



Love Never Fails

Annual Report 2019



"Love is patient,
love is kind...
It always protects,
always trusts,
always hopes,
always perseveres.
Love never fails."

1 Corinthians 13:4-8a

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Introduction



The St. Andrew's Medical Mission was founded in 1913 by Dr. Charlotte Ferguson-Davie. In 1934, St. Andrew's Mission Hospital (SAMH) was incorporated under the SAMH Ordinance. Presently, SAMH is a Social Service Agency and an approved Institution of Public Character.

SAMH provides health, education and social care services through: St. Andrew's Autism Centre, St. Andrew's Community Hospital, St. Andrew's Mission Hospital Clinics, St. Andrew's Nursing Homes, and St. Andrew's Senior Care.

OUR VISION

To be a light in society, relieving suffering and enriching lives with the love of Christ.

OUR MISSION

To provide holistic care and healing to the underserved and disadvantaged by ministering to their physical, mental, social and special needs based on Christian values.

St. Andrew's Autism Centre

To enrich 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 holistic care and healing to the underserved and disadvantaged by ministering to their physical, mental and social needs based on Christian values.

St. Andrew's Nursing Homes

To provide holistic care and healing to the underserved and disadvantaged by ministering to their physical, mental, social and special needs based on Christian values.

CORE VALUES (L.I.G.H.T.)

Love

We care for those in need with love and compassion, following the example of Christ.

Integrity

We commit to the highest moral and ethical standards in word and deed.

Growth

We increase in passion and professionalism, continuously learning and innovating.

Honour

We accord due respect and dignity to every human being as created by God.

Teamwork

We work together in an environment of trust, collaboration, and mutual support.



President's Address

LOVE NEVER FAILS

Over the past 106 years, God has appointed and anointed His leaders at St. Andrew's Mission Hospital (SAMH) to live out His calling of bringing healing to the underprivileged, reflecting God's light and love.

In the book of First Corinthians, Chapter 13, the Bible reads, "Love is patient, love is kind. It does not envy, it does not boast, it is not proud. It does not dishonour others, it is not self-seeking, it is not easily angered, it keeps no record of wrongs. Love does not delight in evil but rejoices with the truth. It always protects, always trusts, always hopes, always perseveres. **Love never fails.**"

This year, as we mark Singapore's bicentennial, we give thanks to God for His unfailing, perfect and unconditional love for humanity. In 2019, SAMH leaders continue to build up His Ministry of Love with great faith, love, humility and wisdom as He leads to meet the needs of the community.

SERVING WITH GOD'S LOVE

We thank God for blessing SAMH with faithful volunteers and care team members who devotedly serve the patients He entrusted to our care in His Love. Indeed, all glory be unto God as we give Him thanks for His favor upon Mdm. Chan Miew Leng, St. Andrew's Community Hospital (SACH) volunteer; Mr. Peter Gan, St. Andrew's Nursing Home (Buangkok) volunteer; Ms. Karen Seng, Nurse Manager, SACH; and Pastor Justin Tan, Associate Chaplain, SACH Pastoral Care Services, who were presented the Healthcare Humanity Award 2019 by Mr. Gan Kim Yong, Minister for Health, on 25 April 2019. The Healthcare Humanity Award was presented to outstanding healthcare professionals and volunteers who go the extra mile in offering care and comfort to the sick and infirm.

BUILDING HIS MINISTRY OF LOVE

Integrated Autism Care

In the third quarter of 2005, St. Andrew's Autism Centre (SAAC) was birthed. It was the first of its kind comprehensive autism care service which comprised a school for those 7 years old to 18 years old, and a Day Activity Centre (DAC) for those 19 years old and beyond. SAAC also placed great emphasis in supporting the whole family with a strong family care programme.

Since April 2019, SAAC started receiving residents at St. Andrew's Adult Home (Sengkang) [SAAH], a new autism-focused adult disability home. With this new home, it has fulfilled its vision of providing integrated autism care (a school, two DACs and a residential home) to support persons with autism and their families.

Serving Our Silver Population

In 2019, SAMH was appointed by the Ministry of Health as the integrated operator of a nursing home in Tampines North (with a co-located Senior Care Centre) and Active Ageing Hubs in Bedok North and Bedok South.

With these four facilities clustered around SACH and its acute hospital partner, Changi General Hospital, there is an opportunity to build a pioneering continuum of care to support eastern residents, from acute care all the way to community and long-term care. This will enable us to truly provide holistic care to our residents in the east.

RELIEVING SUFFERING AND ENRICHING LIVES WITH THE LOVE OF CHRIST

We thank God for blessing us with dedicated staff, and volunteers, individuals, corporations, business associations, philanthropic groups and foundations as well as parishes who partner our 1,406 staff in our work. Thank you for your hard work as well as generous contributions which helped to fund our 2019 operating expenses of \$108.8 million, and for blessing us with your support, prayers, advice and financial assistance.

Enabled by Him, SAMH will continue to stand firm in our vision to be a light in society, relieving suffering and enriching lives with the love of Christ.

+ Rennis Singapore
Bishop of Singapore
President, St. Andrew's Mission Hospital

President's Address



Mdm. Chan Miew Leng, SACH Volunteer, received the Healthcare Humanity Award 2019 from Mr. Gan Kim Yong, Minister for Health, at the award ceremony on 25 April 2019.



Mr. Peter Gan, St. Andrew's Nursing Home (Buangkok) Volunteer, received the Healthcare Humanity Award 2019 from Mr. Gan Kim Yong, Minister for Health, at the award ceremony on 25 April 2019.



Ms. Karen Seng, Nurse Manager, SACH received the Healthcare Humanity Award 2019 from Mr. Gan Kim Yong, Minister for Health, at the award ceremony on 25 April 2019.



Pastor Justin Tan, recipient of the Healthcare Humanity Award 2019, with President Halimah Yacob and SACH Palliative Care Ward volunteer harpists Ms. Yang Sik San and Ms. Prisca Liang (from left to right).

Ms. Yang and Ms. Liang serenaded the audience with soothing harp music, while Pastor Tan sang in accompaniment at the award ceremony on 25 April 2019.



SAMH family with recipients of the Healthcare Humanity Award 2019 at the award ceremony on 25 April 2019.

President's Address



SAMH is building a continuum of care in the East with an upcoming nursing home in Tampines North and a pair of Active Ageing Hubs in Bedok North and Bedok South.



SACH started receiving residents in April 2019.

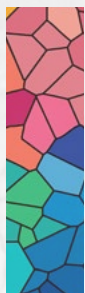


SACH residents' outing to the park, accompanied by care staff.



A DAC coach looking on as a client finishes his task at the communal area.

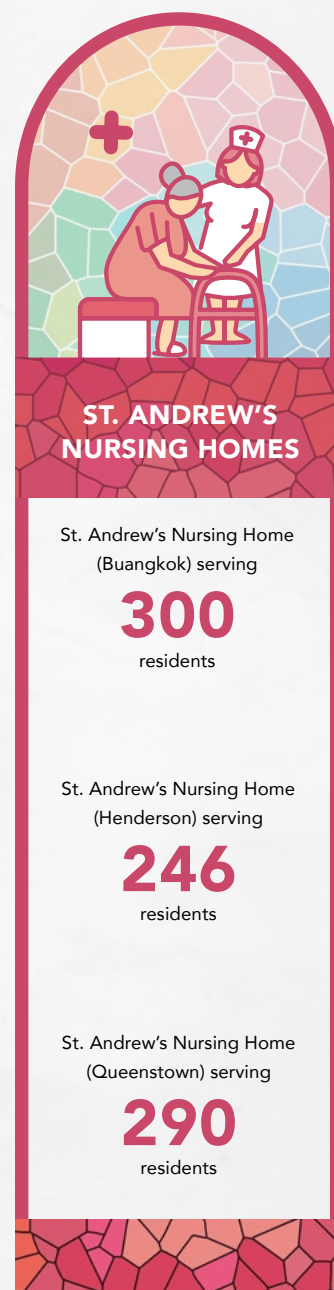
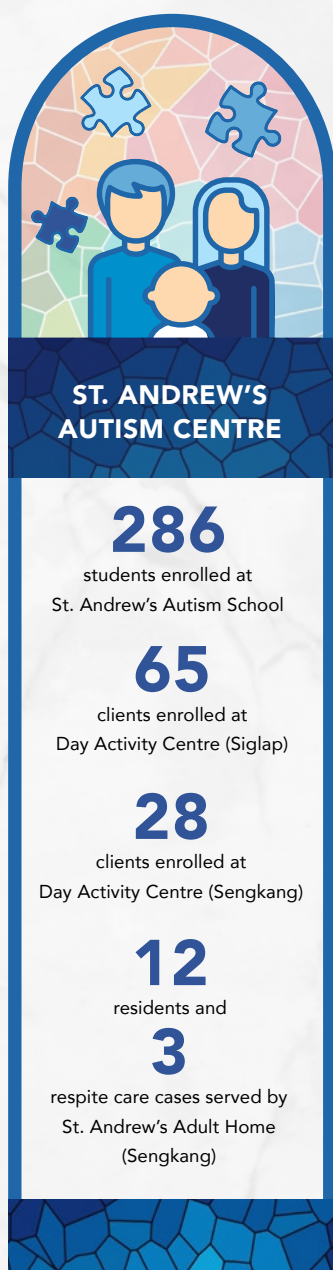
Review of Services



