, we are actively expanding our Home Care team.



588
patients completed Advance Care Planning (ACP)

78%
patients who passed away in their preferred place of care



“When I first stepped into Day Care, almost immediately, I felt a quiet warmth. The scene was not that of a hospital, it was that of a community.”

After a few months of being cared for at home, Dover Park Hospice’s Home Care team suggested I join their Day Care programme. They could tell I was not just struggling with my health. I was struggling with loneliness. I missed having people around, missed feeling like I was part of something bigger than my illness.

When I first stepped into Day Care in February 2022, I was not sure what to expect. Almost immediately, I felt a quiet warmth. The scene was not that of a hospital, it was that of a community. People remembered my name; they sat down to chat and really listened to me. Laughter and stories filled the room. For the first time in a long while, I did not feel like just a patient. I felt like myself again.

My days slowly began to fill with light and warmth. I sang my favourite Hokkien, Cantonese and Mandarin songs at karaoke, letting the memories and melodies carry me. I moved my body during group exercises, which helped me stay steady on my feet. I played mahjong. I even got to “travel” with virtual reality goggles—imagine that! I cooked pots of beef stew for staff and friends at Day Care, just like I used to at the hotel. I made it a point to welcome every new person who came through the doors, just like how I was so welcomed. During our weekly Lim Kopi sessions, I would buy extra snacks such as fried Bee Hoon and Nasi Lemak for everyone, because it felt so good to share again; it felt so good to belong again.

Behind the scenes, the care team looked after every detail. My social worker helped arrange medical transport, so I could come in safely. They coordinated my regular blood transfusions at TTSH, so that I could keep showing up, week after week. More than that, they saw me as the man I have always been: the one who still has stories to tell, meals to cook, friendships to nurture, songs to sing, and a life to live.

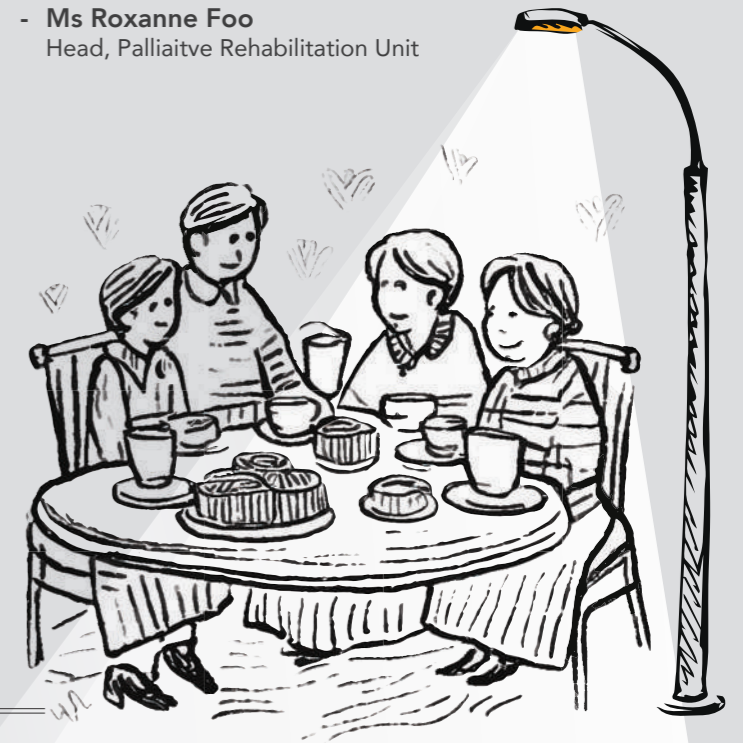
At Day Care, I was not just marking time, I was living. I was seen. I belonged.

...Story continues on page 14



“A terminal condition does not mean life stops there. Every Moment Matters to the end. We help you take back control of your body and create lasting memories.”

- Ms Roxanne Foo
Head, Palliative Rehabilitation Unit



EXPERIENCES BEYOND FOUR WALLS

Virtual Reality (VR) Project: Started in January 2025 to provide Inpatients and Day Care clients with the ability to travel to where they have wanted to go but are now too frail to. This can be done together with loved ones, creating memories and making real the wish to be in places longed for and missed.

SUPPORTING MOBILITY THROUGH REHABILITATION

306

Group exercises for clients with life-limiting illnesses



177

Rehabilitative sessions (Namaste care and group activity)

Namaste Care

A multifaceted intervention using sensory stimulation (stroking touch massage, calm music, soft lighting and aromatherapy). It can lessen agitation and help people bond better. In advanced dementia, it increases awareness and engagement with their surroundings. In some cases, Namaste Care can reduce the need for medications.

Group Activity

Art and Music Therapy: Engaging in creative activities like painting, drawing, or playing musical instruments can be therapeutic and expressive.

Exercise Programmes: Gentle exercise tailored to individual needs can improve physical function and reduce fatigue.

Recreational Activities: Outings, games, and social gatherings can provide a sense of normalcy and enjoyment.

Support Groups: Providing a safe space for patients and their families to share experiences and receive emotional support.

Respite for Caregivers: Caregivers can benefit from the respite provided by day care services, allowing them to recharge and attend to their own needs.

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

A 12-week programme for patients with chronic advanced lung diseases that empowers them with skills and abilities to self-manage breathlessness at home.

25%

of our Day Care clients are in the R.I.S.E. Programme

86%

Patients graduated with improvements in self-management of their breathlessness at home

“They knew that it was time to move into the inpatient ward. I did not feel like I was being handed over – I felt held.”

In June 2025, things changed again. I could feel my body slowing down. I felt dizzy. My legs were weaker, and even with all the support I had, simple things became harder. I was more unsteady, more drained, and more aware that I needed closer care. I was afraid to be at home.

The team at Dover Park Hospice noticed before I said a word. They knew that it was time to move into the inpatient ward. I did not feel like I was being handed over—I felt held. I felt like I had been gently carried, and placed in a warm bed, and they never let me go.

In the ward, I continued to receive the medical care I needed. Blood transfusions, medications, all handled with the same kindness and attentiveness I have come to know. But what mattered most was that I could still continue to visit my friends at Day Care.

My social workers checked in regularly, helping me plan for the future, even now. They arranged for a helper so that I might go back home one day, maybe even return to Day Care if I am strong enough. They believed that I still had more life to live. And that belief matters.

I am 91 years old - almost three years more than the doctors first expected. Everyone talks to me like I am still here, fully. And I am. Still here. Still me.

From Home Care to Day Care to now Inpatient Care, my journey with Dover Park Hospice has never been about just surviving. It has been about living with dignity, with purpose, and with the quiet comfort of knowing I matter. Still seen, still heard, still honoured.

- End of Chapter 1 -



Mr Johnny Chong is a patient of Dover Park Hospice Home Care, Day Care and Inpatient Care



“Improving quality of life, its comfort over cure and care that sees a whole person.”

- Ms Atiqah Tanty
Director, Nursing

PERSONALISED INPATIENT CARE

QR-Enhanced Patient Wrist Bands

Enhanced wristbands with QR codes have improved medication safety, streamlined transfers, and ensured reliable patient identification—all while prioritising comfort. This upgrade boosts efficiency and supports precise, timely care.

Palliative Rehabilitation in the Wards

Playing a vital role in addressing each patient’s unique needs and goals, rehabilitation helps maintain mobility, manage symptoms and improve quality of life even in advanced stages of illnesses.

Inpatient Palliative and Hospice Nursing

Inpatient palliative and hospice nursing provide specialised, time-limited care through a multidisciplinary team focused on physical, emotional, psychological, and spiritual needs. They prioritise comfort and symptom management, support patients and families, ensure privacy, and address complex issues like delirium and advanced wound care.

“Even when cure can no longer be derived from medication, hope is not lost. Shifting our goals to keep patients comfortable and dignified, we can still customise treatment that alleviate their symptoms while respecting individual preferences.”

