



Home Is Where The Care Is
Annual Report 2012/13



The metaphor of the ribbon for this year's annual report connotes the gift of palliative care, which is offered free of charge to all HCA patients in the comfort of their homes.

Contents

02 About HCA Hospice Care	04 President's Message	05 CEO & Medical Director's Report	
06 HCA At A Glance FY 2012/13	07 Nursing Report	08 HCA Home Hospice	
12 HCA Day Hospice	14 Psychosocial Support	16 Star PALS	18 Volunteer Activities
20 Palliative Caregivers Training Programme	21 Public Awareness Events		
22 15 th Council FY 2012/13	23 HCA Hospice Care Committees (FY 2012/13)		
24 Treasurer's Report	25 Statement By The Council	26 Independent Auditors' Report	
53 Donors List (FY 2012/13)			



Our Values
Compassion
Professionalism
Respect

Our Vision

To be the centre of excellence for Home Hospice Care.

Our Mission

HCA is committed to:

Ensuring the best quality of life for our patients by delivering professional palliative care and providing compassionate support for their families.

Nurturing the dedicated individuals who make our work possible and serving our community through continued learning and development.

About HCA Hospice Care

HCA Hospice Care (HCA) is a registered charity in Singapore that provides comfort and support to patients with life-limiting illnesses. Our dedicated multi-disciplinary teams comprising doctors, nurses, social workers, counsellors and trained volunteers provide these services to patients and their families in their own homes. HCA Home Hospice's services are provided free of charge to all patients who require palliative care, regardless of their religions, ethnicities, income levels and nationalities.

The services include:

- providing medical treatments to manage patients' pain and symptoms
- providing medical prescriptions
- coaching families on how to care for their loved ones at home
- assisting patients and offering their families emotional and social support for coping with death, grief and loss

Over 52,000 patients have benefited from HCA's services since its establishment in 1989. Our dedicated teams, who are on call round-the-clock, make approximately 40,000 visits a year serving an average of 3,500 patients annually.

In addition, non-medical volunteers work directly with patients and their families, helping with daily activities. HCA also provides patients with a loan service for equipment such as wheelchairs and hospital beds. Patients need only put down a \$100 refundable deposit for such loans.

HCA also runs a **Day Hospice Centre at 12 Jalan Tan Tock Seng**. For a nominal fee of \$15, patients who do not require 24-hour nursing

care and are able to walk or are safely mobile in a wheelchair can interact with others as well as participate in constructive activities and therapy programmes. Two-way transport and meals are included.

The following programmes offered are tailored to the interests and abilities of each patient:

- Light exercises and physiotherapy
- Singing and music therapy
- Arts and crafts
- Pet therapy
- Outings

'Hospice into the Community' Programme

As part of our community outreach efforts to enable more Singaporeans to have access to our services, HCA has set up satellite centres in HDB void decks. Four such centres are located in Jurong, Bedok, Hougang and Woodlands.

Each centre boasts a hospice home care team comprising a doctor, nurses and a social work assistant to provide medical and nursing care to patients living at home in the respective districts. Each centre also has a demonstration-cum-training room, set up like a typical HDB

bedroom and bathroom. It is equipped with patient-friendly facilities and different types of equipment needed for patient home care.

Members of the public are welcome to visit the centres to make enquiries and caregivers can attend training sessions and programmes to acquire patient care and coping skills.

Young Caregivers Programme (yCG)

Given our rapidly ageing population and cancer being the number one cause of death in Singapore, the number of elderly and persons with life-limiting illnesses is expected to continue to rise. With this in mind, HCA collaborates with schools and tertiary institutions to run programmes aimed at raising student and youth awareness on the critical need to care for their loved ones who are elderly or are struck with life-limiting illnesses.

Palliative Caregivers Programme

Caregivers often face stress and intense grief while dealing with their loved ones' illnesses. They need a strong network of support services and information. Hence, HCA was appointed a National Council of Social Service (NCSS) Centre of Specialisation in 2004 to be the national agency offering palliative caregivers training and support programmes. HCA offers the following services for caregivers:

- Training sessions
- A support network
- Public education
- Information and referral services

The support network is aimed at helping caregivers to better cope and manage their emotions. It is always comforting to talk to people who share similar experiences. HCA

runs three programmes for different caregiver groups, namely the current caregiver support group, the bereavement support for caregivers and the children support group. In addition, public talks and road shows are also organised to raise community awareness on palliative care.

Our dedicated teams, who are on call round-the-clock, make approximately 40,000 visits a year serving an average of 3,500 patients annually.

Corporate Governance

HCA Hospice Care has compiled and updated the Governance Evaluation Checklist in the Charity Portal at www.charities.gov.sg.

HCA has adopted the Conflict of Interest Policy. The Conflict of Interest Policy and Declaration will be read by the council or sub-committee member upon his/her election or co-option to the Council as an acknowledgement of having understood the policy and that he/she will fully disclose to the Council when a conflict of interest arises.

Remuneration of Employees

The number of employees whose annual remuneration exceeded \$100,000 in the year is as follows:

Number of employees in bands:

	FY 2013	FY 2012
\$100,001 – \$200,000	1	2
\$200,001 – \$300,000	1	0
\$300,001 – \$400,000	1	1

Note: All employees in these bands for both years are medical doctors and senior management staff.

President's Message



Dr Seet Ai Mee

'Eventful' is a word that aptly sums up the year we had. We are collaborating with Marsiling's MP and grassroots leaders on opening our first satellite Home Hospice Centre in one of Marsiling's HDB void decks. The benefits of opening such centres in the community will be felt in the years to come. We are also hoping to collaborate with other healthcare institutions in our relocation efforts. We look forward to more of such meaningful collaborations in future.

We have also worked with benevolent staff from organisations like MediaCorp, Bosch, Bloomberg, PIAS and RSAF during their CSR activities. Laughter and joy mixed with a few silent tears made these activities meaningful both for the staff as well as the beneficiaries.

Our commitment to providing quality patient care is unfaltering. We attended to more than 3,500 patients in the past year. We also made over 40,000 home visits, an increase of 4% as compared with last year. At our Day Hospice Centre, patient attendance has grown steadily and this resulted in 7,079 patient days for the year.

At HCA, we constantly ensure that our staff are compensated adequately for the important work that they do. We aim to be an employer of choice and ensure the welfare of our staff. Last year, the Ministry of Health (MOH) and Agency for Integrated Care (AIC) pushed for the salaries of staff in the Intermediate and Long Term Care sector to be brought on par with the salaries of healthcare staff in hospitals. Thanks to the Hay Group review commissioned by us, we had already ensured that our staff are compensated competitively even before the announcement was made.

Our regular hospice programmes run smoothly and this is due in no small part to

the contributions and hard work put forth by our volunteers. We hope that in expending efforts to enrich patients' lives, volunteers will find their own lives forever enriched as well. Our door is always open to like-minded companions who wish to help our patients live a comfortable life in their twilight years.

I am also grateful to the MOH, AIC, NCSS and all the donors for their unwavering support in funding our programmes. The funds and kind donations go a long way in helping us provide quality care to those in need.

I also welcome you to be a part of our Silver Jubilee Celebrations next year. For the first time, HCA will be organising a Fund Raising Gala Dinner to commemorate the occasion and raise funds for our future activities. Chief amongst our priorities in the immediate future is looking for new premises to call home. Singapore's third medical university will take over our current premises. No doubt the shift will be bittersweet. Many memories and friendships were formed here. However, we are also excited to embark on a new journey and chart new paths. I hope you will support our new initiatives just as you have always done so generously in the past.

Together, we can make a difference.

CEO and Medical Director's Report

During the past year we consolidated some of our services while introducing and planning new services. Our home hospice service now regularly receives between 200 to 250 new referrals every month and we look after 800 to 850 patients at any given time. In FY 2012/13, we had an average of 27 patients visiting the centre daily. The Palliative Caregivers Training Programme trains caregivers every week. We introduced Star PALS, our paediatric palliative care programme, which now takes care of 25 to 30 children at any given time. Buoyed by the success of our Home Hospice Satellite Centres, we are now embarking on starting Day Hospice Centres near our current satellite centres. The process of finalising the premise for our first satellite Day Hospice Centre at Marsiling is now underway.

HCA established crucial links with M D Anderson Cancer Center, Houston, Texas, USA, for education and research in Palliative Medicine. A Senior Consultant from the premier cancer centre in the world has been involved in regular case discussions via video conferences with our doctors. Other consultants from M D Anderson Cancer Center are guiding us with our research.

Even though we are still short of our full complement of clinical staff, there has been an increasing interest amongst nurses, doctors and medical social workers to join us. This is a good sign and augurs well for the future of caring for the patients and caregivers in their own homes.

Our nurses continue to win awards for going the extra mile for our patients and caregivers. Nurse Ng Wan Ru won the Healthcare Humanity Award 2013 and Nurse Goh Sock

Cheng the Nurses Merit award. Both of them richly deserve the honour. From time to time, we also hear of many other staff who helped out patients and caregivers at their own expense and time. These staff are the true heroes in our organisation.

We continue to attract volunteers and donors who are willing to help our patients and caregivers in many meaningful ways. The joy seen on the recipients' faces whenever the volunteers or donors interact with them says it all. We do hope that the trend of seeing young volunteers come forward to help continues to grow. Our Young Caregivers Programme has definitely played a large role in drawing the youth to participate in our activities.

As we celebrate HCA's milestone of going into its 25th year of operations next year, we hope to arrange specialised training programmes with input from distinguished palliative medicine experts. Ultimately, we need to remember that everything we do must add to the quality of life of our patients and caregivers. Only then can we say that we are in line with our vision and mission. We believe that we are achieving this.

Let us continue our caring mission with passion and compassion and help build a community where caring becomes second nature.

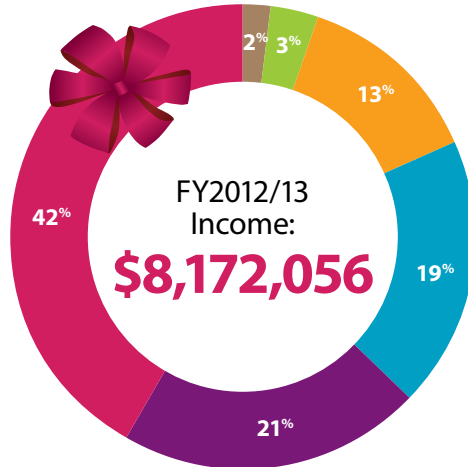


Dr R. Akhileswaran

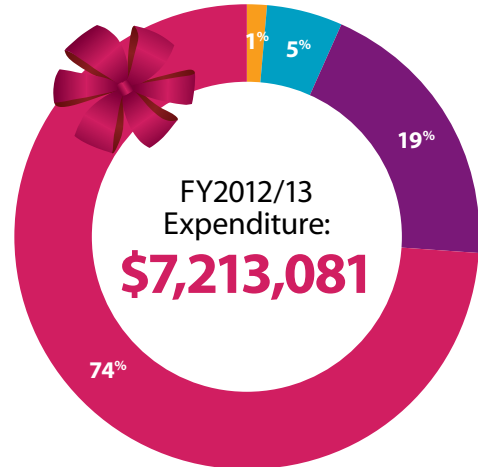
Our nurses continue to win awards for going the extra mile for our patients and caregivers.

HCA at a Glance FY 2012/13

Key Financials



- **\$3,427,554** Grant from MOH
- **\$1,720,792** Donations and Fundraising
- **\$1,538,625** NCSS Funding
- **\$1,067,084** Centre for Enabled Living, Agency for Integrated Care, CST and TBCHF
- **\$269,621** Investments
- **\$148,380** Others



- **\$5,348,853** Personnel Costs
- **\$1,401,148** Other Operating Expenses
- **\$368,431** Premise Costs
- **\$94,649** Fundraising Expenses and Finance Costs

Home Hospice

Total Number of Home Visits:

40,111

Total Number of Patients Under Care:

3,570

Day Hospice

Total Day Care Attendance:

7,079

Total Number of Patients:

199

Palliative Caregivers Training

Total Number of Caregivers Trained:

620

Total Number of Training Sessions:

59

Nursing Report

Nursing Team

The focus for the nursing team in FY 2012/13 was to enhance education for nurses. With this objective in mind, nurses were given a chance to further develop their skills and knowledge in palliative care. To facilitate this, manpower needed to be increased to cover home visits. Hence, ramping up recruitment was necessary and suitable candidates to join the workforce were sought.

A team of triage nurses to assist the home hospice nurses was also formed. This dedicated team helps to functionally reduce nurses' administrative workload so that the latter can dedicate their full attention to visiting the patients at home. The triage team works with the field nurses by helping them trace patients' medical reports and providing latest updates on the conditions of hospitalised patients.

Training and Development

With a focus on developing staff potential, HCA has supported the following training programmes:

- Two nurses received the Health Manpower Development Programme Intermediate Long Term Care (HMDP ILTC) sponsorships: one received the Diploma Certificate in Palliative Care offered by Flinders University and another made a study trip to Taiwan, which included a two-week attachment to the Palliative Care Unit of three local hospitals.
- One nurse is also taking a part-time nursing research post-graduate programme, which is sponsored by Sydney University. Yet another four nurses completed the part-time Specialist Diploma Palliative Care nursing course.

- 22 nurses attended the 3rd Singapore Palliative Care Conference held from 2 to 12 July. At the conference, three nurses presented two posters, which were titled: "Quiet Voyages of Immobility – My Journey with Patients Living and Dying with Amyotrophic Lateral Sclerosis (ALS)" and "Does Working In Home Hospice Care Change How Nurses View Death and Dying?".
- Star PALS Nurse Lily Li attended the Paediatric Palliative Care Pre Conference Seminar in Florida, USA from 3 to 4 November 2012. During this time, she learnt about the foundation and framework of paediatric hospice and palliative care.