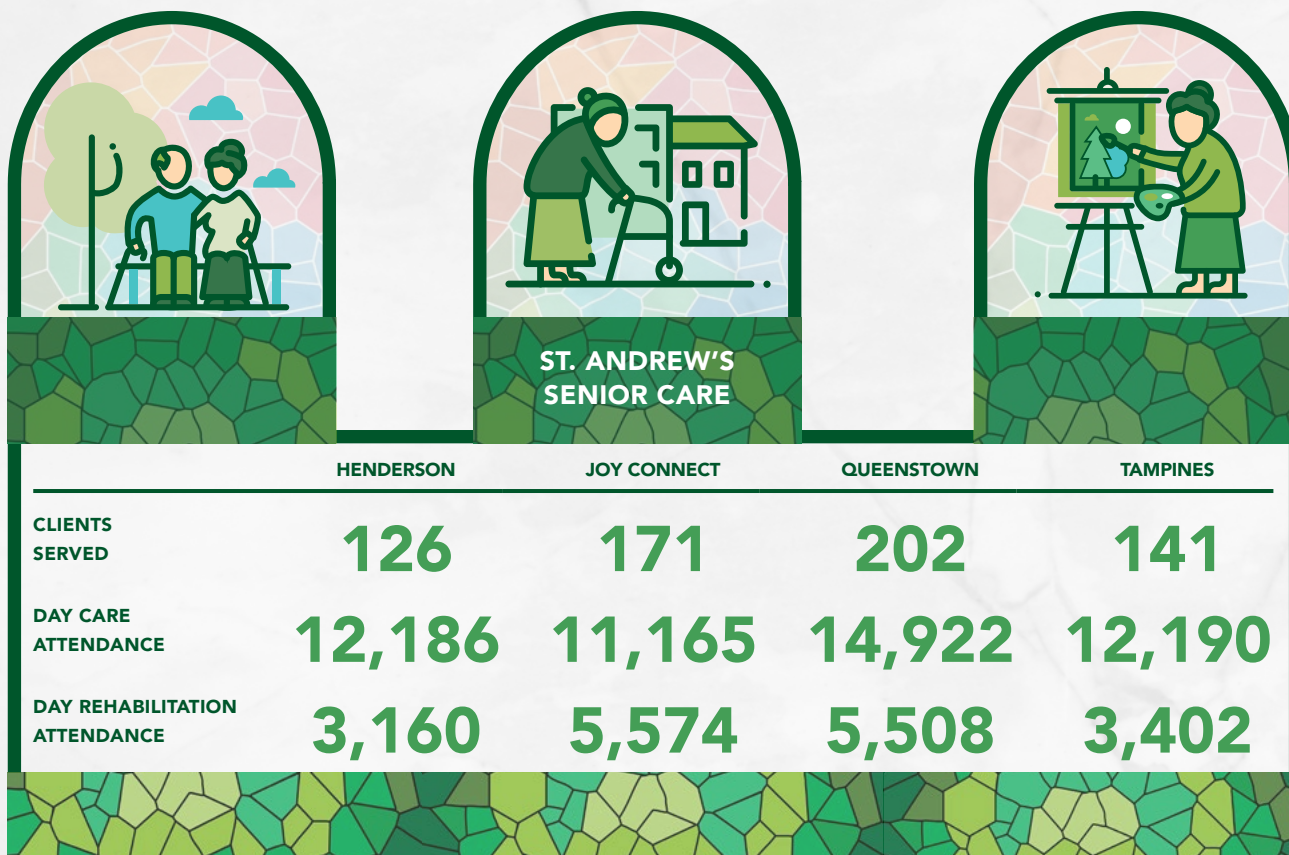
Psalm 136:1 reads, "Give thanks to the Lord, for He is good. His love endures forever." Indeed, we give thanks to God for His unfailing love as He orders our steps in seeking the welfare of the community. (Psalm 37:23 "The steps of a man are ordered by the Lord, and He delights in His way.")

On behalf of the Board, I am pleased to provide an update on the services of St. Andrew's Mission Hospital (SAMH).

2019 STATISTICS



2019 STATISTICS



ST. ANDREW'S AUTISM CENTRE (SAAC)

St. Andrew's Autism Centre (SAAC)

In 2019, SAAC had its most significant year since it was first set up in 2005. From operating a special school for children and youths with autism, and a Day Activity Centre (DAC) for those aged 19 or older with moderate to severe autism, SAAC launched another DAC and a residential facility designed and purpose-built for adults with autism at Sengkang in April that year.

With these new services in place, SAAC's capacity to serve persons with autism grew from 402 (312 at the school and 90 at one DAC) to 583 (312 at the school, 123 at two DACs, 148 at the home). Staff strength also grew from 219 to 271 from the end of 2018 to end 2019.

The total number of persons with autism served by SAAC increased by 16.9%, from 337 students and clients at the end of 2018, to 394 students, clients, residents and respite care cases by the end of 2019.

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

From 21 to 23 August 2019, SAAS was the first special education (SPED) school in Singapore to undergo the Quality Assurance (QA) review using a new QA Framework 2.0 for SPED schools. In addition to meeting with the Principal, other key school staff and selected teachers, the review team from the Ministry of Education also interviewed 16 parents. As a result, SAAS reviewed its vision, mission, strategic thrusts, strategic objectives and its key performance indicators.

Key SAAS Highlight

- On 24 September 2019, President Halimah Yacob visited the school as part of the Istana's community engagement efforts. During the two-hour visit, the President interacted with students and teachers, observed the Colours Café vocational programme for senior students and the use of Augmentative and Alternative Communication tools as well as a class of students engaged in learning pre-vocational skills via beading. She addressed the press, urging employers to improve work environment and processes to make room for persons with special needs to work, to build a more inclusive Singapore.

Review of Services

Update on St. Andrew's Adult Autism Services (SAAAS)

SAAC received the newly-completed building for St. Andrew's Adult Home (Sengkang) [SAAH] from the Ministry of Social and Family Development on 16 January 2019. SAAAS and SAAH staff moved in the same day. After starting DAC (Sengkang) and receiving its first residents in April 2019, SAAH conducted open houses for autism industry partners, community partners in the Sengkang region, and parents of DAC clients. Visitors toured the premises, including a mock-up of the residence and activity area, and had the chance to learn about the services provided at SAAH.

Key DAC Highlights

- On 1 April 2019, DAC (Sengkang) began with 25 clients and 10 coaching staff who moved from the DAC in Siglap. Prior to the move, the coaches prepared the clients for the transition to the new location by bringing them on visits to the new site to help them familiarise with the environment.
- DAC (Siglap)'s Horticulture programme produced more than 200kg of leafy greens and vegetables in 2019, raising \$1,500 by selling the produce to residents and food stalls in the neighbourhood. In line with the Green Initiative Project at SAAC, DAC clients packed the vegetables in recyclable bags.

Key SAAH Highlights

- On 22 January 2019, SAAC management and key staff welcomed 22 Healthcare Assistants and four Nursing Aides from northeast India. To prepare for their roles as frontline staff caring for SAAH's residents, they underwent an intensive eight-week training programme.
- SAAH received its first resident on 4 April 2019. By the end of the year, it had 12 full-time residents and had cared for three respite care cases.

ST. ANDREW'S COMMUNITY HOSPITAL (SACH)

2019 was a year of steady growth, with new services developed at SACH in collaboration with Changi General Hospital (CGH). SACH's inpatient rehabilitation, sub-acute and palliative care services were provided through 270 beds across 10 wards. The inpatient occupancy rate in 2019 was 88%. We give thanks to God for His guidance and provision as SACH strives to be a *City on a Hill*, not only for our patients and their loved ones, but for our staff and volunteers as well.

Sub-acute Stroke Ward

SACH broadened its range of inpatient services with a new sub-acute stroke ward at Ward 66 in the jointly operated CGH-SACH Integrated Building. Started in October 2019, the new ward enables us to leverage on CGH's specialist services and other facilities to provide higher quality and more seamless care for stroke patients. New initiatives that were introduced included management of post-stroke contracture and pain, a stroke self-management programme and an integrated volunteer programme with CGH.

Achievements

- Mdm. Chan Miew Leng, SACH volunteer; Mr. Peter Gan, St. Andrew's Nursing Home (Buangkok) volunteer; Ms. Karen Seng, Nurse Manager, SACH; and Pastor Justin Tan, Associate Chaplain, SACH Pastoral Care Services, received the Healthcare Humanity Award 2019 in April 2019.
- 170 staff were honoured for their dedication and excellence in patient care at the Singapore Health Quality Service Awards (SHQSA) 2019 ceremony in January 2019. Ms. Jovy Negre Sagbigal, Nurse Manager, SACH, was awarded the SHQSA Superstar Award 2019.
- The SHQSA Best Service Initiative Improvement Team Award (Merit) was awarded to SACH Palliative Care Team and CGH dietitians who initiated "Project Makan", which is aimed at enhancing the dining experiences of our palliative care patients.
- "Project Makan" was also shortlisted for poster presentation at the Oceanic Palliative Care Conference 2019 held in Australia.
- The Agency for Integrated Care (AIC)'s Community Care Manpower Development Award (CCMDA) 2019 was presented to eight care team members. The awards provide support for formal professional upgrading and continuous professional development for persons working in the sector.
- Dr. Deepthika De Silva, Head, Healthcare Performance Office, SACH, was invited as a speaker at the International Forum on Quality and Safety in Health Care which was held in September 2019 in Taipei. She shared on SACH's quality improvement experiences in diabetes and urinary catheter care.



Review of Services

Visit by Ministry of Health (MOH) Officials

On the first day of Chinese New Year, 5 February 2019, CGH and SACH co-hosted a visit by Mr. Gan Kim Yong, Minister for Health. Mr. Gan came to spread festive cheer to patients and hospital staff.

Health Manpower Development Plan (HMDP) Visiting Expert Clinical Lecture 2019

SACH was privileged to host Professor Howard Bergman, MOH's HMDP Visiting Expert in Family Medicine (Primary and Community Care), on 25 January 2019. He delivered a clinical lecture on dementia strategy, frailty, end-of-life care, and the challenges of integrating care. SACH was blessed by his sharing and our care team members gained insights from his clinical experiences.

Celebrating Life, Cherishing Memories

In 2017, SACH started to organise a memorial event for families to remember their loved ones who had passed on in our hospital. Staff and volunteers who had cared for these patients also attended the event. On 2 November 2019, over 150 family members and relatives were present at the third memorial event.