- Ms Peh Zi Xin
Head, Pharmacy

The first hospice to implement a Closed-loop Medication Management System

Pharmacy automation works quietly behind the scenes to support the 7 Rights of Medication: Right Person, Right Medication, Right Dose, Right Time, Right Route, Right Reason, and Right Documentation. Using a combination of Automated Dispensing Cabinets, unit dose packing, and software enhancements, we ensure that care remains safe and responsive.

53.1%

improvement in the average time taken by nurses to count Controlled Drugs per shift, post-implementation



Before Implementation

After Implementation

My Journey of Help and Hope

- part 1 of 2 -

"As a caregiver, I had to remind myself that I needed to be stronger, I could not show my weaker side to her, or both of us would crumble."



Mdm Florence

When my two sisters were admitted to Dover Park Hospice, the world I knew shifted beneath my feet. They passed away two months apart. I was not just a sister to them, I was their caregiver, facing challenges I had never imagined. My older sister's cancer treatments had stopped

working. Our fragile world of hope for recovery was shattered, leaving us to face a new, uncertain chapter. It was hard, physically, emotionally and mentally. Some days I felt lost, unsure if I was doing enough or if I had the will and courage to keep going. I had to remind myself I needed to be stronger, I could not show my weaker side to her, I could not let us crumble.

Dover Park Hospice became my quiet refuge. With the help of its caregiver support group, I found understanding and comfort in shared stories. I was not alone. Others had experienced my fears and hopes. They helped me rediscover space to breathe, to honour my sisters, and to cherish the joy and enduring love that remains. They held us up and gave me a strength I never knew I had. There, I was allowed to grieve, to breathe and to feel.

...Story continues on page 18

For caregivers like Mdm Florence, who supported loved ones through hospice, that care left a lasting impact. Many families who have experienced Dover Park Hospice's holistic care return as volunteers to guide other families through grief, and offer the same comfort they once received.

HOLISTIC SUPPORT THROUGH SOCIAL WORK AND THERAPY

Dover Park Hospice's social work and therapy services differ from that of hospital care by addressing the whole person—physical, emotional, social, and spiritual—to reduce distress and promote acceptance. They offer tailored psychosocial therapies and support families in managing caregiving challenges, adapting care to individual needs and confronting deep concerns like hopelessness and death anxiety.

Number of Patients/Next of Kin cared for by the teams

464 Inpatient Care	140 Home Care	21 Day Care
257 Art Therapy	153 Music Therapy	

Monthly Coffee Time (Caregivers' Support Group)

A psycho-educational program, which enhances caregivers' knowledge, self-awareness, and coping skills, in a warm, welcoming space. Caregivers learn about palliative care, symptom management, communication, and self-care, helping to reduce caregiver burden and improve well-being. Studies have shown these interventions boost palliative care knowledge, self-awareness, caregiving preparedness, and reduce psychological distress.



80
participants
including
caregivers
and staff

Annual Rose for Remembrance Memorial Ceremony

102
family members
attended

920
patients
honoured



Hospice memorial services, as part of bereavement support, aid the grieving process.

Positive Impact: Research indicates that memorial services can be a positive experience for bereaved individuals, particularly through the symbolism and rituals used.

Acknowledgment of Loss: The service format allows for a formal acknowledgment of the death and the associated grief, which can be helpful in the healing process.

Addressing Distress: Creates a safe common space and permission to express, externalise and experience distress - to process personal feelings of sadness and remembrance, and is considered a natural part of the grieving process.

Formal Setting: The formality of the memorial service can provide a structured and supportive environment for the bereaved to process their grief and connect with others who have experienced similar losses.

Part of Comprehensive Bereavement Support: Memorial services are often integrated into broader support which include individual and group counselling, grief support groups, and other resources.

Interdisciplinary Involvement: Involves various members of the interdisciplinary hospice team, including social workers and volunteers to provide a range of support.

Acknowledgment of Spiritual Needs: Spiritual needs are an important part of the grieving process, and memorial services can address these needs through readings, prayers, or other spiritual practices.

"I have been on both sides. Now I want to be the person I once needed, someone who simply understands."

After my older sister passed, a part of me felt adrift. The days felt quiet but I was comforted by remembering the kindness we received, the gentleness in the way my two sisters were treated, and the quiet strength offered to me as her caregiver.

In those final weeks with my younger sister, there was a warmth at Dover Park Hospice that wrapped around both of us and it stayed with me long after I walked out the doors for the last time.

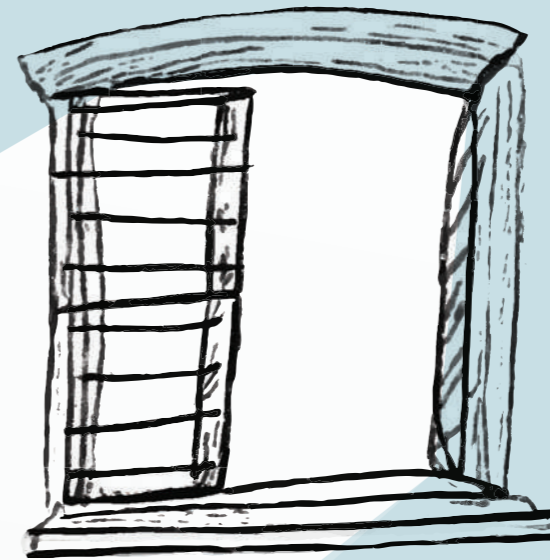
I knew I had to return because I understood, deeply, what it meant to be held during the hardest moments. So I came back as a volunteer, as a small light for someone else navigating their own loss or caregiving journey. I help wherever I can, distributing snacks and bringing warmth to inpatients and their caregivers in the wards.

Now, I walk the same halls with a different purpose. Each time I step into the hospice, I carry my sisters' memory with me. In serving others, I have found a quiet way to keep them close. What was once a place of endings has become for me, a space where love, once received, can be given forward.

- End of Chapter 2 -



Mdm Florence Chuah is a caregiver of her late sisters who were cared for at Dover Park Hospice and a volunteer



GIVING BACK WITH HEART

18 volunteer groups at Dover Park Hospice bring warmth and support, uplifting patients and caregivers – from bringing patients on outings to accompanying patients at the bedside in their final hour. Through their dedication, Florence and fellow volunteers strengthen the hospice community, restore dignity and embody the heart of compassionate care.

Scan this QR code to sign up as a volunteer



VOLUNTEER ACTIVITIES PER YEAR

44
Outings

66
Haircutting sessions

13
Medical escorts

40
Singing sessions

6
Inpatients accompanied in their final hour (Vigil Project)

3,549
Hours Patient befriending

400
Activity sessions

260
Hours of craft-making for fundraisers

50
Project Lim Kopi sessions

80
Food transport sessions

80
Gardening sessions

150
Hours Administrative support

FROM CARE TO CONNECTION

"If you are willing and committed, we create opportunities to be part of a community of care, making every moment matter."

- Ms Tok Shou Wee
Senior Manager
Volunteer Programme

"Medical Social Workers, Art and Music Therapists do heart work that goes far beyond clinical charts and care plans. They sit in silence with grief, holding space for fear; gently walk with patients and families through the uncertainties of life's final chapter with empathy, honouring life's fullness until the very end."

- Ms Martha Ng
Head
Social Work and
Psychosocial Services



THE HEART OF COLLECTIVE CARE



Dover Park Hospice was founded by volunteers who believed that we could do more as a community for anyone approaching the end of life. This spirit of collective care is alive today in our partners, volunteers and donors.

We know that comprehensive, high-quality hospice care can make difficult times more endurable, and honour legacies and keep families intact. Regardless whether through fundraising, hours of effort, or advocacy, we thank each and every one of you for making every moment matter.

THANK YOU FOR DONATING SO GENEROUSLY IN SO MANY WAYS

① **\$1,122,114**

Dover Park Hospice Sunflower Charity Gala 2024

With the theme of 'Metamorphosis', Dover Park Hospice's Sunflower Charity Gala was attended by 450 guests, with Madam Rahayu Mahzam, Minister of State, Ministry of Health & Ministry of Digital Development and Information as the Guest-of-Honour. Thanks to generous donors, sponsors, and community support, including a Tote Board matching grant, the event raised over \$1.1 million.