Healthcare Humanity Award 2013

Nurse Ng Wan Ru received the Healthcare Humanity Award, a prestigious honour given to dedicated nurses who go beyond the call of duty. She is the 10th medical professional from HCA to receive this award.



The focus for the nursing team in FY 2012/13 was to enhance education for nurses.

HCA Home Hospice

HCA cared for a total of 3,570 patients in FY 2012/13. This is a slight drop of 10 patients compared with the previous year. There were a total of 2,850 new patients. This is a 1% increase compared with last year's figure of 2,817. 78.67% of the newly referred patients were aged 61 years and above.

Chart 1: Number of Patients (FY 2001 to 2012)

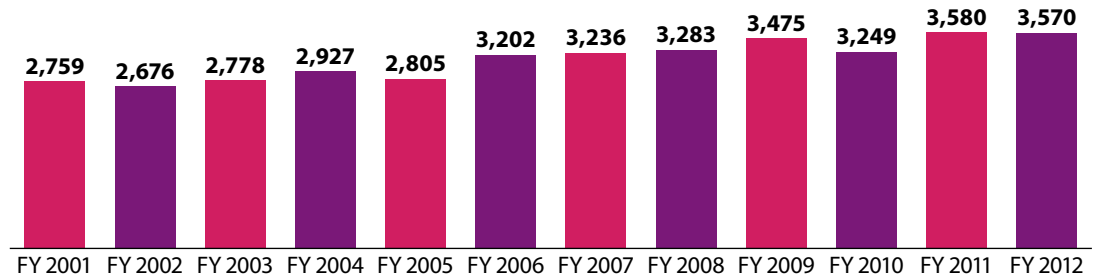


Table 1: Number of Patients by Source of Referrals (FY 2012/13)

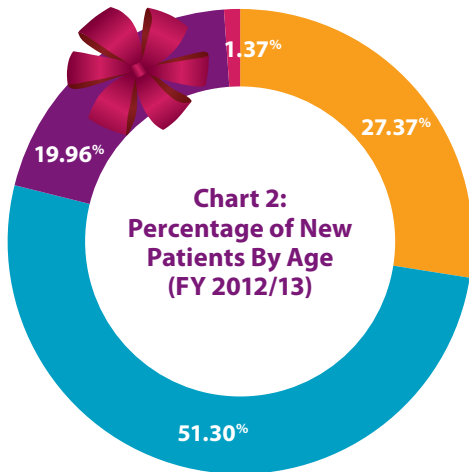
Source of Referrals	FY 2012/13		FY 2011/12	
	No. of cases	%	No. of cases	%
Changi General Hospital	160	5.52	161	5.45
Jurong Health @ Alexandra Hospital	70	2.41	80	2.71
Khoo Teck Puat Hospital	130	4.48	71	2.40
KK Women's and Children's Hospital	59	2.04	67	2.27
National Cancer Centre	956	32.98	896	30.33
National University Hospital	289	9.97	443	15.00
Singapore General Hospital	597	20.59	583	19.74
Tan Tock Seng Hospital	317	10.93	443	15.00
Other Government Specialised Centres	170	5.86	20	0.68
Subtotal of Referrals from Restructured Hospitals & Government-Supported Specialised Centres	2,748	94.78	2,764	93.57
Hospices	28	0.97	70	2.37
Private Hospitals	15	0.52	21	0.71
Community Hospitals & Nursing Homes	28	0.97	24	0.81
Others	80	2.76	75	2.54
Total	2,899	100	2,954	100

Referrals

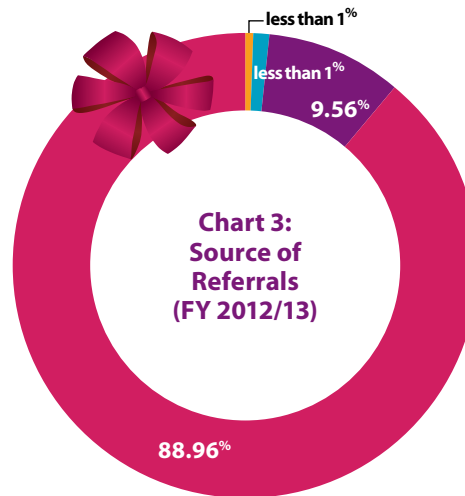
Since 2011, there has been a substantial drop in referrals from some in-patient hospices as they have started their own home hospice services. In 2012, we saw a further drop of 60% compared with the previous year. Referrals from government-supported specialised

centres, such as National Heart Centre, National University Cancer Institute Singapore and National Neuroscience Institute, increased 8.6 times over the previous year. National Cancer Centre is our main referral source, from which we received 33% of our total referrals.

Referrals from government-supported specialised centres, such as National Heart Centre, National University Cancer Institute Singapore and National Neuroscience Institute, increased 8.6 times over the previous year.



- 1.37% 20 to 40 Yrs
- 19.96% 41 to 60 Yrs
- 51.30% 61 to 80 Yrs
- 27.37% > 80 Yrs

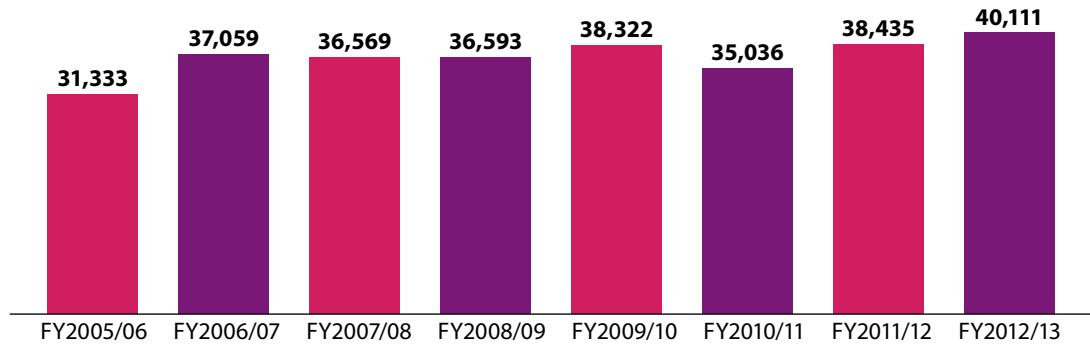


- 2,579 Restructured & Govt. Hospitals
- 277 Others
- 28 Hospices
- 15 Private Hospitals

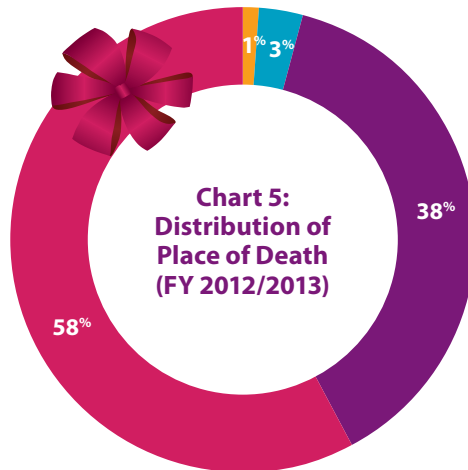
Table 2: Number of Visits Made by the Home Care Team

Staff	FY 2012/13		FY 2011/12	
	Number	%	Number	%
Doctors	8,906	22	8,191	21
Nurses	25,792	64	26,132	68
Medical Social Workers	2,278	6	2,051	5
Patient Care Assistants	3,135	8	2,061	6
Total Under Care	40,111	100	38,435	100

Chart 4: Visits to Patients by HCA Home Care Team



The overall visits by the home hospice team increased by 4.36% over the previous year.



- 58% Home
- 38% Govt. & Restructured Hospitals
- 3% Others (Hospices, Nursing Homes, Others)
- 1% Private Hospitals

Chart 5 shows that 58% of our patients passed away at home, compared with 56% the previous year. 39% of our patients passed away in hospitals.

HCA nurses, doctors and our psychosocial team made a total of 40,111 home visits during this financial year. The overall visits by the home hospice team increased by 4.36% over the previous year. Regular multi-disciplinary meetings, medical talks and workshops were organised for our clinical staff as part of their training programmes to enhance their knowledge.



8,906 doctors' visits were made and this marks an 8.7% increase over the previous year. A total of 25,792 nurses' visits were made, registering a decrease of 1%. The average numbers of visits per day made by HCA doctors and nurses were 6.22 and 5.98 respectively.

2,278 visits were made by the psychosocial staff and this is an increase of 11% over the previous year. 3,135 visits were made by the patient care assistants.



8,906 doctors' visits were made and this marks an 8.7% increase over the previous year.

Table 3: Length of Time Patients Cared for Before Death

Rest In Peace Period (days)	FY 2012/13		FY 2011/12	
	Number	%	Number	%
Less than 1 day	56	2.6	6	0.3
1 to 30	878	40.2	967	45.7
31 to 90	646	29.5	595	28.1
Above 90	606	27.7	549	25.9
Total	2,186	100.0	2,117	100.0

Table 4: Length of Time Patients Cared for Before Discharge

Period (days)	FY 2012/13		FY 2011/12	
	Number	%	Number	%
Less than 1 day	39	5.0	3	1.4
1 to 30	192	24.6	207	32.2
31-90	249	31.9	218	34.0
Above 90	300	38.5	214	33.3
Total	780	100.0	642	100.0

Table 3 shows that 27.7% of our patients were looked after for more than three months. The remaining 72.3% were with us for less than three months.

Table 4 shows that 38.5% of our patients were looked after for more than three months before being discharged. The remaining 61.5% were with us for less than three months before being discharged, of whom 24.6% were with us for less than one month.

HCA Day Hospice

FY 2012/13 saw an increase in patient attendance by 3.8% at the HCA Day Hospice, compared with the previous year. The total duration of our weekly physiotherapy sessions was also increased from 8 hours to 10 hours since 24 December 2012.

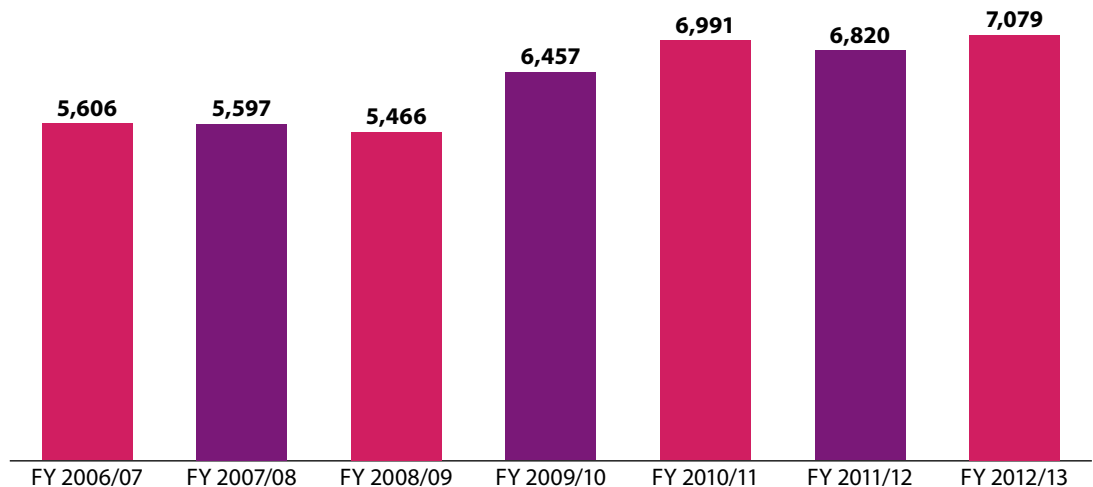
For the third year running, the AIC continued to support four to six of our outings with its Outing for Elderly Fund.

Aside from physiotherapy, rehabilitation and social programmes, patients continue to be regularly reviewed by the in-house doctor. A psychiatrist also visits our patients on an ad hoc basis.



Given the need to better support patients residing in Woodlands and the northern part of Singapore, HCA is planning to build another day hospice centre at Marsiling. The new Kang Le Day Care Centre will provide similar social and recreational activities on top of medical reviews, symptom control, physical therapy and counselling services.

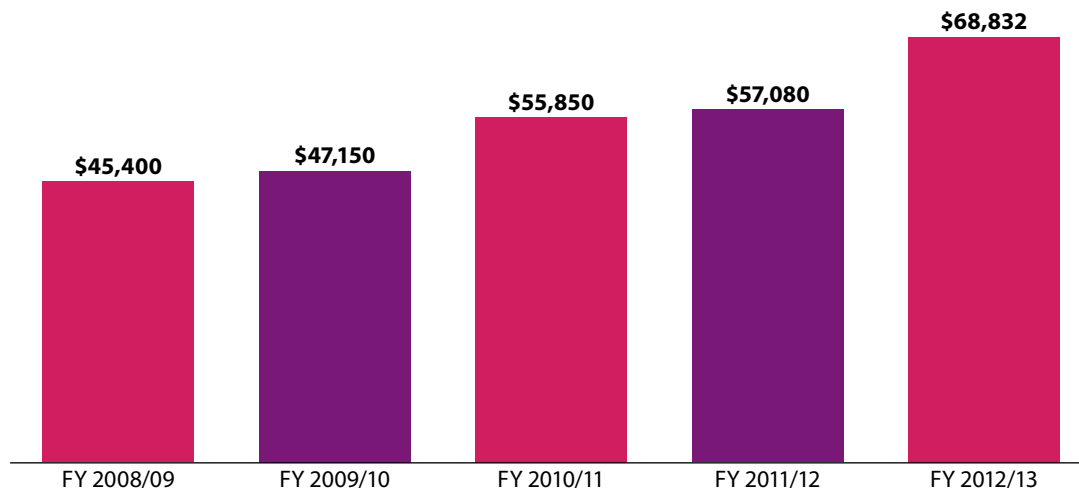
Chart 6: HCA Day Hospice Attendance





Given the need to better support patients residing in Woodlands and the northern part of Singapore, HCA is planning to build another day hospice centre at Marsiling.

