

*And He said to them, "Follow Me,  
and I will make you fishers of men."*

Matthew 4:19



"IXΘΥΣ" is the Greek word for "fish" and an acrostic  
for "Jesus Christ, God's Son, Saviour".

ANNUAL REPORT 2016



## CONTENTS

- 3 Introduction of SAMH  
SAMH Vision • SAAC, SACH, SAL &  
SANH Mission statements
- 5 President's Address
- 7 Review of Services
- 13 Board of Management
- 14 Management Committees
- 15 Other Committees
- 16 Administration Staff
- 17 Corporate Governance
- 18 Reserves and Investment Policy
- 19 Conflict of Interest Policy
- 21 Whistleblowing Policy
- 22 Acknowledgement of Donations
- 45 Acknowledgement of Gifts and Services Rendered
- 49 Financial Statements

# INTRODUCTION

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The St. Andrew's Medical Mission was founded in 1913 by Dr. Charlotte Ferguson-Davie. In 1934, St. Andrew's Mission Hospital was incorporated by an Act of Parliament under the St. Andrew's Mission Hospital Ordinance. Presently, St. Andrew's Mission Hospital is a voluntary welfare organisation and an approved Institution of Public Character.

St. Andrew's Mission Hospital provides health and social care, training and educational services through: St. Andrew's Autism Centre, St. Andrew's Community Hospital, St. Andrew's Lifestreams, St. Andrew's Mission Hospital Clinics, St. Andrew's Nursing Home, and St. Andrew's Senior Care.

## OUR VISION

To be a light in a dark place, that ignorance would be replaced by knowledge and understanding; physical distress by comfort and healing.

## OUR MISSION

### **St. Andrew's Autism Centre**

Its vision is: enabling people with autism to lead dignified and meaningful lives. Its mission is: enriching the lives of people with autism and their families through quality education, training and care, distinguished by Christian love and compassion.

### **St. Andrew's Community Hospital**

To provide medical services characterised by Christian love and compassion to all in need, regardless of race, religion or socio-economic status.

### **St. Andrew's Lifestreams**

Through God's grace and truth, we facilitate healing, restoration and holistic health in people's lives so that people can realise wholeness through a multi-level network of caregivers in the church and community.

### **St. Andrew's Nursing Home (Buangkok)**

To be a safe place that guides and lights up the life journey of each patient with love, healing and hope.



**ST. ANDREW'S  
MISSION HOSPITAL**



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1 Stalls at St. Andrew's Autism Centre's Day Activity Centre (DAC) Family Day Carnival included those selling vegetables grown by DAC clients through the Urban Farming component of the Horticulture Vocational programme. 2 St. Andrew's Community Hospital (SACH) provides holistic therapy programmes for inpatients beyond physiotherapy and occupational therapy. Some of these programmes include speech, music, art and cooking therapy. 3 Residents of St. Andrew's Nursing Home (Buangkok) enjoyed their outing at Punngol Park. SANH organises such activities regularly as part of a holistic rehabilitative programme. 4 St. Andrew's Senior Care (JOY Connect) provides a variety of purpose-filled social and recreational group programmes to actively engage elderly residents who attend our Day Care sessions. These activities ultimately aim to enhance their cognitive, social and physical functions. 5 In 2016, St. Andrew's Lifestreams (SAL) focused on charting the way forward as an educational, training and resource centre for practitioners in the care and counselling profession.

# PRESIDENT'S ADDRESS

St. Andrew's Mission Hospital (SAMH) has a rich history of God's faithfulness - we praise Him for all that is past and all that is to come. He has been the shield and inspiration of SAMH amidst the challenges we have faced and overcome as we strengthen and grow His ministry of care and healing.

## HUMBLE SERVICE BY THE BODY OF CHRIST

Romans 12:4-5 reads, "For just as each of us has one body with many members, and these members do not all have the same function, so in Christ we, though many, form one body, and each member belongs to all the others."

Our service and work is like a garden that is owned by God. We thank God that He has bonded the SAMH team together to tend the garden and make it a hospitable place for persons receiving our care. When we bring healing, care and comfort to our clients and support their families, we please God whose will is that we do all these things out of love.

## HEALTHCARE FOR AN AGEING POPULATION

Singaporeans are ageing rapidly. By 2030, we expect 1 in 5 Singaporeans to be above the age of 65. To meet the rising healthcare demand of an ageing population, SACS and SAMH have been building up its senior services to provide quality care for seniors.

In 2016, our bountiful God blessed us by awarding us two contracts from the Ministry of Health (MOH) to operate two nursing homes. We are blessed in being entrusted with the opportunity to serve others with the love of God in Christ Jesus. Both St. Andrew's Nursing Home (Henderson) and St. Andrew's Nursing Home (Queenstown) have co-located Senior Care Centres. St. Andrew's Community Hospital (SACH) has also been appointed by MOH to operate St. Andrew's Senior Care (Tampines) at Our Tampines Hub. Aligned with our commitment to seek the welfare of the city, SACH also started operating a

General Practitioner Clinic at Kampong Glam co-located with St. Andrew's Senior Care (JOY Connect) to help the sick elderly, many of whom have no or poor family support.

## HELPING OTHERS THROUGH LOVING ACTIONS

**God has good things planned for us and I pray that the SAMH fleet of services will continue to be built up and strengthened in love, in order to bring life to more.**

We thank God for blessing us with dedicated staff and volunteers, individuals, corporations, business associations, philanthropic groups and foundations as well as parishes who support our work. Thank you for your hard work and generous contributions, blessing us with your support, prayers, advice and financial assistance.

Let us continue to love others in actions and in truth: "This is how we know what love is: Jesus Christ laid down his life for us. And we ought to lay down our lives for our brothers and sisters. If anyone has material possessions (this may refer to skills, time, and financial possessions) and sees a brother or sister in need but has no pity on them, how can the love of God be in that person? Dear children, let us not love with words or speech but with actions and in truth." (1 John 3:16-18)

May God continue to bless and grow our ministry of service to others for the glory of His Name.

+ Rennis Singapore  
The Right Reverend Rennis Ponniah  
Bishop of Singapore  
President, St. Andrew's Mission Hospital



**1** Guest of Honour Assoc. Prof. Dr Muhammad Faishal Ibrahim, Parliamentary Secretary, Ministry of Education & Ministry of Social and Family Development, contributed his artistic strokes to a collaborative painting at St. Andrew's Autism Centre's Open House. **2** St. Andrew's Community Hospital opened a new rehabilitation ward to meet the increasing demand for rehabilitation services for patients requiring stroke or fracture rehabilitation. **3** St. Andrew's Nursing Home (Henderson) and St. Andrew's Nursing Home (Queenstown) will be operational in 2017, and will provide integrated residential (inclusive of dementia care ward) and centre-based services, with a co-located Senior Care Centre. **4** St. Andrew's Senior Care (JOY Connect) enters its second year of service in 2016. It offers day care, dementia day care, community rehabilitation, centre-based nursing, integrated home care (medical, nursing, therapy and palliative care) and community case management services for elderly residents at Kampong Glam and its vicinity. **5** St. Andrew's Nursing Home (Buangkok) recently set up a Club House for residents, where members of the Club House are given tasks like caring for fish. This provides them with a sense of responsibility and achievement.

# REVIEW OF SERVICES

Galatians 6:9-10 reads, "Let us not lose heart in doing good, for in due time we will reap if we do not grow weary. So then, while we have opportunity, let us do good to all people." Through God's faithful leadership, we continue blazing trails in the provision of services to meet the evolving needs of the disadvantaged and vulnerable through the services of St. Andrew's Mission Hospital (SAMH).

On behalf of the Board, I am pleased to provide an update on SAMH and its community services: St. Andrew's Autism Centre (SAAC), St. Andrew's Community Hospital (SACH), St. Andrew's Senior Care (SASC), St. Andrew's Lifestreams (SAL), and St. Andrew's Nursing Home (SANH).



### OUR ACHIEVEMENTS

#### ST. ANDREW'S AUTISM CENTRE (SAAC)

In 2016, SAAC stepped up its advocacy efforts and broadened its outreach to neighbours, the community and even travellers flying in and out of Singapore. SAAC is thankful for likeminded organisations and individuals whose partnerships and collaborations made it possible for SAAC to reach different communities, raising autism awareness and encouraging social acceptance.

SAAC's total enrolment in 2016 increased by 13.19 percent to 266 students and clients. Total staff strength increased 11.49 percent to 165.

#### *Key collaboration/milestones in 2016 included:*

- Organising an Open House for neighbours with Siglap South Community Centre and Yayasan Mendaki
- Supporting Pangdemonium's play FALLING about a family's journey with autism with post-show dialogues
- Hosting the Autism Certification Training programme with International Board of Credentialing and Continuing Education Standards (IBCCES)
- Supporting National Council of Social Service (NCSS) ComChest to launch a building fundraising campaign for the Adult Disability Home with co-located Day Activity Centre, which would comprise largely of single and some double and triple bedrooms
- Presenting SAAC's first art exhibition at the heartlands at Bedok Library
- Rebranding the DAC pilot retail project as Colours Project by SAAC, launching phase two of its retail collection and making it available online
- Launching and retailing two new Colours Project tote bags through SilkAir's inflight and online retail platform

#### Update on St. Andrew's Autism School (SAAS)

SAAS continued to focus on raising the quality of education and building staff professionalism in 2016. Diversifying post-18 pathways for its students, six Senior

Track students, aged 16 to 18 years old, underwent a one-week job attachment at Bizlink. Three were offered a job trial (minimum of 10 days). SAAS also trained and prepared three graduating students for assessment, to be considered for supported employment.

#### *In line with building staff professionalism:*

- 18 teachers and key personnel received autism certification (Certified Autism Specialist or Autism Certificate) through IBCCES
- Four teaching staff attended the Council for Exception Children (CEC) Convention and Exhibition at St. Louis, Missouri, USA
- The Principal, both Vice Principals, a Lead Teacher and the Speech and Language Therapist participated in the ASPECT Autism in Education Conference in Melbourne, Australia, and presented on Educators' Perspectives on the School-wide Implementation of Picture Exchange Communication System (PECS)
- Three teachers completed their Diploma in Special Education, while another five began the course in August 2016. In Term 4, a further two teachers began the course part-time

#### *Other significant events/milestones for SAAS included:*

- On 28 July, SAAS hosted a visit by Dr. Janil Puthuchery, Minister of State for Communications & Information and Education, and officers from Ministry of Education, Special Education Branch and NCSS
- Four students, along with two teachers and two parents performed for the first time at the National Day Parade 2016
- Six students took part in the Special Olympics Singapore Bocce Competition
- Setting up an edible garden for Intermediate and Senior Track students' pre-vocational learning with the aim of implementing a vegetable garden programme in 2017
- Eight teams of teaching staff received the inaugural SAAS Outstanding Contribution Team Award



### **Update on St. Andrew's Adult Autism Services (SAAAS) – Day Activity Centre (DAC)**

In 2016, the DAC launched a Therapy Programme featuring occupational and speech therapy, and Applied Behaviour Analysis (ABA) in partnership with SPD Therapy Hub, AWWA Allied Health Professional Group and Lazarus Centre. Altogether, 26 clients benefit from occupational therapy, 23 benefit from speech therapy and 12 of the more challenging clients are receiving ABA Services.

*Significant events/milestones for SAAAS-DAC included:*

- The Urban Farming component of the Horticulture Vocational programme became fully operational from February 2016, after a pilot phase in the fourth quarter of 2015
- Six out of eight clients who were trained to take the National Environment Agency's (NEA's) Basic Food Hygiene course passed
- DAC Family Day on Saturday, 4 June 2016, engaged families and corporate partners through a mini-carnival, with stalls featuring food, games and craftwork made by clients
- Continued and expanded collaboration with Yayasan Mendaki and BusAds Pte Ltd, and St. Andrew's Nursing Home respectively, with Office Skills pre-vocational classes helping with light packaging work
- Two DAC clients were supported in external employment
- Launched Healthy Living Programme to engage clients in healthy living practices, including fitness training and exercises, healthy food choices, and annual health screening for clients
- Exploring a pilot production programme
- Continuing in-house training and development programme

### **ST. ANDREW'S COMMUNITY HOSPITAL (SACH)**

2016 has been a fruitful year of development and growth for SACH. We give thanks to God for His wisdom and provision as SACH continues to build up its inpatient rehabilitative, sub-acute, paediatric and dementia care services, as well as reach out to the community through its community therapy and homecare services.

SACH also increased its support to its various partners through the provision of therapy services (i.e., physiotherapy and occupational therapy). These partners are St. Andrew's Nursing Home, Simei Care Centre, PEACE-Connect Cluster Operator, St. Hilda's Community Services and Sparkle Care @ Changi-Simei.

### **New Developments in 2016**

#### *Inpatient Adult Rehabilitation Service*

SACH opened a new rehabilitation ward at Ward 7. These additional 32 beds will help SACH meet the increasing demand for rehabilitation services for patients requiring stroke or fracture rehabilitation.

#### *Inpatient Paediatric Rehabilitation Service*

SACH continued developing its inpatient paediatric rehabilitation service. Besides increasing the bed capacity from 10 to 17, the quality of care has been enhanced through fortnightly paediatric rounds by KKH paediatricians.

#### *SAMH Clinic (Kampong Glam)*

SACH set up the SAMH Outpatient Clinic at Kampong Glam in May 2016 to provide holistic primary care for needy seniors with poor or no family support. Located within St. Andrew's Senior Care (JOY Connect), the clinic is operated by SACH every Friday from 8:30 a.m. to 12:30 p.m.

From May to December 2016, the clinic served 126 seniors. 96% of the seniors benefited from subsidised consultation and medication fees using their Pioneer Generation (PG) Card, Community Health Assist Scheme (CHAS) Blue Card and Public Assistance Scheme Card.

#### *Sparkle Care @ Changi Simei*

SACH partnered with Sparkle Care Senior Care Centre (at Changi Simei) to provide Day Rehabilitation Services to seniors living in the vicinity.

#### *Staff Achievements*

In May, 171 staff were honoured for their dedication and excellence in patient care at the Eastern Health Alliance (EH Alliance) Caring Awards. SACH, together with six other recipients, also won the National Health

## REVIEW OF SERVICES

IT Excellence Award for the implementation of the common patient administration and electronic medical record systems, in May 2016.