Dover Park Hospice senior management and council member with Guest-of-Honour Madam Rahayu Mahzam, Minister of State, Ministry of Digital Development and Information & Ministry of Health (pictured center)

③ **\$244,936**

Year-End Fundraiser

Our 2024 year-end fundraising campaign, Share the Magic, was a heartfelt success—raising over \$244,000 to support our patients and their families during life's final chapter.

② **\$20,325**

Chinese New Year Fundraiser

In the spirit of strengthening family bonds, honouring seniors, and well wishes for the community, we thank you for your wonderful generosity for a meaningful cause.



Ang Pows designed for the new year, inspired by our koi pond



Scan this QR code to make a donation to support our meaningful cause

"More than just fundraisers, our events bring people together to make a meaningful impact—supporting patients and families through life's final chapter with compassion and care."

- Ms Joyce Poon
Senior Manager
Marketing & Events

PARTNERS IN PURPOSE

Sharing Solutions at NHG POP Marketplace 2025

This year, Dover Park Hospice participated in National Healthcare Group's POP Marketplace, where our Volunteer Programme team and volunteers shared three initiatives - "Project Lim Kopi", "The Dover Park Hospice Experience" and "The Breakfasts for Caregivers Project*" – which won Best Innovative Solution.



NHG POP Marketplace

**When caring for their loved ones in hospice, caregivers often do not prioritise their own care. "The Breakfasts for Caregivers Project" aims to provide warm breakfast for caregivers as they tend to stay by the side of their loved ones through the night.*

Coming Together to "Live Well. Leave Well."

From 13 to 15 October 2024, Dover Park Hospice took part in the Live Well. Leave Well. Festival at One Tampines Hub, organised by the Singapore Hospice Council. Close to

600 visitors came to our booth—a space designed to spark open, heartfelt conversations about palliative and hospice care.

Every Moment Matters

Every year, we gather to express our gratitude and showcase the impact of our donors' generosity.

This year, we awarded **57** organisations at our private event. Our most supportive partners were awarded based on their impact of contribution and sustained commitment.

Top Wings
HOL Experiences

Wind Beneath My Wings
Hao Ren Hao Shi

Wings of Legacy
Newton Residents' Network
Novena Neighbourhood Committee
Soka Gakkai Singapore
Goodwood Park Hotel

Hao Ren Hao Shi



Last year, we were proud to nominate Hao Ren Hao Shi 好人好事 for the Friends of Community Care Award 2024 for Non-Profit Organisation, and even prouder to see them recognised at the Agency for Integrated Care (AIC) Community Care Work Plan Seminar 2025.

From delivering essential provisions to co-organising joyful outings for our Home Care and Day Care patients, their unwavering commitment reminds us that care does not happen alone—it takes a community, united by compassion.

Giving Back to Our Partners

We are also grateful for the steadfast support of community partners like Willing Hearts and Dignity Kitchen, whose efforts help nourish and uplift our patients in meaningful ways.

Our Community Engagement team also volunteered with them as a gesture of appreciation, gaining a deeper understanding of what they do.



Our Community Engagement team stepped into the kitchens at Willing Hearts to help with food preparation and washing up

**Are you ready to collaborate on making every moment matter?
Get in touch with us at ce@doverpark.sg**

SHAPING TOMORROW'S PALLIATIVE CARE

The team at Dover Park Hospice believes in sharing what we have learned, because care knows no borders. From Singapore to Canada, our team has been privileged to present at international conferences, exchange knowledge with global peers, and take part in training efforts that shape how palliative care is understood and delivered. Each engagement is a step toward a more compassionate world, where life's final chapter is met with dignity and empathy.

GLOBAL FOOTPRINTS IN PALLIATIVE CARE

Health-Social Studies

Poster Presentation

- Dying in comfort: A nurse's reflexive journey from the emergency department to home palliative care
- Exploring the perspectives of home-based palliative healthcare workers after the implementation of an In-house Staff Support Program
- Creating Lasting Memories: A Multimodal Approach to Legacy Projects in Inpatient Hospice Care through Music Therapy, Art Therapy, and Social Work
- Recreating 'kampong': Being with non-death losses through art therapy sessions with a patient receiving palliative care

Oral Presentation

- A Home Palliative Care Social Worker's Helplessness in the Face of a Patient's Existential Distress and Suffering: A Case Report

Thesis Dissertation

- A qualitative study of advanced cancer patients', caregivers' and home care clinicians' lived experiences at home in Singapore.
- An Exploratory Study: Experiences of Healthcare Workers in a Palliative Home Care Setting

Care/Evidence Translation Studies

Poster Presentation

- Empowering nurses with Physical Examination Skills in an Inpatient Hospice
- Acceptability of Tele-monitoring in an Inpatient Hospice - a high-tech device in a high-touch specialty

Grant Application

- Tele-monitoring at the End of Life. Validating the Use and Acceptability of a Tele-monitoring Device to Detect
- Dyspnea at the End of Life. Palliative Rehabilitation in End-Stage Lung Disease: A Qualitative Study on Quality of Life

Publication

- The effectiveness of a silicone tape intervention in reducing N95 mask-related pressure injuries for healthcare professionals in an Inpatient hospice setting

Systems and Care Models

Publication

- Factors associated with the place of death of persons with advanced dementia: A systematic review of international literature with meta-analysis

Events and Conferences

Singapore

- Singapore Hospice Council Public Education - Ask the Expert Series "Role of Occupational Therapist in End of Life Care"
- Singapore International Physiotherapy Congress
- Singapore Health and Biomedical Congress 2024
- Grief and Bereavement Conference 2024

Kuching Sarawak, Malaysia

- Asia-Pacific Hospice Palliative Care Conference

New York City, USA

- Silver School of Social Work, New York University
- Zelda Foster Studies, New York University

Montreal, Canada

- McGill International Palliative Care Congress 2024

Mongolia

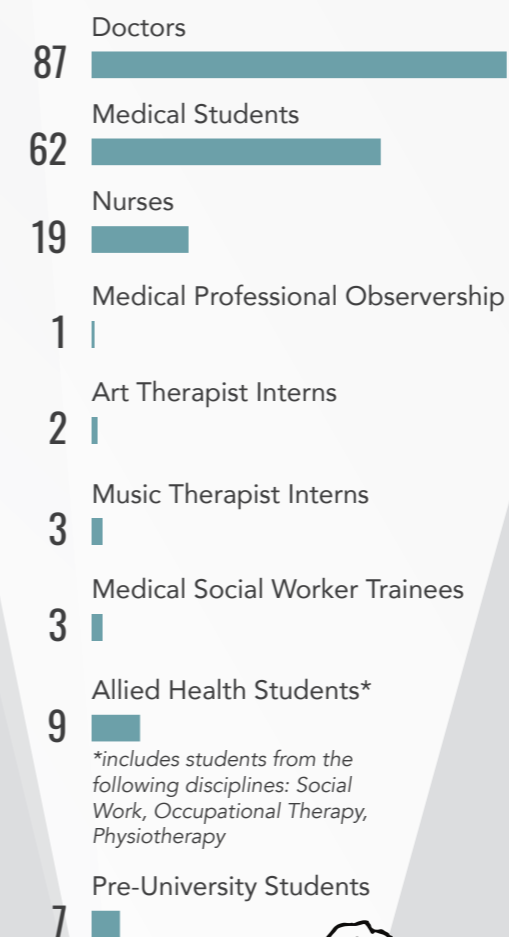
- 13th Annual Conference of Mongolian Physiotherapy Association

SHARING OUR EXPERTISE IN THE COMMUNITY

As part of Dover Park Hospice's involvement in developing our sector,

we facilitated a total of **193** healthcare professionals' clinical attachments.