Contributing to the Welfare of the Community

SACH hosted participants of the National University of Singapore Initiative to Improve Health in Asia (NIHA) Future Leaders Programme on 3 December 2019. Participants visited SACH and CGH to learn more about health systems innovation.

ST. ANDREW'S NURSING HOMES (SANH)

2019 saw SAMH expanding its residential and community care services.

SAMH successfully tendered for the Ministry of Health Integrated Operator Services Request for Proposal in 2019. This comprises a 277-bed nursing home with a co-located senior care centre in Tampines Street 62 and two Active Ageing Hubs at Bedok North and Bedok South. With this new nursing home expected to start operations in the second half of 2022, SAMH, together with its sister organisation, Singapore Anglican Community Services (SACS), will grow its capacity to serve the community through a total of 1,697 nursing home beds.

In 2019, SANH (Buangkok) operated at full capacity, serving 300 residents. SANH (Henderson) and SANH (Queenstown) ended the year at 98% occupancy (serving 246 residents) and 99% occupancy (serving 290 residents) respectively.

All nursing homes also had their operating leases renewed for another three years. SANH (Buangkok) had its third renewal and SANH (Henderson and Queenstown) had their second renewal.

SANH (Taman Jurong), operated by SACS, started providing nursing home services in February 2019 and celebrated their official opening in August 2019.

St. John's - St. Margaret's Nursing Home, with 273 beds, is expected to welcome their first resident in the second half of 2020.

New Initiatives

As part of its continuous efforts to improve resident safety, SANH (Buangkok) embarked on a three-year Clinical Quality Improvement Falls Prevention Initiative with Agency For Integrated Care (AIC) where best practices were developed and applied across the entire nursing home. Support Group Counselling was introduced to support residents with external employment.

At SANH (Henderson), funding was approved to pilot the implementation of direct admissions from the nursing home to SingHealth community hospitals.

Achievements

Our nursing homes received a range of awards and recognition in 2019, comprising the following:

SANH (Buangkok)

- Healthcare Humanity Award 2019 (Volunteer category): One volunteer
- Wound Expert Initiative Chronische Wunden Certification: Two staff
- Certificate of Merit for outstanding performance in the Institute of Technical Education (ITE) Skills Certificate in Health Care (Homecare): Two staff
- Best decorated nursing homes in the AIC MosAIC's Christmas Decoration Competition: Top three

Review of Services

SANH (Henderson)

- ITE Skills Certificate In Health Care (Dementia Care): 27 staff

SANH (Queenstown)

- ITE Skills Certificate in Health Care (Home Care): 16 staff

Community Partnership

SANH (Buangkok) partnered with educational institutions to promote inter-generational bonding with residents.

SANH (Henderson) collaborated with AIC on a Quality Improvement Project to improve the quality and productivity of medication reconciliation, packing and storage.

SANH (Henderson) also completed a feasibility research study with National Healthcare Group on the Transmission of Dynamics of Carbapenemase-producing Enterobacteriaceae (CPE) in Singapore long-term care facilities (CaPES-ILTC).

Partnering AIC, Sport Singapore and Youth Corps Singapore, the YOLDEN (Sports) programme was introduced, where youth (16 to 35 years old) were trained to play adapted sports activities with residents of SANH (Henderson).

Earlier in 2019, SANH (Queenstown) collaborated with the National Heritage Board, making it possible for residents to tour Heritage Institutions from the nursing home via a telepresence robot.

SANH (Queenstown) signed an agreement with the National University Health System (NUHS), where NUHS committed to providing pneumococcal vaccination for the nursing home residents for three years.

Significant Events and Fundraising Initiatives

SANH (Queenstown) organised a Quality Day on hand hygiene, medication and falls. This event was attended by NUHS Infection Control team as well as colleagues from SACH and SANH (Henderson and Taman Jurong).

The nursing home cluster banded together for the annual SAMH-SACS Charity Dinner. Highlights included sales of items such as handcrafted soap and Christmas ornaments as well as hand-painted umbrellas by residents through "Art Jam!", a collaborative project with Central Christian Church. Seven residents of SANH (Buangkok) also played the Bunne guitar at the dinner and brought much delight to the guests with their musical talent.

The nursing homes also collaborated with supporting churches which provided encouragement through other fundraising events. SANH (Buangkok) and SANH (Henderson), together with Church of the Good Shepherd, received enthusiastic support at the Combined Annual Gathering for seniors from Anglican Chinese Churches. SANH (Queenstown) also set up a fundraising booth at the Church of Our Saviour "Goods for Good" Christmas market.

ST. ANDREW'S SENIOR CARE (SASC)

St. Andrew's Senior Care (SASC) ended the year with a healthy average occupancy of 79% of the 275 day care places and 74% of the 75 rehabilitation places across its four centres (Henderson, JOY Connect, Queenstown and Tampines).

It has been a year of strengthening relationships for SASC. Together with Anglican Senior Centre (Hillview), SASC participated in various community outreach events. These ranged from conducting talks on dementia awareness and care at St. James Church and St. Andrew's Cathedral, to introducing our services at the NUHS neighbourhood health screening and the opening of Outram Community Hospital.

The seniors at SASC participated actively in community outings. With strong support from the National Heritage Board, a total of 32 day care clients and residents of SANH (Queenstown) reconnected with their roots and reminisced about their life experiences in a thematic nine-week reminiscence programme at the Sun Yat Sen Memorial Hall, and Indian and Malay Heritage centres. Volunteers of SAGE counselling centre also brought seniors from SASC (JOY Connect and Queenstown) on a reminiscence walking trail to enjoy the sights and sounds through Kampong Glam, one of the many significant ethnic enclaves in Singapore history, ending with lunch at a Mediterranean restaurant.



Review of Services

SASC (Henderson, JOY Connect, Queenstown and Tampines) together with Anglican Senior Care (Hillview), held their first annual retreat to deepen the synergy and integration of services between SAMH and SACS. Through the team bonding activities, a total of 85 staff shared, not just the challenges, but also joy, laughter and camaraderie.

To enhance dementia care at SASC (Henderson), the centre embarked on a dementia consultancy project to improve the knowledge and skills of the staff for better dementia care at the centre. Similar plans are also underway for the rest of the centres. SASC (JOY Connect, Queenstown and Tampines) are also in collaborative studies with the Singapore University of Technology and Design as well as the Singapore Institute of Technology that aim to improve the quality of centre-based dementia care programmes.

SASC (Tampines) also worked with the WeCare Arts Fund Programme to introduce creative dance to the seniors. Led by creative dance instructors, the seniors went through a series of engaging games that involved high energy movements and rhythm. At the end of the programme, some seniors even participated in the making of an art film featuring these moves!

SASC continued to empower seniors to contribute back to society through an annual charity sale of their specially handcrafted items at the SAMH-SACS Charity Gala Dinner as well as Christmas events at Church of Our Saviour and St. Andrew's Cathedral. Seniors from SASC (Henderson, Queenstown and Tampines) created a range of items such as decoupage glass bowls, soaps made with all-natural ingredients, and poinsettias assembled from pumpkin seeds. These items were very well-received by the crowd and a total of \$2,384 was raised from the sale proceeds and donations. SASC is thankful for the many regular volunteers who continue to enrich the lives of the day care clients through daily activities, and thoughtfully planned programmes.

To meet the demand for eldercare services in the community, SASC will be expanding its services with three upcoming senior care centres at Bedok North, Bedok South and Tampines North.

FUNDRAISING ACTIVITIES

On 25 October 2019, SAMH held the annual joint Charity Dinner with SACS to raise funds for both organisations. The Dinner was officiated by Mr. Heng Swee Keat, Deputy Prime Minister and Minister for Finance, and also attended by Ms. Denise Phua, Mayor of Southeast CDC.

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

ANCHORING OUR WORK IN THE LOVE OF GOD

SAMH has been blessed with the privilege to serve the community through various services.

In the Gospel of Luke, Chapter 5, the Bible tells us how Jesus healed a paralysed man. In the story, the paralytic's friends attempted to bring him on a bed to seek healing from Jesus. However, the house that Jesus was in was too crowded for them to bring him in. Undeterred, they brought the man up to the roof-top, and let him down while he was lying on his bed through a hole in the roof, into the midst of the crowd before Jesus. Moved by the love and faith of the paralytic's friends who overcame all challenges to seek healing for him, Jesus healed the man.

Indeed, this biblical truth has motivated us to strive on against all odds to bring healing to all whom He entrusted into our care through **Love in Action**.

As we look forward to our upcoming chapters, we seek to embrace the challenges that lie ahead, knowing that the work we do is anchored in the Agape love of God – a Love that never Fails.

Dr. Arthur Chern
Group Chief Executive Officer
St. Andrew's Mission Hospital

Review of Services



President Halimah Jacob visited SAAS on 24 September 2019 and showed a keen interest in understanding how students with autism use Augmentative and Alternative Communication tools.



DAC clients went on regular community outings, usually by public transport but at times in the DAC van.



SAAC Chief Executive Officer Mr. Dennis Ang (fourth from the right) explained the rationale for the home-like setup of residence clusters at SAAH to autism industry partners.



Photo Courtesy of SingHealth

In January 2019, 170 SACH staff (One SuperStar, 17 Star, 53 Gold, 99 Silver) were honoured for their dedication and excellence in patient care at the Singapore Health Quality Services Awards (SHQSA) Ceremony 2019, organised by the SingHealth Duke-NUS Academic Medical Centre.

Review of Services



Ms. Jovy Negre Sagbigsal, Nurse Manager, SACH, received the SHQSA Superstar Award 2019 from President Halimah Yacob. On the left is Professor Ivy Ng, Group Chief Executive Officer, SingHealth.



The SHQSA Best Service Initiative Improvement Team Award (Merit) was awarded to SACH Palliative Care Team and CGH dieticians for their "Project Makan" initiative.