In July, Ms. Lew Sow Peng, SACH Senior Staff Nurse, received the MOH Nurses' Merit Award in recognition of her outstanding performance and dedication to nursing.

In August, five SACH staff received the Agency for Integrated Care (AIC) training grants under the Intermediate and Long-Term Care (ILTC) Upgrading Programme and the Social and Health Manpower Development Programme-ILTC Award.

In October, 28 staff and 3 teams from SACH were honoured at the AIC ILTC Excellence Awards, a platform that recognises exemplary staff and excellent care practices in the areas of clinical care, service quality, innovation, and productivity.

### *Visits by Ministry of Health officials*

In September, SACH hosted Mr. Chan Heng Kee, Permanent Secretary for Health, at the hospital while Associate Professor Benjamin Ong, Director of Medical Services, MOH, visited St. Andrew's Senior Care (JOY Connect) in May.

### *Training and Education*

2016 was a busy year for the training and education of hospital staff. In addition to weekly in-house lectures and tutorials, SACH organised a series of clinical lectures on "Stroke Rehabilitation of the Older Person" in April 2016. Professor Peter Langhorne, who specialises in stroke rehabilitation from the University of Glasgow, was our guest speaker.

### *AIC's Taxi Driver Training Programme*

In November and December, SACH's Day Rehabilitation Centre conducted AIC's Taxi Driver Training Programme for 250 "Grab" taxi drivers. This training session is aimed at equipping taxi drivers with skills to assist wheelchair-bound clients and clients with dementia.

## **ST. ANDREW'S SENIOR CARE (SASC)**

### **St. Andrew's Senior Care (JOY Connect)**

2016 marked St. Andrew's Senior Care (JOY Connect)'s second year of serving the Kampong Glam community. It provides Dementia Day Care, Enhanced Dementia Day Care, Maintenance Day Care, Community Rehabilitation, Centre-based Nursing and Community Case Management services for residents staying in Kampong Glam and its vicinity.

In October 2016, 110 residents participated in JOY Connect Open House activities such as free health screening, fall risk assessment and education as well as healthy cooking demonstration.

St. Andrew's Senior Care (JOY Connect) was blessed with volunteers who volunteered their time and talent in serving the community. Majority of the volunteers were Kampong Glam residents as well as students from St. Margaret's Primary School, St. Andrew's Junior School, Katong Convent, Raffles Girl's School, Temasek Polytechnic and Anglo Chinese Junior College.

### **St. Andrew's Senior Care (Tampines)**

SACH worked with the Ministry of Health (MOH) and Eastern Health Alliance to plan for the setting up of a new Senior Care Centre at Our Tampines Hub. The Senior Care Centre, which will be operated by SACH, is slated to be operational in mid-2017.

### **St. Andrew's Senior Care (Henderson) and St. Andrew's Senior Care (Queenstown)**

To meet the needs of the ageing population, SAMH is setting up St. Andrew's Senior Care (Henderson), co-located within St. Andrew's Nursing Home (Henderson) and St. Andrew's Senior Care (Queenstown), co-located within St. Andrew's Nursing Home (Queenstown). Both senior care centres provide Dementia Day Care, Enhanced Dementia Day Care, Maintenance Day Care, Community Rehabilitation, Centre-based Nursing and Home Care services.

### ST. ANDREW'S LIFESTREAMS (SAL)

In 2016, SAL's main focus was charting the way forward as an educational, training and resource centre for practitioners in the care and counselling profession. SAL conducted its training and counselling services with two full-time administrative staff, four training/counselling staff and four associates. This included new team members, who brought with them enhanced expertise and capacity as well as new ideas.

In 2016, SAL conducted 18 professional programmes, ranging from Advanced Skills Practices to Intentional Interviewing Skills for Counselling and Skills Laboratory for practitioners in the Social Service and Counselling Sector. SAL also conducted the T-JTA personality assessment course and workshop for organisations. There was also a training workshop for TheraPlay with an overseas organisation and a new workshop on the use of Rapid Assessment Instruments. Some of the programmes were eligible for Ministry of Social and Family Development / National Council of Social Service subsidy under its (VWOs)-Charities Capability Fund.

#### *Counselling*

Counselling remained an important component of SAL's services. We aim to provide a safe and secure haven for people, who may be struggling with various issues that hinders them from living life to the fullest. Our team of trained professional counsellors are dedicated to walking with them, both young and old, through these challenging times. Our therapeutics services include generic Counselling, Art Therapy, Play Therapy and Theraplay.

In 2016, we engaged 18 individuals and couples in 168 professional and pastoral counselling sessions to help them cope with emotional stress, parenting and marital issues. They were referred by the churches, friends and service users.

#### *Marriage Preparation Programme (MPP)*

The primary objective of the 8-hour MPP workshop is to help couples better understand and relate with each other so as to better meet each other's needs. 8 couples benefited from the workshop which discussed issues such as personality styles, effective

communication skills, conflict resolution, financial management, family planning and sexual needs.

### ST. ANDREW'S NURSING HOME (SANH)

SAMH was awarded two contracts from the Ministry of Health to operate SANH (Henderson) and SANH (Queenstown) in 2016. With these developments, there are now 3 Nursing Homes under the SANH banner, including the pioneer SANH (Buangkok), a psychiatric Nursing Home, providing holistic nursing and rehabilitative care for 300 residents.

The two new nursing homes will start operations in February and April 2017 respectively.

#### **SANH (Buangkok)**

##### *Caring for residents*

In 2016, SANH (Buangkok) focused on improving the psycho-social wellness of its 300 residents through its programmes. It supported over 200 residents in physiotherapy and occupational therapy programmes per month and 20 residents per month in regular psychotherapy sessions.

50 residents participated in an ongoing in-house vocational rehabilitation activity of packing serviettes for a Food and Beverage company. This provided residents opportunities to improve their cognitive functions as well as gain dignity, self-confidence and earnings.

Residents were also actively engaged in social activities such as bi-monthly outings, pet therapy, art and craft, baking, music and singing sessions organised by staff and volunteers. Our volunteer pool had increased with more regular groups coming to support our residents. This was made possible with a funded project from National Council of Social Service which had helped us develop a more structured volunteer management programme.

#### *Staff Achievements, Training and Development*

SANH (Buangkok) was honoured at the AIC ILTC Excellence Awards, a platform that recognises exemplary staff and excellent care practices in the areas of clinical care, service quality, innovation, and productivity.

## REVIEW OF SERVICES

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With support from SAMH Information Technology Team, SANH (Buangkok) also won the National Health IT Excellence Award (St. Andrew's Nursing Home System) for its comprehensive cloud-based IT system.

As part of our continuous effort to build staff competency in providing psychiatric nursing care for our residents, 7 staff completed their course in Home Care and 12 staff completed their course in Dementia Care. 11 Nursing Aides were also trained and upgraded to Enrolled Nurses.

SANH (Buangkok) also assisted in the set-up of SANH (Henderson) and SANH (Queenstown) and provided training for the nurses.

### **SANH (Henderson) and SANH (Queenstown)**

SANH (Henderson) and SANH (Queenstown) provide integrated residential (inclusive of dementia care ward) and centre-based services, with a co-located Senior Care Centre.

Aiming to deliver *Better Health, Better Care and Better Life*, the model of care focuses on provision of resident-centric quality care. Residents are empowered to take charge of their own life and health by participating in SANH's social and health promotion activities and programmes of their choice. The ultimate aim is to provide residents with an enriching, home-within-a home memorable experience.

SANH (Henderson) and SANH (Queenstown) are blessed with the support of the Church of the Good Shepherd and the Church of Our Saviour Singapore respectively in serving the residents.

### **FUNDRAISING ACTIVITIES**

On 28 October 2016, SAMH held a joint Charity Dinner with the Singapore Anglican Community Services to raise funds for both organisations. The Dinner was officiated by Mr. Tan Chuan-Jin, Minister for Social and Family Development.

The Children's Charity Association (of which SAMH is a member), organised a host of annual fundraising activities, with the combined takings shared among its members.

### **THE ROAD AHEAD – SAMH IN 2017**

As we enter into our 104th year of service, we celebrate the Lord's unwavering faithfulness with thanksgiving. God's provision and guidance has sustained our mission for the past 103 years. Guided by Him, SAMH will strive on to seek the welfare of the city.

#### **Dr. Arthur Chern**

Group Chief Executive Officer  
St. Andrew's Mission Hospital

# BOARD OF MANAGEMENT

## FOUNDER

The late Dr. Charlotte E. Ferguson-Davie  
O.B.E., M.D.

## PRESIDENT

The Right Reverend Rennis Ponniah  
(Bishop)  
B.Soc.Sc (Hons.), M.Div.  
(Appointed since October 2012)

## VICE PRESIDENT

Mr. Andrew Goh Kia Teck  
(Non-Executive Director)  
B.Econ.  
(Appointed since 2008)

## HONOURARY TREASURER

Mr. Lee Chew Chiat  
(Executive Director)  
B.Eng. (Hons.)  
(Treasurer since 2016)  
(Appointed as Member since 2015)

## NOMINATED MEMBERS

U.S.P.G.  
The Reverend Eric Chiam  
(Appointed since 2015)

The Reverend Canon Dr. Louis Tay  
B.D.S. (S'pore), Dip.Th. (DTC), B.D.Hons. (London)  
(Appointed since 2001)

S.W.M.D.A.  
Reverend Yap Chee Han  
M.Div.  
(Appointed since 2016)

Venerable Wong Tak Meng  
M.Div.  
(Appointed since 2004)

St. Andrew's Cathedral Parochial Church Council  
Mr. Robin Tan  
B.Sc. (USA), M.B.A. (USA)  
(Appointed since 2011)

Mr. Low Chung Guan  
M.B.A. (Waseda & NTU), PGDip. (Org Learning), B.Sc.Eng.  
(Aeronautical)  
(Appointed since 2012)

Presbyterian Church  
Elder Lee Chong Kai  
B.A. (Otago) and B.A. Hons. (Victoria)  
(Appointed since 2011)

Methodist Church  
Dr. Gong Ing San  
M.B.B.S., F.R.C.S., F.A.M.S.  
(Appointed since 2002)

## PROFESSIONAL REPRESENTATIVES

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M.B.B.S (S'pore), F.C.G.P (S'pore), F.R.C.G.P (UK)  
(Appointed since 2005)

Prof. Tay Boon Keng  
M.B.B.S. (S'pore), F.R.C.S. (Orth), F.A.C.S.  
(Appointed since 2002)

## ELECTED MEMBERS

Mr. Tan Soo Kiang  
LL.B. (Hons.)  
(Appointed since 2004)

Mr. Chan Wing Hong  
B.Sc. (Econ)  
(Appointed since 2009)

Mr. Hamish Christie  
Chartered Accountant (S'pore), FCA (England and Wales)  
(Appointed since 1986)  
(Treasurer from 2003 to April 2007, April 2008 to April 2012)

Mr. Tan Kian Woo  
B.Acc. (Hons.), FCA (S'pore)  
(Appointed since 2012)  
(Treasurer from 2012 to April 2016)

Dr. Ong Yong Wan  
M.B.B.S. (S'pore), F.A.M.S., F.R.C.P. (Edin)  
(Appointed since 2000)

Assoc. Prof. Dr. Joseph Thambiah  
M.B.B.S. (S'pore), M.Med (Surgery), F.R.C.S. (Edin), F.A.M.S. (Orth)  
(Appointed since 2005)

Ms. Vivien Chen  
B.Sc. (Econ), M.Sc. (Management)  
(Appointed since 2006)  
(Treasurer from April 2007 to April 2008)

Miss Arasi Santhana  
LCCI Secretarial Dip. Cert.: HR, Finance & Office Mgmt  
(Appointed since 2008)

Mr. Benjamin William  
B.Soc.Sci (Hons.)  
(Appointed since 2016)

Dr. John Lim Chien Wei  
M.B.B.S. (S'pore), M.Sc. (PH), F.A.M.S., M.P.M. (Harvard)  
(Appointed from 2002 to 2012)  
(Reappointed in 2015)

## SECRETARY

Dr. Arthur Chern  
M.B.B.S. (S'pore), B.Th. (Hons.) (Greenwich), M.P.H. (Yale), M.P.A.  
(Harvard), F.A.M.S.  
(Non-Board Member, Salaried Officer)  
(Appointed since 2012)

## AUDITORS

KPMG LLP

# MANAGEMENT COMMITTEES

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LL.B. (Hons.)

### Treasurer

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B.Eng. (Hons.)

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B.Acc. (Hons.), FCA (S'pore)

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B.Sc. (Econ)

Ms. Anita Fam  
LL.B. (Hons.), LL.M.

Rear-Admiral (Ret) Kwek Siew Jin  
BBM, PPA(E), PPA(P), PBM, B.Eng. (EE)

Mr. Patrick Yeo Bor Gee  
B.A. (Hons.)

Rev. Barry Leong  
MA

Mr. Lawrence Pang  
LL.B. (Hons.), M.B.A.

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Mr. Tan Soo Kiang  
LL.B. (Hons.)

### Vice Chairman

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LL.B. (Hons.), LL.M.

### Treasurer

Mr. Lee Chew Chiat  
B.Eng. (Hons.)

### Secretary

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P.P.A., M.B.A., B. Eng (Mechanical)

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B.A. (English with Business) (S'pore), M.A. (Educational Management) (S'pore)

Mr. David Alexander Ong

Mr. Lawrence Pang  
LL.B. (Hons.), M.B.A.

Mdm. Tay Li Ling

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### Chairman

Prof. Tay Boon Keng  
M.B.B.S. (S'pore), F.R.C.S. (Orth), F.A.C.S.

### Members

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M.A. M.Th. (S'pore)

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Dr. Low Kee Hwa  
M.B.B.S. (S'pore), M.C.G.P., G.D.M.H.

Mr. Ngiam Shih Chun  
B.Sc. (Mech. Eng.), M.Sc. (Fin. Eng.), M.Sc. (Management Science)

Dr. Ong Yong Wan  
M.B.B.S. (S'pore), F.A.M.S., F.R.C.P. (Edin)

Dr. Sin Gwen Li  
M.B.B.S. (S'pore), M.Med. (Psych)

Dr. Tan Kian Hian  
M.B.B.S. (S'pore), F.A.N.Z.C.A., F.F.P.M.A.N.Z.C.A.