Clinical Attachments



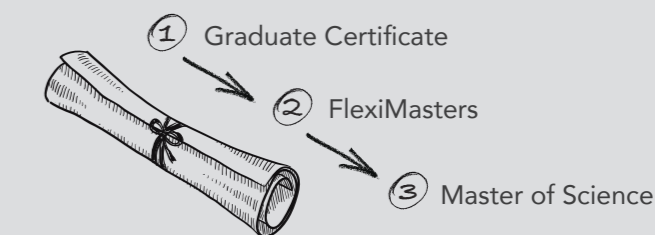
ADDING DEPTH TO PRACTICE

In collaboration with Nanyang Technological University Lee Kong Chian School of Medicine (LKCMed) and National Healthcare Group (NHG), we launched the HoPE Programme—the first interdisciplinary, competency-based postgraduate palliative care course in Singapore and Southeast Asia.

Holistic Palliative Care (HoPE) Postgraduate Palliative Care Program

The inaugural Graduate Certificate intake in August 2024 saw a total of **30** learners, marking the first step in our efforts to empower healthcare professionals.

Stackable Modular Structure



Curriculum

108	3	6
Asynchronous online lectures	Synchronous on-site tutorials	Synchronous online tutorials

Palliative Care Centre for Excellence in Research and Education (PaC) Courses

Attended by **285** healthcare professionals in total,

PaC had conducted **10** courses covering these areas in palliative care – palliative care in advanced dementia and non-cancer illnesses, pain management, coping with bereavement, and the psychosocial, spiritual, rehabilitative, legal and ethical aspects of end-of-life care, self-care for the healthcare professional, as well as research skills.

- ✓ Essentials of Thanatology: Death, Dying and Bereavement
- ✓ Geriatric Palliative Care in Advanced Dementia
- ✓ Palliative Care in Advanced Non-cancer Conditions

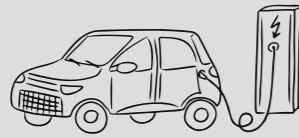
ENVIRONMENTAL, SOCIAL, GOVERNANCE

With each step forward, we are mindful of the world we help shape. Our new home at the Integrated Care Hub (ICH) sparked a hospice-wide commitment to care not just for people, but for the systems and surroundings that sustain us all.

ENVIRONMENTAL

TRANSITIONING TO SUSTAINABLE TRANSPORT

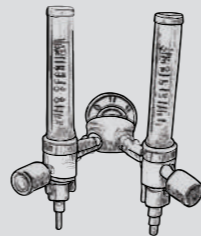
30% decrease in fuel use



We have transitioned our Home Care fleet from diesel to hybrid vehicles, reducing fuel consumption and emissions by about 30%. This shift demonstrates our commitment to cleaner air while ensuring our patients continue to receive quality care at home.

ENHANCING BEDSIDE OXYGEN INFRASTRUCTURE

90% inpatient beds with built-in Oxygen access



Our new inpatient facilities are equipped with built-in oxygen ports for 90% of beds as compared to 40% at the old site. The reduced need for bulky oxygen cylinders, has lessened transport emissions and reduced logistical waste while creating a safer experience for our patients with uninterrupted oxygen supply.

WORKING WITH PARTNERS WITH SUSTAINABLE VALUES



We source from vendors, such as 3M Healthcare, Terumo Corporation and B. Braun, who are committed to sustainability practices. This includes carbon neutrality, sustainable packaging, recognition for green manufacturing, waste reduction and renewable energy as well as robust sustainability reporting framework.

INTEGRATED MEDICAL MONITORING DEVICES



By replacing multiple single-function devices with Vital Spot Monitors, we have reduced the average time to take vitals of patients by 50%. On the environmental front, we have reduced approximately 50 units of electronic waste and batteries annually, and lowered the servicing cost for devices by 55% per room. These upgrades empower our staff with faster, more efficient tools, for swifter and more attentive care.

“As we settle into our new home, our commitment endures - to serve with compassion, uphold responsibility and respect the interconnectedness of people and the environment.”

- Mr Max Singh
Assistant Director, Administration, Operations, Facilities & Clinical Operations



SOCIAL

DIVERSITY

Leadership gender ratio
1 : 4
male : female

Age range of employees
19-68 years old

EQUITY

We have established policies in place for fairness of wages, and the policies and procedures for dispute resolution and whistle-blowing.



INCLUSION

10 staff events

Caring for others begins with caring for our own. We celebrated diverse cultures through festivals like the Thingyan Festival, Hari Raya, and Chinese New Year, and strengthened team bonds with events such as Family Day, Staff Bazaar, and Staff & Volunteer Night.

Family Day



Staff Bazaar



GOVERNANCE

Dover Park Hospice maintains a data governance framework that supports our mission of delivering compassionate hospice care. We have implemented and updated our Enterprise Risk Management (ERM) framework quarterly, which identifies, assesses, and manages risks across four key areas: strategic, operational, financial, and compliance.

Our Business Continuity Plan (BCP) is reviewed and verified annually.

We maintain four core insurance coverages relevant to our operations—professional indemnity, public liability, fire/property, and cyber risk.

We are actively working towards Data Protection Trustmark (DPTM) certification. As part of this, we have established the following cybersecurity and data governance measures:

- Implement role-based access controls across all core systems.
- Conduct phishing exercises for cyber vigilance awareness 4 times annually, with targeted follow-up training.
- Department onboarding includes data protection training over 1.5 days, twice a year.
- Conduct system control audits and a data breach exercise simulation every year.
- Implement backup technology to ensure 100% of the sensitive stakeholder and patient data backups are immutable.

CARE BEYOND THE SPOTLIGHT

"You may not see the IT department at the patient's side, but we're there—in every alert, every medication, every record."

- Mr Tan Chong Boon
Senior Manager
Information Technology and
Data Governance

Finance in healthcare. The least important consideration when you need good healthcare, but the most relevant after you obtain it.

- Mr Leonard Tay
Assistant Director
Finance



OUR EXECUTIVE TEAM



① Mr Max Singh
Assistant Director
Administration, Operations,
Facilities & Clinical
Operations

② Ms Roxanne Foo
Head, Palliative
Rehabilitation Unit

③ Ms Tok Shou Wee
Senior Manager
Volunteer Programme

④ Ms Atiqah Tanty
Director, Nursing

⑤ Dr Joseph Ong
Head, Inpatient Services

⑥ Ms Peh Zi Xin
Head, Pharmacy

⑦ Dr Liew Li Lian
Chief Executive Officer



⑧ Dr Tricia Yung
Medical Director
(Date of Appointment: 1 July 2025)

⑨ Ms Joyce Poon
Senior Manager
Community Engagement
(Marketing & Events)
(Date of Appointment: 19 May 2025)

⑩ Mr Leonard Tay
Assistant Director, Finance
(Date of Appointment: 6 January 2025)

⑪ Dr Jennifer Guan
Head, Home Care
(Date of Appointment: 1 July 2025)

⑫ Ms Martha Ng
Head, Social Work and
Psychosocial Services

⑬ Ms Teresa Tang
Senior Manager
Human Resource

⑭ Mr Tan Chong Boon
Senior Manager
Information Technology and
Data Governance

⑮ Ms Tan Li Kuan
Senior Manager
Training, Education,
Research & Medical Office

⑯ Ms Jenny Goo
Senior Manager
Community Engagement
(Corporate Communications)