CGH and SACH co-hosted Mr. Gan Kim Yong, Minister for Health, and Mrs. Gan, to a Lunar New Year Visit on 5 February 2019.



Care extends beyond SANH (Henderson) – Residents' outing to Gardens by the Bay!

Review of Services



Hand-painted umbrellas by residents of SANH (Buangkok) through "Art Jam!", a collaborative project with Central Christian Church, were put up for sale at the SAMH-SACS Charity Gala Dinner 2019.



SANH (Queenstown) staff encouraged the residents to engage in calligraphy.



SAMH team introduced its services at the opening of Outram Community Hospital.



Seniors from SASC (Queenstown) reminisced about their life experiences during a visit to the Sun Yat Sen Memorial Hall.



Team members of SASCs and Anglican Care Centre (Hillview) got to know each other better through games at the inaugural All Staff Retreat.



Exquisite decoupage bowls created by seniors of SASC (Tampines).

Board of Management



PRESIDENT

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



VICE PRESIDENT

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



HONORARY TREASURER

Mr. Lee Chew Chiat
(Executive Director)
B.Eng. (Hons.)
(Appointed as board member since
2015 and treasurer since 2016)



NOMINATED MEMBER

U.S.P.G.

Reverend Huang Ao You
M.Th, M.Div., B.BA
(Appointed since 2017)



NOMINATED MEMBER

U.S.P.G.

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



NOMINATED MEMBER

S.W.M.D.A.

Reverend Yap Chee Han
M.Div.
(Appointed since 2016)



NOMINATED MEMBER

S.W.M.D.A.

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



NOMINATED MEMBER

**St. Andrew's Cathedral
Parochial Church Council**

Mr. Robin Tan
B.Sc. (USA), M.B.A. (USA)
(Appointed since 2011)



NOMINATED MEMBER

**St. Andrew's Cathedral
Parochial Church Council**

Dr. Benjamin Tai
Ph.D.
(Appointed since 2018)



NOMINATED MEMBER

Presbyterian Church

Reverend Dr. Eugene Yeo
M.Div., M.B.B.S. (S'pore),
Grad Dip Dermatology (FP) (S'pore)
(Appointed since 2018)



NOMINATED MEMBER

Methodist Church

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



PROFESSIONAL REPRESENTATIVE

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



PROFESSIONAL REPRESENTATIVE

Prof. Tay Boon Keng

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



ELECTED MEMBER

Mr. Chan Wing Hong

B.Sc. (Econ)
(Appointed since 2009)



ELECTED MEMBER

Mr. Hamish Christie

Chartered Accountant (S'pore),
F.C.A. (England and Wales)
(Appointed as board member since
1986; treasurer from 2003 to 2007
and 2008 to 2012)



ELECTED MEMBER

Mr. Lee Cheow Seng

B.Acc.
(Appointed since 2019)



ELECTED MEMBER

Elder Lee Chong Kai

B.A. (Otago) and
B.A. Hons. (Victoria)
(Appointed since 2011)



ELECTED MEMBER

Mr. Joseph Liew

FCCA, FSCA, CISA, CFE,
B.Com. (Acc.)
(Appointed since 2019)



ELECTED MEMBER

Prof. John Lim

M.B.B.S. (S'pore), M.Sc. (PH),
F.A.M.S., M.P.M. (Harvard)
(Appointed from 2002 to 2012;
re-appointed in 2015)



ELECTED MEMBER

Dr. Ong Yong Wan

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



ELECTED MEMBER

Miss Arasi Santhana

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



ELECTED MEMBER

Mr. Tan Kian Woo

B.Acc. (Hons.),
F.C.A. (S'pore)
(Appointed as board member since
2012; treasurer from 2012 to 2016)



ELECTED MEMBER

Mr. Tan Soo Kiang

LL.B. (Hons.)
(Appointed since 2004)



SECRETARY OF THE CORPORATION

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)

Board of Management

NAME	DESIGNATION	MEETING ATTENDANCE ¹	YEAR OF FIRST APPOINTMENT	NO OF YEARS SERVED ²
The Right Reverend Rennis Ponniah	Honorary President	3/4	2012	8
Mr. Andrew Goh	Vice President	4/4	2008	12
Mr. Lee Chew Chiat	Honorary Treasurer	2/4	2015	5
Reverend Huang Ao You	Member	3/4	2017	3
Reverend Canon Dr. Louis Tay	Member	3/4	2001	19
Reverend Yap Chee Han	Member	4/4	2016	4
Venerable Wong Tak Meng	Member	4/4	2004	16
Mr. Robin Tan	Member	1/4	2011	9
Dr. Benjamin Tai	Member	3/4	2018	2
Reverend Dr. Eugene Yeo	Member	3/4	2018	2
Dr. Gong Ing San	Member	2/4	2002	18
Dr. Alfred Loh	Member	4/4	2005	15
Prof. Tay Boon Keng	Member	2/4	2002	18
Mr. Chan Wing Hong	Member	1/4	2009	11
Mr. Hamish Christie	Member	1/4	1986	34
Mr. Lee Cheow Seng	Member	4/4	2019	1
Elder Lee Chong Kai	Member	3/4	2011	9
Mr. Joseph Liew	Member	4/4	2019	1
Prof. John Lim	Member	3/4	2015	5
Dr. Ong Yong Wan	Member	3/4	2000	20
Miss Arasi Santhana	Member	4/4	2008	12
Mr. Tan Kian Woo	Member	3/4	2012	8
Mr. Tan Soo Kiang	Member	3/4	2004	16
Dr. Arthur Chern	Secretary of the Corporation	4/4	2012	8

- The Board was appointed on 25 April 2019 for a one-year term.
The Group Chief Executive Officer is appointed as the Honorary Secretary but does not vote at the meetings.
Attendance is indicated as the number of meetings attended over the number of meetings scheduled between 25 April 2019 to 26 March 2020.
Due to the Coronavirus Disease 2019 (COVID-19) situation, the meeting on 26 March 2020 is a meeting by circulation.
- Eleven members have served on the Board of Management for more than 10 consecutive years. The Board of Directors was of the opinion there is adequate succession for Board. In addition, their vast experience with the organisation will provide the Board with valuable insights and direction. The SAMH Governance Manual stipulates the term limits for the Board as below:
 - Two-thirds of the board members should not serve for more than 20 consecutive years.
 - At any time, no board member should serve for more than 35 consecutive years.
 Re-appointment is allowed after a lapse of at least two years.

Management Committees

ST. ANDREW'S AUTISM CENTRE

Chairman

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

Honourary Treasurer

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

Members

Mr. Chan Wing Hong
B.Sc. (Econ)

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

Reverend Barry Leong
M.A.

Mdm. Susie Lim

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

Elder Lee Chong Kai
B.A. (Otago) and B.A. (Hons.) (Victoria)

Mr. Joseph Liew
FCCA, FSQA, CISA, CFE, B.Com. (Acc.)

Dr. Alfred Loh
M.B.B.S. (S'pore), F.C.G.P. (S'pore),
F.R.C.G.P. (UK)

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

Dr. Wei Ker Chiah
M.B.B.S., M.Med. (Psych)

ST. ANDREW'S AUTISM SCHOOL

Chairman

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

Vice Chairman

RADM (Ret) Kwek Siew Jin
BBM, PPA(E), PPA(P), PBM, B.Eng. (EE),
LL.B. (Hons.), LL.M.

Treasurer

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

Secretary

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

Members

Mr. Dennis Ang
P.P.A., M.B.A., B. Eng. (Mechanical)

Ms. Veronica Ho
Masters in Education

Mr. David Alexander Ong

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

Mdm. Tay Li Ling
B.A. (Hons.), PGCE

ST. ANDREW'S COMMUNITY HOSPITAL

Co-Chairmen

Dr. Alfred Loh
M.B.B.S. (S'pore), F.C.G.P. (S'pore),
F.R.C.G.P. (UK)

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

Members

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.I. (USA)

Dr. Christopher Lien
M.B.B.S. (S'pore), M.R.C.P. (UK), F.A.M.S.,
MPA (Harvard), F.R.C.P. (Edin)

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

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)

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

Dr. Tay San San
M.Med. (Internal Med, NUS), M.R.C.P. (UK)

Reverend Daniel Tong
M.A. M.Th. (S'pore)

ST. ANDREW'S NURSING HOMES

Chairman

Elder Lee Chong Kai
B.A. (Otago) and B.A. (Hons.) (Victoria)

Members

Reverend Bertram Cheong
M.Div., BA

Dr. Chua Chi Siong
M.B.B.S., M.Med. (FM), FCFP

Assoc. Prof. Chua Hong Choon
M.Med. (Psych), M.Sc. (Health Care Mgmt)

Reverend Huang Ao You
M.Theo, M. Div., B.BA

Ms. Mary Law
B.Sc. (Nursing Mgmt)

Mr. Lee Cheow Seng
B.Acc.

Assoc. Prof. Lee Kheng Hock
M.B.B.S., M.Med. (FM), F.A.M.S., FCFPS

Assoc. Prof. Steven Lim
M.B.B.S., MRCS (A&E) (Edin), F.A.M.S., FCDMS.

Assoc. Prof. Ng Wai Hoe
M.B.B.S., M.B.A. (INSEAD), MD, FRACS,
F.A.M.S.

Reverend Jeremy Ponniah
M.B.A.

Assoc. Prof. John Wong
M.Med. (Psych), M.S.C.

Adj. Assoc. Prof. Reuben Wong
M.B.B.S., AGAF, F.R.C.P., F.A.M.S.



Other Committees

SAMH AUDIT COMMITTEE

Chairman

Mr. Andrew Goh
B.Econ.

Members

Mr. Chan Wing Hong
B.Sc. (Econ)

Mr. John Cheong
M.Sc.

Ms. Phyllis Law
M.B.A.

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

SAMH FINANCE COMMITTEE

Chairman

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

Members

Mr. Charlie Chan
M.B.A.