Mr. Tan Kian Woo  
B. Acc. (Hons.), F.C.A (S'pore)

Assoc. Prof. Joseph Thambiah  
M.B.B.S. (S'pore), M.Med (Surgery), F.R.C.S. (Edin), F.A.M.S. (Orth)

Dr. Cheng Yew Kuang  
M.B.B.S. (S'pore), M.R.C.P. (UK), F.A.M.S. (Rheumatology), F.A.C.R. (USA), F.A.A.A.A.I. (USA)

## ST. ANDREW'S LIFESTREAMS

### Chairman

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B.Econ.

Mr. Keith Chua  
B.BA

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M.B.B.S. (S'pore), B.Th. (Hons.) (Greenwich), M.P.H. (Yale), M.P.A.  
(Harvard), F.A.M.S.  
(Appointed since 1 May 2012)

### Chief Operating Officer

Dr. Loh Yik Hin  
M.B.B.S. (S'pore), M.Med. (Public Health), F.A.M.S.

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### Chief Executive Officer

Mr. Dennis Ang  
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### Supervisor, St. Andrew's Autism School

Mr. Tan Soo Kiang  
LL.B. (Hons.)

### Principal, St. Andrew's Autism School

Ms. Diana Chin  
M.A. (Instructional Design & Technology), B.A. (Hons.)

### Head, St. Andrew's Adult Autism Services

Mr. Raymond Marcel Semaun  
B.A. (summa cum laude) (UCLA), Grad Cert. A.B.A. (CSULA)

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### Director, Allied Health and Operations

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M.A. (Counselling), B.Eng (EEE)

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College), Certified Practitioner in Therapeutic Play Skills (CAE)

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B.Acc (Hons.), M.Business (RMIT), M.H.Sc. (Gerontology),  
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### Executive Director (Henderson)

Mr. John Chan  
RN, BN (Monash)



# CORPORATE GOVERNANCE

Draft Governance Checklist to be submitted to Charity Portal  
(Evaluation Period 01/01/2016 to 31/12/2016)

S/No.	Code Description	Code ID	Compliance
	<b>BOARD GOVERNANCE</b>		
1	Are there Board members holding staff appointments?		No
4	There is a maximum limit of four consecutive years for the Treasurer position (or equivalent, e.g. Finance Committee Chairman)	1.1.6	Complied
5	The Board conducts regular self-evaluation to assess its performance and effectiveness	1.1.10	Complied
6	There are Board Committees (or designated Board members) with documented terms of reference.	1.2.1	Complied
7	The Board meets regularly with a quorum of at least one-third or at least three members, whichever is greater (or as required by the governing instrument).	1.3.1	Complied
	<b>CONFLICT OF INTEREST</b>		
8	There are documented procedures for Board members and staff to declare actual or potential conflicts of interest to the Board.	2.1	Complied
9	Board members do not vote or participate in decision-making on matters where they have a conflict of interest.	2.4	Complied
	<b>STRATEGIC PLANNING</b>		
10	The Board reviews and approves the vision and mission of the charity. They are documented and communicated to its members and the public.	3.1.1	Complied
11	The Board approves and reviews a strategic plan for the charity to ensure that the activities are in line with its objectives.	3.2.2	Complied
	<b>HUMAN RESOURCE MANAGEMENT</b>		
12	The Board approves documented human resource policies for staff.	5.1	Complied
13	There are systems for regular supervision, appraisal and professional development of staff.	5.6	Complied
14	There is a system to address grievances and resolve conflicts.	5.11	Complied
	<b>FINANCIAL MANAGEMENT AND CONTROLS</b>		
15	The Board ensures internal control systems for financial matters are in place with documented procedures.	6.1.2	Complied
16	The Board ensures reviews on the charity's controls, processes, key programmes and events.	6.1.3	Complied
17	The Board approves an annual budget for the charity's plans and regularly monitors its expenditure.	6.2.1	Complied
18	The charity discloses its reserves policy in the annual report.	6.4.1	Complied
19	Does the charity invest its reserves?		Yes
20	The charity invests its reserves in accordance with an investment policy approved by the Board. It obtains advice from qualified professional advisors, if deemed necessary by the Board.	6.4.4	Complied
	<b>FUNDRAISING PRACTICES</b>		
21	Donations collected are properly recorded and promptly deposited by the charity.	7.2.2	Complied
	<b>DISCLOSURE AND TRANSPARENCY</b>		
22	The charity makes available to its stakeholders an annual report that includes information on its programmes, activities, audited financial statements, Board members and executive management.	8.1	Complied
23	Are Board members remunerated for their Board services?		No
26	Does the charity employ paid staff?		Yes
27	No staff is involved in setting his or her own remuneration.	2.2	Complied
28	The charity discloses in its annual report the annual remuneration of its three highest paid staff who each receives remuneration exceeding \$100,000, in bands of \$100,000. If none of its top three highest paid staff receives more than \$100,000 in annual remuneration each, the charity discloses this fact.	8.3	Complied
	<b>PUBLIC IMAGE</b>		
29	The charity accurately portrays its image to its members, donors and the public.	9.1	Complied

# RESERVES AND INVESTMENT POLICY

## 1.0 SCOPE

The policy defines the level of reserves held by the Hospital.

## 2.0 OBJECTIVE

To ensure that the reserves level matches the Hospital's needs at all time and not holding reserves that are too high or too low for its needs. Having a reserves policy helps to inform the management of its cash, liquid assets and debt (i.e., its treasury management approach), so as to provide the stakeholders with the assurance that the Hospital is well managed and has, where appropriate, a strategy for building up reserves.

## 3.0 DEFINITION

The Code of Governance for Charities and IPCs (Guideline 6.4.1) states that "While all charities should maintain some level of reserves to ensure long-term financial sustainability, the charity should disclose its reserves policy in the annual report."

The term "reserves" has a variety of technical and ordinary meanings, depending on the context in which it is used. In RAP 6, the term "Reserves" is used to describe that part of a charity's income funds that is freely available for its operating purposes not subject to commitments, planned expenditure and spending limits. Reserves do not include endowment funds, restricted funds and designated funds.

## 4.0 POLICIES

The Hospital intends to maintain the reserves at a level sufficient for its operating needs. The Board of Management determines the initial level of reserve should be aimed at 6 months equivalent of the operating expenditures and reviews the level of reserves regularly for the Hospital's continuing obligations.

## 5.0 PROCEDURES

Based on the past three years, SAMH's income depends 40% from government funding and 15% from donations. The remaining 45% comes from clients' revenue and rental income and

fluctuates with the state of the economy. Such income fluctuations could have impact on our ability to fully cover expenditure. SAMH's reserves are in the building-up phase and will require a few years before it is at least equivalent to the annual operating expenditures. However, with the loan facilities from Hong Leong Finance Limited that is secured by a first charge on the Hospital's investment property, cashflow issues are currently met. A specific level of reserves could be set following agreement between the treasurer and the finance committee, based on the following reviews done by HOS with the help from Finance Manager.

- a) analysis of cash flow;
- c) analysis of existing funds and reserves;
- d) review of future income streams with an assessment of their reliability;
- e) review of committed expenditure and how far this is controllable;
- f) examination of past trends;
- g) examining the likely changes in the main source of income;
- h) assessment of how the Hospital may cope with changes in the main source of income;
- i) studying the likely effects on the beneficiaries;
- j) assessment of the risks facing the Hospital, and how likely these are to materialize;
- k) forecasting levels of income in future years (taking into account the reliability of each source of income, and the prospects for opening up new sources);
- l) forecasting expenditure in future years on the basis of planned activities;
- m) analysis of any future needs, opportunities, contingencies or risks; and assessment of the likelihood of each of those needs arising, and the potential consequences for the Hospital not being able to meet them.

## 6.0 DETERMINING THE NUMBER OF MONTH

The Hospital will determine the number of month by employing the following formula:

$$\frac{((\text{Cash less restricted funds})/\text{total expenditure}) \times 12 \text{ months}}$$

# CONFLICT OF INTEREST POLICY

## 1.0 APPLICATIONS

1.1 The conflict of interest policy and declaration form will be read by the board member upon hiring, appointment or election to the board as an acknowledgement of having understood the policy and that he/she will fully disclose to the Board when a conflict of interest situation arises. Such conflict of interests situations include but are not limited to the following:

## 2.0 CONFLICT OF INTEREST SITUATIONS

### 2.1 Contract with vendors

Where board/committee members, staff or volunteers have personal interest in business transactions or contracts that St. Andrew's Mission Hospital (SAMH) may enter into, there should be a policy requiring a declaration of such interest as soon as possible followed by abstention from discussion and decision-making on the matter (including voting on the transaction or contract). All such discussion and evaluation by the board or relevant approving authority in arriving at the final decision on the transaction/contract should always be well documented.

### 2.2 Vested interest in other organisations that have dealings/relationship with SAMH

Where board/committee members, staff or volunteers who have vested interest in other organisations that have dealings/relationship with SAMH, and when matters involving the interests of both SAMH and the other organisation are discussed, there should be a policy requiring a declaration of such interest and if necessary, followed by abstention from discussion and decision-making on such matters.

### 2.3 Joint Ventures

The board's approval should be sought before the SAMH enters into any joint venture with external parties. Where board/committee members, staff or volunteers have interest in such ventures, there should be a policy requiring a declaration of such interest and if necessary, followed by abstention from discussion and decision-making on the matter.

### 2.4 Recruitment of staff with close relationship

Recruitment of staff with close relationship (i.e. those who are more than just mere acquaintances) with current board/committee members, staff or volunteers should go through the established human resource procedures for recruitment. The board member, staff or volunteer should make a declaration of such relationships and should refrain from influencing decision on the recruitment.

### 2.5 Remuneration

Board members and volunteers should serve without remuneration for their voluntary service to SAMH so as to maintain the integrity of serving for public trust and community good instead of personal gain. However, SAMH may reimburse board members or volunteers for out-of-pocket expenses directly related to the service.

### 2.6 Paid staff on board

Paid staff, including the executive head and senior staff employed by the SAMH, should not serve as a member of the board as it can pose issues of conflict of interest and role conflicts, and may raise doubts on the integrity of board decisions. The executive head and senior staff can attend board meetings, ex-officio, to provide information and facilitate necessary discussion but should not take part in the decision-making of the board.

### 2.7 Major donors / representatives from major donor companies being on the SAMH's board.

Potentially conflicting situations may arise where a major donor sits on SAMH's board, such as the following:

- Conflict of loyalty: Board member may not have the overall best interests of the charity due to their vested interests / priorities. This may influence decisions relating to allocation of resources/ setting the organisation's directions. (There may be particular programme areas board member is vested in and is biased towards.)
- Use of information to influence donor decisions: Information accessible to board members may be used to influence donors decision on



# CONFLICT OF INTEREST POLICY

allocations or the corporation they represent. This may result in staff not highlighting certain issues for fear that the donation may be affected. Issues of transparency and disclosure can arise.

- Pressure to release additional information to donor: Board member may expect additional information from staff on how donations were used and the details of users.
- Personal benefit / gain / recognition: The board member may expect greater recognition for financial support given, than is usually done. Staff may feel beholden to this board member in case the donor relationship is threatened.

## 2.8 Others

- A board member's organisation receives grant funding from the organisation he/she is serving.
- Prohibition on gifts, entertainment and other favours from any persons or entities which do or seek business with the organisation.

## 3.0 DISCLOSURE POLICY AND PROCEDURE

3.1 Transactions with parties with whom a conflicting interest exists may be undertaken only if all of the following are observed:

- a) The conflicting interest is fully disclosed;
- b) The person with the conflict of interest is excluded from the discussion and approval of such transaction;
- c) A competitive bid or comparable valuation exists; and
- d) The (board or a duly constituted committee thereof) has determined that the transaction is in the best interest of the organisation.

3.2 Disclosure involving board members should be made to the board chair (or if he/she is the one with the conflict, to the board vice-chair) who shall bring these matters to the (board or duly constituted committees).

3.3 The (board or a duly constituted committee thereof) shall determine whether a conflict exists and in the case of an existing conflict, whether the contemplated transaction may be authorised as just, fair and reasonable to SAMH. The decision of the (board or a duly constituted committee thereof) on these matters will rest in their sole discretion, and their concern must be the welfare of SAMH and the advancement of its purpose.

3.4 All decisions made by the (board or a duly constituted committee thereof) on such matters shall be minuted and filed.

3.5 This policy document must be read and understood by all board members upon the start of office.

3.6 Any disclosure of interest made by board members where they may be involved in a potentially conflicting situation(s), must be recorded, filed and updated appropriately by all specified parties.

# WHISTLEBLOWING POLICY

## 1 POLICY

- St. Andrew's Mission Hospital (SAMH) is committed to a high standard of compliance with accounting, financial reporting, internal controls, corporate governance and auditing requirements and any legislation relating to thereto. In line with this commitment, the Whistleblowing Policy ('Policy') aims to provide an avenue for employees and external parties to raise concerns and offer reassurance that they will be protected from reprisal or victimization for whistleblowing in good faith.
- The policy is intended to conform to the guidance set out in the Code of Corporate Governance which encourage employees to raise concerns, in confidence, about possible irregularities.

## 2 REPORTABLE INCIDENTS

- Some examples of concerns covered by this Policy include (this list is not exhaustive)
  - Concerns about the Group's accounting, internal controls or auditing matters
  - Breach of or failure to implement or comply with the Group's policies or code of conduct
  - Impropriety, corruption, acts of fraud, theft and/misuse of the Group's properties, assets or resources
  - Conduct which is an offence or breach of law
  - Abuse of power or authority
  - Serious conflict of interest without disclosure
  - Intentional provision of incorrect information to public bodies
  - Any other serious improper matters which may cause financial or non-financial loss to the Group, or damage to the Group's reputation
  - Fraud against donors, or the making of fraudulent statements to the Commissioner of Charities, members of the public and regulatory authorities
  - Acts to mislead, deceive, manipulate, coerce or fraudulently influence any internal or external accountant or auditor in connection with the preparation, examination, audit or review of any financial statements or records of the Group
  - Concealing information about any malpractice or misconduct

## 3 CONFIDENTIALITY

- The Group encourages the whistleblower to identify himself/herself when raising a concern or providing information. All concerns will be treated with strict confidentiality.