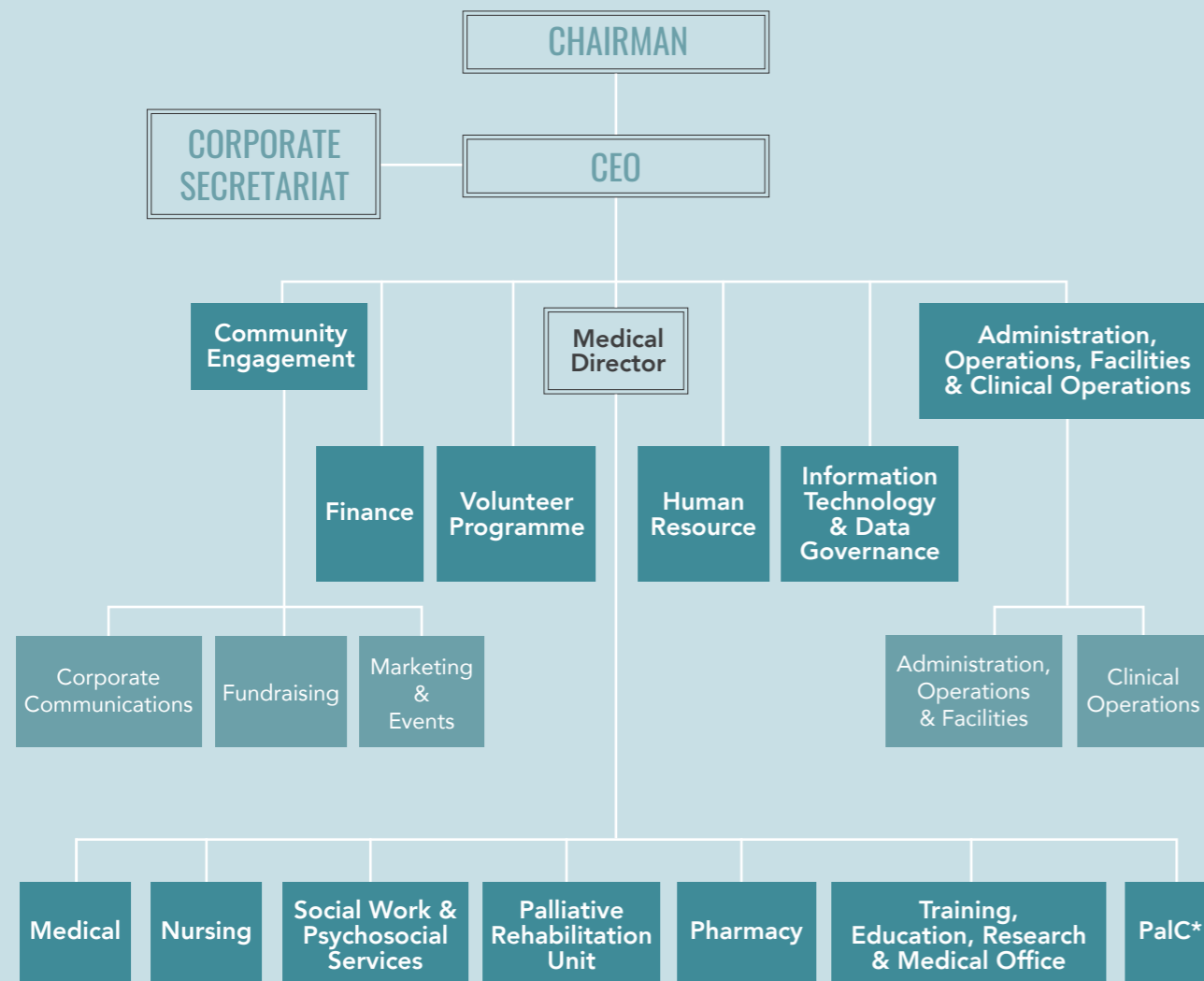
Not in photo:

Dr Mervyn Koh, Medical Director (Last Day of Service: 30 June 2025), Ms Snow Yang, Senior Manager, Finance (Last Day of Service: 16 November 2024), Mr Eddie Tan, Assistant Director, Community Engagement (Last Day of Service: 15 September 2025)

OUR ORGANISATIONAL STRUCTURE

COUNCIL STRUCTURE

GOVERNING COUNCIL					
Executive Committee	Appointment & Nomination Committee	Audit, Risk & Governance Committee	Building & Development Committee	Communications & Outreach Committee	Fundraising Committee
Human Resource Committee	Technology & Digitalisation Committee	Investment Committee	Medical Professional Audit Committee	MediFund Committee	Volunteers Committee



*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 DONORS FOR THE SUNFLOWER CHARITY GALA 2024



Our deepest appreciation to our individual and corporate donors for their contributions (\$8,888 and above).

INDIVIDUAL

- Ang Seong Kang, Samuel
- Bedmar Ernesto Francisco
- Chan-Lien Margaret
- Chen Dan, Diane
- Chey Chor Wai
- Daljeet Singh Sidhu
- Dharshini Gopalakrishnakone (Dr)
- Foo Fei Ying Sandy
- Goh Geok Khim
- Goh Pheck Suan, June (Dr)
- Kuok Khoon Ean
- Liew Li Lian (Dr)
- Lim Hon Ing
- Ng Kuo Pin
- Ong Ai Hua
- Ong Aun Nee, Deanna
- Seet Ai Mee (Dr)
- Soh Hui Hian, Karen (Dr)
- Tan Whei Mien, Joy
- Tan Yung Khan (Dr)
- Tang Kong Choong (Dr)
- Teo Li-Ming (Dr)
- Teo Teong Ho
- Ting Peter
- Tjan Soon Yin (Dr)
- Wang Tao-Hing, Phillip
- Wong Mae Ling, Stephanie
- Yong Kon Yoon

ORGANISATION

8 Medi-Aesthetics Pte Ltd
 ASL Aviation Group Pte Ltd
 BDO Tax Advisory Pte Ltd
 DermaRev Pte Ltd
 DP Architects Pte Ltd
 ERS Holdings Pte Ltd
 Hong Leong Foundation
 LSK Engineering (S) Pte Ltd

Nera Telecommunications Ltd
 Quay Properties Pte Ltd
 Tan Ean Kiam Foundation

*Thank you for your continued support for
 our patients and their families.*



33RD GOVERNING COUNCIL



Mr Chey Chor Wai
 Chairman

Date of Last Election
 24 August 2024

Occupation
 Consultant



Ms Angelene Chan
 Vice Chairman

Date of Last Election
 26 August 2023

Occupation
 Chairman, DP Architects &
 its Group of Companies



Prof Ho Yew Kee
 Honorary Secretary

Date of Last Election
 24 August 2024

Occupation
 Deputy Dean Chow Yei Ching
 School of Graduate Studies,
 City University of Hong Kong



Ms Sandy Foo
 Assistant Honorary Secretary

Date of Last Election
 26 August 2023

Occupation
 Head, Corporate and
 Transactional Group
 Head, Mergers & Acquisitions
 Partner
 Rajah & Tann Singapore LLP



Ms Ong Ai Hua
 Honorary Treasurer

Date of Last Election
 26 August 2023

Occupation
 Deputy Secretary
 Ministry of Social and Family
 Development



Ms Woo E-Sah
 Assistant Honorary Treasurer

Date of Last Election
 24 August 2024

Occupation
 Partner & Head of Assurance
 RSM Singapore



Ms Diane Chen
Member

Date of Last Election
20 August 2022

Occupation
Chief Financial Officer
NetLink NBN Trust



Ms Deanna Ong
Member

Date of Last Election
24 August 2024

Occupation
Chief People Officer
GIC



Mr Henk R. De Glint
Member

Date of Last Election
24 August 2024

Occupation
Consultant



Mr Johnny Lam
Member

Date of Last Election
24 August 2024

Occupation
Director
The Canary Diamond



Adjunct A/Prof Mark Chan
Member

Date of Last Election
24 August 2024

Occupation
Chairman, Medical Board
(Population Health), NHG Health
Senior Consultant, Department of
Geriatric Medicine, Tan Tock Seng
Hospital



Mr Ong Hung Guan
Member

Date of Last Election
26 August 2023

Occupation
Retired



Mr Kenneth Sim
Member

Date of Last Election
24 August 2024

Occupation
Executive Director
Sunscreen Singapore



Dr Kwa Chong Teck
Member

Date of Last Election
20 August 2022

Occupation
Emeritus Consultant
SingHealth



Mr Low Chee Wah
Member

Date of Last Election
24 August 2024

Occupation
Retired/Former CEO



Dr Seet Ju Ee
Member

Date of Last Election
26 August 2023

Occupation
Senior Consultant, Department
of Pathology
National University Hospital



Mr Shee Gim Leng
Member

Date of Last Election
26 August 2023

Occupation
Deputy Director, Training and
Learning Systems Office
HTX



Dr Karen Soh
Member

Date of Last Election
20 August 2022

Occupation
Medical Director
AURA Clinic



Dr Tanya Tierney
Member

Date of Last Election
24 August 2024

Occupation
Assistant Dean Clinical Communication
Lee Kong Chian School of Medicine, NTU
Certified Teacher, Mindful-Self-Compassion and
Self-Compassion for Healthcare Communities



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



Emeritus Prof Lionel Lee
Honorary Council Member

Date of Last Election
Not required

Occupation
Retired

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 2023 to 30 September 2026.