Mr. Daniel Chan
B.BA

Mr. Hamish Christie
Chartered Accountant (S'pore),
F.C.A. (England and Wales)

Mr. Lau Wan Keong
B.A. (Hons.)

Mr. Lee Cheow Seng
B.Acc.

Mr. Joseph Liew
FCCA, FSCA, CISA, CFE,
B.Com. (Acc)

Mr. Lim Yuan En
B.A. (Hons.) M.B.A.

SAMH HUMAN RESOURCE COMMITTEE

Chairman

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

Members

Ms. Lilian Chew
B.Sc (Econ), Dip. (Mgmt), Dip. (Mech. Eng.)

Mr. Raymond Choo
LL.B., LL.M., B.Div.

Mr. Lau Wan Keong
B.A. (Hons.)

Dr. Benjamin Tai
Ph.D.

Mrs. Audrey Teo
M.Soc.Sc. (Professional Counselling)

Reverend Yap Chee Han
M.Div.

SAMH NOMINATION COMMITTEE

Chairman

The Right Reverend Rennis Ponniah
B.Soc.Sc. (Hons.), M.Div.

Members

Mr. Andrew Goh
B.Econ.

Mr. Keith Chua
B.BA

Mr. Richard Rokmat Magnus
LL.B. (Hons.) and LL.M.

SAMH FUNDRAISING COMMITTEE

Co-Chairmen

Mr. Andrew Goh
B.Econ.

Mr. Keith Chua
B.BA

Members

Ms. Wong Kok Yee
FCCA

Mr. Charlie Chan
M.B.A.

SAMH HONORARY CONSULTANTS

Dr. Alfred Loh
M.B.B.S. (S'pore), F.C.G.P (S'pore),
F.R.C.G.P. (UK)

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

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

Management Executives

ST. ANDREW'S MISSION HOSPITAL

Group Chief Executive Officer

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.
(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., G.D.M.H. (S'pore)

ST. ANDREW'S AUTISM CENTRE

Chief Executive Officer

Mr. Dennis Ang
P.P.A., M.B.A., B.Eng. (Mechanical)

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.)

Executive Director of St. Andrew's Adult Autism Services and St. Andrew's Adult Home (Sengkang)

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

Head, Day Activity Centre (Sengkang)

Mr. Kelvin Ong
B.Ed. (SPED) (Flinders University)

Head, Day Activity Centre (Siglap)

Mr. Mike Koh
Diploma in Disability Studies

ST. ANDREW'S COMMUNITY HOSPITAL

Chief Executive Officer

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

Medical Director

Dr. Angel Lee
M.B.B.S. (S'pore), F.R.C.P. (Edin), D.P.M. (Wales),
F.A.M.S. (Geriatric Medicine, Palliative Medicine)

Director, Nursing Services

Ms. Alison Sim
S.R.N., B.H.Sc. (Nursing)

Director, Allied Health and Operations

Ms. Tan Lay Kheng
B.Sc. (Pharmacy),
M.H.Sc. (Gerontology), Dip.TM

Director, Administration and Human Resources

Mrs. Yuen-Chiew Yew Mee
S.R.N., S.C.M., I.C.C., D.T.D.M., M.E.D.

ST. ANDREW'S NURSING HOMES

Chief Executive Officer, St. Andrew's Nursing Home Cluster and Executive Director, St. Andrew's Nursing Home (Queenstown)

Mr. Chan Wah Tiong
ISCA (Chartered Accountant),
Grad Dip in Social Work

Executive Director, St. Andrew's Nursing Home (Buangkok) till 31 July 2019 and Executive Director, St. John's - St. Margaret's Nursing Home from 1 August 2019

Ms. Winnie Chan
B.Acc. (Hons.), M.Business (RMIT),
M.H.Sc. (Gerontology),
ISCA (Chartered Accountant)

Executive Director, St. Andrew's Nursing Home (Buangkok) from 1 August 2019

Ms. Cynthia Wong
B.Sc. (Estate Management) (Hons.)

Executive Director, St. Andrew's Nursing Home (Henderson)

Mr. John Chan
RN, BN (Monash)

ST. ANDREW'S SENIOR CARE

Deputy Director

Mrs. Mina Lim
B.A.Sc. (Physiotherapy), M.A.Sc. (Ex & Sport Sc.)

Corporate Governance

S/N	Code guideline	Code ID	Compliance
BOARD GOVERNANCE			
1	Induction and orientation are provided to incoming governing board members upon joining the Board.	1.1.2	Complied
2	Are there governing board members holding staff ¹ appointments? (skip items 3 and 4 if "No")		No
5	The Treasurer of the charity (or any person holding an equivalent position in the charity, e.g. Finance Committee Chairman or a governing board member responsible for overseeing the finances of the charity) can only serve a maximum of 4 consecutive years. If the charity has not appointed any governing board member to oversee its finances, it will be presumed that the Chairman oversees the finances of the charity.	1.1.7	Complied
6	All governing board members must submit themselves for re-nomination and re-appointment, at least once every 3 years.	1.1.8	Complied
7	The Board conducts self-evaluation to assess its performance and effectiveness once during its term or every 3 years, whichever time period is shorter.	1.1.12	Complied
8	Is there any governing board member who has served for more than 10 consecutive years? (skip item 9 if "No")		Yes
9	The charity discloses in its annual report the reasons for retaining the governing board member who has served for more than 10 consecutive years.	1.1.13	Complied
10	There are documented terms of reference for the Board and each of its committees.	1.2.1	Complied
CONFLICT OF INTEREST			
11	There are documented procedures for governing board members and staff to declare actual or potential conflict of interest to the Board at the earliest opportunity.	2.1	Complied
12	Governing board members do not vote or participate in decision making on matters where they have a conflict of interest.	2.4	Complied
STRATEGIC PLANNING			
13	The Board periodically reviews and approves the strategic plan for the charity to ensure that the charity's activities are in line with the charity's objectives.	3.2.2	Complied
14	There is a documented plan to develop the capacity and capability of the charity and the Board monitors the progress of the plan.	3.2.4	Complied
HUMAN RESOURCE AND VOLUNTEER MANAGEMENT			
15	The Board approves documented human resource policies for staff.	5.1	Complied
16	There is a documented Code of Conduct for governing board members, staff and volunteers (where applicable) which is approved by the Board.	5.3	Complied
17	There are processes for regular supervision, appraisal and professional development of staff.	5.5	Complied
18	Are there volunteers serving in the charity? (skip item 19 if "No")		Yes
19	There are volunteer management policies in place for volunteers.	5.7	Complied

S/N	Code guideline	Code ID	Compliance
FINANCIAL MANAGEMENT AND INTERNAL CONTROLS			
20	There is a documented policy to seek the Board's approval for any loans, donations, grants or financial assistance provided by the charity which are not part of the charity's core charitable programmes.	6.1.1	Complied
21	The Board ensures that internal controls for financial matters in key areas are in place with documented procedures.	6.1.2	Complied
22	The Board ensures that reviews on the charity's internal controls, processes, key programmes and events are regularly conducted.	6.1.3	Complied
23	The Board ensures that there is a process to identify, regularly monitor and review the charity's key risks.	6.1.4	Complied
24	The Board approves an annual budget for the charity's plans and regularly monitors the charity's expenditure.	6.2.1	Complied
25	Does the charity invest its reserves (e.g. in fixed deposits)? <i>(skip item 26 if "No")</i>		Yes
26	The charity has a documented investment policy approved by the Board.	6.4.3	Complied
FUNDRAISING PRACTICES			
27	Did the charity receive cash donations (solicited or unsolicited) during the financial year? <i>(skip item 28 if "No")</i>		Yes
28	All collections received (solicited or unsolicited) are properly accounted for and promptly deposited by the charity.	7.2.2	Complied
29	Did the charity receive donation-in-kind during the financial year? <i>(skip item 30 if "No")</i>		Yes
30	All donation-in-kind received are properly recorded and accounted for by the charity.	7.2.3	Complied
DISCLOSURE AND TRANSPARENCY			
31	The charity discloses in its annual report — (a) the number of board meetings in the financial year; and (b) the attendance of every governing board member at those meetings.	8.2	Complied
32	Are governing board members remunerated for their services to the Board? <i>(skip item 33 and 34 if "No")</i>		No
35	Does the charity employ paid staff? <i>(skip item 36, 37 and 38 if "No")</i>		Yes
36	No staff is involved in setting his own remuneration.	2.2	Complied
37	The charity discloses in its annual report — (a) the total annual remuneration for each of its 3 highest paid staff who has each received remuneration (including remuneration received from the charity's subsidiaries) exceeding \$100,000 during the financial year; and (b) whether any of the 3 highest paid staff also serves as a governing board member of the charity.	8.4	Complied
<p>The information relating to the remuneration of the staff must be presented in bands of \$100,000.</p> <p>OR</p> <p>The charity discloses that none of its paid staff receives more than \$100,000 each in annual remuneration.</p>			

No. of employees in the band of	2018	2019
\$400,001-\$500,000	2	2
\$300,001-\$400,000	1	1
\$200,001-\$300,000	8	9
\$100,001-\$200,000	81	86

S/N Code guideline

Code ID Compliance

DISCLOSURE AND TRANSPARENCY

- 38 The charity discloses the number of paid staff who satisfies all of the following criteria: 8.5 Complied
- (a) the staff is a close member of the family³ belonging to the Executive Head⁴ or a governing board member of the charity;
- (b) the staff has received remuneration exceeding \$50,000 during the financial year.

The information relating to the remuneration of the staff must be presented in bands of \$100,000.

OR

The charity discloses that there is no paid staff, being a close member of the family³, belonging to the Executive Head⁴ or a governing board member of the charity, who has received remuneration exceeding \$50,000 during the financial year.