- Exceptional circumstances under which information provided by the whistleblower could or would not be treated with strictest confidentiality include:
  - Where the Group is under a legal obligation to disclose information provided
  - Where the information is already in the public domain
  - Where the information is given on a strictly confidential basis to legal or auditing professionals for the purpose of obtaining professional advice
  - Where the information is given to the Police or other authorities for criminal investigation
- In the event we are faced with a circumstance not covered by the above, and where the whistleblower's identity is to be revealed, we will endeavor to discuss this with the whistleblower first.

## 4 HOW TO RAISE A CONCERN AND PROVIDE INFORMATION

- The whistleblower can address his/her concerns to the Audit Committee via a designated email address or by telephone or by post.
- The Group recommends the whistleblower to be detailed in setting out the background and history of events and the reasons for the concern.

## 5 HOW WILL THE GROUP RESPOND

- The Group assures the whistleblower that any concern raised or information provided will be investigated, but consideration will be given to these factors:
  - Severity of the issue raised
  - Credibility of the concern or information
  - Likelihood of confirming the concern or information from attributable sources
- Depending on the nature of the concern raised or information provided, the investigation may be conducted involving one or more of these persons or entities or as directed by the SAMH Board:
  - The Audit Committee
  - The External or Internal Auditor
  - Forensic Professionals
  - The Police or Commercial Affairs Department

# ACKNOWLEDGEMENT OF DONATIONS

## DONORS OF \$10,000 AND ABOVE

ACI Singapore - The Financial Markets Association SACH	Estate of Tan Joo Siah (Deceased) SAMH	Lim Sok Hui SAMH
Pamela Alexandra SAMH	Eu Yee Ming Richard SAMH	Ling Tok Hong SAAC
All Saints' Church SAMH / SAAC	Anita Fam Siu Ping SAAC	Loh Yik Hin SACH
Ang Boon Thong Abel SAMH	Foo Chit Yang Justina SAMH	Low Jze Yee David SAMH
Ang Torng Ngan SAMH	Goh Siew Guat Brenda SAMH	Low Medical Clinic SAMH / SACH
Beh Swan Gin SAAC	Goh Yew Lin SAAC	Low Soi Soi SAMH
Bernd Starke SAMH	Heng Cheng Sim Vivien SAMH	Macro Integration Pte Ltd SACH
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The Children's Charities Association of Singapore SAAC	Koh Wo Bin SAMH	Ong Choo Eng SAAC
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## DONORS OF \$10,000 AND ABOVE

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SAAC

Seah Ee Fei Lisa  
SAMH

Family of the late Madam Munira Anwar Shaikh  
SACH

Sunita Sharma  
SAAC

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# ACKNOWLEDGEMENT OF DONATIONS

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Sie Family

Singapore Police Force

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**ST. ANDREW'S  
MISSION HOSPITAL**

(Established under the St. Andrew's  
Mission Hospital Ordinance)



**ANNUAL REPORT  
YEAR ENDED 31 DECEMBER 2016**



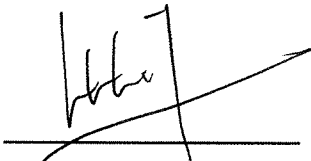
**St. Andrew's Mission Hospital**  
(Established under the St. Andrew's Mission  
Hospital Ordinance)

Annual Report  
Year ended 31 December 2016

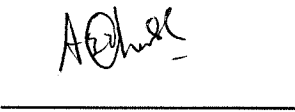
## **Statement by Board of Management**

In our opinion, the financial statements set out on pages FS1 to FS37 are drawn up to present fairly, in all material respect, the balance sheet of the Hospital as at 31 December 2016 and the statements of financial activities, changes in funds and cash flows of the Hospital for the year ended on that date in accordance with the provisions of the Singapore Charities Act, Chapter 37, Charities (Institution of a Public Character) Regulations and Singapore Financial Reporting Standards.

The Board of Management has, on the date of this statement, authorised these financial statements for issue.



**Mr Lee Chew Chiat**  
*Hon. Treasurer*



**Dr Arthur Chern**  
*Secretary*

28 March 2017



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## Independent auditors' report

Members of the Hospital  
St. Andrew's Mission Hospital

### Report on the financial statements

#### *Opinion*

We have audited the financial statements of St. Andrew's Mission Hospital (the "Hospital"), which comprise the balance sheet as at 31 December 2016, the statement of financial activities, statement of changes in funds and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, as set out on pages FS1 to FS37.

In our opinion, the accompanying financial statements are properly drawn up in accordance with the provisions of the Charities Act, Chapter 37 and other relevant regulations ("the Charities Act and Regulations"), and Financial Reporting Standards in Singapore ("FRSs") so as to present fairly, in all material respects, the state of affairs of the Hospital as at 31 December 2016 and of the results, changes in funds and cash flows of the Hospital for the year ended on that date.

#### *Basis for opinion*

We conducted our audit in accordance with Singapore Standards on Auditing ("SSAs"). Our responsibilities under those standards are further described in the 'Auditors' responsibilities for the audit of the financial statements' section of our report. We are independent of the Hospital in accordance with the Accounting and Corporate Regulatory Authority *Code of Professional Conduct and Ethics for Public Accountants and Accounting Entities* ("ACRA Code") together with the ethical requirements that are relevant to our audit of the financial statements in Singapore, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the ACRA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### *Other information*

Management is responsible for the other information. The other information comprises the information included in the annual report, but does not include the financial statements and our auditors' report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.



In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

*Responsibilities of management and Board of Management for the financial statements*

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the provisions of the Charities Act and Regulations and FRSs, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Hospital's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Hospital or to cease operations, or has no realistic alternative but to do so.

The Board of Management are responsible for overseeing the Hospital's financial reporting process.

*Auditors' responsibilities for the audit of the financial statements*

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SSAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with SSAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls.
- Obtain an understanding of internal controls relevant to the audit 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 Hospital's internal controls.



- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Hospital's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Hospital to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Board of Management regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal controls that we identify during our audit.

**Report on other legal and regulatory requirements**

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

- (a) the Hospital has not used the donation moneys in accordance with its objectives as required under Regulation 11 of the Charities (Institutions of a Public Character) Regulations; and
- (b) the Hospital has not complied with the requirements of Regulation 15 of the Charities (Institutions of a Public Character) Regulations.

A handwritten signature in black ink, appearing to read 'KPMG LLP', is written over the printed name.

**KPMG LLP**

*Public Accountants and  
Chartered Accountants*

**Singapore**  
28 March 2017

**Balance sheet**  
**As at 31 December 2016**

	Note	2016 \$'000	2015 \$'000
<b>Non-current assets</b>			
Property, plant and equipment	4	48,155	45,443
Investment property	5	8,521	8,785
		56,676	54,228
<b>Current assets</b>			
Inventories	6	280	231
Trade and other receivables	7	20,335	18,529
Cash and cash equivalents	8	45,144	24,470
		65,759	43,230
<b>Total assets</b>		122,435	97,458
<b>Non-current liabilities</b>			
Tenants' deposits received		131	175
Deferred government grants/donations	9	54,120	49,022
		54,251	49,197
<b>Current liabilities</b>			
Trade and other payables	10	11,726	6,930
Government grants received in advance		2,071	886
Tenants' deposits received		132	88
Other deposits received		500	425
		14,429	8,329
<b>Total liabilities</b>		68,680	57,526
<b>Net assets</b>		53,755	39,932
<b>Reserves and funds</b>			
General fund		32,215	22,603
Restricted funds	11	21,540	17,329
<b>Total reserves and funds</b>		53,755	39,932

The accompanying notes form an integral part of these financial statements.

**Statement of financial activities  
(including income and expenditure account)  
Year ended 31 December 2016**

	Note	General Fund 2016 \$'000	Restricted Funds 2016 \$'000	Total 2016 \$'000	General Fund 2015 \$'000	Restricted Funds 2015 \$'000	Total 2015 \$'000
<b>Income</b>							
Amortisation of deferred government grants/donations	9	5,132	—	5,132	3,221	—	3,221
Utilisation of deferred government grants/donations	9	5,888	—	5,888	2,824	—	2,824
Course attendance fees and other training income		212	—	212	146	—	146
Income from Day Activity Centre & School		1,232	—	1,232	1,154	—	1,154
Interest income	12	12	—	12	5	—	5
Land rent subsidy		2,259	—	2,259	1,594	—	1,594
Membership subscriptions		2	—	2	1	—	1
Rental income and service charge income		1,052	—	1,052	1,030	—	1,030
Voluntary income							
- Donations in cash (tax deductible)	13	2,126	178	2,304	3,898	103	4,001
- Donations in cash (non-tax deductible)	13	167	725	892	1,844	737	2,581
- Donations in kind (non-tax deductible)	13	50	—	50	55	—	55
Fund raising income	13	4	—	4	471	—	471
Government grants		42,758	1,962	44,720	36,735	3,552	40,287
Ward and outpatient clinic fees		15,804	—	15,804	12,158	—	12,158
Other income		3,066	3	3,069	3,248	—	3,248
<b>Total incoming resources</b>		<b>79,764</b>	<b>2,868</b>	<b>82,632</b>	<b>68,384</b>	<b>4,392</b>	<b>72,776</b>

The accompanying notes form an integral part of these financial statements.



**Statement of financial activities (cont'd)**  
**(including income and expenditure account)**  
**Year ended 31 December 2016**

	Note	General Fund 2016 \$'000	Restricted Funds 2016 \$'000	Total 2016 \$'000	General Fund 2015 \$'000	Restricted Funds 2015 \$'000	Total 2015 \$'000
<b>Expenditure</b>							
Administration expenses		(4,010)	(420)	(4,430)	(2,168)	(620)	(2,788)
Building services, maintenance and building management		(292)	(39)	(331)	(141)	(197)	(338)
Depreciation of investment property	5	(264)	—	(264)	(264)	—	(264)
Depreciation of property, plant and equipment	4	(5,462)	—	(5,462)	(3,536)	—	(3,536)
Employee benefits expense	15	(46,922)	(1,621)	(48,543)	(40,935)	(3,079)	(44,014)
Fund-raising expenses		(78)	(55)	(133)	(323)	—	(323)
Medical supplies and services		(4,572)	(85)	(4,657)	(3,831)	(103)	(3,934)
Operating lease expense		(5)	—	(5)	(5)	—	(5)
Training supplies and services		(721)	(295)	(1,016)	(870)	—	(870)
Other operating expenses		(7,622)	(353)	(7,975)	(7,102)	(301)	(7,403)
<b>Total resources expended</b>		<b>(69,948)</b>	<b>(2,868)</b>	<b>(72,816)</b>	<b>(59,175)</b>	<b>(4,300)</b>	<b>(63,475)</b>
<b>Surplus for the year</b>		<b>9,816</b>	<b>—</b>	<b>9,816</b>	<b>9,209</b>	<b>92</b>	<b>9,301</b>

The accompanying notes form an integral part of these financial statements.

**Statement of financial activities (cont'd)**  
**(including income and expenditure account)**  
**Year ended 31 December 2016**

	<b>Note</b>	<b>2016</b>	<b>2015</b>
		<b>\$'000</b>	<b>\$'000</b>
Surplus/(Deficit) from:			
- St. Andrew's Mission Hospital (HQ+SAC)	16(a)	765	669
- St. Andrew's Community Hospital	16(b)	6,743	4,991
- St. Andrew's Lifestreams	16(c)	(111)	(140)
- St. Andrew's Autism Centre	16(d)	111	744
- St. Andrew's SJSM Nursing Home	16(e)	1	21
- St. Andrew's Nursing Home (Buangkok)	16(f)	2,452	2,924
- St. Andrew's Nursing Home (Henderson)	16(g)	(129)	-
- St. Andrew's Nursing Home (Queenstown)	16(h)	(16)	-
		<b>9,816</b>	<b>9,209</b>

The accompanying notes form an integral part of these financial statements.

Statement of changes in funds  
Year ended 31 December 2016

	Restricted Funds											Total Restricted Funds \$'000		
	General Fund \$'000	Capital Replacement Fund \$'000	SACH-Far East Organization Fund \$'000	SACH-ACI Fund \$'000	SACH-Other Funds \$'000	SAAC-Building Fund \$'000	SAAC-Capital Fund \$'000	SAAC-Other Funds \$'000	SANH(B)-Other Funds \$'000	SJSM Nursing Home Building Fund \$'000	SANH(H)-start-up & operation Fund \$'000		Chaplaincy Fund \$'000	
Balance at 1 January 2016	22,603	3,517	8,000	1,183	571	126	526	482	67	2,693	-	164	17,329	39,932
Surplus for the year	9,816	-	-	-	-	-	-	-	-	-	-	-	-	9,816
<b>Movement in funds</b>														
<b>Donation and government grants</b>														
Donations in cash (Tax deductible)	-	-	-	99	-	-	-	737	170	1,454	1,950	-	4,410	4,410
Donations in cash (Non-tax deductible)	-	-	-	1	1	-	-	-	-	-	-	441	443	443
Government grants	-	-	-	-	3,841	-	-	-	-	-	-	-	3,841	3,841
Other income	-	-	65	-	24	-	-	-	5	-	-	16	110	110
	-	-	65	100	3,866	-	-	737	175	1,454	1,950	457	8,804	8,804
Utilisation of funds	-	-	-	(78)	(2,027)	-	(40)	(350)	(25)	-	-	(348)	(2,868)	(2,868)
<b>Net movement in funds before transfer to deferred income</b>	-	-	65	22	1,839	-	(40)	387	150	1,454	1,950	109	5,936	5,936
Transfer to deferred government grants/donation	-	-	-	-	(1,879)	-	-	-	-	-	-	-	(1,879)	(1,879)
Utilisation of funds - Capital Expenditure	-	-	-	-	-	-	(5)	(45)	-	-	-	-	(50)	(50)
<b>Net movement in funds</b>	-	-	65	22	(40)	-	(45)	342	150	1,454	1,950	109	4,007	4,007
Gross transfer between funds	(204)	204	-	-	-	-	-	-	-	-	-	-	204	-
<b>Balance at 31 December 2016</b>	32,215	3,721	8,065	1,205	531	126	481	824	217	4,147	1,950	273	21,540	53,755

The accompanying notes form an integral part of these financial statements.