REGISTERED ADDRESS

1 Tan Tock Seng Link
TTSH Integrated Care Hub
Singapore 307382

UNIQUE ENTITY NUMBER

S92SS0138D

AUDITORS

External Auditor: KPMG LLP
Internal Auditor: Deloitte & Touche
ERM Auditor (biennial): Deloitte & Touche

BANKER

DBS Bank Ltd

FUND MANAGER

Fullerton Fund
Management
Company Ltd



33RD GOVERNING COUNCIL GOVERNING COUNCIL MEMBERS

Chairman
Mr Chey Chor Wai

Vice Chairman
Ms Angelene Chan

Honorary Secretary
Prof Ho Yew Kee

Assistant Honorary Secretary
Ms Sandy Foo

Honorary Treasurer
Ms Ong Ai Hua

Assistant Honorary Treasurer
Ms Woo E-Sah

Members
Ms Deanna Ong
Ms Diane Chen
Mr Henk R. De Glint
Mr Johnny Lam
Dr Karen Soh
Mr Kenneth Sim
Dr Kwa Chong Teck
Mr Low Chee Wah
Adjunct A/Prof Mark Chan
Mr Ong Hung Guan
Dr Seet Ju-Ee
Mr Shee Gim Leng
Dr Tanya Tierney

Honorary Council Members
Dr Seet Ai Mee
Dr Jerry Lim
Emeritus Prof Lionel Lee

GENERAL DECLARATION

Nomination and Appointment of Council Members

Council Members who have served for three years are subject to nomination and re-election at the 32nd Annual General Meeting held on 24 August 2024. As for Council Members who have yet to reach their three-year term, they automatically proceeded to the 33rd Governing Council. 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

For 2024, DPH falls under the Advanced Tier of Guidelines for purposes of the Code of Governance for Charities and Institutions of a Public Character (IPC) 2017 (Code 2017) 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). For 2025, DPH falls under Tier 2 for all IPCs for the purposes of the Code of Governance for Charities and Institutions of a Public Character (IPC) 2023 (Code 2023).

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 Regulations 2021.

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 2023 (Code 2023). 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. For 2024, DPH falls under the Advanced Tier of Guidelines for the purposes of the Code of Governance for Charities and Institutions of a Public Character (IPC) 2017 (Code 2017). For 2025, DPH falls under the Tier 2 for all IPCs for the purposes of the Code 2023.

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 3 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 3 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)

- The roles of the Chairman and CEO are separate and their responsibilities are defined to ensure a balance of power and authority within DPH.
- The Chairman manages the governance of the Council and the sub-committees to set the strategic direction, vision and mission of DPH.
- The Chairman approves the agenda for Council meetings and exercises control over the quality, quantity and timeliness of information flow between the Council and management.
- 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 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 reports to the ARGC on the progress of ERM on a periodic basis. Thereafter, the ARGC reports to the Council.

6. Council Meetings

- The Council meets at least quarterly during the work year that starts from August to July of each year. The Council has met on the following dates:
 - 24 August 2024
 - 10 December 2024
 - 25 February 2025
 - 22 April 2025
 - 27 May 2025
 - 29 July 2025

The Council members' attendance at the Council meetings for the period of August 2024 to July 2025 are as follows:

S/N	Name of Council Member	No. of Meetings in the work year	No. of Meetings attended*
1	Mr Chey Chor Wai	6	6
2	Ms Angelene Chan	6	5
3	Prof Ho Yew Kee	6	1
4	Ms Sandy Foo	6	4
5	Ms Ong Ai Hua	6	6
6	Ms Woo E-Sah	6	3
7	Dr Kwa Chong Teck	6	5
8	Ms Deanna Ong	6	3
9	Ms Diane Chen	6	3
10	Dr Karen Soh	6	1
11	Mr Shee Gim Leng	6	5
12	Mr Ong Hung Guan	6	5
13	Mr Henk R. De Glint	6	5
14	Dr Seet Ju Ee	6	5
15	Dr Mark Chan	6	4
16	Mr Low Chee Wah	6	6
17	Dr Tanya Tierney	6	6
18	Mr Johnny Lam	6	6
19	Mr Kenneth Sim	6	6
20	Dr Jerry Lim*	6	0
21	Dr Seet Ai Mee*	6	1
22	Emeritus Prof Lionel Lee*	6	5

*Attendance for the three Honorary Council members is optional, but they do not have any voting rights.

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 4 times a year.

8. Appointment and Nomination Committee (ANC)

- The ANC is responsible for evaluating suitable candidates for DPH's Council as well as the sub-committees under the Council.
- 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.
- The ANC meets at least once a year.

9. Building and Development Committee (BDC)

- The BDC obtains user requirements from the various hospice stakeholders for endorsement by EXCO and Council before submitting to the Hospital Planning Committee (HPC).
- The BDC works with HPC on user requirements, legal arrangements, costs and funding matters and inputs from EXCO and Council for inclusion in the Building Design Brief for DPH at the Integrated Care Hub (ICH).
- 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.
- The BDC meets at least 4 times a year.

10. Communications and Outreach Committee (COC)

- The COC oversees, builds and strengthens DPH's current branding and communication policies, protocols and guidelines.
- 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.
- The COC meets at least 4 times a year.

11. Executive Committee (EXCO)

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

12. Fundraising Committee (FRC)

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

13. Human Resources Committee (HRC)

- 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.
- The HRC recommends and sets remuneration of key staff to be approved by the Council.
- The HRC meets at least 3 times a year.

14. Technology and Digitalisation Committee (TDC)

1. The TDC 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 TDC 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 TDC meets at least 3 times a year.

15. Investment Committee (IC)

1. The IC sets the objectives, strategies and policies on the management of investments.
2. They oversee DPH's investible funds.
3. An Investment Policy Statement (IPS) governs the management of the investible funds and it is approved by the Council upon recommendation by IC.
4. The IC ensures that the Fund Manager manages the DPH investible funds in accordance with the IPS.
5. The IC meets at least 3 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 2025.

19. Reserve Policy

1. Under the Charities (Accounts and Annual Report) Regulations 2011 Section 8(2e), the Council has established a reserve policy for DPH by using the net liquid assets available to meet expenditure obligations as a reserve measurement instead of full unrestricted funds. 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 2025, Council members were not remunerated for their services to the Hospice. There is no staff serving as Council members.
4. The annual remuneration (which is the secondment fees paid to Tan Tock Seng Hospital Pte Ltd) of the Hospice's three highest paid staff is disclosed in the bands of \$100,000 are as follows:

Remuneration Bands	FY 2025	FY 2024
\$200,001 to \$300,000	-	-
\$300,001 to \$400,000	2	2
\$400,001 to \$500,000	1	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 2025, 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

- Mr Chey Chor Wai (Chairman)
- Ms Angelene Chan (Vice Chairman)
- Prof Ho Yew Kee
- Ms Deanna Ong

2. Audit, Risk and Governance Committee

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

3. Building and Development Committee

- Ms Angelene Chan (Chairman)
- Mr Kenneth Sim (Vice Chairman)
- Emeritus Prof Lionel Lee
- Mr Loh Hai Yew

4. Communications and Outreach Committee

- Mr Henk R. De Glint (Chairman)
- Dr Tanya Tierney
- Mr Lester Lee
- Mr Andy Seet
- Mr Jack Ang
- Ms Genevieve Kuek
- Ms Manisha Tank
- Ms Siti Rohanah Binte Mohammad Koid