Chart 7: Annual Subsidy to HCA Day Hospice Patients



Psychosocial Support (PSS)

In FY 2012/13, the PSS team consisted of three full-time medical social workers (MSW), one part-time MSW and one counsellor. Our manpower grew in the last quarter of the financial year and we were able to field one staff at each of HCA's five satellite centres.

The team made a total of 1,420 home visits. This accounts for 5% of the total visits made by HCA. During the year, the work was fairly and evenly spread across three categories:

1. Practical assistance (35.6%) – financial needs, schooling needs of dependents, care issues, legal/ethical issues and accommodation needs
2. Patient-focused (32.8%) – lifestyle changes, role adjustments, management of depression, interpersonal relationships, self-image and disease coping
3. Family concerns (31.6%) – support for caregivers, family relationships, coping with grief and loss

Table 5: Psychosocial Cases

Issues	No. of visits	
	FY 2012/13	FY 2011/12
Financial Assistance	245	212
Housing & Shelter	8	14
Care Related Issues	234	217
Lifestyle Changes & Adaptation / Role-Adjustments	95	93
Depression Counselling	129	123
Interpersonal & Relationship Issues	45	43
Problems in Family Relationship	77	57
Caregiver / Family Support (Psychosocial)	336	272
Family Service Centre	3	6
Schooling Issues	5	4
Legal & Ethical Issues	10	16
Dying, Grief & Bereavement Issues	76	82
Acceptance & Treatment-Related Issues	99	83
Self-Esteem & Confidence (Re)Building	15	14
Body Image	4	6
Grief & Bereavement Issues	33	54
Nursing Home	6	7
Total:	1,420	1,303

The emotional and psychological health of caregivers remain an important aspect of psychosocial support.



Caregivers

Continuing the trend as seen in previous years, support for caregivers made up the greatest proportion of the team's casework.

Requests to support caregivers constituted 23.7% of the total work. The emotional and psychological health of caregivers remain an important aspect of psychosocial support. Caregivers provide round the clock support for our patients. They are integral partners who ensure that patients are able to live out their final days in the community. Effective coping leads to comfortable and dignified home deaths. It also helps family members deal with a loved one's passing, as they have closure knowing that they have done their best for the patient in his final days.

Practical Support

The PSS team was called in to assist patients and their families in navigating their financial landscapes (17.3%).

The work involves clarifying existing policies and programmes and explaining their relevance to the patients and caregivers. It

also encompasses activating government-supported safety nets, helping patient access and secure housing, solidifying their financial standings (CPF, insurance) and maintaining continuity with daily lives (school, transport, medical expenses, utilities).

The second largest task involves clarifying care-related options available to patients (16.5%) throughout their journey with hospice care. This involves securing resources to support a patient's changing physical functions or soliciting and activating the plethora of services that are required to ensure patients' comfort and safety at home. Such services include home improvement, engaging a paid professional caregiver, assisting with laundry, escorting a patient to a doctor's review, filling medical prescriptions or providing respite care for caregivers.

Every patient's circumstances and needs are unique. Hence, active listening and creative problem-solving skills are required to ensure a patient's dignity is upheld at all times. Expectations need to be managed and kept realistic too.

Community Effort

The team continues to draw on the available community resources to support families. The staff work alongside family service centres, senior activity centres, school counsellors and medical social workers at restructured hospitals. The work with persons living with life-limiting illness is not unique to HCA alone. PSS continues to work with partners in this healthcare journey, including Duke-NUS medical students who lead Camp Simba, a programme supporting patients with young dependents as well as Asian Women's Welfare Association (AWWA) in its caregiver support programme.

Star PALS (Paediatric Advance Life Support)

A New Service Launched by HCA Hospice Care



Fees for accessing our special blend of holistic family-centred paediatric palliative care have been kept manageable with token flat rates of \$90, \$60 or \$30 per month, tiered according to per capita family income.

It is projected that more than 2,000 children (below 19 years of age) in Singapore are living with a life-limiting condition. All of them can benefit from various levels of paediatric palliative care. An average of 10 of these children will die each month. Much can be done to support the families caring for their sick children and even more for those who have to face one of life's harshest experiences of losing a child.

With our tremendous experience delivering quality home hospice care to adult patients for more than two decades, we took up the challenge and set up a separate dedicated paediatric service to meet this gaping need. It took at least two years and knocking on many doors to get the lead physician trained, funding secured and partnerships inked. With the support of the Tote Board Community Healthcare Fund (TBCHF) administered by the AIC, Star PALS finally started taking in its first young patients in April 2012. It has been set up as a pilot project for three years and it is guided by HCA's Projects Sub-committee.

The service model is different from that of adult home hospice care. A large proportion of these children suffer from non-cancer diseases, struggling with multiple disabilities that require round-the-clock technological support and attention. As a group, they live much longer than their adult counterparts (those with end stage organ failures) in spite of the odds. On the other hand, children who have advanced terminal cancer are generally referred late, often having gone through numerous cycles of aggressive treatments.

The nature of the work is understandably sensitive. Therefore a special team of multi-disciplinary professionals has been assembled to support them at home. Other than physicians, specialist nurses, counsellors and medical social workers, we have allied health specialists like speech and language therapists, physiotherapists, art therapists and dieticians working alongside with us. A special group of workers called Medi Minders has also been trained and equipped to provide short breaks for caregivers at home. This is a novel concept that is being trialled for the first time in Singapore.

Volunteers are an indispensable part of our total support package. They play significant roles in major events outside of our routine medical care services. A good example is when we celebrated our official launch on 20 October 2012 at the Land Transport Authority (LTA) office in Hampshire Road. The volunteers came out in full force. The event was graced by Minister of State for Health, Dr Amy Khor, who together with invited guests, patients and families enjoyed a concert by young performers and many other fun-filled activities before finishing the day with a free tour of the Land Transport Gallery in the same venue.

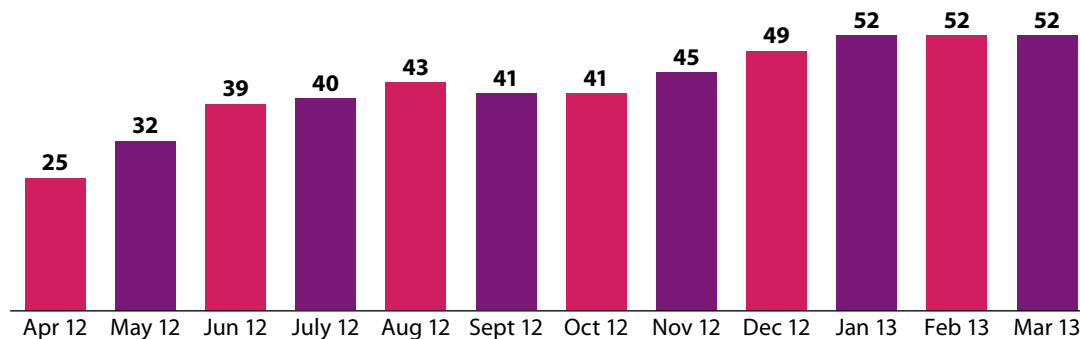
Another group helped organise our first family day with an overnight stay at the Orchid Country Club in Yishun on 9 March 2013. Siblings and parents were able to meet other families and forget themselves in exciting archery and bowling matches while their young charges were under the watchful eyes of our Medi Minders in comfort rooms set up within the clubhouse throughout the whole day.

Fees for accessing our special blend of holistic family-centred paediatric palliative care have been kept manageable with token flat rates of \$90, \$60 or \$30 per month, tiered according to per capita family income. Parents can use their own Medisave accounts to reduce out of pocket expenses. Needy families have successfully obtained waivers with assistance from our medical social workers.

Our budding team has expanded in the past one year. Capabilities have been enhanced through continuous educational and training initiatives. The table below shows the number of patients served from April 2012 to March 2013.

However, much more needs to be done to generate greater awareness of what palliative care can do to help needy families out there. A memorial service for the ones we have lost is being planned in our second year of service. We also hope to see a stronger and more confident team emerge in the coming year to support new families referred to us. Visit our website www.hca.org.sg/services/star-pals-for-children to know more about us and how you can help.

Chart 8: No. of Patients Served (Cumulative)



Volunteer Activities

Volunteers help in many ways with our home and day hospice services. They assist in befriending patients, housekeeping, filing documents and filling up paperwork.

In FY 2012/13, 151 new volunteers came on board — students, young adults, homemakers and retirees. Students and young adults waiting to enter universities spent many hours helping out at our day hospice centre.

We also had three new groups coming on board. Art of Living is a group that assists in morning breathing exercises. Nectar Care Service Singapore deploys volunteers who would befriend our home hospice patients. Lastly, medical students that are a part of the Palliative Care Legacy Project help patients to leave behind mementos, letters of thanks, recipes, etc. to their loved ones.

These new faces join the current groups from Tzu Chi Foundation, MediaCorp, Pace United World College, Kowloon Club, PAT Therapy, Khi San Group, Doris Group, Maria Group,

Lian Ee Group, Loving Hearts Group and NUS Havelock (Community Service Club). Together, the groups provide stimulating programmes such as art and craft sessions, games, karaoke singing, cooking and tea sessions.

For this financial year we have reformatted the charts to reflect a better account of the volunteers helping out with our day and home hospice services. The number of volunteers reflects the active volunteers who had done various activities. With the addition of three new groups, our volunteering efforts have increased over the previous year.

Fiscal Year	No. of Volunteers	No. of Groups
FY 2012/13	174	16
FY 2011/12	304	11

Home Hospice Volunteers

Type of Service	No. of Visits by Individuals	No. of Visits by Group	No. of Hours
Befriending	9	161	312
Housekeeping	10	47	107
Haircuts, Accompaniment, Others	24	NA	46
Administrative	147		522
Assist in General Events and Memorial Services	12	4	58

Day Hospice Volunteers

Type of Service	No. of Visits by Volunteers	No. of Hours
Van Help	253	552
Cooking Lunch/Tea	242	686
Befriending	209	651
Assist in Pilates, Qigong & Yoga	152	228
Others - Arts & Crafts, Assist in Outings, Entertainment, General Help	332	1,059

23 outings were organised for our day and home hospice patients, of which 80% were orchestrated by volunteers and the remaining by HCA staff. Memorable moments included a visit to Gardens by the Bay, outing to Orchard Road to see the Christmas lights, visit to MediaCorp and also to Bosch for the Lunar New Year celebration.

Project Home Cheer

Project Home Cheer was held from 8 to 9 December 2012. This was an initiative

aimed at bringing joy to patients and their caregivers. Staff from Bunge, an agri-business and food production company, made their rounds on 8 December 2012. Students and individual volunteers visited patients the following day. Over the span of two days, our volunteers made visits to 168 homes. The 116 volunteers brought essential items and food for the patients. Our patients welcomed the volunteers and appreciated the efforts made by the volunteers.

23 outings were organised for our day and home hospice patients, of which 80% were orchestrated by volunteers and the remaining by HCA staff.



Palliative Caregivers Training Programme

Participants in Caregivers Training Programme

Satellite Centres	Jurong	Hougang	Bedok	Woodlands	HQ	Total
Participants in Caregivers Training (FY 2012/13)	123	123	132	118	124	620
No. of classes FY 2012/13	12	11	12	12	12	59
Participants in Caregivers Training (FY 2011/12)	121	115	118	97	82	533
No. of classes FY 2011/12	12	12	11	11	11	57

Feedback from Caregivers Training Programme

Satellite Centres	FY 2012/13		FY 2011/12	
Feedback received	615	99.19%	522	98.00%
% score > 3.5 points	584	95%	521	99.80%
No. of post calls made	469	75.65%	416	78.00%

620 caregivers attended a total of 59 training sessions this year, as compared with 533 participants who attended the 57 sessions conducted last year.

In our effort to provide a holistic service to families, our nurses and patient care assistants continued to identify caregivers who needed training and encouraged them to participate in the training sessions. On a five-point scale, 95% of the participants gave our training sessions a rating of 3.5 points and above. 76% of the caregivers surveyed two weeks after the training were able to apply the acquired skills and care for their loved ones at home.

The post-training survey results show that we have met our training objectives of preparing the caregivers with the different aspects of duties and skills as well as helping them cope with the psychosocial and emotional demands that come with taking care of a patient.



The training grant we received from the Centre for Enabled Living (CEL) and AIC during the year helped to defray our training costs. With this grant, we are able to continue to provide training sessions for the caregivers to enhance their skills to care for and support their loved ones at home.

Public Awareness Events

HCA Rebranding Exercise

In September 2012, HCA kicked off a rebranding exercise to align the organisation's services more closely with its vision and create a distinctive, differentiated brand for HCA.



A new logo was introduced: the stylised Chinese character for human is used both as a symbol and design element to reflect a human-

centric organisation. The logo's house-like shape highlights HCA's core service as the largest palliative home care provider, with the stylised character sitting on the organisation's name like a roof of a house. The colour pink symbolises love.