Statement of changes in funds  
Year ended 31 December 2016

	Restricted Funds											Total Restricted Funds \$'000		
	General Fund \$'000	Capital Replacement Fund \$'000	SACH-Organization Far East Fund \$'000	SACH-ACI Fund \$'000	SACH-Other Funds \$'000	SAAC-Building Fund \$'000	SAAC-Capital Fund \$'000	SAAC-Other Funds \$'000	SANH(B)-Other Funds \$'000	SJSM Nursing Home Building Fund \$'000	SANH(H)-start-up & operation Fund \$'000		Chaplaincy Fund \$'000	
Balance at 1 January 2015	13,598	3,337	5,000	1,150	574	127	603	265	210	-	-	72	11,338	24,936
Surplus for the year	9,209	-	-	-	-	-	-	-	-	-	-	-	-	9,209
<b>Movement in funds</b>														
<b>Donation and government grants</b>														
Donations in cash (Tax deductible)	-	-	3,000	135	2	-	-	-	-	2,693	-	-	5,830	5,830
Donations in cash (Non-tax deductible)	-	-	-	-	3	-	-	489	215	-	4	444	1,155	1,155
Government grants	-	-	-	-	7,500	-	-	-	-	-	-	-	7,500	7,500
Other income	-	-	-	-	-	-	-	-	-	-	-	20	20	20
Utilisation of funds	-	-	3,000	135	7,505	-	-	489	215	2,693	4	464	14,505	14,505
Net movement in funds before transfer to deferred income	(24)	(24)	3,000	(96)	(3,391)	(1)	(236)	(177)	(4)	(371)	(4,300)	(4,300)	(4,300)	(4,300)
Transfer to deferred government grants/donation	-	-	-	(6)	(4,115)	-	-	-	-	-	-	-	(4,121)	(4,121)
Utilisation of funds - Capital Expenditure	-	(24)	3,000	33	(1)	(1)	(77)	(38)	(182)	2,693	-	93	5,787	5,787
Net movement in funds	(204)	204	-	-	-	-	-	-	-	-	-	-	204	-
Gross transfer between funds														
Balance at 31 December 2015	22,603	3,517	8,000	1,183	573	126	526	480	66	2,693	-	165	17,329	39,932

The accompanying notes form an integral part of these financial statements.

**Statement of cash flows**  
**Year ended 31 December 2016**

	Note	2016 \$'000	2015 \$'000
<b>Cash flows from operating activities</b>			
Surplus for the year		9,816	9,302
Adjustments for:			
Amortisation of deferred government grants/donations	9	(5,132)	(3,221)
Depreciation of investment property	5	264	264
Depreciation of property, plant and equipment	4	5,462	3,536
Interest income	12	(12)	(5)
Allowance for doubtful debts/Bad debts written off		137	-
Loss on disposal of property, plant and equipment		37	-
		<hr/>	<hr/>
		10,572	9,876
Changes in working capital:			
Inventories		(49)	(62)
Trade and other receivables		(1,943)	(10,606)
Trade and other payables		4,796	1,351
Government grants received in advance		1,185	2,546
Tenant and other deposits received		75	7
Utilisation of funds for operating activities		(8,756)	(11,690)
Government grants received and recognised in deferred grants		16,118	8,691
Donations received and recognised in restricted funds		4,853	6,985
Government grants received and recognised in restricted funds		1,912	3,081
Other income received and recognised in restricted funds		110	20
<b>Net cash from operating activities</b>		<hr/>	<hr/>
		28,873	10,199
<b>Cash flows from investing activities</b>			
Interest received		12	5
Proceeds from disposal of property, plant and equipment		7	-
Purchase of property, plant and equipment		(8,218)	(4,800)
<b>Net cash used in investing activities</b>		<hr/>	<hr/>
		(8,199)	(4,795)
<b>Net increase in cash and cash equivalents</b>		20,674	5,404
Cash and cash equivalents at 1 January		24,470	19,066
<b>Cash and cash equivalents at 31 December</b>	8	<hr/>	<hr/>
		45,144	24,470

The accompanying notes form an integral part of these financial statements.

## **Notes to the financial statements**

These notes form an integral part of the financial statements.

The financial statements were authorised for issue by the Board of Management on 28 March 2017.

### **1 Domicile and activities**

St. Andrew's Mission Hospital (the "Hospital") is established under the St. Andrew's Mission Hospital Ordinance, Chapter 376 and domiciled in Singapore. The address of its registered office is No. 8 Simei Street 3, Singapore 529895.

St. Andrew's Mission Hospital meets its objectives through the following services:

- St. Andrew's Mission Hospital Clinic
- St. Andrew's Community Hospital
- St. Andrew's Lifestreams
- St. Andrew's Autism Centre
- St. Andrew's Nursing Home (Buangkok)
- St. Andrew's Nursing Home (Henderson)
- St. Andrew's Nursing Home (Queenstown)

The principal activity of the St. Andrew's Mission Hospital Clinic at 8 Simei Street 3, Singapore 529895, is to provide outpatient medical care to adult and paediatric patients, and to provide mobile medical clinic services to patients-in-need in the community. The operations of the clinic have been integrated with St. Andrew's Community Hospital with effect from 1 January 2015.

The principal activity of the St. Andrew's Community Hospital ("SACH") at 8 Simei Street 3, Singapore 529895, is to provide rehabilitative, sub-acute palliative, dementia and continuing care for adult and paediatric patients after their hospitalisation for acute care at a general hospital. As at 31 December 2016, SACH has 238 beds in service and partners with the Eastern Health Alliance, and other healthcare providers to provide community care through its primary care, mobile clinic, day rehabilitation centre, senior care centre, community therapy and homecare services.

The principal activity of the St. Andrew's Lifestreams ("SAL") at 1 Francis Thomas Drive, Singapore 359340, is to facilitate healing, restoration and holistic health in people's lives so that people can realise wholeness through a multi-level network of caregivers in the church and community. SAL's services include counselling, training services, consultancy and supervision and school-based services.

The principal activity of the St. Andrew's Autism Centre ("SAAC") at 1 Elliot Road, Singapore 458686, is to provide education, training, care and support to children, youths and adults with autism and their families. SAAC currently operates a special school and a day activity centre. Its range of programmes and services includes education with a customised curriculum, specialist therapies, training in personal care and independent living, vocational skills training, development of leisure interests, promotion of physical well-being, parent support and networking, as well as pastoral care and counselling.

The principal activity of the St. Andrew's Nursing Home (Buangkok) ("SANH(B)") at 60 Buangkok View Green, Singapore 534012, is to provide care for patients suffering from psychiatric illnesses. The 300-bed nursing home provides skilled nursing and psychiatric care within a comprehensive recovery-oriented framework.

The principal activity of the St. Andrew's Nursing Home (Henderson) ("SANH(H)") at 303 Henderson Road, Singapore 108925, is to provide nursing home care, senior care, and home care services. The 255 bed nursing home provides skilled nursing and rehabilitation for patients who require long term care, as well as to help them to transit and return back to the community to age-in-place where possible. The official admission of the first resident is on 13 February 2017. During the financial year, SANH(H) remains inactive.

The principal activity of the St. Andrew's Nursing Home (Queenstown) ("SANH(Q)") at 11 Jalan Penjara Road, Singapore 149380, is to provide nursing home care, senior care, and home care services. The 297 bed nursing home provides skilled nursing and rehabilitation for patients who require long term care, as well as to help them to transit and return back to the community to age-in-place where possible. The official admission of the first resident will be on 17 April 2017. During the financial year, SANH(Q) remains inactive.

## **2 Basis of preparation**

### **2.1 Statement of compliance**

The financial statements have been prepared in accordance with the Singapore Financial Reporting Standards ("FRSs").

### **2.2 Basis of measurement**

The financial statements have been prepared on the historical cost basis except as otherwise described in the notes below.

### **2.3 Functional and presentation currency**

The financial statements are presented in Singapore dollars which is the Hospital's functional currency. All financial information presented in Singapore dollars have been rounded to the nearest thousand, unless otherwise stated.

## 2.4 Use of estimates and judgements

The preparation of financial statements in conformity with FRS requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

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 and in any future periods affected.

Information about significant areas of estimation uncertainties that have the most significant effect on the amounts recognised in the financial statements are described in Note 4 – depreciation and residual value of property, plant and equipment and Note 5 – recoverable amount of investment property.

## 3 Significant accounting policies

The accounting policies set out below have been applied consistently to all periods presented in these financial statements.

### 3.1 Foreign currencies

Transactions in foreign currencies are translated to the functional currency of the Hospital at the exchange rate at the dates of the transaction. Monetary assets and liabilities denominated in foreign currencies at the reporting date are retranslated to the functional currency at the exchange rate at that date. The foreign currency gain or loss on monetary items is the difference between amortised cost in the functional currency at the beginning of the year, adjusted for effective interest and payments during the year, and the amortised cost in foreign currency translated at the exchange rate at the end of the year.

Non-monetary assets and liabilities denominated in foreign currencies that are measured at historical cost are translated to the functional currency using the exchange rate at the date of the transaction. Foreign currency differences arising on retranslation are recognised in the income and expenditure account.

### 3.2 Property, plant and equipment

#### (i) *Recognition and measurement*

Items of property, plant and equipment are measured at cost less accumulated depreciation and accumulated impairment losses.



Cost includes expenditure that is directly attributable to the acquisition of the asset. The cost of self-constructed assets includes the cost of material and direct labour, any other costs directly attributable to bring the assets to a working condition for its intended use, and the cost of dismantling and removing the items and restoring the site on which they are located. Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment.

The gain or loss on disposal of an item of property, plant and equipment (calculated as the difference between the net proceeds from disposal and the carrying amount of the item) is recognised net within other income/other expenses in the income and expenditure account.

**(ii) Subsequent costs**

The cost of replacing part of an item of property, plant and equipment is recognised in the carrying amount of the item if it is probable that the future economic benefits embodied within the part will flow to the Hospital and its cost can be measured reliably. The costs of the day-to-day servicing of property, plant and equipment are recognised in the income and expenditure account as incurred.

**(iii) Depreciation**

Depreciation is calculated based on the cost of an asset less its residual value. Significant components of individual assets are assessed and if a component has a useful life that is different from the remainder of that asset, that component is depreciated separately.

Depreciation on property, plant and equipment is calculated using the straight line method over their estimated useful lives (or lease term, if shorter) of each part of an item of property, plant and equipment.

Depreciation is recognised from the date that the property, plant and equipment are installed and are ready for use. The estimated useful lives are as follows:

Hospital building at Simei	50 years
SAAC Building at Elliot Road	30 years
Medical, office and kitchen equipment	5 years
Computer systems	3 years
Training room equipment	5 years
Furniture and fittings	5 years
Medical tools, linen, curtains and kitchen cutlery	2 years
Renovations	5 years
Motor vehicles	5 years

Depreciation methods, useful lives and residual values are reviewed, and adjusted as appropriate, at end of each reporting date.

Construction work-in-progress is stated at cost. Expenditure relating to construction work-in-progress are capitalised when incurred. No depreciation is provided until the construction work-in-progress is completed and the related property, plant and equipment are ready for use.

### 3.3 Investment property

Investment property is a property held either to earn rental income or capital appreciation or for both. It does not include properties for sale in the ordinary course of business, used in the production or supply of goods or services, or for administrative purposes. Investment property is stated at cost less accumulated depreciation and impairment losses. Freehold land is not depreciated.

Cost includes expenditure that is directly attributable to the acquisition of the investment property. The cost of self-constructed investment property includes the cost of materials and direct labour, any other costs directly attributable to bringing the investment property to a working condition for their intended use and capitalised borrowing costs.

Depreciation on investment property is calculated using the straight line method over their estimated useful life. The estimated useful life of the investment property is 50 years.

Any gain or loss on disposal of an investment property (calculated as the difference between the net proceeds from disposal and the carrying amount of the item) is recognised in profit or loss. When the use of a property changes such that it is reclassified as property, plant and equipment, its fair value at the date of reclassification becomes its cost for subsequent accounting.

Rental income from investment property is accounted for in the manner described in note 3.9.

### 3.4 Financial instruments

#### ***Non-derivative financial assets***

The Hospital initially recognises loans and receivables and deposits on the date that they are originated. All other financial assets are recognised initially on the trade date, which is the date that the Hospital becomes a party to the contractual provisions of the instrument.

The Hospital derecognises a financial asset when the contractual rights to the cash flows from the asset expire, or it transfers the rights to receive the contractual cash flows on the financial asset in a transaction in which substantially all the risks and rewards of ownership of the financial asset are transferred, or it neither transfers nor retains substantially all of the risk and rewards of ownership and does not retain control over the transferred asset. Any interest in transferred financial assets that is created or retained by the Hospital is recognised as a separate asset or liability.

Financial assets and liabilities are offset and the net amount presented in the balance sheet when, and only when, the Hospital has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

The Hospital has the following category of non-derivative financial assets: loans and receivables.

### *Loans and receivables*

Loans and receivables are financial assets with fixed or determinable payments that are not quoted in an active market. Such assets are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, loans and receivables are measured at amortised cost using the effective interest method, less any impairment losses.

Loans and receivables comprise government grant receivables, trade and other receivables and cash and cash equivalents.

### *Cash and cash equivalents*

Cash and cash equivalents comprise cash and bank balances and fixed deposits with financial institutions that are subject to an insignificant risk of change in their fair value.

### *Non-derivative financial liabilities*

The Hospital initially recognises financial liabilities on the trade date, which is the date that the Hospital becomes a party to the contractual provisions of the instrument.

The Hospital derecognises a financial liability when its contractual obligations are discharged, cancelled or expire.

Financial assets and liabilities are offset and the net amount presented in the balance sheet when, and only when, the Hospital has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

The Hospital has the following non-derivative financial liabilities: deposits received and trade and other payables.

Such financial liabilities are recognised initially at fair value less any directly attributable transaction costs. Subsequent to initial recognition, these financial liabilities are measured at amortised cost using the effective interest method.

## 3.5 Impairment

### *Financial assets*

#### *Non-derivative financial assets*

A financial asset is assessed at the end of each reporting period to determine whether there is objective evidence that it is impaired. A financial asset is impaired if objective evidence indicates that a loss event had occurred after the initial recognition of the asset, and that the loss event has occurred after the initial recognition of the asset, and that the loss event has an impact on the estimated future cash flows of that assets that can be estimated reliably.