Employees who are close members of the family of the Executive Head or board members, and whose remuneration exceeds \$50,000	No. of employee	Name of related Head or Board
\$50,001-\$100,000	1	Venerable Wong Tak Meng

PUBLIC IMAGE

- 39 The charity has a documented communication policy on the release of information about the charity and its activities across all media platforms. 9.2 Complied

Notes:

- ¹ Staff: Paid or unpaid individual who is involved in the day to day operations of the charity (e.g. an Executive Director or administrative personnel).
- ² Volunteer: A person who willingly serves the charity without expectation of any remuneration.
- ³ Close member of the family: A family member belonging to the Executive Head or a governing board member of a charity —
- (a) who may be expected to influence the Executive Head's or governing board member's (as the case may be) dealings with the charity; or
- (b) who may be influenced by the Executive Head or governing board member (as the case may be) in the family member's dealings with the charity.
- A close member of the family may include the following:
- (i) the child or spouse of the Executive Head or governing board member;
- (ii) the stepchild of the Executive Head or governing board member;
- (iii) the dependant of the Executive Head or governing board member;
- (iv) the dependant of the Executive Head's spouse or governing board member's spouse.
- ⁴ Executive Head: The most senior staff member in charge of the charity's staff.

Reserves 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 times 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 Institutions of a Public Character (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 that 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

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. A specific level of reserves could be set following an agreement between the treasurer and the finance committee, based on the following reviews done by Heads of Services with help from the Finance Manager.

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

6.0 DETERMINING THE NUMBER OF MONTHS

The Hospital will determine the number of months by employing the following formula: $(\text{Cash less restricted funds}) / \text{total expenditure} \times 12 \text{ months}$



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 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 interest 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 SAMH enters into any joint venture with external parties. Where board/committee members, staff or volunteers have an 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 the 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 and 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 or priorities. This may influence decisions relating to the allocation of resources or setting the organisation's directions. (There may be a particular programme area the board member is vested in and is biased towards.)

Conflict of Interest Policy

- Use of information to influence donors' decisions: Information accessible to board members may be used to influence donors' decision on 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: Board member may expect greater recognition for the 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.

- 3.2 Disclosure involving board members should be made to the board chair (if the Board Chair is involved in the conflict, disclosure is to be made to the Board Vice-Chair) who shall bring these matters to the Board or a duly constituted committee thereof.
- 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.

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:

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



Whistleblowing Policy

1.0 POLICY

- 1.1 St. Andrew's Mission Hospital (SAMH) is committed to a high standard of compliance to accounting, financial reporting, internal controls, corporate governance and auditing requirements and any legislation relating 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 victimisation for whistleblowing in good faith.
- 1.2 The policy is intended to conform to the guidance set out in the Code of Corporate Governance which encourages employees to raise concerns, in confidence, about possible irregularities.

2.0 REPORTABLE INCIDENTS

- 2.1 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
- Impropropriety, 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

3.0 CONFIDENTIALITY

- 3.1 The Group encourages the whistleblower to identify himself/herself when raising a concern or providing information. All concerns will be treated with strict confidentiality.
- 3.2 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
- 3.3 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 endeavour to discuss this with the whistleblower first.

4.0 HOW TO RAISE A CONCERN AND PROVIDE INFORMATION

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

5.0 HOW WILL THE GROUP RESPOND

- 5.1 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
- 5.2 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, Gifts and Services Rendered

3M Asia Pacific Pte Ltd

A

A Piamthipmanus

ACE Seniors Pte Ltd

Adam Harith B Razali

Adeldyne Zheng Shiyi

Adrian Ngoo Wei Aun

Agency For Integrated Care

Agilent Technologies

Airesearch Technology Pte Ltd

Alan Augustine Then Jit Yew

Alan Han Soon Siew

Alan Ng

Alejandra Guzman

Alice Shee

All Saints' Church

(English Congregation)

All Saints Home

Allen Tan Han Loong

Allscripts

Amelia Tan

Ammal Balkis

Amy Yuan

Ang Chew Kim

Ang Chin Guan

Ang Chin Moh Foundation

Ang Hwee Ngan

Ang Kian Siong

Ang Leong Huat Pte Ltd

Ang Suan Lian

Ang Sy-Ki

Ang Xinyi Charmayne

Anglican High School

Anjohuntle Getting Group

Ann A Nargeswari

Antony Suwaty

Anupam Pramanik

Anwar Shaikh

Apple Ang

Association for Persons with

Special Needs

Augustine Chua

B

Bank of America Merrill Lynch

Batijgon Mary Joylyn

Beiner Miyako

Bethesda (Bedok-Tampines) Church

Bethesda Community Church

Bethesda Paris Ris Church

Bey Soo Khiang

Bindi Baxi

Bindu Jaymon

Boon Sin Foon Betty

Brenda Yong Hwee Ming

British Telecommunications

Building and Construction Authority

C

C.A. Prasad

Candy Chiu Sui Chun

Cantate Domino

Cappella Martialis

Carena Chen Ying Xing

Carolyn Wong

Catharine Koh Huee Siang

Central Christian Church

Central Singapore Community

Development Council

Cha Hui Men

Chan Cheng Min Serene

Chan Chwee Fong

Chan Kam Cheong

Chan Kheng Tek

Chan Mei Yoong Leticia

Chan Meow Khin Jessie

Chan Miew Leng

Chan Su Ming Jacquelyn

Chan Wah Tiong

Chan Yong Hee

Chan Yun Wen Kay

Chang Cheng Chang

Chang Kai Chin

Chang Sook Mei

Chapel of Christ Our Hope

Chapel of Christ the King

Chapel Of Christ The Redeemer

Charlene Sim

Chee Fook Seng

Chee Wei Yen

Chen Chock Jin

Chen Fang Hua

Chen Lijun

Chen Xinmin

Cheng Teng Wai

Cheong Aven

Cheong Moon Weng Johnson

Cheong Oi Keng

Cheong Swee Kum Elaine

Chern Su Chung Arthur

Cheryl Yap

Cheung Mi Mi

Chew Hwee Boon Josephine

Chew Kai Wen

Chew Ruen Tzer Nik

Chew Swee Hoon



Acknowledgement of Donations, Gifts and Services Rendered

Chew Yong Sheng Vincent

Chew Yu Hsiang Adrienne

Chew Yvonne

Chew Zhisheng Daniel

Chia Ai Lin Linda

Chia Daphne

Chia Geok Choo

Chia Lee Meng

Chia Serh Kheong

Chia Siew Fei

Chia Suat Lay

Chia Terry

Chiang Seow Ying Linda

Children's Cove Preschool Pte Ltd

Chin Kim Lung

Chin Mei Har

Chin Siong Yoon Diana

In loving memory of Chin Swee Ying:

- Raymond Wan

Chin Wai Sum Priscilla

Ching Kwee Chin Joan

Chng Celyn

Choi Shing Kwok Larry

Chong Lai Ying Celia

Chong Yen Hwei Faith

Chong Yeong Chin Raymond

Choo Choon Sheng Raymond

Choo Kee Lim

Choo Ngan Tai Mary

Chorus D'Lite

Chow Kok Eng

Choy Yoke Chuen

Christ Methodist Church

Christina Loy

Chua Chin Yang Royston

Chua Eng Tze

Chua Esther

Chua Gek Choo Agnes

Chua Jessica

Chua Jia Ying Koe

Chua Kim Khiam

Chua Kim Moi Maggie

Chua Lee Lee

Chua Lian Ming

Chua Michael

Chua Qin Nikki

Chua Serene

Chua Yi Ethan

Chua Yong Yeow Christopher

Chung May Ching

Church Of Our Saviour

Church of Our Saviour

- CCK660 Cell

Church of Our Saviour

- 潮曲诗歌班

Church of Our Saviour

- Evergreen Fellowship

Church of Our Saviour

- Golden Ministry

Church of Our Saviour

- 救主堂 粵曲班

Church of St Teresa

Church of The Ascension

Church of the Good Shepherd

Citi Singapore

Clarence

Co Daniel Glenn

Cork Claudette Bernadette

Cornerstone Community Church

Cozy Bedding (Private) Ltd

Cynthia Neo

Cynthia Singh Nee Rarpa

Cynthia Wong Yuen Chinn

D

Dagoda Pte Ltd

Dai Yeow Hoe Hazel

David Devakumar Eliathamby

David Li

David Lim

Deepika Rajani

Deli Hub Catering Pte Ltd

Dell Global B.V. (Singapore Branch)

Deveraj Lisha

Dignity Kitchen

Dorothy Tan

D'Rozario Pancratius Joseph Penny

Dunman Secondary School

E

Eau Gek Huay Mary

Eck Pte Ltd

Edventure Books Pte Ltd

Edward Balan Menon

Edwin O Thompson

Edwin Seah

Ee Choon Sim Sylvia

Eileen Chan

Elaine Soo

Elaine Sundaram

Ellen Chua

Emily Yong

Eng Chien Jiu

Eng Siu-Lan Sibyl

Estate of Peter Lim Seng Chiang

Estate of Tan Kay Guan

Eu Yee Ming Richard

ExxonMobil

Acknowledgement of Donations, Gifts and Services Rendered

F

Far East Organization
Fiona Chong
First Cuisine Catering Pte Ltd
First School Kindergarten
Focus Search Services
Fong Chin Kou Simon
Fong Lai Mun
Foo Amy
Foo Yoke Lin
Foo Yunn Fang Karen
Food Bank Singapore
Food From The Heart
Food Republic
Foong Siew Kheng
Forest3 Design
Foucault Orlane Maelle Catherine
Fred

G

Gan Eng Seng Primary School
Gan Sze Lynn Cherlyn
Gan Tjoen Seng
Gee Siew Chin Phyllis
George Lionel NiMr.oth Dharmaraj
Geylang Adventures
- Back Alley Barbers
Gilbert Tan
Giselle Rei
Glazov Hui Qi Michelle
GM Nameplate Asia Pte Ltd
Gn Wei En Lydea
Goh Chay Hoon
Goh Chiu Hong
Goh Eileen
Goh Eng Bee (May Chan)
Goh Foundation Ltd