Young Caregivers Programme (yCG)

The Young Caregivers (yCG) programme has aims which are multi-fold:

- (i) Sensitise youth to the needs of the elderly and elderly sick
- (ii) Address the misrepresentation of hospices, palliative care, death and dying
- (iii) Encourage youth to re-evaluate family situations and realign their thinking

The programme includes hour-long workshops in a classroom setting, targeting schools from the primary to tertiary level and stimulating discussion and reflection via carefully crafted teaching tools. Thereafter, participants are encouraged to initiate community service projects to complete the social-emotional learning journey.

As enhancements to the existing programme, HCA rolled out pilot projects to reach out to



students in a creative way. In one project, HCA commissioned The Necessary Stage (TNS) to write a script and perform a play to students. The play highlights the experience of a young boy and his mother when his grandfather becomes ill and needs to be cared for at home. Utilising forum theatre, a moderator involved students by encouraging them to role play and explore alternative storylines. This theatre outreach platform was introduced with 10 runs carried out in schools, reaching out to more than 1,600 students in 2012. Following this pilot run, the collaboration continues to make inroads into more schools.

Another pilot project saw a hands-on caregivers training curriculum designed and rolled out to encourage students in uniformed groups to learn more about palliative caregiving in their existing CCA frameworks. In September 2012, the Girl Guides in the East Division were the first to be trained by a nurse in the basics of practical caregiving skills. By the end of the financial year in March 2013, 64 students from all divisions had participated in this initiative with much enthusiasm. In the pipeline are plans to reach out to other uniformed groups.

"Home is where the care is"

In FY 2012/13, we reached out to 68 schools, with more than 12,000 students undergoing HCA's Young Caregivers Programme (yCG).

15th Council FY 2012/13



1. Mr Lim Boon Heng
Patron

2. Dr Seet Ai Mee
President

3. Mr Tang Boon Siah
Vice President

4. Mr Chan Kum Tao
Hon. Treasurer

5. Ms Annie Loh
Hon. Secretary

6. Ms Elizabeth Koh
Council Member
Chairperson, Human Resource Committee

7. Dr Jane George
Council Member
Chairperson, Medical & Professional Audit Committee

8. Ms Catherine Goh
Council Member
Chairperson, IT Committee

9. Ms Mary Ong
Council Member
Chairperson, Projects Committee

10. Mr Andrew Kwek
Council Member
Chairperson, Fundraising & CSR Committee

11. Ms Cecilia Pang
Council Member
Chairperson, Public Relations & Public Education Committee

12. Mrs Esther Tan
Council Member
Chairperson, Volunteers & Membership Committee

13. Mr Freddy Orchard
Council Member
Chairperson, Investment Committee

14. Dr Simon Ong
Council Member

15. Mr Steven Lo
Council Member

16. Mrs Jennifer Wee
Council Member

17. Mr Jerry Lee
Council Member
Internal Auditor



HCA Hospice Care Committees (FY 2012/13)

Executive Committee	Members Dr Seet Ai Mee Mr Chan Kum Tao Ms Annie Loh Mr Tang Boon Siah	In Attendance Dr R. Akhileswaran Mrs Elizabeth Prakasam Mr Jonathan Ng
Medical & Professional Audit	Dr Jane George (Chair) Dr Simon Ong Dr Alethea Yee Dr Patricia Neo Mr Gilbert Fan Ms Lita Chew Ms Lian Siew Bee Ms Evelyn Lim Ms Xu Yi	Dr R. Akhileswaran Dr Chong Poh Heng Ms Angela Tan
Human Resource	Ms Elizabeth Koh (Chair) Mr Vernon Nunis Mr Andrew Calvert Ms Ann Choo	Mrs Elizabeth Prakasam Ms Janice Mok
Investment	Mr Freddy Orchard (Chair) Mr Peter Chiang Mr Andrew Kwek Mrs Tan Geok Lin	Mr Jonathan Ng
Volunteers & Membership	Mrs Esther Tan (Chair) Mr Steven Lo Mr Yeo Thiang Swee	Ms Emma Goh Ms Christine van der Ven
PR & Public Education	Ms Cecilia Pang (Chair) Mr Vernon Leow Ms Yeap Yin Ching Mr Alwyn Chia	Ms Emma Goh
Fundraising & CSR	Mr Andrew Kwek (Chair)	Ms Emma Goh
Projects	Ms Mary Ong (Chair) Mrs Catherine Lam Mrs Lai Siew Lian Mrs Jennifer Wee Dr Koh Pei Lin Mr Steven Lo	Dr R. Akhileswaran Dr Chong Poh Heng
Information Technology	Ms Catherine Goh (Chair) Mr Alvin Ong Chai Chin Loon	Dr R. Akhileswaran Ms Lim Hui Ling Mr Anthony Choo Mr Chang Woei Jye

Treasurer's Report

I am pleased to report that HCA Hospice Care's financial position continued to strengthen in the financial year ended 31 March 2013. With a total income of S\$8.17 million (FY 2011/12: S\$6.61 million) and total expenditure of S\$7.21 million (FY 2011/12: S\$5.48 million), HCA achieved a surplus of S\$0.96 million for the year (FY 2011/12: S\$1.13 million).

Income from MOH and NCSS funding amounted to S\$4.97 million (FY 2011/12: S\$4.44 million) which is equivalent to 61% (FY 2011/12: 67%) of the total income. This amount is higher than that of the previous year mainly due to increase in total number of home visits by doctors, nurses and medical social workers. The total number of home visits in FY 2012/13 was 40,111 compared to 38,435 home visits in FY 2011/12.

HCA continued to receive support from generous donors in FY 2012/13. Income from donations and fund raising events amounted to S\$1.72 million (FY 2011/12: S\$1.68 million). Of this, S\$1.24 million was from unsolicited donations (FY 2011/12: S\$1.16 million), S\$238,034 from the HCA Annual Charity Golf event (FY 2011/12: S\$122,770) and S\$227,080 from mailers' donations (FY 2011/12: S\$156,204). Income from donations and fund-raising events represents 21% of the total income (FY 2011/12: 25%). Expenses incurred for fund raising amounted to 8% of the funds solicited (FY 2011/12: 11%).

HCA has been granted funding from Tote Board Community Health Care for its new Star PALS paediatric programme from FY 2012/13 for a period of three years. This amounted to S\$0.60 million in FY 2012/13. In addition, Community Silver Trust provided a matching grant of one dollar for every donation dollar raised, to fund programs/initiatives of Intermediate and Long-Term Care services. S\$0.39 million was recognised as income for FY 2012/13. These accounted for 12% of the total income.

The reserve funds of HCA are managed by the Investment Committee. These funds are invested in quoted equity shares, quoted debt securities, quoted unit trusts and fixed deposits. The investment income amounted S\$269,621 in FY 2012/13 (FY 2011/12: S\$245,721). This represents an income yield of 2.86% p.a. compared with 2.43% p.a. a year ago. The stock market performed well in 2012 and HCA recorded an unrealised gain of S\$388,760 in FY 2012/13 (FY 2011/12: unrealised loss of S\$96,309).

Total expenditure increased by S\$1.73 million or 32% over the previous year to S\$7.21 million. This is largely due to increase in personnel costs funded by MOH, costs incurred for Star PALS paediatric programme and a realised loss of S\$165,169 arising from the sale of certain available-for-sale investments. HCA also spent S\$152,775 (FY 2011/12: S\$137,230) on purchases of air conditioners, furniture & fittings, computer equipment, office equipment and renovation.

At the close of our financial year on 31 March 2013, total funds and reserves stood at S\$13.37 million (FY 2011/12: S\$11.88 million), an increase of 13% from a year ago. Cash and cash equivalents together with available-for-sale investments amounted to S\$13.67 million at the end of the financial year, up from S\$11.42 million in the previous year. This strong financial position will enable HCA to continue to provide a high standard of care to our patients and to further our vision to be the centre of excellence for home palliative care in Singapore.

Chan Kum Tao

Statement By The Council

In the opinion of the Council,

- (a) the financial statements set out on pages 27 to 52 are drawn up so as to give a true and fair view of the state of affairs of HCA Hospice Care (the "Organisation") as at 31 March 2013 and of the results, changes in funds and reserves and cash flows of the Organisation for the financial year then ended;
- (b) at the date of this statement there are reasonable grounds to believe that the Organisation will be able to pay its debts when they fall due;
- (c) the 30% cap mentioned in Regulation 15(1) of the Charities Act, Cap. 37 (Institutions of a Public Character) (Amendment) Regulations 2008 (the "Charities Act") has not been exceeded; and
- (d) accounting and other records required by the Charities Act to be kept by the Organisation have been properly kept in accordance with the provisions of the Charities Act.

ON BEHALF OF THE BOARD OF THE COUNCIL

Dr Seet Ai Mee
President

Chan Kum Tao
Treasurer

Singapore
22 July 2013

Independent Auditors' Report

To the Council Members of HCA Hospice Care

Report on the Financial Statements

We have audited the accompanying financial statements of HCA Hospice Care (the "Organisation") which comprise the statement of financial position of the Organisation as at 31 March 2013, and the statement of comprehensive income, statement of changes in funds and reserves and statement of cash flows of the Organisation for the financial year then ended, and a summary of significant accounting policies and other explanatory notes, as set out on pages 27 to 52.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation of financial statements that give a true and fair view in accordance with the provisions of the Singapore Societies Act, Cap 311 (the "Act"), the Singapore Charities Act, Chapter 37 (the "Charities Act") and Singapore Financial Reporting Standards, and for devising and maintaining a system of internal accounting controls sufficient to provide a reasonable assurance that assets are safeguarded against loss from unauthorised use or disposition; and transactions are properly authorised and that they are recorded as necessary to permit the preparation of true and fair profit and loss account and balance sheet and to maintain accountability of assets.

Auditors' Responsibility

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

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

Opinion

In our opinion, the financial statements of the Organisation are properly drawn up in accordance with the provisions of the Act, the Charities Act and Singapore Financial Reporting Standards so as to give a true and fair view of the state of affairs of the Organisation as at 31 March 2013 and of the results, changes in funds and reserves and cash flows of the Organisation for the year ended on that date.

Report on other Legal and Regulatory Requirements

In our opinion, the accounting and other records required by the Charities Act and regulations enacted under the Act to be kept by the Organisation have been properly kept in accordance with the provisions of the Charities Act and those regulations under the Act.

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

- (a) The use of the donation money was not in accordance with the objectives of the Organisation as required under regulation 16 of the Charities (Institution of a Public Character) Regulations; and
- (b) The Organisation has not complied with the requirements of regulation 15 (Fund-raising expenses) of the Charities (Institutions of a Public Character) Regulations.

Statement of Financial Position

31 March 2013

	Note	2013 \$	2012 \$
ASSETS			
Current assets			
Receivables	6	991,354	246,510
Cash and cash equivalents	7	5,810,599	6,602,111
Available-for-sale investments	9	252,850	475,835
Total current assets		7,054,803	7,324,456
Non-current assets			
Property, plant and equipment	8	2,029,334	2,194,604
Available-for-sale investments	9	7,607,029	4,338,231
Total non-current assets		9,636,363	6,532,835
Total assets		16,691,166	13,857,291
LIABILITIES, FUNDS AND RESERVES			
Current liability			
Payables and accruals	10	631,635	466,982
Non-current liability			
Deferred capital donations/grants	11	2,693,698	1,514,399
Funds and reserves			
Unrestricted funds		10,951,844	9,810,482
Restricted funds	12	2,183,871	2,224,070
Investment revaluation reserve		230,118	(158,642)
Total funds and reserves		13,365,833	11,875,910
Total liabilities, funds and reserves		16,691,166	13,857,291

See accompanying notes to financial statements.