Objective evidence that financial assets are impaired can include default or delinquency by a debtor, restructuring of an amount due to the Hospital on terms that the Hospital would not consider otherwise, indications that a debtor or issuer will enter bankruptcy, adverse changes in the payment status of borrowers or issuers in the Hospital or economic conditions that correlate with defaults.

#### *Loans and receivables*

The Hospital considers evidence of impairment for loans and receivables at a specific asset level. All individually significant loans and receivables are assessed for specific impairment.

An impairment loss in respect of a financial asset measured at amortised cost is calculated as the difference between its carrying amount and the present value of the estimated future cash flows, discounted at the asset's original effective interest rate. Losses are recognised in the income and expenditure account and reflected in an allowance account against loans and receivables. Interest on the impaired asset continues to be recognised. When the Hospital considers that there are no realistic prospects of recovery of the asset, the relevant amounts are written off. If the amount of impairment loss subsequently decreases (e.g. repayment by a debtor) and the decrease can be related objectively to an event occurring after the impairment loss was recognised, then the previously recognised impairment loss is reversed through the income and expenditure account.

#### *Non-financial assets*

The carrying amounts of the Hospital's non-financial assets, other than investment property, and inventories, are reviewed at each reporting date whether there is any indication of impairment. If any such indication exists, the assets' recoverable amounts are estimated. An impairment loss is recognised if the carrying amount of an asset or its related cash-generating unit (CGU) exceeds its estimated recoverable amount.

The recoverable amount of an asset or cash-generating unit is the greater of its value-in-use and its fair value less costs to sell. 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 or cash-generating unit. For the purpose of impairment testing, assets that cannot be tested individually are grouped together into the smallest group of assets that generates cash inflows from continuing use that are largely independent of the cash inflows of other assets or CGUs

Impairment losses recognised in prior periods are assessed at each reporting date for any indications that the loss has decreased or no longer exists for all assets. An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation, if no impairment loss had been recognised.

### 3.6 Leases

#### ***When the Hospital is a lessee of an operating lease***

Where the Hospital has the use of assets under operating leases, payments made under the leases are recognised in the income and expenditure account on a straight-line basis over the term of the lease. Lease incentives received are recognised in the income and expenditure account as an integral part of the total lease payment made. Contingent rentals are charged to the income and expenditure account in the accounting period in which they are incurred.

#### ***When the Hospital is a lessor of an operating lease***

Assets leased out under operating leases are included in investment properties and are stated at cost less accumulated depreciation and impairment losses. Rental income (net of any incentives given to lessees) is recognised on a straight-line basis over the lease term of the operating lease with the lessee.

#### ***Determining whether an arrangement contains a lease***

At inception of an arrangement, the Hospital determines whether such an arrangement is or contains a lease. This will be the case if the following two criteria are met:

- the fulfilment of the arrangement is dependent on the use of a specific asset or assets; and
- the arrangement contains a right to use the asset(s).

At inception or upon reassessment of the arrangement, the Hospital separates payments and other consideration required by such an arrangement into those for the lease and those for other elements on the basis of their relative fair values.

### 3.7 Inventories

Inventories are measured at the lower of cost and net realisable value. The cost of inventories is based on weighted average cost formula, and comprises all costs of purchase, costs of conversion and other costs incurred in bringing the inventories to their present location and condition. Net realisable value is the estimated selling price in the ordinary course of business, less the estimated costs necessary to make the sale.

### 3.8 Employee benefits

#### ***Defined contribution plans***

A defined contribution plan is a post-employment benefit plan under which an entity pays fixed contributions into a separate entity and will have no legal or constructive obligation to pay further amounts. Obligations for contributions to defined contribution pension plans are recognised as an expense in the income and expenditure account during which related services are rendered by employees.

### ***Short-term employee benefits***

Short-term employee benefit obligations are measured on an undiscounted basis and are expensed as the related service is provided. A liability is recognised for the amount expected to be paid under short-term cash bonus if the Hospital has a present legal or constructive obligation to pay this amount as a result of past service provided by the employee and the obligation can be estimated reliably.

## **3.9 Revenue recognition**

### ***Donations and fund-raising***

Donations and revenue from fund-raising activities that are used for general purposes are recognised in the income and expenditure account in the financial year they are received.

Donations and revenue from fund-raising activities where usage is restricted by the donors are recognised in Reserves and Funds in the financial year they are received.

Donations that are restricted for asset purchase are included in non-current liabilities as "deferred donation" and taken to the income and expenditure account on a straight-line basis over the expected useful lives of the related assets.

Donations that are used for restricted types of expenses are recognised in income and expenditure account over the period necessary to match them with the costs they are intended to compensate.

### ***Government grants***

Grants from the government are recognised at their fair value where there is a reasonable assurance that the grant will be received and the Hospital will comply with conditions associated with the grant.

Government grants relating to costs are deferred and taken to the income and expenditure account over the period necessary to match them with the costs they are intended to compensate.

Government grants relating to assets are included in non-current liabilities as "deferred government grant" and are taken to the income and expenditure account on a straight-line basis over the expected useful lives of the related assets.

### ***Donations of assets***

Donations of assets received in kind are recorded as donation income and property, plant and equipment at an amount equivalent to the estimated value of the items donated.

### ***Interest income***

Interest income is recognised as it accrues, using the effective interest method.

### ***Land rental subsidy***

Land rental subsidy from government is recognised where there is a reasonable assurance that the grant will be received and the Hospital will comply with attached conditions.

**Ward and outpatient clinic fees**

Ward and outpatient clinic fees are recognised when services are rendered.

**Wages Credit Scheme**

Cash grants received from the government in relation to the Wages Credit Scheme are recognised as income upon receipt.

**3.10 Finance costs**

Finance costs comprise interest expense on borrowings. Borrowing costs that are not directly attributable to the acquisition, construction or production of a qualifying asset are recognised in profit or loss using the effective interest method.

Foreign currency gains and losses on financial assets and financial liabilities are reported on a net basis as either finance income or finance cost depending on whether foreign currency movements are in a net gain or net loss position.

**3.11 Funds Structure**

**General fund**

The general fund is available for use of the Hospital in furtherance of the objectives of the Hospital.

**Restricted fund**

The restricted fund is available for use at the discretion of the board with projects in furtherance of the objectives of the Hospital that have been identified by donors of the Hospital or communicated to donors when sourcing for the funds.

**3.12 New standards and interpretations note adopted**

A number of new standards and amendments to standards are effective for annual periods beginning after 1 January 2016, and earlier application is permitted; however the Hospital has not early applied the following new or amended standards in preparing these financial statements. The Hospital is currently assessing the potential impact of adopting these new standards and amendments to standards, on the financial statements of the Hospital.

For those new standards and amendments to standards that are expected to have an effect on the financial statements of the Hospital in future financial periods, the Hospital has begun to assess the transition options and the potential impact on its financial statements, and to implement these standards. The Hospital does not plan to adopt these standards early.

**Applicable to 2018 financial statements**

**FRS 115 Revenue from Contracts with Customers**

FRS 115 establishes a comprehensive framework for determining whether, how much and when revenue is recognised. It also introduces new cost guidance which requires certain costs of obtaining and fulfilling contracts to be recognised as separate assets when specified criteria are met.

When effective, FRS 115 replaces existing revenue recognition guidance, including FRS 18 *Revenue*, FRS 11 *Construction Contracts*, INT FRS 113 *Customer Loyalty Programmes*, INT FRS 115 *Agreements for the Construction of Real Estate*, INT FRS 118 *Transfers of Assets from Customers* and INT FRS 31 *Revenue – Barter Transactions Involving Advertising Services*.

FRS 115 is effective for annual periods beginning on or after 1 January 2018, with early adoption permitted. FRS 115 offers a range of transition options including full retrospective adoption where an entity can choose to apply the standard to its historical transactions and retrospectively adjust each comparative period presented in its 2018 financial statements. When applying the full retrospective method, an entity may also elect to use a series of practical expedients to ease transition.

***Potential impact on the financial statements***

During 2016, the Hospital completed its initial assessment of the impact on the Hospital's financial statements. Based on its initial assessment, the Hospital does not expect a significant impact on the Hospital financial statements.

***FRS 109 Financial Instruments***

FRS 109 replaces most of the existing guidance in FRS 39 *Financial Instruments: Recognition and Measurement*. It includes revised guidance on the classification and measurement of financial instruments, a new expected credit loss model for calculating impairment on financial assets, and new general hedge accounting requirements. It also carries forward the guidance on recognition and derecognition of financial instruments from FRS 39.

FRS 109 is effective for annual periods beginning on or after 1 January 2018, with early adoption permitted. Retrospective application is generally required, except for hedge accounting. For hedge accounting, the requirements are generally applied prospectively, with some limited exceptions. Restatement of comparative information is not mandatory. If comparative information is not restated, the cumulative effect is recorded in opening equity as at 1 January 2018.

***Potential impact on the financial statements***

During 2016, the Hospital completed its initial assessment of the impact on the Hospital's financial statements. Based on its initial assessment, the Hospital does not expect a significant impact on the Hospital financial statements.

The Group's initial assessment of the three elements of FRS 109 is as described below.

**(i) Classification and measurement**

The Hospital does not expect a significant change to the measurement basis arising from adopting the new classification and measurement model under FRS 109.

Loans and receivables that are currently accounted for at amortised cost will continue to be accounted for using amortised cost model under FRS 109. The Hospital does not hold other financial instruments.



**(ii) Impairment**

The Hospital plans to apply the simplified approach and record lifetime expected impairment losses on all trade receivables. On adoption of FRS 109, the Hospital expects an increase in the impairment loss allowance as it does not require collateral in respect of its loans and receivables. The Hospital is currently refining its impairment loss estimation methodology to quantify the impact on its financial statements.

**(iii) Hedge accounting**

The Hospital is not exposed to any hedges or plan to enter into hedge relationship in future. The Hospital does not expect any significant impact arising from hedge accounting.

**Applicable to 2019 financial statements**

**FRS 116 Leases**

FRS 116 eliminates the lessee's classification of leases as either operating leases or finance leases and introduces a single lessee accounting model. Applying the new model, a lessee is required to recognise right-of-use (ROU) assets and lease liabilities for all leases with a term of more than 12 months, unless the underlying asset is of low value.

FRS 116 substantially carries forward the lessor accounting requirements in FRS 17 *Leases*. Accordingly, a lessor continues to classify its leases as operating leases or finance leases, and to account for these two types of leases using the FRS 17 operating lease and finance lease accounting models respectively. However, FRS 116 requires more extensive disclosures to be provided by a lessor.

When effective, FRS 116 replaces existing lease accounting guidance, including FRS 17, INT FRS 104 *Determining whether an Arrangement contains a Lease*, INT FRS 15 *Operating Leases – Incentives*, and INT FRS 27 *Evaluating the Substance of Transactions Involving the Legal Form of a Lease*.

FRS 116 is effective for annual periods beginning on or after 1 January 2019, with early adoption permitted if FRS 115 is also applied.

***Potential impact on the financial statements***

The Hospital has performed a preliminary high-level assessment of the new standard on its existing operating lease arrangements as a lessee. Based on the preliminary assessment, the Hospital expects its operating leases of land and building with Singapore Land Authority SLA and Changi General Hospital Pte Ltd to be recognised as ROU assets with corresponding lease liabilities under the new standard.

The Hospital plans to adopt the standard when it becomes effective in 2019. The Hospital will perform a detailed analysis of the standard and evaluate the quantitative impact considering the transition options and practical expedients in 2017.

## 4 Property, plant and equipment

	Hospital building at Simei \$'000	Asset-in-construction \$'000	Leasehold land and hospital premises at Elliot Road \$'000	SAAC Building at Elliot Road \$'000	Medical, office and kitchen equipment \$'000	Computer systems \$'000	Training room equipment \$'000	Furniture and fittings \$'000	Medical tools, linen, curtains, and kitchen cutlery \$'000	Renovations \$'000	Motor vehicles \$'000	Total \$'000
<b>Cost</b>												
At 1 January 2015	22,740	2,887	*	21,662	4,107	4,400	96	2,199	133	372	303	58,899
Additions	-	2,935	-	-	1,208	134	52	250	-	149	72	4,800
Transfer	(54)	(3,613)	-	-	-	658	-	(589)	(4)	3,602	-	-
Disposal	-	-	-	-	(76)	(81)	-	(64)	-	-	-	(221)
At 31 December 2015	22,686	2,209	*	21,662	5,239	5,111	148	1,796	129	4,123	375	63,478
Additions	-	4,747	-	-	2,378	303	517	17	-	256	-	8,218
Transfer	-	(6,518)	-	-	60	136	-	45	-	6,277	-	-
Disposal	-	-	-	-	(247)	(1,166)	(6)	(113)	-	(105)	(53)	(1,690)
At 31 December 2016	22,686	438	*	21,662	7,430	4,384	659	1,745	129	10,551	322	70,006
<b>Accumulated depreciation</b>												
At 1 January 2015	4,540	-	-	2,856	2,031	3,188	76	1,461	98	245	225	14,720
Depreciation	450	-	-	723	773	824	18	8	20	685	35	3,536
Disposals	-	-	-	-	(76)	(81)	-	(64)	-	-	-	(218)
At 31 December 2015	4,990	-	-	3,579	2,728	3,931	94	1,405	118	930	260	18,035
Depreciation	454	-	-	723	1,234	728	113	199	10	1,965	36	5,462
Disposals	-	-	-	-	(245)	(1,162)	(5)	(103)	-	(79)	(52)	(1,646)
At 31 December 2016	5,444	-	-	4,302	3,717	3,497	202	1,501	128	2,816	244	21,851
<b>Carrying amounts</b>												
At 1 January 2015	18,200	2,887	*	18,806	2,076	1,212	20	738	35	127	78	44,179
At 31 December 2015	17,696	2,210	*	18,083	2,509	1,180	54	391	11	3,193	115	45,443
At 31 December 2016	17,242	438	*	17,360	3,713	887	457	244	1	7,735	78	48,155

\* Amount less than \$1,000

The Hospital has been granted a 99 year lease from 15 May 1939 at a rental rate of \$12 per annum on the land located at Elliot Road at which the original Hospital premises were located. During 2011, the construction of St Andrew's Autism Centre located on the land at Elliot Road was completed and its operations commenced in early January 2011.

The annual rent was waived by the Minister of Law with effect from 1 January 1992 until such time as the Minister may determine.