Goh Gek Leng Maria Erika Glen
Goh Kheng
Goh Pooi Kian
Goh Seng Tong
Goh Soon Hong
Goh Susan
Gomez Mary
Grace Methodist Church
Grace Ow Shu En
Griffin Anna
Gupta Pooja
Gwee Chai Heng
Gwee Yeow Cheng Wendy

H

Halaldogoods
Haji Abdul Wahab Bin HJ Saadun
Ham Yuke Chun
Hamish
Han Song Jing
Hanbaobao Pte Ltd
Hanbaobao Pte Ltd (McDonald's)
Hang Teck Kean
Harmonic Preschool
Harmonic Preskool @ Buangkok
Harpody Of Praise
Heng Kok Chiang
Heng Li Gek Juliet
High Commission of Canada
in Singapore
Hing Kian Hui
Hinghwa Methodist Church
Hiroko Kobayashi
His Sounds Chorale Group
Ho Jye Yee Lydia
Ho Kok Sun Kevin
Ho Kum Koon and team

Ho Lai Ann
Ho Lai Peng
Ho Sook Kee Irene
Ho Wai Chui Donna
Holy Trinity Church
Hon Kim Weng
Hong Leong Foundation
HOPE Worldwide Singapore
Hotel Yan Pte Ltd
Hougang Primary School
Huang Ao-You
Huang Ming Lei
Huang Tet On James

I

Inland Revenue Authority of
Singapore
Institute Of Mental Health
Irene Teo
Iron Nori Pte Ltd

J

J. P. Morgan
Jacquelin Chew
Janet Tang
Jannah Anwar
Jardine Onesolution (2001) Pte Ltd
Jared Foo Suan-Ji
Jasa Investigation & Security Svs PL
Jasmine Kong
Jason Ong Ka Lu
Jenny Chan
Jenny Yeo
Jerry Gwee Chee Siong
Jessie Lo En Foh
Jessie Pang
Jesus Lives Church



Acknowledgement of Donations, Gifts and Services Rendered

Jeyraj Rubyrani

Jia Bei

Jo Wong

Joanna Lee Kwai Yoke

Joe Tan

John C W Lim

John Tan Teng Wai

John Tse Nan Shing

Joseph Leong

Joseph Leong Jern-Yi

Joshua Lim Geok Hock

Judy Ang Cheng Hong

Julie Chew

Jway Ching Hua

K

Kamal Kant S/O Chhotalal

Kan Kai Kong

Kandhiah Thiruneweli Kanthiah
Sankarauraby

Kang Hwee Chew Deborah

Kao Singapore Pte Ltd

Karunakaran Darshni

Kashin Shipping Pte Ltd

Kat Ong

Kathleen Ang Ser Khee

Kaur Manpreet

Keito Engineering &
Construction Pte Ltd

Kenneth Thng Chong-Li

Keppel Land

Khaw Swee Kwang

Khoo Boon Chye Jeffrey

Khoo Nai Huay

Khoo Nya Choy Jenny

Khoo Swee Lian

Kim Chwee Eng

Kiong Hock Guan

Kleen-Pak Products Pte Ltd

Koh Ai Leng

Koh Bong Chi

Koh Eunice

Koh Kheng Koong Jenny

Koh Liak Eng Mabel (Yong Weng)

Koh Miow Lan

Koh Ngiap Joo's and True Way
Presbyterian Church Team

Koh Seow Tee

Koh Yee Loo Josephine

Koh Yew Tee

Kok Pin Chin Stanley

Koo Alvina

KPMG Singapore

KT&T Engineers and Constructors
Pte Ltd

Kuah Ann Thia

Kum Lynda

Kwan Lum Yeng

L

LA Brooy Patricia

Labman Medical Pte Ltd

Lai How Yok

Lai Kwok Wah

Lai Soon Thim Andrew

Lam Choon Fung

Lam Fong Kum Helen

Lam Hoi Thai Karen

Land Transport Authority

Lao Huo Tang Group Pte Ltd

LASALLE College of the Arts

- MA Art Therapy Programme

Lau Caris

Lau Chee Peng

Lau Keok Fong Tricia

Lau Leng Leng

Lau Nai Meng David

Lau Siu Yung

Lau Wee Teck

Law Hannah

Law Xin Ying Natalie

Laxmi Narayan Naik

Lee Chong Kai

Lee Ee Hui

Lee Foundation

Lee Guan Sin

Lee Heng Lan Margarette

Lee Ho Choo Janice

Lee Hock Tee Helen

Lee Hong Yew

Lee Khee Mui

Lee Khiok Meng

Lee Kim Tah Foundation

Lee Lai Jeng Alice

Lee Lay Eng Janice

Lee Lee Chu

Lee Mei Lan

Lee Mei Yoke Lydia

Lee Onn Kei Angel

Lee Poh Chan

Lee Sang Min

Lee Shao Mei Janice

Lee Shi Hui

Lee Soo Ann

Lee Swee Eng Angie

Lee Sze Chin

Lee Sze Ling Linda

Lee Wang Ling

Lee Wee Fong

Lee Wei Kang

Lee Wei Yung

Lee Woon Shiu

*Acknowledgement of Donations,
Gifts and Services Rendered*

Lee Yin Tze
 Lee Yoke Fong
 Lee Yoke Ling Josephine
 Lee Zheng Jun Dexter
 Legion Of Mary OLPS
 Leng Yeow Kwang
 Leong Alice
 Leong Chee Weng Sammy
 Leong Choy Mung Clementina
 Leong Ian Shya
 Leong Keng Hong
 Leong Poh Yin
 Leong Su Ling Evelyn
 Leong Ying Eng
 Leong Yoke Yuh Mabel
 Leong Yu Mun Benedict
 Leow Siew Kim
 Les Amis Group
 Leung Sau Lin
 Lew Chee Beng
 Lew Foundation
 Lew Hooi Hooi
 Li Gregory
 Liang Mei Hui Prisca
 Liao Cheng Mee James
 Liao Shu Mee Joanna
 Liew Hong Yin
 Liew May Ho
 Liew May Yuen Winnie
 Liew Yuen Loong
 Lily Lie
 Lim Bao Cheng
 Lim Chee Beng Albert
 Lim Chew Peng Linn
 Lim Chew Ting
 Lim Hon Tee
 Lim Hong Mun, Desmond

Lim Huixian Hannah
 Lim Joyce
 Lim Kek Wah
 Lim Kok Cheng
 Lim Kwee Choon
 Lim Li Li
 Lim Lucia
 Lim Meng Siang
 Lim Ming-Hui Andrew
 Lim Noern Roey
 Lim Peace
 Lim Shi Ming Bryan
 Lim Si Sing Janna Pauline
 Lim Siok Feng Jeslyn
 Lim Yee Fong Joan
 Lim Yee Ling Elaine
 Lin Kok On
 Lin Lian Huay
 Lindis Seng
 Liu Jia Yan
 Lock Yan Bing
 Loh Buck Lan Evangeline
 Loh Clara
 Loh Hong Eng Julianne
 Loh Hwee Ching Ericca
 Loh Lye Yeng
 Loh Mee Yee
 Loh Wah Kay
 Loh Yik Hin
 Loi Suan Fung (Jessie)
 Loke Yuen Kin Ruby
 Long Joyce
 Loo Kim Lian
 Louis Tay Seng Kong
 Low Eik Miang Sylvia
 Low Kah Tzay
 Low May Leng

Low Oo Hwa
 Low Poh Sim
 Low Suyin Madelien
 Low Xiao Wei
 Lucero Angelito Barolome
 Luke Chew

M

Mak Soon Yeow Margaret
 Marine Parade Christian Centre
 Martha Makaluas
 Martin Sng Aik Pong
 Maurice Tan Huck Liang
 May Chia
 May Myo Han Sandra
 May Myo Hein Sandy
 Megan Realty Consultants Pte Ltd
 Melanie Ng
 Michael Chan Meng San
 Michelle Ng
 Miko Low
 Mildred Koh
 MINDS - Lee Khong Chian Gardens
 School
 Ministry of Environment & Water
 Resources
 Mohammad Ishraf
 Mohandas Shereen
 Mok Boon Heng
 Mok Peck Yim
 Mok Seow Boon
 Moslimah
 Muis
 Muthalu D/O Subramaniam Sabrina
 My First Skool



Acknowledgement of Donations, Gifts and Services Rendered

N

Na Huwe Tang Eddie
National Heritage Board
National Skin Centre
National Volunteer & Philanthropy
Centre
Neelakandan Rakavan Paul
Neo Day Hoon
Neo Gek Lin Esther
Neo Wee Eek
Neu Industries Pte Ltd
New Creation Church
New Creation Church
- 374 Champions
New Creation Church
- Telok Kurau Cell Group
New Town Care Hut
New Town Primary School
New Yi Tian
NeXT Career Consulting Group, Asia
Ng Aik Hong
Ng Chee Yian
Ng Eik Ghee Victor
Ng Fook Lam
Ng Geok Lan Wendy
Ng Kar Kwan Sandra Joanne
Ng Sui Mui Nancy
Ng Teck Heng Raymund
Ng Thiam Aik Frank
Ng Tong Hoi
Ng Wang Feng
Ng Wee Cheng Doris
Ng Yew Keow
Ng Yue Han Jared
Ngeo Chay Hoon

Ngiam Shih Chun
Niangngaihlan
Niharika Mariwala
Nike Singapore Pte Ltd
Noorayah Aliasgar Moochhala
Norman Ho Kok Beng
Norman Matthews
Nosh Cuisine Pte Ltd
Nur Maisarah Binte Burhanuddin
Nyeo Phway Hang

O

Oasia Hotel Novena
Ode to Art
OMF Singapore Ltd
Ong Bee Bee
Ong Bok Ai
Ong Hong Yi
Ong Hui Hoon
Ong Janice
Ong Kang Rong Clement
Ong Leong Poh
Ong Sian May
Ong Sui Fang
Ong Tok Eng
Ong Yang Peng
Ong Yue Lie Merrilyn
Oo Seow Choon
Ooi Lei Shi
Ooi Yu Lin
OUE Foundation