Statement Of Comprehensive Income

Year ended 31 March 2013

	Note	Investment	Fund-raising	StarPALS Pediatric Programme	Home Hospice Programme	Day Hospice Programme	Caregiver Support Service Programme	Young Caregiver Programme	Total
		\$	\$	\$	\$	\$	\$	\$	\$
2013									
INCOME									
From MOH:									
MOH Grant		-	-	-	2,772,551	-	-	-	2,772,551
Salary Adjustment Exercise		-	-	-	459,311	-	-	-	459,311
Reimbursement of rental expenses		-	-	-	158,208	-	-	-	158,208
Hosting of AST Trainee		-	-	-	22,397	-	-	-	22,397
ILTC Information System enhancement fund		-	-	-	15,087	-	-	-	15,087
Total		-	-	-	3,427,554	-	-	-	3,427,554
From NCSS:									
NCSS Funding		-	-	-	851,571	427,112	87,060	83,015	1,448,758
NCSS VCF Fund		-	-	-	102,569	-	-	-	102,569
Accrual for under funding for previous year		-	-	-	(6,585)	(6,117)	-	-	(12,702)
Total		-	-	-	947,555	420,995	87,060	83,015	1,538,625

Statement Of Comprehensive Income

Year ended 31 March 2013

	Note	Investment	Fund-raising	StarPALS Pediatric Programme	Home Hospice Programme	Day Hospice Programme	Caregiver Support Service Programme	Young Caregiver Programme	Total
		\$	\$	\$	\$	\$	\$	\$	\$
2013									
From CST, TBCHF, CEL and AIC:									
Tote Board Community Health Care Fund (TBCHF)		-	-	600,151	-	-	-	-	600,151
Community Silver Trust Fund (CST)		-	-	72,783	319,388	-	-	-	392,171
Centre of Enabled Living (CEL)		-	-	-	-	-	41,722	-	41,722
Agency for Integrated Care (AIC)		-	-	-	33,040	-	-	-	33,040
Total		-	-	672,934	352,428	-	41,722	-	1,067,084
From donations and fund raising:									
Restricted donations	13	-	-	-	1,800	2,000	-	-	3,800
Unsolicited donations		-	-	11,994	1,137,325	80,020	-	15,000	1,244,339
Charity Golf		-	238,034	-	-	-	-	-	238,034
Mailers		-	227,080	-	-	-	-	-	227,080
Donation in kind		-	-	-	2,192	5,347	-	-	7,539
Total		-	465,114	11,994	1,141,317	87,367	-	15,000	1,720,792
From investment:									
Interest from fixed income instruments		183,107	-	-	-	-	-	-	183,107
Dividends from shares		86,514	-	-	-	-	-	-	86,514
Total		269,621	-	-	-	-	-	-	269,621

Statement Of Comprehensive Income

Year ended 31 March 2013

	Note	Investment	Fund-raising	StarPALS Pediatric Programme	Home Hospice Programme	Day Hospice Programme	Caregiver Support Service Programme	Young Caregiver Programme	Total
		\$	\$	\$	\$	\$	\$	\$	\$
2013									
From others:									
Programme fees		-	-	4,020	-	38,372	4,030	-	46,422
Membership fees		-	-	-	640	-	-	-	640
Miscellaneous income		-	-	45	101,273	-	-	-	101,318
Total		-	-	4,065	101,913	38,372	4,030	-	148,380
TOTAL INCOME		269,621	465,114	688,993	5,970,767	546,734	132,812	98,015	8,172,056
OPERATING EXPENDITURE									
Personnel costs:									
Salaries and other benefits		-	-	516,502	3,305,282	345,442	82,326	86,600	4,336,152
Central Provident Fund		-	-	27,953	331,607	30,251	11,165	10,475	411,451
Professional fees and services		-	-	26,886	379,457	14,291	-	2,609	423,243
Staff training and related expenses		-	-	13,378	150,586	5,355	322	1,327	170,968
Recruitment expenses		-	-	913	4,572	391	-	-	5,876
Volunteer development and recognition		-	-	106	1,057	-	-	-	1,163
Total		-	-	585,738	4,172,561	395,730	93,813	101,011	5,348,853

Statement Of Comprehensive Income

Year ended 31 March 2013

	Note	Investment	Fund-raising	StarPALS Pediatric Programme	Home Hospice Programme	Day Hospice Programme	Caregiver Support Service Programme	Young Caregiver Programme	Total
		\$	\$	\$	\$	\$	\$	\$	\$
2013									
Premises costs:									
Rental expense of premises		-	-	-	163,421	-	-	-	163,421
Repairs and maintenance		-	-	-	62,775	28,833	1,234	-	92,842
Utilities		-	-	2,566	53,350	23,878	9,600	-	89,394
Insurance		-	-	-	15,813	6,961	-	-	22,774
Total		-	-	2,566	295,359	59,672	10,834	-	368,431
Other operating expenses:									
Depreciation		-	-	3,612	299,892	13,835	706	-	318,045
Transport		-	-	19,667	182,147	12,882	7,504	4,490	226,690
Postage and telephone		-	-	3,714	75,845	3,968	-	1,111	84,638
Repairs and maintenance		-	-	8,950	102,893	20,268	-	-	132,111
Patient care and medication		-	-	22,661	59,415	38,837	-	-	120,913
Supplies and materials		-	-	16,437	88,918	12,180	1,260	30	118,825
Public education		-	-	317	250	-	15,498	15,620	31,685
YCG theatre programme and projects		-	-	-	52,725	-	-	-	52,725
Publicity		-	-	22,026	91,012	-	250	2,400	115,688
Miscellaneous		-	-	254	22,932	216	-	-	23,402
Caregiver support		-	-	6,661	2,879	-	1,717	-	11,257
Loss on sale of available for sale investment		165,169	-	-	-	-	-	-	165,169
Total		165,169	-	104,299	978,908	102,186	26,935	23,651	1,401,148

Statement Of Comprehensive Income

Year ended 31 March 2013

	Note	Investment	Fund-raising	Home Hospice Programme	Day Hospice Programme	Caregiver Support Service Programme	Young Caregiver Programme	Total
		\$	\$	\$	\$	\$	\$	\$
2012								
INCOME								
From MOH:								
MOH Grant		-	-	1,937,165	-	-	-	1,937,165
Accrual for under funding for previous year		-	-	7,708	-	-	-	7,708
Reimbursement of rental expenses		-	-	158,035	-	-	-	158,035
Total		-	-	2,102,908	-	-	-	2,102,908
From NCSS:								
NCSS Funding		-	-	1,527,458	488,191	81,990	78,868	2,176,507
NCSS VCF Fund		-	-	160,123	-	-	-	160,123
Accrual for under funding for previous year		-	-	6,156	-	-	-	6,156
Total		-	-	1,693,737	488,191	81,990	78,868	2,342,786

Statement Of Comprehensive Income

Year ended 31 March 2013

	Note	Investment	Fund-raising	Home Hospice Programme	Day Hospice Programme	Caregiver Support Service Programme	Young Caregiver Programme	Total
		\$	\$	\$	\$	\$	\$	\$
2012								
From Centre of Enabled Living, Agency for Integrated Care and Temasek Cares:								
Temasek Cares		-	-	-	-	-	13,301	13,301
Centre of Enabled Living		-	-	-	-	23,480	-	23,480
Agency for Integrated Care		-	-	86,544	-	-	-	86,544
Total		-	-	86,544	-	23,480	13,301	123,325
From donations and fund raising:								
Restricted donations	13	-	-	234,270	-	-	-	234,270
Unsolicited donations		-	-	1,114,609	16,144	-	26,000	1,156,753
Charity Golf		-	122,770	-	-	-	-	122,770
Mailers		-	156,204	-	-	-	-	156,204
Donation in kind		-	-	13,106	-	-	-	13,106
Total		-	278,974	1,361,985	16,144	-	26,000	1,683,103
From investment:								
Interest from fixed income instruments		83,229	-	-	-	-	-	83,229
Dividends from shares		162,492	-	-	-	-	-	162,492
Total		245,721	-	-	-	-	-	245,721

Statement Of Comprehensive Income

Year ended 31 March 2013

	Note	Investment	Fund-raising	Home Hospice Programme	Day Hospice Programme	Caregiver Support Service Programme	Young Caregiver Programme	Total
		\$	\$	\$	\$	\$	\$	\$
2012								
From others:								
Programme fees		-	-	-	43,030	3,850	-	46,880
Membership fees		-	-	2,100	-	-	-	2,100
Miscellaneous income		-	-	62,228	665	-	-	62,893
Total		-	-	64,328	43,695	3,850	-	111,873
TOTAL INCOME		245,721	278,974	5,309,502	548,030	109,320	118,169	6,609,716
OPERATING EXPENDITURE								
Personnel costs:								
Salaries and other benefits		-	-	3,010,004	304,254	79,011	77,457	3,470,726
Central Provident Fund		-	-	249,476	26,103	10,142	8,994	294,715
Professional fees and services		-	-	241,293	6,085	-	3,856	251,234
Staff training and related expenses		-	-	181,424	5,582	308	710	188,024
Recruitment expenses		-	-	8,282	87	-	129	8,498
Volunteer development and recognition		-	-	1,437	-	-	-	1,437
Total		-	-	3,691,916	342,111	89,461	91,146	4,214,634

Statement Of Comprehensive Income

Year ended 31 March 2013

	Note	Investment	Fund-raising	Home Hospice Programme	Day Hospice Programme	Caregiver Support Service Programme	Young Caregiver Programme	Total
		\$	\$	\$	\$	\$	\$	\$
2012								
Premises costs:								
Rental expense of premises		-	-	163,248	-	-	-	163,248
Repairs and maintenance		-	-	58,487	25,658	-	-	84,145
Utilities		-	-	63,843	23,935	-	-	87,778
Insurance		-	-	10,492	7,280	-	-	17,772
Total		-	-	296,070	56,873	-	-	352,943
Other operating expenses:								
Depreciation		-	-	294,278	4,034	708	-	299,020
Transport		-	-	177,694	14,092	6,880	3,218	201,884
Postage and telephone		-	-	76,097	4,023	-	1,257	81,377
Repairs and maintenance		-	-	62,646	18,929	-	-	81,575
Patient care and medication		-	-	39,492	22,172	-	-	61,664
Supplies and materials		-	-	51,803	9,306	-	81	61,190
Public education		-	-	-	-	13,649	12,756	26,405
Relocation and YCG theatre programme		-	-	33,770	-	-	-	33,770
Publicity		-	-	11,977	-	-	9,740	21,717
Miscellaneous		-	-	9,061	-	-	-	9,061
Caregiver support		-	-	1,619	-	2,565	-	4,184
Loss on sale of available for sale investment		642	-	-	-	-	-	642
Total		642	-	758,437	72,556	23,802	27,052	882,489

Statement Of Comprehensive Income

Year ended 31 March 2013

	Note	Investment	Fund-raising	Home Hospice Programme	Day Hospice Programme	Caregiver Support Service Programme	Young Caregiver Programme	Total
		\$	\$	\$	\$	\$	\$	\$
2012								
Finance costs:								
Amortisation of bond premium		2,276	-	-	-	-	-	2,276
Fund raising expenses:								
HCA Charity Golf event		-	27,188	-	-	-	-	27,188
Mailers and others		-	3,860	-	-	-	-	3,860
Total		-	31,048	-	-	-	-	31,048
TOTAL EXPENDITURE		2,918	31,048	4,746,423	471,540	113,263	118,198	5,483,390
SURPLUS (DEFICITS) FOR THE YEAR		242,803	247,926	563,079	76,490	(3,943)	(29)	1,126,326
Other comprehensive income:								
Change in fair value of available-for-sale investments								(96,309)
Transfer to income or expenditure on sale of available-for-sale investments								400
OTHER COMPREHENSIVE INCOME FOR THE YEAR								(95,909)
TOTAL COMPREHENSIVE INCOME FOR THE YEAR								1,030,417

See accompanying notes to financial statements.

Statement Of Changes In Funds And Reserves

Year ended 31 March 2013

	Unrestricted funds	Restricted funds	Investment revaluation reserve	Total
	\$	\$	\$	\$
Balance at 1 April 2011	8,523,968	2,231,708	(62,733)	10,692,943
Total comprehensive income (loss) for the year	1,114,265	12,061	(95,909)	1,030,417
Transferred from deferred capital donations/grants (Note 11)	152,550	-	-	152,550
Transferred from Project IngoT Restricted Fund (Note 12)	19,699	(19,699)	-	-
Balance at 31 March 2012	9,810,482	2,224,070	(158,642)	11,875,910
Total comprehensive income (loss) for the year	990,571	(31,596)	388,760	1,347,735
Transferred from deferred capital donations/grants (Note 11)	142,188	-	-	142,188
Transferred from Project IngoT Restricted Fund (Note 12)	8,603	(8,603)	-	-
Balance at 31 March 2013	10,951,844	2,183,871	230,118	13,365,833

See accompanying notes to financial statements.

Statement Of Cash Flows

Year ended 31 March 2013

	2013	2012
	\$	\$
Operating activities		
Surplus for the year	958,975	1,126,326
Adjustments for:		
Depreciation	318,045	299,020
Amortisation of bond premium	-	2,276
Interest from fixed income instruments	(183,107)	(83,229)
Dividends from shares	(86,514)	(162,492)
Loss on sale of available-for-sale investments	165,169	642
Operating surplus before movements in working capital	1,172,568	1,182,543
Increase in receivables	(744,844)	(9,179)
Increase in payables and accruals	164,653	112,763
Increase in deferred grants/donation	1,321,487	-
Cash generated from operations, representing net cash from operating activities	1,913,864	1,286,127
Investing activities		
Purchase of available-for-sale investments	(2,822,222)	(565,721)
Proceeds from sale of available-for-sale investments	-	3,278
Proceeds from redemption of bonds	-	250,875
Interest received from fixed income instruments	183,107	83,229
Dividends received from investments	86,514	162,492
Purchase of property, plant and equipment	(152,775)	(137,230)
Net cash used in investing activities	(2,705,376)	(203,077)
Net (decrease) increase in cash and cash equivalents	(791,512)	1,083,050
Cash and cash equivalents at beginning of year	6,602,111	5,519,061
Cash and cash equivalents at the end of year (Note 7)	5,810,599	6,602,111

See accompanying notes to financial statements.

Notes To Financial Statements

31 March 2013

1 GENERAL

The Organisation (Registration No. ROS 213/89 WEL) is registered in the Republic of Singapore with its principal place of operation and registered office at 12, Jalan Tan Tock Seng, Singapore 308437. The financial statements are expressed in Singapore dollars.

The Organisation is an independent charitable organisation to promote hospice care and help terminally ill patients in the community.

The financial statements of the Organisation for the financial year ended 31 March 2013 were authorised for issue by the Board of the Council on 22 July 2013.

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING - The financial statements have been prepared in accordance with the historical cost basis, except as disclosed in the accounting policies below, and are drawn up in accordance with the provisions of the Singapore Societies Act, Cap. 311, Singapore Financial Reporting Standards ("FRS") and Charities Act, Cap 37 (Institutions of a Public Character) (Amendment) Regulations 2008.

ADOPTION OF NEW AND REVISED STANDARDS - In the current financial year, the Organisation has adopted all the new and revised FRSs and Interpretations of FRS ("INT FRS") that are relevant to its operations and effective for annual periods beginning on or after 1 April 2012. The adoption of these new/revise FRSs and INT FRSs does not result in changes to the Organisation's accounting policies and has no material effect on the amounts reported for the current or prior years.