5. Executive Committee

- Mr Chey Chor Wai (Chairman)
- Ms Angelene Chan (Vice Chairman)
- Prof Ho Yew Kee (Honorary Secretary)
- Ms Sandy Foo (Assistant Honorary Secretary)
- Ms Ong Ai Hua (Honorary Treasurer)
- Ms Woo E-Sah (Assistant Honorary Treasurer)

6. Fundraising Committee

- Dr Kwa Chong Teck (Co-Chairman)
- Mr Johnny Lam (Co-Chairman)
- Ms Joy Tan
- Mr Alex Tan Tiong Huat
- Dr June Goh
- Ms Lim Hon Ing
- Ms Shauna Teo
- Mr Ong Hung Guan

7. Human Resource Committee

- Ms Deanna Ong (Chairman)
- Dr Kwa Chong Teck (Vice Chairman)
- Mr Robert Chew
- Ms Ong Ai Hua
- Dr Seet Ju Ee
- Mr Robert Goh

8. Investment Committee

- Mr Ong Hung Guan (Chairman)
- Prof Ho Yew Kee (Vice Chairman)
- Mr Joel Cheng
- Mr Ho Hin Wah
- Mr Freddy Orchard
- Mr Darren Lee

9. Medical Professional Audit Committee

- Adjunct A/Prof Mark Chan (Chairman)
- Dr Angel Lee (Vice Chairman)
- Dr Robert Lim
- Dr Tiew Lay Hwa
- Dr Uma Rajan
- A/Prof Wu Huei Yaw
- Dr Alan Ong
- Ms Hnin Nwe Oo
- Mr Wu Tuck Seng

10. Medifund Committee* (Appointed by MOH)

- Prof Ho Yew Kee (Chairman)
- A/Prof Ian Leong
- Mdm Fok Lai Chee

11. Technology and Digitalisation Committee

- Mr Shee Gim Leng (Chairman)
- Col (Retired) Rupert Gwee
- Mr Lester Lee
- Mr Ying Shao Wei
- Mr Lee Chin Fei

12. Volunteers Committee

- Dr Tanya Tierney (Chairman)
- Mr Raymond Chiang
- Mr Muhammad Agus Bin Othman
- Ms Lim Guek Har
- 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
- Mr Kelvin Fong
- Mr Colin Tan
- Mr Shaynna Ee
- Ms Cheah Li Yean
- Ms Yeo Jing Ping
- Ms Koh Heer Lin

*The Medifund Committee was appointed by MOH for a tenure of 4 years from 1 April 2021 to 31 March 2025 with 1 year extension to 31 March 2026.

GOVERNANCE EVALUATION CHECKLIST

ADVANCED TIER

S/N	Description	Code ID	Response
BOARD GOVERNANCE			
1	Induction and orientation are provided to incoming Board members on joining the Board.	1.1.2	Complied
	Are there governing board members holding staff 1 appointments? (skip items 2 and 3 if "No")		No
2	Staff ¹ does not chair the Board and does not comprise more than one third of the Board.	1.1.3	
3	There are written job descriptions for their executive functions and operational duties which are distinct from their Board roles .	1.1.5	
4	There is a maximum limit of four consecutive years for the Treasurer position (or equivalent, e.g. Finance Committee Chairman or person on Board responsible for overseeing the finances of the charity). Should the charity not have an appointed Board member, it will be taken that the Chairman oversees the finances.	1.1.7	Complied
5	All Board members submit themselves for re-nomination and re-appointment , at least once every three years.	1.1.8	Complied
6	The Board conducts regular self-evaluation to assess its performance and effectiveness once per term or every three years, whichever is shorter.	1.1.12	Complied
	Are there Board member(s) who have 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 Board member(s) who have served for more than 10 consecutive years .	1.1.13	
8	There are documented terms of reference for the Board and each of its Board committees.	1.2.1	Complied
CONFLICT OF INTEREST			
9	There are documented procedures for Board members and staff ¹ to declare actual or potential conflicts of interest to the Board at the earliest opportunity.	2.1	Complied
10	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 activities are in line with its 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 this plan.	3.2.4	Complied
13	The Board approves documented human resource policies for staff ¹ .	5.1	Complied
14	There is a documented Code of Conduct for Board members, staff ¹ and volunteers ² (where applicable) which is approved by the Board.	5.3	Complied

S/N	Description	Code ID	Response
15	There are processes for regular supervision, appraisal and professional development of staff ¹ .	5.5	Complied
	Are there volunteers ² serving in the charity? (Skip item 16 if "No")		Yes
16	There are volunteer management policies in place for volunteers ² .	5.7	Complied
FINANCIAL MANAGEMENT AND INTERNAL CONTROLS			
17	There is a documented policy to seek Board's approval for any loans, donations, grants or financial assistance provided by the charity which are not part of its core charitable programmes.	6.1.1	Complied
18	The Board ensures internal controls for financial matters in key areas are in place with documented procedures .	6.1.2	Complied
19	The Board ensures 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, 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 its 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 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 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: i) Number of Board meetings in the year; and ii) Individual Board member's attendance	8.2	Complied
	Are Board members remunerated for their Board services? (Skip items 26 and 27 if "No")		No
26	No Board member is involved in setting his or her own remuneration.	2.2	
27	The charity discloses the exact remuneration and benefits received by each Board member in its annual report. OR The charity discloses that no Board members are remunerated.	8.3	

S/N	Description	Code ID	Response
	Does the charity employ paid staff ¹ ? (Skip items 28, 29 and 30 if "No")		Yes
28	No staff ¹ is involved in setting his own remuneration.	2.2	Complied
29	The charity discloses in its annual report: i) The total annual remuneration (including any remuneration received in its subsidiaries), for each of its three highest paid staff¹ , who each receives remuneration exceeding \$100,000 , in bands of \$100,000; and ii) If any of the three highest paid staff ¹ also serves on the Board of the charity. OR The charity discloses that none of its staff ¹ receives more than \$100,000 in annual remuneration each.	8.4	Complied
30	The charity discloses the number of paid staff ¹ who are close members of the family ³ of the Executive Head or Board Members, who each receives remuneration exceeding \$50,000 during the year, in bands of \$100,000. OR The charity discloses that there is no paid staff ¹ who are close members of the family ³ of the Executive Head or Board Member, who receives more than \$50,000 during the year.	8.5	Complied
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

*This Governance Evaluation Checklist (GEC) relating to financial year ended 31 March 2024 was filed with the Charities Council via the Charities Portal in September 2024. The GEC for the financial year ended 31 March 2025 would be filed with the Charities Council in September 2025.

Notes:

¹Staff: Paid or unpaid individuals who are involved in the day-to-day operations of the charity, e.g. an Executive Director or Administrative personnel.

²Volunteer: 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'.