***Source of estimation uncertainty***

***(i) Measurement of recoverable amounts of property, plant and equipment subject to impairment test***

Where there are indications that property, plant and equipment may be impaired, the Hospital estimates the recoverable amount of these property, plant and equipment items based on either the estimated selling price or the value in use. The recoverable amounts could change significantly as a result of changes in market conditions and the assumptions used in determining the value in use.

***(ii) Depreciation and residual values***

The Hospital reviews annually the estimated useful lives and residual values of property, plant and equipment based on factors that include asset utilisation, internal technical evaluation and technological changes. It is possible that future results of operations could be materially affected by changes in these estimates brought about by changes in these factors. A reduction in the estimated useful lives and residual values of property, plant and equipment would increase depreciation expense and decrease non-current assets.

The Hospital building at Simei is depreciated over a period of 50 years on a straight line basis, in accordance with the Ministry of Health's practice. The Hospital currently has a lease agreement with the Singapore Land Authority ("SLA") at a land rental rate of \$82,192 per month for a period of 3 years with effect from 1 February 2014. The annual rent is partially subsidised by a land rent subsidy from the Ministry of Health. The Board of Management considers the possibility of the Hospital not being successful in renewing the said operating lease upon each expiry date until the end of 50 years as remote given that the leasehold land has been designated by the Urban Redevelopment Authority for hospital purposes.

***(iii) Operating leases of land and building***

SANH (Buangkok) currently has a lease agreement with the Singapore Land Authority ("SLA") at a land rental rate of \$49,108 per month for a period of 3 years with effect from 14 October 2016. The annual rent is partially subsidised by a land rent subsidy from the Ministry of Health.

SANH (Henderson) currently has a lease agreement with the Singapore Land Authority ("SLA") at a land rental rate of \$57,120 per month for a period of 3 years with effect from 14 November 2016. The annual rent is partially subsidised by a land rent subsidy from the Ministry of Health.

SANH (Queenstown) currently has a lease agreement with the Singapore Land Authority ("SLA") at a land rental rate of \$64,736 per month for a period of 3 years with effect from 20 January 2017. The annual rent is partially subsidised by a land rent subsidy from the Ministry of Health.

SACH currently has a lease agreement with Changi General Hospital Pte Ltd at a building rental rate of \$36,162 per month for a period of 3 years with effect from 15 December 2014. The annual rent is subsidised by a land rent subsidy from the Ministry of Health.

## 5 Investment property

Investment property comprises freehold land and a building, St. Andrew's Centre, located at Tanjong Pagar Road. The carrying amount of the investment property comprises:

	<----- Cost ----->		Accumulated	Net book
	Freehold land	Buildings	depreciation	value
	\$'000	\$'000	\$'000	\$'000
At 1 January 2015	67	13,208	(4,226)	9,049
Depreciation	-	-	(264)	(264)
At 31 December 2015	67	13,208	(4,490)	8,785
Depreciation	-	-	(264)	(264)
At 31 December 2016	67	13,208	(4,754)	8,521

The investment property has an estimated market value of \$34.9 million (2015: \$32.6 million) at 31 December 2016 based on open market valuation using the comparable sales method. It is an estimated amount for which a property could be exchanged on the date of valuation between a willing buyer and a willing seller in an arm's length transaction. The value is based on actual sales transactions for properties that are similar to the investment property that the Hospital is currently holding. It is the current intention of the Board of Management to hold the investment property for the long term. Rental and service charge income of \$1,052,000 (2015: \$1,030,000) was derived from the investment property during the financial year.

## 6 Inventories

	2016	2015
	\$'000	\$'000
Medical supplies and general stores	280	231

The cost of inventories recognised as expenditure and included in "Medical supplies and services" amounted to \$1,545,000 for the year (2015: \$1,170,000).

## 7 Trade and other receivables

	2016 \$'000	2015 \$'000
Trade receivables		
- Billed	1,814	2,027
- Unbilled	1,903	1,525
Government grant receivables	15,244	14,153
Deposits	603	193
Other receivables	350	23
	<u>19,914</u>	<u>17,921</u>
Allowance for impairment	(50)	(63)
Loans and receivables	<u>19,864</u>	<u>17,858</u>
Prepayments	471	671
	<u>20,335</u>	<u>18,529</u>

Unbilled trade receivables pertain to receivables from patients who have yet to be discharged as the hospital only invoice its patients upon discharge.

The Hospital's primary exposure to credit risk arises through its trade receivables. Concentration of credit risk relating to trade receivables is limited due to the Hospital's many varied clients. The Hospital evaluates whether there is any objective evidence that trade receivables are impaired, and determines the amount of impairment loss as a result of the inability of the clients to make required payments. The Hospital determines the estimates based on the ageing of the trade receivables balance, credit-worthiness, and historical write-off experience. If the financial condition of the clients were to deteriorate, actual write-offs would be higher than estimated.

The ageing of the Hospital's loans and receivables at the reporting date is:

	Gross loans and receivables		Allowance for impairment	
	2016 \$'000	2015 \$'000	2016 \$'000	2015 \$'000
No credit term	16,196	14,346	-	-
Not past due	2,681	2,215	-	-
Past due 0 – 30 days	242	342	-	-
Past due 31 – 60 days	399	645	-	-
More than 60 days	396	373	(50)	(63)
	<u>19,914</u>	<u>17,921</u>	<u>(50)</u>	<u>(63)</u>

The movement in the allowance for impairment in respect of loans and receivables during the year is as follows:

	2016 \$'000	2015 \$'000
At 1 January	63	30
Allowance made	32	113
Allowance utilised	(45)	(80)
At 31 December	<u>50</u>	<u>63</u>

Based on historical payment behaviour, analyses of debtors' credit risk and subsequent receipts, management believes that the carrying amount of past due loans and receivables will be eventually collected and therefore no additional impairment losses are required.

## 8 Cash and cash equivalents

	2016 \$'000	2015 \$'000
Cash in hand	14	18
Cash at bank	35,858	20,193
Fixed deposits with financial institutions	9,272	4,259
	<u>45,144</u>	<u>24,470</u>

Fixed deposits with financial institutions at the reporting date have an average maturity period of one year (2015: one year) from the end of the financial year. The weighted average effective interest rate of these deposits as at the reporting date is 0.91% (2015: 0.31%) per annum.

## 9 Deferred government grants/donations

	Note	2016 \$'000	2015 \$'000
At 1 January		49,022	46,376
Additional grant	9(a)	14,239	4,570
Transfer from funds		1,879	4,121
		<u>65,140</u>	<u>55,067</u>
Amortisation of deferred government grants/donations:			
- depreciation of building at Simei		(232)	(232)
- depreciation of building at Elliot Road		(716)	(716)
- depreciation of other property, plant and equipment		(4,184)	(2,273)
		<u>(5,132)</u>	<u>(3,221)</u>
Utilisation of deferred government grants/donations:			
- operating expenses		(5,888)	(2,824)
		<u>(11,020)</u>	<u>(6,045)</u>
At 31 December		<u>54,120</u>	<u>49,022</u>

### Community Silver Trust ("CST") grant

(a) Included in the additional grant incomes of the Hospital is an amount of approximately \$11,401,000 (2015: \$3,325,000) received under Community Silver Trust ("CST") grant. This grant is an initiative set up by the government to encourage more donations and provide additional resources for the service providers in the intermediate and long-term care ("ILTC") sector.

(b) The Hospital recognises grant income from CST upon utilisation of the grant. The movement of the CST grant during the year is as follows:

	2016 \$'000	2015 \$'000
At 1 January	8,272	8,389
Grant recognised during the year	11,401	3,325
Amortisation/utilisation of deferred government grants:		
- depreciation of property, plant and equipment	(1,154)	(761)
- operating expenses	(4,741)	(2,681)
At 31 December	<u>13,778</u>	<u>8,272</u>

## 10 Trade and other payables

	2016 \$'000	2015 \$'000
Trade payables	3,408	1,414
Other creditors	470	287
Accrued land rental expenses	1,054	529
Accrued building maintenance expenses	3,131	1,645
Accrued staff costs	2,680	2,252
Other accrued expenses	983	803
	<u>11,726</u>	<u>6,930</u>

## 11 Restricted funds

		2016 \$'000	2015 \$'000
<b>Restricted funds</b>			
Capital Replacement Fund	(a)	3,721	3,517
St. Andrew's Community Hospital ("SACH") – Far East Organization Fund	(b)	8,065	8,000
SACH – ACI Fund	(c)	1,205	1,183
SACH – Other Funds	(d)	531	573
St. Andrew's Autism Centre ("SAAC") – Building Fund	(e)	126	126
SAAC – Capital Fund	(f)	481	526
SAAC – Other Funds	(g)	824	480
St. Andrew's Nursing Home (Buangkok) ("SANH(B)") – Other Funds	(h)	217	66
SJSM Nursing Home Building Fund	(i)	4,147	2,693
St. Andrew's Nursing Home (Henderson) ("SANH(H)") – Start-up and Operating Funds	(j)	1,950	-
Chaplaincy Fund	(k)	273	165
		<u>21,540</u>	<u>17,329</u>

- (a) The Capital Replacement Fund is set up to provide future funds for the purpose of major repairs, maintenance and replacement of fixtures and fittings and equipment at St. Andrew's Centre. Transfers are made to the fund from the General Fund on an annual basis.
- (b) The SACH – Far East Organization Fund is set up in support of the development of the SAMH Eldercare Hub.
- (c) The SACH – ACI Fund is set up with a donation from ACI Singapore – The Financial Markets Association, for care integration and quality improvement projects; as well as to provide rehabilitative care of children and financial assistance to needy patients of the St. Andrew's Community Hospital.
- (d) The SACH – Other Funds comprise Medical Outreach Fund, Patient Welfare Fund and Staff Welfare Fund.

Medical Outreach Fund is set up to provide free medical consultation, basic treatment and medicines to needy groups in the community.

Patient welfare fund is set up with donations to provide financial assistance to needy patients of SACH.

Staff Welfare Fund is set up to cater to the social and welfare needs of staff.

- (e) The SAAC – Building Fund is set up for the construction of St. Andrew's Autism Centre at Elliot Road.
- (f) The SAAC – Capital Fund is set up to fund future capital expenditure of SAAC.
- (g) The SAAC – Other Funds comprise of vocational skills training programme, purchasing of training equipment, development and training, volunteer training, adult autism services, horticulture programme, purchase IT equipment, transport subsidy to needy clients, sponsor the SAAC Financial Assistance Programmes for School Fees & Transport Bursary and Day Activity Centre Transport Bursary, providing needy students at the day activity centre with pocket money for lunch.
- (h) The SANH(B) – Other Funds comprise Facilities Enhancement Fund and Lien Foundation Funds and Lien Foundation Ingot 3.

Facilities Enhancement Fund is set up to enhance the facilities at St. Andrew's Nursing Home (Buangkok).

Lien Foundation is set up to promote exercise among seniors to improve their quality of life as well as mobility to reduce incidence of falls.

Lien Foundation Project Ingot 3 is set up to enhancements to be made for Ingot version 3 for nursing home. Ingot version 3 is a software which keeps track of patient data in SANH.

- (i) The SJSM Nursing Home Building Fund is set up for the construction of St. Andrew's SJSM Nursing Home at Dover Avenue.



- (j) The SANH(H) – Start-up and Operating Fund is set up for the capital and operating expenditures of St. Andrew’s Nursing Home (Henderson).
- (k) The Chaplaincy Fund is set up to fund pastoral care services provided to staff and clients.

**12 Interest income**

	<b>2016</b>	<b>2015</b>
	<b>\$'000</b>	<b>\$'000</b>
Interest income on short-term bank deposits	12	5

**13 Donation income**

	<b>2016</b>	<b>2015</b>
	<b>\$'000</b>	<b>\$'000</b>
Total donations received during the year		
- Recognised in statement of financial activities	2,347	6,268
- Recognised in statement of changes in funds	4,853	6,985
	7,200	13,253

**14 Income tax**

The Hospital is approved as an institution of a public character (“IPC”) under the provisions of the Income Tax Act. The Hospital is established as a charitable institution under the St. Andrew’s Mission Hospital Ordinance. The Hospital’s income is exempted from income tax under Section 13(1)(zm) of the Singapore Income Tax Act, Chapter 134.