At the date of authorisation of these financial statements, the following FRS and amendments to FRSs that are relevant to the Organisation were issued but not effective:

FRS 113 Fair Value Measurement

FRS 113 is a single new standard that applies to both financial and non-financial items. It replaces the guidance on fair value measurement and related disclosures in other standards, with the exception of measurement dealt with under FRS 102 *Share-based Payment*, FRS 17 *Leases*, net realisable value in FRS 2 *Inventories* and value-in-use in FRS 36 *Impairment of Assets*.

FRS 113 provides a common fair value definition and hierarchy applicable to the fair value measurement of assets, liabilities, and an entity's own equity instruments within its scope, but does not change the requirements in other standards regarding which items should be measured or disclosed at fair value.

The disclosure requirements in FRS 113 are more extensive than those required in the current standards. For example, quantitative and qualitative disclosures based on the three-level fair value hierarchy currently required for financial instruments only under FRS 107 *Financial Instruments: Disclosures* will be extended by FRS 113 to cover all assets and liabilities within its scope.

FRS 113 will be effective prospectively from annual periods beginning on or after 1 January 2013. Comparative information is not required for periods before initial application.

The management anticipates that the application of FRS 113 may affect certain amounts reported in the financial statements and result in more extensive disclosures in the financial statements.

Amendments to FRS 32 *Financial Instruments: Presentation* and FRS 107 *Financial Instruments: Disclosure - Offsetting Financial Assets and Financial Liabilities*

The amendments to FRS 32 clarify existing application issues relating to the offsetting requirements. Specifically, the amendments clarify the meaning of 'currently has a legal enforceable right of set-off' and 'simultaneous realisation and settlement'. The amendments to FRS 32 are effective for annual periods beginning on or after January 1, 2014, with retrospective application required.

The amendments to FRS 107 require entities to disclose information about rights of set-off and related arrangements (such as collateral posting requirements) for financial instruments under an enforceable master netting agreement or similar arrangement. The amendments to FRS 107 are required for annual periods beginning on or after January 1, 2013 and interim periods within those annual periods. The disclosures should be provided retrospectively for all comparative periods.

Management is still evaluating the impact of the amendments to FRS 32 and FRS 107 on its financial statements.

Management anticipates that the adoption of the other FRSs, INT FRSs and amendments to FRSs in future periods will not have a material impact on the financial statements of the Organisation in the period of their initial adoption.

Notes To Financial Statements

31 March 2013

FINANCIAL INSTRUMENTS - Financial assets and financial liabilities are recognised on the Organisation's statement of financial position when the Organisation becomes a party to the contractual provisions of the instrument.

Effective interest method

The effective interest method is a method of calculating the amortised cost of a financial instrument and of allocating interest income or expense over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts or payments (including all fees on point paid or received that form an integral part of the effective interest rate, transaction costs and other premiums or discounts) through the expected life of the financial instrument, or where appropriate, a shorter period. Income and expense are recognised on an effective interest basis for debt instruments.

Financial assets

Financial assets are recognised and de-recognised on a trade date where the purchase or sale of an investment is under a contract whose terms require delivery of the investment within the timeframe established by the market concerned, and are initially measured at fair value plus transaction cost.

Financial assets are classified into the following specified categories: "available-for-sale" financial assets and "loans and receivables". The classification depends on the nature and purpose of the financial assets and is determined at the time of the initial recognition. The Organisation does not have any financial assets classified as "held-to-maturity investments" and "financial assets at fair value through profit or loss".

Cash and cash equivalents

Cash and cash equivalents comprise cash on hand and fixed deposits, and other short-term highly liquid investments that are readily convertible to a known amount of cash and are subject to an insignificant risk of changes in value.

Available-for-sale financial assets

Certain shares and debts securities held by the Organisation are classified as being available for sale and are stated at fair value. Fair value is determined in the manner described in Note 4. Gains and losses arising from changes in fair value are recognised in other comprehensive income with the exception of impairment losses, interest calculated using the effective interest method and foreign exchange gains and losses on monetary assets which are recognised directly in income and expenditure. Where the investment is disposed off or is determined to be impaired, the cumulative gain or loss previously recognised in other comprehensive income and accumulated in revaluation reserve is reclassified to income and expenditure. Dividends on available-for-sale equity instruments are recognised in income and expenditure when the Organisation's right to receive payments is established. The fair value of available-for-sale monetary assets denominated in a foreign currency is determined in that foreign currency and translated at the spot rate at end of the reporting period.

The change in fair value attributable to translation differences that result from a change in amortised cost of the asset is recognised in income and expenditure, and other changes are recognised in other comprehensive income.

Loans and receivables

Receivables that have fixed or determinable payments that are not quoted in an active market are classified as "loans and receivables". Loans and receivables are measured at amortised cost using the effective interest method less impairment. Interest is recognised by applying the effective interest rate method, except for short-term receivables when the recognition of interest would be immaterial.

Impairment of financial assets

Financial assets are assessed for indicators of impairment at the end of each reporting period. Financial assets are impaired where there is objective evidence that, as a result of one or more events that occurred after the initial recognition of the financial asset, the estimated future cash flows of the investment have been impacted.

For available-for-sale equity instruments, a significant or prolonged decline in the fair value of the investment below its cost is considered to be objective evidence of impairment.

Notes To Financial Statements

31 March 2013

For financial assets carried at amortised cost, the amount of the impairment is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the original effective interest rate. The carrying amount of the financial asset is reduced by the impairment loss directly for all financial assets with the exception of receivables where the carrying amount is reduced through the use of an allowance account. When a receivable is uncollectible, it is written off against the allowance account. Subsequent recoveries of amounts previously written off are credited to the allowance account. Changes in the carrying amount of the allowance account are recognised in income and expenditure.

When an available-for-sale financial asset is considered to be impaired, cumulative gains or losses previously recognised in other comprehensive income are classified to income and expenditure. With the exception of available-for-sale equity instruments, if, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment loss was recognised, the previously recognised impairment loss is reversed through income and expenditure to the extent the carrying amount of the investment at the date the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

In respect of available-for-sale equity instruments, impairment losses previously recognised in income and expenditure are not reversed through income and expenditure. Any subsequent increase in fair value after an impairment loss is recognised in other comprehensive income. In respect of available-for-sale debt instruments, impairment losses are subsequently reversed through income and expenditure if an increase in the fair value of the investment can be objectively related to an event occurring after the recognition of the impairment loss.

Derecognition of financial assets

The Organisation derecognises a financial asset only when the contractual rights to the cash flows from the asset expire, or it transfers the financial asset and substantially all the risks and rewards of ownership of the asset to another entity. If the Organisation neither transfers nor retains substantially all the risks and rewards of ownership and continues to control the transferred asset, the Organisation recognises its retained interest in the asset and an associated liability for amounts it may have to pay. If the Organisation retains substantially all the risks and rewards of ownership of a transferred financial asset, the Organisation continues to recognise the financial asset and also recognises a collateralised borrowing for the proceeds received.

Financial liabilities

Financial liabilities are classified according to the substance of the contractual arrangements entered into and the definitions of a financial liability.

Payables and accruals

Payables and accruals are initially recognised at fair value, net of transaction costs, and are subsequently measured at amortised cost, using the effective interest rate method, except for short-term payables when the recognition of interest would be immaterial.

Derecognition of financial liabilities

The Organisation derecognises financial liabilities when, and only when, the Organisation's obligations are discharged, cancelled or expired.

LEASES - Leases are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases.

Rentals payable under operating leases are charged to income and expenditure on a straight-line basis over the term of the relevant lease unless another systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed. Contingent rentals arising under operating leases are recognised as an expense in the period in which they are incurred.

In the event that lease incentives are received to enter into operating leases, such incentives are recognised as a liability. The aggregate benefit of incentives is recognised as a reduction of rental expense on a straight-line basis, except where another systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed.

PROPERTY, PLANT AND EQUIPMENT - Property, plant and equipment are stated at cost less accumulated depreciation and any accumulated impairment losses.

Depreciation is charged so as to write off the cost of assets over their estimated useful lives, using the straight-line method, on the following bases:

Notes To Financial Statements

31 March 2013

Building development	-	30 years
Renovation	-	10 years
Air-conditioners	-	5 years
Furniture and fittings	-	10 years
Office equipment and computers	-	3 to 5 years
Motor vehicles	-	4 years

Fully depreciated assets which are still in use are retained in the financial statements.

The estimated useful lives, residual values and depreciation method are reviewed at the end of each reporting period, with the effect of any changes in estimate accounted for on a prospective basis.

The gain or loss arising on disposal or retirement of an item of property, plant and equipment is determined as the difference between the sales proceeds and the carrying amounts of the asset and is recognised in income and expenditure.

IMPAIRMENT OF NON-FINANCIAL ASSETS - At the end of each reporting period, the Organisation reviews the carrying amounts of its non-financial assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

Recoverable amount is the higher of fair value less costs to sell and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset for which the estimates of future cash flows have not been adjusted.

If the recoverable amount of an asset (or cash-generating unit) is estimated to be less than its carrying amount, the carrying amount of the asset (cash-generating unit) is reduced to its recoverable amount. An impairment loss is recognised immediately in income and expenditure.

Where an impairment loss subsequently reverses, the carrying amount of the asset (cash-generating unit) is increased to the revised estimate of its recoverable amount, but only to the extent that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset (cash-generating unit) in prior years. A reversal of an impairment loss is recognised immediately in income and expenditure.

PROVISIONS - Provisions are recognised when the Organisation has a present obligation (legal or constructive) as a result of a past event, it is probable that the Organisation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at the end of the reporting period, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursement will be received and the amount of the receivable can be measured reliably.

RECOGNITION OF INCOME AND EXPENDITURE - Income is recognised to the extent that it is probable that the economic benefits will flow to the Organisation and the revenue can be reliably measured.

Donations and fund raising are recognised in income or expenditure on an accrual basis when the donations are committed to the Organisation.

Grants received to fund operating expenses are recognised on accrual basis, based on the funding principles specified by National Council of Social Service ("NCSS"), Ministry of Health ("MOH") and Agency for Integrated Care ("AIC") and Temasek Cares. Accruals are made for any over/under funding payable to/receivable from NCSS, MOH, AIC and Temasek Cares.

Programme fees from day hospice services are recognised when the services are rendered.

Dividend income is recorded in income or expenditure when the right to receive the dividend has been established.

Interest income is accrued on a time basis, by reference to the principal outstanding and at the effective interest rate applicable.

Expenditure is accounted for an accrual basis.

Notes To Financial Statements

31 March 2013

GOVERNMENT GRANTS - Government grants are not recognised until there is reasonable assurance that the Organisation will comply with the conditions attached to them and the grants will be received. Government grants whose primary condition is that the Organisation should purchase, construct or otherwise acquire non-current assets are recognised as deferred income in the statement of financial position and transferred to income or expenditure on a systematic and rational basis over the useful lives of the related assets.

Other government grants are recognised as income over the periods necessary to match them with the costs for which they are intended to compensate, on a systematic basis. Government grants that are receivable as compensation for expenses or losses already incurred or for the purpose of giving immediate financial support to the Organisation with no future related costs are recognised in income or expenditure in the period in which they become receivable.

DEFERRED CAPITAL DONATIONS/GRANTS - Donations received for specific purposes are accounted on receipt basis. This comprises government grants received from MOH, NCSS, AIC and contributions received from donors to construct, furnish and equip the Organisation. Deferred capital grants are recognised as deferred capital donations/grants in the statement of financial position and transferred to the statement of changes in funds and reserves over the estimated useful lives of the related property, plant and equipment or transferred to income or expenditure when the grant is utilized.

UNRESTRICTED FUNDS – The Unrestricted Funds are funds which are available to be used for any of the charity's purposes.

RETIREMENT BENEFIT COSTS - Payments to defined contribution retirement benefit plans are charged as an expense when employees have rendered the services entitling them to the contributions. Payments made to state-managed retirement benefit schemes, such as the Singapore Central Provident Fund, are dealt with as payments to defined contribution plans where the Organisation's obligations under the plans are equivalent to those arising in a defined contribution retirement benefit plan.

EMPLOYEE LEAVE ENTITLEMENT - Employee entitlements to annual leave are recognised when they accrue to employees. A provision is made for the estimated liability for annual leave as a result of services rendered by employees up to the end of the reporting period.

FOREIGN CURRENCY TRANSACTIONS AND TRANSLATION - The financial statements are measured and presented in Singapore dollars, which is the currency of the primary economic environment in which the Organisation operates (its functional currency).

In preparing the financial statements, transactions in currencies other than the Organisation's functional currency are recorded at the rate of exchange prevailing on the date of the transaction. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the end of the reporting period. Non-monetary items carried at fair value that are denominated in foreign currencies are retranslated at the rates prevailing on the date when the fair value was determined. Non-monetary items that are measured in terms of historical cost in a foreign currency are not retranslated.

Exchange differences arising on the settlement of monetary items, and on retranslation of monetary items are included in income and expenditure for the period.

3 CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

In the application of the Organisation's accounting policies, which are described in Note 2, management is required to make judgments, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Critical judgments in applying the Organisation's accounting policies

Management is of the opinion that any instances of application of judgements on the Organisation's accounting policies are not expected to have a significant effect of the amounts recognised in the financial statements.

Key sources of estimation uncertainty

The key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the financial statements within the next financial year, are discussed below:

Notes To Financial Statements

31 March 2013

Impairment of available-for-sale investments

At the end of the reporting period, management assesses whether there is any objective evidence that available-for-sale investments are impaired, which includes information about significant changes with an adverse effect that have taken place in the technological, market, economic or legal environment in which the investee operates, indicating that the cost of the investments may not be recovered. A significant or prolonged decline in the fair value of an equity instrument below its cost is also objective evidence of impairment. Based on the assessment performed for each available-for-sale investment, management is of the opinion that no impairment is required in the current year. The carrying value of available-for-sale investments is disclosed in Note 9.