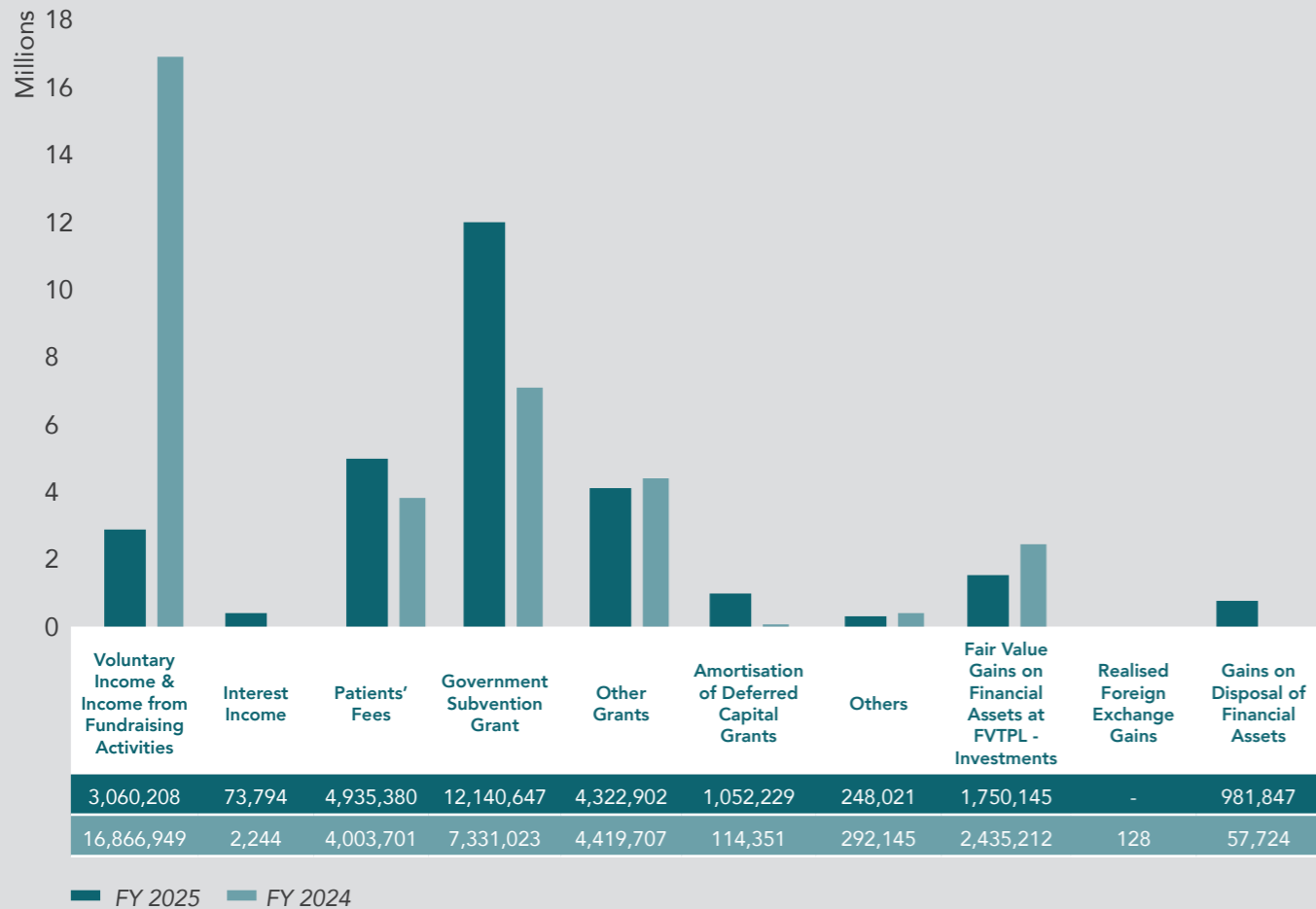
³Close member of the family: Those family members who may be expected to influence, or be influenced by, that person in their dealings with the charity. In most cases, they would include:

- That person's children and spouse;
- Children of that person's spouse; and
- Dependants of that person or that person's spouse.

FINANCIAL HIGHLIGHTS

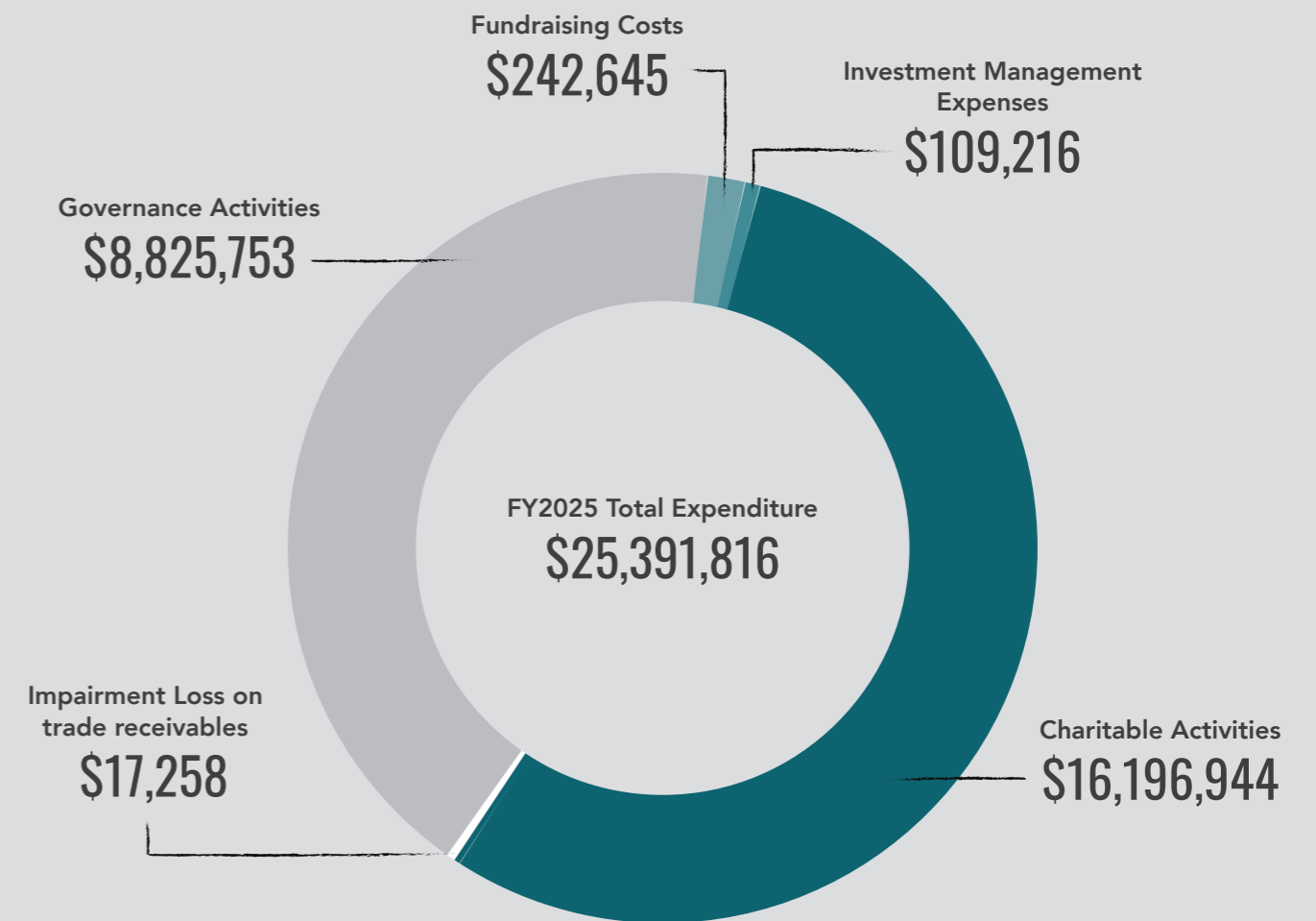
TOTAL INCOME FOR THE YEAR

	FY 2025	FY 2024
Voluntary Income & Income from Fundraising Activities	3,060,208	16,866,949
Interest Income	73,794	2,244
Patients' Fees	4,935,380	4,003,701
Government Subvention Grant	12,140,647	7,331,023
Other Grants	4,322,902	4,419,707
Amortisation of Deferred Capital Grants	1,052,229	114,351
Others	248,021	292,145
Fair Value Gains on Financial Assets at FVTPL - Investments	1,750,145	2,435,212
Realised Foreign Exchange Gains	-	128
Gains on Disposal of Financial Assets	981,847	57,724
	28,565,173	35,523,184



TOTAL EXPENDITURE FOR THE YEAR

	FY 2025	FY 2024
Fundraising Costs	242,645	354,530
Investment Management Expenses	109,216	106,378
Charitable Activities	16,196,944	15,355,819
Impairment Loss on trade receivables	17,258	51,585
Governance Activities	8,825,753	6,896,047
	25,391,816	22,764,359



Explanatory Notes

1. Charitable activities

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

2. Governance activities

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

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

Scan this QR code for full FY 2024-25 Financial Report







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