**15 Employee benefits expense**

	<b>2016</b>	<b>2015</b>
	<b>\$'000</b>	<b>\$'000</b>
Salaries, bonuses and other costs	36,532	32,598
Contributions to defined contribution plans	3,715	3,550
Agency service fees	2,061	1,956
Training fees	1,031	1,182
Foreign worker levy	1,549	1,386
Accommodation expenses	1,327	1,204
Other employee benefits	2,328	2,138
	48,543	44,014
Expenses financed by restricted funds	(1,621)	(3,079)
	46,922	40,935

Employee benefit expenses are partially financed by the following restricted funds:

	2016 \$'000	2015 \$'000
SACH – HPO Fund	183	201
SACH – NEHR/iCare/CHCS/Cyclical Maintenance Funds	45	657
SACH – Home Care Program	68	399
SACH – AIC (Case Management)	298	249
SACH – Dementia Program	567	340
SACH – IB Pre-operating	210	210
SACH – Palliative Ward	14	707
SACH – Joy Connect	224	316
SANH(B) – Lien Foundation	12	-
	1,621	3,079

## 16 Statement of income and expenditure

### (a) St. Andrew's Mission Hospital (Headquarter/ St. Andrew's Centre)

	2016 \$'000	2015 \$'000
<b>Income</b>		
Donations		
- Donations in cash (tax deductible)	1,140	2,092
- Donations in cash (non-tax deductible)	350	1,200
Interest income	4	3
Membership subscriptions	2	1
Rental income and service charge income	1,052	1,030
Fund raising income	-	261
Other income	15	9
Income from centres	1,073	1,250
	3,636	5,846
<b>Expenditure</b>		
Administration expenses	(222)	(139)
Building services, maintenance and building management	(331)	(338)
Depreciation of investment property	(264)	(264)
Employee benefits expense	(703)	(981)
Fund-raising expenses	-	(14)
Other operating expenses	-	(30)
Donation income distributed to centres	(1,351)	(3,411)
	(2,871)	(5,177)
<b>Surplus for the year</b>	765	669

**(b) St. Andrew's Community Hospital**

	2016 \$'000	2015 \$'000
<b>Income</b>		
Amortisation of deferred government grants/donations	3,685	1,740
Utilisation of deferred government grants/donations	3,797	1,874
Donations		
- Donations in cash (tax deductible)	584	366
- Donations in cash (non-tax deductible)	114	291
Government grants	28,935	26,363
Interest income	1	1
Land rent subsidy	1,533	1,594
Fund raising	-	210
Other income:		
- Rental income from level 9 and level 11 of SACH	-	653
- Secondment of staffs to St. Hilda's Community Services Centre	359	395
- Secondment of staffs to KK Women's and Children's Hospital	31	124
- Credit schemes – wage, special, temporary	755	417
- Training reimbursement	129	261
- AIC Healthcare productivity reimbursement	18	116
- Manpower Charge to PAP Community Foundation	290	-
- Rental income from DNR	30	30
- Miscellaneous	814	473
Ward and outpatient clinic fees	13,328	9,717
Donation income distributed from Headquarters	1,054	2,591
	<u>55,457</u>	<u>47,216</u>
<b>Expenditure</b>		
Administration expenses	(2,062)	(1,302)
Depreciation of property, plant and equipment	(3,772)	(1,983)
Employee benefits expense	(32,833)	(29,676)
Fund-raising expenses	(127)	(275)
Medical supplies and services	(3,412)	(2,774)
Operating lease expense	(5)	(5)
Other operating expenses:		
- Building maintenance	(2,320)	(2,086)
- Cleaning services	(828)	(817)
- Land rental expense	(1,537)	(1,539)
- Utilities	(516)	(537)
- Miscellaneous	(615)	(434)
Charged by Headquarter	(687)	(797)
	<u>(48,714)</u>	<u>(42,225)</u>
<b>Surplus for the year</b>	<u>6,743</u>	<u>4,991</u>

(c) St. Andrew's Lifestreams

	2016 \$'000	2015 \$'000
<b>Income</b>		
Course attendance fees and other training income	212	146
Donations		
- Donations in cash (tax deductible)	9	7
- Donations in cash (non-tax deductible)	5	5
Other income	21	17
	<u>247</u>	<u>175</u>
<b>Expenditure</b>		
Administration expenses	(33)	(34)
Depreciation of property, plant and equipment	(2)	(5)
Employee benefits expense	(259)	(229)
Training supplies and services	(64)	(47)
	<u>(358)</u>	<u>(315)</u>
<b>Deficit for the year</b>	<u>(111)</u>	<u>(140)</u>

(d) St. Andrew's Autism Centre

	2016 \$'000	2015 \$'000
<b>Income</b>		
Amortisation of deferred government grants/donations	1,048	1,033
Utilisation of deferred government grants/donations	983	858
Donations		
- Donations in cash (tax deductible)	446	320
- Donations in cash (non-tax deductible)	41	265
Fund raising	4	-
Government grants	8,011	7,012
Income from Day Activity Centre & School	1,232	1,154
Interest income	7	1
Other income	549	709
Donation income distributed from Headquarters	297	818
	<u>12,618</u>	<u>12,170</u>
<b>Expenditure</b>		
Administration expenses	(198)	(192)
Depreciation of property, plant and equipment	(1,107)	(1,079)
Employee benefits expense	(9,460)	(8,502)
Fund-raising expenses	(6)	(15)
Training supplies and services	(952)	(823)
Other operating expenses	(591)	(590)
Charged by Headquarter	(193)	(225)
	<u>(12,507)</u>	<u>(11,426)</u>
<b>Surplus for the year</b>	<u>111</u>	<u>744</u>

**(e) St. Andrew's SJSM Nursing Home**

	<b>2016</b>	<b>2015</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Income</b>		
Donations		
- Donations in cash (tax deductible)	1	21
	1	21
<b>Surplus for the year</b>	1	21

**(f) St. Andrew's Nursing Home (Buangkok)**

	<b>2016</b>	<b>2015</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Income</b>		
Amortisation of deferred government grants/donations	382	448
Utilisation of deferred government grants/donations	271	92
Donations:		
Land rent subsidy	626	628
- Donations in cash (tax deductible)	75	1,195
- Donations in cash (non-tax deductible)	33	376
- Donations in kind (non-tax deductible)	50	55
Government grants	7,587	6,284
Other income	52	24
Ward income	2,476	2,441
	11,552	11,543
<b>Expenditure</b>		
Administration expenses	(1,288)	(750)
Depreciation of property, plant and equipment	(563)	(469)
Employee benefits expense	(4,577)	(4,626)
Fund-raising expenses	-	(19)
Medical supplies and services	(1,232)	(1,160)
Other operating expenses:		
- Building maintenance	(261)	(197)
- Land rental expense	(590)	(589)
- Utilities	(328)	(334)
- Others	(68)	(250)
Charged by Headquarter	(193)	(225)
	(9,100)	(8,619)
<b>Surplus for the year</b>	2,452	2,924

**(g) St. Andrew's Nursing Home (Henderson)**

	<b>2016</b>
	<b>\$'000</b>
<b>Income</b>	
Amortisation of deferred government grants/donations	17
Utilisation of deferred government grants/donations	837
Land rent subsidy	100
Donations	
- Donations in cash (tax deductible)	50
Other income	4
	<u>1,008</u>
<b>Expenditure</b>	
Administration expenses	(225)
Depreciation of property, plant and equipment	(18)
Employee benefits expense	(560)
Medical supplies and services	(13)
Other operating expenses:	
- Building maintenance	(1)
- Cleaning services	(26)
- Land rental expense	(90)
- Utilities	(20)
- Others	(184)
	<u>(1,137)</u>
<b>Deficit for the year</b>	<u>(129)</u>

**(h) St. Andrew's Nursing Home (Queenstown)**

	<b>2016</b>
	<b>\$'000</b>
<b>Income</b>	
Government grants	187
Other income	2
	<u>189</u>
<b>Expenditure</b>	
Administration expenses	(54)
Employee benefits expense	(151)
	<u>(205)</u>
<b>Deficit for the year</b>	<u>(16)</u>

## 17 Financial instruments

### Overview

The Hospital has exposure to the following risks arising from financial instruments:

- Credit risk
- Liquidity risk
- Market risk

This note presents information about the Hospital's exposure to each of the above risks, the Hospital's objectives, policies and processes for measuring and managing risk, and the Hospital's management of capital.

### Risk management framework

The Board of Management has overall responsibility for the establishment and oversight of the Hospital's risk management framework. The Hospital has a system of controls in place to create an acceptable balance between the cost of risks occurring and the cost of managing the risks. The management continually monitors the Hospital's risk management process to ensure that an appropriate balance between risk and control is achieved. Risk management policies and systems are reviewed regularly to reflect changes in market conditions and the Hospital's activities. The Hospital, through its training and management standards and procedures, aims to develop a disciplined and constructive control environment in which all employees understand their roles and obligations.

The Hospital Audit Committee oversees how management monitors compliance with the Hospital's risk management policies and procedures, and reviews the adequacy of the risk management framework in relation to the risks faced by the Hospital. The Hospital Audit Committee is assisted in its oversight role by Internal Audit. Internal Audit undertakes both regular and ad hoc reviews of risk management controls and procedures, the results of which are reported to the Audit Committee.

### *Credit risk*

Credit risk is the risk of financial loss to the Hospital if a customer or counterparty to a financial instrument fails to meet its contractual obligations, and arises principally from the Hospital's receivables from customers.

The carrying amounts of financial assets in the statements of financial position represent the Hospital's maximum exposures to credit risk.

The Hospital has a credit policy in place which establishes credit limits for customers and monitors their balances on an ongoing basis. Cash and fixed deposits are placed with banks and financial institutions which are regulated. At the reporting date, there is no significant concentration of credit risk. The maximum exposure to credit risk is represented by the carrying amount of each financial asset in the balance sheet.

**Liquidity risk**

Liquidity risk is the risk that the Hospital will encounter difficulty in meeting the obligations associated with its financial liabilities that are settled by delivering cash or another financial asset.

The Hospital has monitor its liquidity risk and maintaining sufficient cash and available funding through government grants, donations, fund raising activities and credit facilities from external sources.

The following are the expected undiscounted cash outflows of financial liabilities, including interest payments:

	Carrying amount \$'000	Cash flows		
		Total \$'000	Within 1 year \$'000	Between 2 to 5 years \$'000
<b>2016</b>				
<b>Financial liabilities</b>				
Trade and other payables	11,726	11,726	11,726	-
Tenants' deposits received	263	263	132	131
Other deposits received	500	500	500	-
	<u>12,489</u>	<u>12,489</u>	<u>12,358</u>	<u>131</u>
<b>2015</b>				
<b>Financial liabilities</b>				
Trade and other payables	6,930	6,930	6,930	-
Tenants' deposits received	263	263	88	175
Other deposits received	425	425	425	-
	<u>7,618</u>	<u>7,618</u>	<u>7,443</u>	<u>175</u>

**Interest rate risk**

The Hospital's exposure to changes in interest rates relates primarily to its fixed deposits with financial institutions. Interest rate risk is managed by the Hospital on an ongoing basis with the primary objective of limiting the extent to which net interest expense could be affected by adverse movement in interest rates. The Hospital is not exposed to significant interest rate risk.

**Foreign currency risk**

The financial assets and liabilities of the Hospital are primarily denominated in Singapore dollars. The Hospital has no significant exposure to foreign currency risk.



**Accounting classifications and fair values**

**Fair value versus carrying amounts**

The carrying amounts of financial assets and liabilities are as follows. The fair value hierarchy is not included as the carrying amounts of financial assets and financial liabilities are a reasonable approximation of fair value.

	Note	Carrying amount		Total \$'000
		Loans and receivables \$'000	Other financial liabilities \$'000	
<b>31 December 2016</b>				
<b>Financial assets measured at amortised cost</b>				
Cash and cash equivalents	8	45,144	–	45,144
Loan and receivables	7	19,864	–	19,864
		<u>65,008</u>	<u>–</u>	<u>65,008</u>
<b>Financial liabilities measured at amortised cost</b>				
Tenants' deposits received		–	263	263
Other deposits received		–	500	500
Trade and other payables	10	–	11,726	11,726
		<u>–</u>	<u>12,489</u>	<u>12,489</u>
<b>31 December 2015</b>				
<b>Financial assets measured at amortised cost</b>				
Cash and cash equivalents	8	24,470	–	24,470
Loan and receivables	7	17,858	–	17,858
		<u>42,328</u>	<u>–</u>	<u>42,328</u>
<b>Financial liabilities measured at amortised cost</b>				
Tenants' deposits received		–	263	263
Other deposits received		–	425	425
Trade and other payables	10	–	6,930	6,930
		<u>–</u>	<u>7,618</u>	<u>7,618</u>

**Measurement of fair values**

*Carrying amount of financial assets and liabilities*

The carrying amounts of financial assets and liabilities with a maturity of less than one year (including loan and receivables, cash and cash equivalents, trade and other payables, tenants' deposit received and other deposits received) approximate their fair values due to their short period of maturity.

## 18 Commitments

### Capital commitments

Capital expenditure contracted for at the reporting date but not recognised in the financial statements is as follows:

	2016 \$'000	2015 \$'000
IT expansion project at SACH	–	13
Other Projects at SACH	14	5
Palliative ward	–	44
Senior Care Joy Connect	7	–
Renovation Ward 5 to Ward 9 at SACH	–	1,453
Office reconfiguration and renovation at SACH	–	3,438
Cyclical Maintenance for Ward 5 to Ward 9 at SACH	–	51
Human Resource System for SAMH group	–	347
Playground at SAAC	–	40
Horticultural Shed at SAAC	–	434
Infrastructure works at SANH(B)	–	800
IT Infrastructure at SANH(H)	47	–
Commissioning of Laundry Equipment at SANH(H)	104	–
Commissioning of Facial and Finger Scanner Machine at SANH(H)	2	–
Commissioning of Kitchen Equipment at SANH(H)	239	–
Furniture and equipment at SANH(H)	131	–
Furniture and equipment at SANH(Q)	1,025	–
IT expansion project at SANH(Q)	150	–
	<u>1,719</u>	<u>6,626</u>

### Operating lease commitments – when the Hospital is a lessee

The future aggregate minimum lease payments under non-cancellable operating leases contracted for at the reporting date but not recognised as liabilities, are as follows:

	2016 \$'000	2015 \$'000
Within 1 year	3,042	1,581
After 1 year but within 5 years	5,853	1,057
	<u>8,895</u>	<u>2,638</u>

Out of the committed land rental of \$3,042,000 (2015: \$1,581,000), an amount approximately \$2,259,000 (2015: \$1,594,000) is funded by grants from the Ministry of Health.

**Operating lease commitments – when the Hospital is a lessor**

The future minimum lease payments receivable under operating leases contracted for at the reporting date but not recognised as receivables in the financial statements are as follows:

	2016 \$'000	2015 \$'000
Within 1 year	1,144	961
After 1 year but within 5 years	1,154	569
	<u>2,298</u>	<u>1,530</u>

**19 Remuneration of employees**

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

	2016	2015
Number of employees in bands:		
\$300,001 to \$400,000	1	1
\$200,001 to \$300,000	3	2
\$100,001 to \$200,000	51	42
	<u>55</u>	<u>45</u>

The number of staff employed by the Hospital as at 31 December 2016 was 999 (2015: 857).

**20 Related party transactions**

For the purposes of these financial statements, parties are considered to be related to the Hospital if the Hospital has the ability, directly or indirectly, to control the party or exercise significant influence over the party in making financial and operating decisions, or vice versa, or where the Hospital and the party are subject to common control or common significant influence. Related parties may be individuals or other entities. Except for key management personnel compensation, there were no related party transactions for the financial year ended 31 December 2016 (2015: nil).

No reimbursement or allowance was made to trustees/office bearers for services provided to the Hospital during the year.

**Key management personnel compensation**

Key management personnel of the Hospital are those persons having authority and responsibility for planning, directing and controlling the activities of the Hospital. The members of the Board of Management and management team of the Hospital are considered key management personnel of the Hospital. The Board of Management did not receive any form of remuneration during the financial year.

Key management personnel compensation comprised:

	2016 \$'000	2015 \$'000
Salaries and other short-term employee benefits	<u>2,695</u>	<u>1,854</u>



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