4 FINANCIAL INSTRUMENTS, FINANCIAL RISKS AND CAPITAL RISKS MANAGEMENT

(a) Categories of financial instruments

The following table sets out the financial instruments as at the end of the reporting period:

	2013	2012
	\$	\$
Financial assets		
Available-for-sale investments, at fair value	7,859,879	4,814,066
At amortised cost:		
Receivables	936,443	198,662
Cash and cash equivalents	5,810,599	6,602,111
	14,606,921	11,614,839
Financial liabilities		
At amortised cost:		
Payables and accruals	631,635	466,982

(b) Financial risk management policies and objectives

Management monitors and manages the financial risks relating to the operations of the Organisation to minimise adverse potential effects on financial performance. These risks include market risk (including foreign exchange risk and interest rate risk), equity price risk, credit risk, liquidity risk and fair value risk. Management manages and monitors these exposures to ensure appropriate measures are implemented in a timely and effective manner.

There has been no change to the Organisation's exposure to these financial risks or the manner in which it manages and measures these risk. Market risk exposures are measured using sensitivity analysis indicated below:

(i) Foreign exchange risk management

The Organisation has currency exposures arising from available-for-sale investments that are denominated in currencies other than the functional currency. The foreign currencies in which these transactions are denominated are mainly United States dollar.

At the reporting date, the significant carrying amounts of monetary assets denominated in foreign currency are as follows:

	Assets	
	2013	2012
	\$	\$
United States dollar	291,852	272,685

As management is of the view that there will be no material impact on the surplus for the year end funds and reserves of the Organisation if United States dollar strengthens or weakens by 10% against the functional currency of the Organisation, no sensitivity analysis has been presented.

Notes To Financial Statements

31 March 2013

(ii) Interest rate risk management

The Organisation is exposed to interest rate risk as changes in interest rates affect the market value of its investment portfolio. The Organisation has no interest-bearing financial liabilities.

The Organisation relies on professional fund managers to monitor and mitigate the adverse effects of interest rate changes on its investment portfolios.

No sensitivity analysis is prepared as the Organisation does not expect any material effect on the Organisation's income or expenditure arising from the effects of reasonably possible changes to interest rates on interest bearing financial instruments at the end of the reporting period.

(iii) Investment price risk management

Investment price risk arises mainly from uncertainty about the future prices of financial instruments invested by the Organisation. It represents the potential financial loss the Organisation might suffer through holding investments in the face of price movements. It is the Organisation's policy to achieve an appropriate diversification in its investment portfolio in order to mitigate such risk.

Investment price sensitivity

The sensitivity analyses below have been determined based on the exposure to quoted investment price risks at the end of the reporting period.

In respect of quoted available-for-sale investments, if valuations are 10% higher/lower:

- the Organisation's net surplus for the year ended 31 March 2013 would have been unaffected as the investments are classified as available-for-sale; and
- the Organisation's reserves would increase/decrease by \$785,988 (2012 : \$481,407).

(iv) Credit risk management

Credit risk is the potential financial loss resulting from the failure of a customer or a counterparty to settle its financial and contractual obligations to the Organisation, as and when they fall due. The maximum exposure to credit risk in the event that the counter parties fail to perform their obligations as at the end of financial year in relation to each class of recognised financial assets is the carrying amounts of those assets as stated in the statement of financial position. There is no concentration of credit risk.

The Organisation places its cash and investments with creditworthy financial institutions and large reputable corporations. The credit risk on bank deposits and investment funds is limited because the counterparties are banks with high credit-ratings assigned by international credit-rating agencies and reputable corporations with a good credit history.

(v) Liquidity risk management

Liquidity risk refers to the risk that the Organisation is unable to pay its creditors due to insufficient funds. The Organisation is primarily funded via grants and donations and it attempts to ensure sufficient liquidity at all times through efficient cash management. All financial assets and financial liabilities are repayable on demand or due within 1 year from the end of the reporting period.

(vi) Fair value of financial assets and financial liabilities

The carrying amounts of cash and cash equivalents, receivables and payables approximate their respective fair values due to the relatively short-term maturity of these financial instruments.

The fair value of financial assets with standard terms and conditions and traded on active liquid markets are determined with reference to quoted market prices.

The Organisation classifies fair value measurements using a fair value hierarchy that reflects the significance of the inputs used in making the measurements. The fair value hierarchy has the following levels:

- (a) quoted prices (unadjusted) in active markets for identical assets or liabilities (Level 1);
- (b) inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (ie. as prices) or indirectly (ie. derived from prices) (Level 2); and
- (c) inputs for the asset or liability that are not based on observable market data (unobservable inputs) (Level 3).

Notes To Financial Statements

31 March 2013

Financial instruments measured at fair value

	Total	Level 1	Level 2	Level 3
	\$	\$	\$	\$
Financial assets				
2013				
Available-for-sale investments:				
- Quoted equity shares	2,050,106	2,050,106	-	-
- Quoted debt securities	5,409,230	5,409,230	-	-
- Quoted unit trusts	400,543	400,543	-	-
Total	7,859,879	7,859,879	-	-
2012				
Available-for-sale investments:				
- Quoted equity shares	2,393,015	2,393,015	-	-
- Quoted debt securities	2,031,630	2,031,630	-	-
- Quoted unit trusts	389,421	389,421	-	-
Total	4,814,066	4,814,066	-	-

There were no significant transfers between Level 1 and Level 2 of the fair value hierarchy in 2012 and 2013.

(c) Capital risk management policies and objectives

The Organisation manages its capital to ensure it will be able to continue as a going concern through the optimisation of the debt and equity balance. The capital structure of the Organisation consists only of funds and reserves. Management reviews the capital structure on a regular basis. The Organisation's overall strategy remains unchanged from 2012.

5 COMPENSATION OF KEY MANAGEMENT PERSONNEL

The remuneration of key management personnel during the year is as follows:

	2013	2012
	\$	\$
Short-term benefits	359,876	322,621
Post employment benefits	11,042	9,541
	370,918	332,162

The remuneration of key management personnel is determined by the Board of the Council.

Notes To Financial Statements

31 March 2013

6 RECEIVABLES

	2013	2012
	\$	\$
Recoverable - underfunding by NCSS	4,541	66,090
Recoverable - underfunding by MOH	204,118	33,460
Agency of Integrated Care	600,151	-
Deposits	47,207	47,045
Sundry receivables	80,426	52,067
Prepaid expenses	54,911	47,848
	991,354	246,510

Receivables are not past due and not impaired.

7 CASH AND CASH EQUIVALENTS

	2013	2012
	\$	\$
Fixed deposits	1,000,459	3,710,387
Cash and bank balances	4,810,140	2,891,724
	5,810,599	6,602,111

Fixed deposits bear interest at a range of 0.08% to 0.73% (2012: 0.08% to 0.74%) per annum and for a tenure of approximately 65 days (2012: 80 days).

8 PROPERTY, PLANT AND EQUIPMENT

	Building development	Renovation	Air- conditioners	Furniture and fittings	Office equipment and computers	Motor vehicles	Total
	\$	\$	\$	\$	\$	\$	\$
Cost:							
At 1 April 2011	2,904,460	592,606	74,201	101,419	793,640	231,695	4,698,021
Additions	-	-	3,200	67,000	53,030	14,000	137,230
At 31 March 2012	2,904,460	592,606	77,401	168,419	846,670	245,695	4,835,251
Additions	-	22,425	2,640	2,290	125,420	-	152,775
At 31 March 2013	2,904,460	615,031	80,041	170,709	972,090	245,695	4,988,026

Notes To Financial Statements

31 March 2013

	Building development	Renovation	Air- conditioners	Furniture and fittings	Office equipment and computers	Motor vehicles	Total
	\$	\$	\$	\$	\$	\$	\$
Accumulated depreciation:							
At 1 April 2011	1,258,584	270,209	48,973	78,901	503,130	181,830	2,341,627
Depreciation	97,078	55,133	9,026	7,412	108,444	21,927	299,020
At 31 March 2012	1,355,662	325,342	57,999	86,313	611,574	203,757	2,640,647
Depreciation	97,055	56,386	9,790	13,645	124,349	16,820	318,045
At 31 March 2013	1,452,717	381,728	67,789	99,958	735,923	220,577	2,958,692
Carrying amount:							
At 31 March 2013	1,451,743	233,303	12,252	70,751	236,167	25,118	2,029,334
At 31 March 2012	1,548,798	267,264	19,402	82,106	235,096	41,938	2,194,604

9 AVAILABLE-FOR-SALE INVESTMENTS

	2013	2012
	\$	\$
Quoted equity shares, at fair value	2,050,106	2,393,015
Quoted debt securities, at fair value	5,409,230	2,031,630
Quoted unit trusts, at fair value	400,543	389,421
	7,859,879	4,814,066
Analysed by:		
Current	252,850	475,835
Non-current	7,607,029	4,338,231
	7,859,879	4,814,066

The quoted investments are held for long-term strategic purposes in accordance with the Organisation's business plan.

Quoted equity shares offer the opportunity for return through dividend income and fair value gains. The fair values of these securities are based on closing quoted market prices on the last market day of the financial year.

The investments in quoted debt securities have effective interest rates ranging from 2.49% to 4.88% (2012 : 0.08% to 4.55%) per annum and have maturity dates ranging from 2013 to 2017 (2012 : 2012 to 2016). The fair value of the quoted debt securities are estimated by reference to the current market value provided by the custodian bank.

The fair values of the quoted unit trusts under management are based on the quoted market prices at the end of the reporting period.

Significant available-for-sale investments held by the Organisation that are not denominated in the functional currency are as follows:

	2013	2012
	\$	\$
United States dollar	291,852	272,685

Notes To Financial Statements

31 March 2013

10 PAYABLES AND ACCRUALS

	2013	2012
	\$	\$
Accrued expenses	588,208	438,492
Overfunding by NCSS	20,278	-
Equipment loan deposits received	23,149	28,490
	631,635	466,982

11 DEFERRED CAPITAL DONATIONS/GRANTS

	2013	2012
	\$	\$
At beginning of year	1,514,399	1,666,949
Amortisation for the year transferred to unrestricted fund	(142,188)	(152,550)
Grants from Community Silver Trust Funds (CST) [Note]	1,713,658	-
Utilisation of CST for the year transferred to income	(392,171)	-
At end of year	2,693,698	1,514,399

Note: During financial year ended 31 March 2013, the Organisation received funds from the Community Silver Trust (CST) which is a dollar-for-dollar donation matching grant provided by the Government to enhance the services of voluntary welfare organisations (VWOs) in the intermediate and long-term care (ILTC) sector.

12 RESTRICTED FUNDS

These funds comprise the cumulative operating surplus arising from the restricted income and expenditure account for specific purposes transferred from the income or expenditure. Restricted funds used in purchase of property, plant and equipment are transferred to unrestricted funds.

	Patients Fund	Medical and Office Equipment	Projects Fund	Training Fund	Project IngoT	Hospice into the Community	Respectance Fund	NCSS Caregiver Reserve	Total
	\$	\$	\$	\$	\$	\$	\$	\$	\$
At 1 April 2011	506,428	416,640	714,903	515,240	28,302	50,195	-	-	2,231,708
Total comprehensive (loss) income for the year	(39,372)	-	(22,865)	(150,582)	-	-	224,880	-	12,061
Transferred to unrestricted funds	-	-	-	-	(19,699)	-	-	-	(19,699)
At 31 March 2012	467,056	416,640	692,038	364,658	8,603	50,195	224,880	-	2,224,070
Total comprehensive (loss) income for the year	-	-	(15,404)	-	-	-	(17,420)	1,228	(31,596)
Transferred to unrestricted funds	-	-	-	-	(8,603)	-	-	-	(8,603)
At 31 March 2013	467,056	416,640	676,634	364,658	-	50,195	207,460	1,228	2,183,871

Patients fund - The fund is set aside to benefit the medical, psychosocial and physical well being of the patients.

Medical and office equipment - The fund is set aside to replace, maintain and purchase of medical and office equipment.

Projects fund - The fund is meant for any special projects that the Organisation may undertake.

Notes To Financial Statements

31 March 2013

Training fund - The fund is set aside to be used for the training and development of medical and nursing staff in specialist skills in palliative care and to train and equip staffs and volunteers of the Organisation so that standards of service may be maintained.

Project IngoT - Project IngoT is a healthcare/eldercare enterprise resource planning project. The project is to integrate various functions of the organisation to increase productivity, optimise resources and cost savings.

Hospice into the Community - To increase the reach of the Organisation in providing palliative care to the community, the Organisation has set up satellite centres in various housing estates. Teams of doctors, nurses, medical social workers function in satellite centres to fulfill the needs of the patients in the community. The fund is to be used for setting up, renovation, maintenance and running of the satellite centres.

Respectance fund - The fund is set aside to help the needy patients who wish to die in their own home and family whose primary breadwinner has passed away. By having this fund, it helps to improve the quality of life for the patients and support their families.

NCSS Caregiver reserve - This fund is to support caregivers of persons with disability or seniors in attending training, seminars and workshops related to caregiving in order to equip them with relevant knowledge and skills and help them better cope with the challenges of caregiving.

These restricted funds are represented by cash and cash equivalents amounting to \$2,183,871 (2012 : \$2,224,070).

13 TRANSFERRED TO RESTRICTED FUNDS

	2013	2012
	\$	\$
INCOME		
From donations:		
Restricted donations	3,800	234,270
EXPENDITURE		
Personnel costs:		
- Salaries and other benefits	1,000	96,374
- Staff training and related expenses	-	60,208
	1,000	156,582
Other operating expenses:		
- Patient care and medication	34,824	40,872
- Supplies and material	800	-
- Postage and telephone	-	1,770
- Relocation expenses	-	22,865
- Transportation expenses	-	120
	35,624	65,627
Total expenditure	36,624	222,209
(Deficit) Surplus	(32,824)	12,061
NCSS Caregiver reserve	1,228	-
(Deficit) Surplus transferred to restricted funds	(31,596)	12,061

Notes To Financial Statements

31 March 2013

14 TAXATION

With effect from Year of Assessment 2008, the requirement for charities to spend at least 80% of their annual receipts on charitable objects in Singapore within 2 years in order to enjoy income tax exemption has been removed. Consequently, Section 13M has been repealed by Section 13(1)(zm) and the receipts for the financial years ended 31 March 2007 onwards are exempt from income tax.

15 TAX EXEMPT RECEIPT

	2013	2012
	\$	\$
Donations for which tax exempt receipts were issued	1,361,713	1,250,942

16 NON TAX EXEMPT RECEIPT

	2013	2012
	\$	\$
Donations for which non-tax exempt receipts were issued	314,458	462,716

Donors List (FY 2012/13)

\$25,000 and above

Chin Oi Ann
Furama Pte Ltd
Lim Boon Heng
Singapore Totalisator Board

\$10,000 - \$24,999

Afro-Asia Shipping Co. (Pte) Ltd
Chan Yik Zane
Chen Han Cheong
Cilandra Fangjono
Goh Tze Rui Ray
Grace, Shua and Jacob Ballas Charitable Trust
Gwee Yow Pin
Hauw Sze Shiung
Khoh Chin Jun
Kim Soon Huat Contractor (L) Pte Ltd
Kwek Tse Hock Andrew
Lee Foundation Singapore
Lee Ying
Lum Ooi Lin
Neo Lily Tirtsana
Ng Wei Yeow
Ong Ann Poh Eric
Overseas Academic Link Pte Ltd
Soh Kim Chua
Soh Kok Hoe @ Soh Khoo Hoo
Stemcor (SEA) Pte Ltd
Tan Kiat Sween Terence
Tang Chuan Ann
Tat Lee Sanitary & Plumbing Pte Ltd
UOB Kay Hian Private Limited

\$5,000 - 9,999

Abdul Latiff Bin Abdullah
Chan Ker Miang
Chan Teck Yam Raymond
Chee Peng Peng Calistine
Cheong Sock Yee Tiffany
Chua Poh Kwan Florence
Chua Wee Hua Rick
Fly Entertainment Pte Ltd
Former Lotus Buddhist Meditation Society
Prayer Group
Ho Kee Kuan Daniel
Hong Eng Chua
Il Lido Pte Ltd
Lee Kim Tah Foundation
Lee Wen Long
Leong Chee Seng
Liew Onnah
Lim Chin Wah
Low Chew Nai
Mellford Pte Ltd
Ong Peng Hai
Pang Beoy Eng Christine
Pang Soon Wah
Ping Tan Construction Pte Ltd
San Keong Construction Pte Ltd
See Hoo Ann
Sho Fee Leng
Soh Ah Yeong
Tai Lee Hang Electrical Engineering Pte Ltd
Tan Bee Hong Rina
Tan Beng Hui Carolyn
Tan Cheng Hui
Tan Mong Siok
Tay Sian Ann
Vernon Gerard Nunis
Westlink Marketing Services Ptd Ltd
Wong Yu Wei
Yeo Keng Hwang Colin
Yeo Nghoh Kim

\$1,000 to 4,999

A Shanti
A-One Air Conditioning Pte Ltd
ABN AMRO BANK N.V.
Aerospec Supplies Pte Ltd

Alicia Lee Lai Cheng
Allscript Establishment (Singapore) Pte Ltd
Anandani Shalini Partab
Ang Bee Lian
Ang Eng Hieang
Ang Peck Hoon
Ang Poh Cheo Marianne
Ang Sun Liu
Ang Yew Sheng Nicholas
Aqua Marine Chartering & Shipping OHG
Hamburg
Asia Enterprises (Pte) Ltd
Au Foo Yien
Bay Ai Ling Sylvia
Bay Sheau Rou
Blangah Rise Primary School
BN Solutions (s) Pte Ltd
Boon Kiang Motor Co.
Chan Cheow Nghee
Chan Hoon Seah Jess
Chan Kern Ngee Edmund
Chan Lian Chai Clinton
Chee Pek Har
Cheong Geok Ling Eleanor
Cheong Ngan Peng Christina
Chew Bang Ing Lucy
Chew Keng Cheow
Chew Loo Chen
Chia Cheng Ghee
Chia Joo Li
Chiam Choon Kian Daniel
Chin Kah Khim Erica
Chin Kien Hwee
Chin Lan Chin
Choo Kim Hiong
Choo Poh Keow
Chow Siok Tim (Deceased)
Chu Kok Hong
Chua Beng Teck
Chua Cher Meng
Chua Hwee Hong Gary
Chua Onn Pheng
Chua Sweet Lan
Chua Wah Ann
Chye Hin Hardware Pte Ltd
CJ Resources Pte Ltd
De Castro Sharon
Decision Group Ptd Ltd
Dennis Wee Realty Pte Ltd
Deutsche Bank Ag
Dura-Metal(s) Ptd Ltd
Elements Construction Pte Ltd
Elizabeth Prakasam
Eng King Hiong
Family of Late Lim Chwee Liang
Foo Heng Construction Pte Ltd
Foo Jong Hiang
Foo Suan Sze
G Chan Consultancy Pte Ltd
Ganesh S/O Kalyanam
Geoscan Pte Ltd
Gerard Paul Eyre Craggs
Glaxo Wellcome Manufacturing Pte Ltd
Goh Boon Kai
Goh Jee Kheng
Goh Leng Khian
Goh Nai Nee David @Ah Tee
Goh Su Li
Gui Boon Sui
Heng Boon Moi
Hiap Chuan Hardware (Pte) Ltd
Ho Andrew Ho
Ho Bee Foundation
Ho Sook Har Jeannie
Ho Tian Yee
Ho Yoke Chun Corinna
Ho Yuh Luan
Hupsteel Limited
Ivan Gandasasmita

Jean Yip Salon Pte Ltd
Jin Sung
Joo Yu Lan
K & M JV Pte Ltd
K Puvensesvan
Khoo Jeffrey
Khoo Mui Kheng
Khoo Tsai Ping Sally
Kiang Geok Teen
Kieu Chin Yew
Koh Boon Teik
Koh Chuan Yong
Kokilaavani Sivapragasam
Kon Soi Cheong
Kong Choo Mee
Koo Chung Chong
Koo Kim Leng
Koo Pee Yee
KTC Civil Engineering & Construction Pte Ltd
Kwan Peng Yee
Kwek Puay Swan
Lai Yee Wah
Lakshmanan S/o Seenivasakan
Lam Cheng Kam
Lam Hazel
Lau Wing Chew
Lee Fong Engineering Pte Ltd
Lee Cheok Fai
Lee Gim Tee
Lee Hui Swan Elizabeth
Lee Hui Yuen
Lee I Wuen
Lee Lie Hiang
Lee Meng Ping
Lee Niap Guen
Lee S. F. Vivienne
Lee Siew Eng
Lee Siew Kum
Lee Soon Cheong
Lee Wee Leng
Lee Welded Mesh Singapore Pte Ltd
Lee Xueling Cheyl
Lee Yih Chyi
Lee Yong How
Lee Yuet Sim Diana
Lee Yuet Ying
Leong Boon Heng
Leong Phui San Valerie
Leong Wei Loong Ivan
Leow Hui Chye
Ler Kee Hing
Lian Chee Wee
Lighthouse Flooring Pte. Ltd.
Lim Hsiu Mei
Lim Keng Hin Freddie
Lim Lean Ee
Lim Lee Yew
Lim Moat Eng
Lim Pei Pei
Lim See Seng
Lim Suet Heng
Lim Tiek Whai
Lim Wan Teae Darren
Lim Yui Pin
Lions Club of Singapore, Ladyhill
Liu Yixian
Liverland Investments Pte Ltd
LN Steamship Pte Ltd
Loh Bee Seong
Loh Peng Nang
Loh Wai Keong
Low Hwa Kiat Mark
Low Kee Eng Tom
Low Lam Seng
Low Li Eng
Low Mui Hong
Low Thiam Khye Andrew
Luk Chiew Peng
Lum Siew Khuen

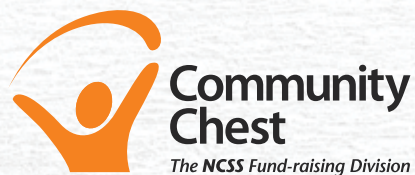
Moh Fong Yoke
Mohamed Kamal Ahmad
Navico International Pte Ltd
Ng Anson
Ng Chee Keen
Ng Cheong Lip
Ng Kim Teck
Ng Ling Beng Grace
Ng Lye Choon
Ng Ming Hoo
Ng Say Liang
Ng Thiam Chye
Ng Thiam Chye
Ng Weng Pan
Nge Aik Moh
Novel Praxis Pte. Ltd.
Ong Hoon Liong
Ong Hur Kwee
Ong Pang Keow Victor
Ong Phyllis
Ong Shwu Ching
Ong Teng Tat
Phee Wei Chuan Colin
Poh Chee Yong
Poi Choo Hwee
Poon Suet Ching
Print Lab Pte Ltd
R. Nambiar
Ratinavala Sivapragasam
Rohan Kamis
Schroder Investment Management
(Singapore) Ltd
Seah Buck Tiang
Seah Chiew Lian Rinda
Seah Jennifer
Seah Moon Ming
Seah Wee Yong
See Chin Chye Jacky
Seet Iris
Seow Hoong Wah Christopher
Seow Thar Hui
Sharifa Noor Binte Ali Alhadad
Siew Yiew Cheong
Silvester Prakasam
Sim Boon Lee
Sim Kim Tin
Sim Siang Leong
Sim Wing Yew
Sin You Seng
Singapore Organisation of Seamen
Skyde Engineering Pte Ltd
SL Yap Trading Enterprises Pte Ltd
Sng Kwang Joo
Sng Kwee Wah Alan
Sng Tai Liat
Sng Ziyuan David
Soh Ghim Peck Pauline
Soo Eng Mei
ST Electrical Engineering Pte Ltd
Sui Kok Seng
SUTL Corporation Pte Ltd
Tan Bee Hoon
Tan Bee Suan
Tan Charlotte
Tan Cheng Thye
Tan Chin Boon
Tan Choon Kiat Nigel
Tan Guan Joo
Tan Huai Wern
Tan Hui Sen
Tan Hwee Cher
Tan Khiaw Nghoh
Tan Kia Lin Debbie
Tan Kim Hock Bernie
Tan Kiong Hai
Tan Lai Seng
Tan Lang Huang
Tan Lay Hua
Tan Lee Joo
Tan Ling Ling
Tan Mae Shen Joanne
Tan Nam Kee
Tan Peter & Esther
Tan Puay Leng Annie
Tan Siew Poh
Tan Siok Ling
Tan Siu Chhong
Tan Soi Moi
Tan Susie
Tan Sweet Sweet
Tan Tong Kim
Tan Tung Heng
Tan Wai Ling Rachael
Tan Wei Leng
Tan Xuan You
Tan Yit Ying Adeline
Tan Yoke Yuan
Tang Mun Yeng
Tay Boon Hau
Tay Kim Seng Peter
Tay Lee Kiang Liza
Tay Lee Lee Stephanie
Tay Lee Leng Jiny
Tay Soh Tee
Tay Teng Hock Peter
Teh Tau Ling
Teo Cheng Suet
Teo Hui Choo Rachel
Teo Kian Hong Vincent
Teo Kian Seng
Teo Kim Sze
Teo Kiong Sheng
Teo Kuo Liang
Teo Ser Luck
Teo Soo Yeow
Tham Kui Seng
Tio Kie Chwan
Toh Ah Neo Doris
Toh Lim Nghoh
Toh Syn Yuen June
Tong Poh Bee
Vosco Metal Pte Ltd
Wang Ying Ying Sharon
Wayne Asia Engineering Pte Ltd
Wee Geok Sim Susie
Wee Im Neo Mabel
Weng Soon Roofing Services Pte Ltd
Wong Ah Kheng
Wong Chee Meng Rodney
Wong Cheng Ee
Wong Joo Kok
Wong Kok Hoong
Wong Loke Yong
Wong Siew Leong Christopher
Wong Siu Hong Alfred
Wong Yih Nan
Woo Soon Fatt
Woo Weng Fun
Yang Mee Lan
Yap Lip Kee
Yap Poh Ling
Yeap Yin Ching
Yeo Ah Moei
Yeo Cheok Lang Lily
Yeo Lily
Yer Boon Lian
Yip Cheng Yee Evelyn
Yong Chee Hiong Eddie
Yong Lum Sung
Yuong Noeline Cora
Yuen Yu Tai Mark
Zainudin Bin Nordin
Zhang Juan
Zhao Geotechnic Pte Ltd



Member of



Supported by



HCA Hospice Care

12 Jalan Tan Tock Seng Singapore 308437

T: 6251 2561 • F: 6352 2030

E: info@hcahospicecare.org.sg

www.hca.org.sg