P

Pan Pacific Hotel Groups
Parkway Trust Management Limited
Pasir Ris East Zone D
Patricia Ho Fong Ooi
Patrick Yau Hoe Kiat
Pauline Chew
PCF Sparkletots Preschool
@ Telok Blangah Blk 44
Peh Eng Kiat
Pentecost Methodist Church
Perfect Harmony
Pero Chin Chwee Ellen
Phoenix Beauty
Phua Lay Peng Denise
Phua Zhi Ping
Phuang Yu Han Justicia
Pickens Dorothy Ellen
Planet Asia Pte Ltd
Poh Book Eang
Poh Ming Hui Elsie
Poh Soo Kin Marilyn
Poon Lai Chun
PPP Coffee
Praveen Jain
Psalm 84
Pun Miang Teo Jeffery

*Acknowledgement of Donations,
Gifts and Services Rendered*

Q

Q'son Kitchen Equipment
Queenstown Baptist Church
Queenstown Primary School
Queenstown Secondary School
Queensway Secondary School
Queensway Secondary School
- Boys' Brigade (61st Coy)
Quek Florence
Quek Grace
Quek Leng Kee Ronald
Quick Loan Pte Ltd
Quo Kah Poh

R

Raffles Student Care Centre
Raffles Student Care Centre LLP
Rainbow Center (Yishun Park)
Rajendran Anitharaj
Raw Substance Pte Ltd
RedDot Orchard Pte Ltd
Refresh Flowers
Rennis Ponniah
Richard Lim
Richard Lim Ngak Kwan
Rock Sanctuary
Rodney Lee
Rosemary Wong
Rosna Binte Abdul Jalil
Rosni
Roy Monoj Kumar

S

Sabine
Sakuntala D/O Arunasalam Sarah
Sandeep Suri
Sang Enterprises Pte Ltd
Sarah Mo Kee Fong
Sarah Teo Ek Ling
Sarani Binte Omar
Satinah Binti Rasidi
SCDF Sentosa Fire Station
Selvaraj Niranjana
Seow Albert
Seow Jean Lin
Seow Se Ling Serene
Serene Land Pte Ltd
Setoh Lai Kuen Cynthia
Shamala Gopalakrishnan
Shannon Tan
Shiyue Hulusi Ensemble
Shiyue Ocarina Ensemble
Sie Family
Siglap South Zone 1
Neighbourhood Committee
Sim Devadas Ai Ling
Sim Guek Kwee
Sim Jie Min Jermaine
Sim Luang Kim
Sing See Soon Floral &
Landscape Pte Ltd
Singapore Mercy Mission Group
Singapore Press Holdings Ltd
Singapore Repertory Theatre
Singapore Soka Association
Singapore Sugar Traders
Association Ltd

Singapore Tai Guan Ong Clan
Education Trust
Soh Jun Ying Gavin
Soh Siew Hong Angeline
Soh Sun Oh
Song Khong Choo
Song Kim Huat Johnny
Southaven Boutique Pte Ltd
Sparkle Tots Preschool PCF
Sparkletots Preschool
Sipriya Subramaniam
Splendid Properties Pte Ltd
Srinivasan Kaushik Baburamoni
St. Andrew's Cathedral
St. Andrew's Cathedral
- Harpsody of Praise
St. Andrew's Cathedral
- Silver Strings
St. Andrew's Cathedral
(Mandarin Congregation)
St. Andrew's Cathedral
Golden Voices
St. Andrew's Cathedral
- Chinese Ministry
St. Andrew's City Church
St. Andrew's Community Chapel
(English Congregation)
St. Andrew's Junior College
St. Andrew's Secondary School
St. George's Church
St. Hilda's Church
St. Hilda's Primary School
St. Hilda's Secondary School
St. James' Church
St. John's - St. Margaret's
(Chinese Congregation)



Acknowledgement of Donations, Gifts and Services Rendered

St. Margaret's Secondary School
St. Matthew's Church
Standard Chartered Bank
(Singapore) Ltd
Steven Yong
Steward Cross Pte Ltd
Sunshine Arts & Culture
Suppiah Pusparani Evelyn
Suraya Binte Abdullah
Suzanna Yean
Synthech Chemical Pte Ltd

T

T K Udainam
Tabac Patrick Jason Palad
Tan Adeline
Tan Ah Ngoh Doris
Tan Ah Song Betty
Tan Ai Min / Matthew Yik
Tan Alicia
Tan Bee Bee
Tan Chiew Boi Alison Anne
Tan Chong Meng
Tan Choon Bee
Tan Choon Tee Ronnie
Tan Chuan Pei Sylvia
Tan Eng Kek
Tan Eng Teng Marc
Tan Geok Lee Florence
Tan Gim Kuan
Tan Guat Sim Dora
Tan Hsuan Heng
Tan Hui Ping Julia
Tan Koong Soon
Tan Lee Chiang
Tan Lee Judy
Tan Lee Seng Thomas
Tan Li Chuan Emily

Tan Li Tong
Tan Lick Meng
Tan Lyn
Tan May
Tan Melorie Rose
Tan Meow Huang
Tan Nee Cheok Jeannie
Tan Nigap Kwee
Tan Peck Lang
Tan Rachel
Tan Saw Looi
Tan Seng Koon William
Tan Seok Seng
Tan Si Ying Sarah
Tan Siew Hong
Tan Siew Peng
Tan Sock Hwa
Tan Sock Kim
Tan Suat Tin
Tan Suet Wah
Tan Swee Kheng Charlotte
Tan Teng Ho
Tan Tian Tjian
Tan Wee Kiat
Tan Wee Sim
Tan Xuan Bryan
Tan Yeow Khim (Bey)
Tan Yin Kiat Glenn
Tan Yong Hwee
Tan-Cheong Yew Tze Ruth
Taneja Rhea
Tang Kam Tong
Tang Kum Ying
Tang Mui Hia
Tang Mun Leong
Tara Burns
Tarun Suri
Tat Hwa (1969) Pte Ltd

Tay Beatrice
Tay Cheng Choo
Tay Chiew Geok
Tay Chin Hiang Monica
Tay Clarence
Tay Hsiang Kee
Tay Hui Gek Linda
Tay Hui Song
Tay Kim Poh
Tay Lay Yen
Tay Magdalene
Tay Siew Boon
Tay Siew Choon
Tay Teck Kwang
Team Salon
Tee Wee Sien
Temasek Polytechnic
Temasek Secondary School
Teng Chee Tong
Teng Kiam Leng
Teo Ban Guan
Teo Celeste
Teo Chew Kwee
Teo Desmond
Teo Maggie
Teo Siew Choo Peggy
Teo Suat Eng Angeline
Teo Teik Loon
Teresa Chan
Tetiana Kuznetsoua
Tham Beng Kiong
The Achievers
The Children's Charities Association
of Singapore

Acknowledgement of Donations, Gifts and Services Rendered

The Community Foundation of Singapore	Wong Fei Joo	Yeo Bee Teck Evelyn
The Diocese of Singapore	Wong Jin Yuan Eugene	Yeo Khirn Hin Andrew
The Esplanade Co Ltd	Wong Kwai Foon	Yeo Kok Hoo Shawn
The Food Bank Singapore	Wong Mee Tin Cynthia	Yeo Siew Kim
The Grace, Shua and Jacob Ballas II Charitable Trust	Wong Set Yung Lily	Yeo Siow Pin
The Mui Luang	Wong Siew Thim	Yeo Tee Wah
The Presbyterian Church in Singapore	Wong Soon Inn	Yeoh Boon Keng Tony
The Social Co.	Wong Soon Jong Adeline	Yik Lai Peng
The TENG Company	Wong Swee Choo	Yip Chee Hung
Thomas Lek Ngee Kwee	Wong Teck Ang Betty	Yishun Christian Church (Anglican)
TLG Technology Pte Ltd	Wong Teck Cheung	Yishun Christian Church (Anglican) (Chinese Congregation)
Toh Janice	Wong Teck Leong	YM Holdings Pte Ltd
Toh Kheng Cheng	Wong Yee Chin	YMCA Student Care Centre @ Simei
Toh Ting Ru Vanessa	Wong Yoke Ching	Yong Ching Fah Eric
Touching Hearts	Wong Yoon Lin	Yong Hwee Ming Brenda
Traxx Trading Pte Ltd	Wong ZheQian	Yong Siew Kian Caroline
Trixie Chin	Woo Lai Kwan Sara	You Wee Wah
Tso Yin Yin Teresa	Wu Bang Wen	You Yu Qing Sarah Ann
	Wunderman Thompson	You Yuan Han Henry
	Wunderman Thompson Singapore	Yu Qian
V	X	Yu Yu Chiu Kairos
Vasantha Devi D/O K Krishnamurthi	Xandar Capital Pte Ltd	Yum! Asia Franchise Pte Ltd
Vianney Han Yong Siew	Xu Song Qing	Yum! Brands Inc
Vijendran Alfreds	Xue Ling	Yvonne Yin
Voon Haen Lim Violet	许月娇	
W	Y	Z
Wee Bee Eng	Yam Mern Wen	Zhao Xiaoshu
Wee Kah Hua	Yang and Dancers	Zhao Yi
Wei Faith	Yang Sik San	Zion Bishan Bible-Presbyterian Church
Wesley Methodist Church	Yap Kristine Ann	
William Ow Gam Biu	Yap Mei Chan Rachel	
William Yip	Yap Soon Ee Jenny	
Willis Towers Watson	Yeap Swee Seng	
Wong Chein Mong David	Yee Sandra	
Wong Chu Yi Cloey	Yee Xianfang Jolene	

FINANCIAL STATEMENTS
YEAR ENDED 31 DECEMBER 2019

Unique Entity Number: T08CC3017C

Address: 8 Simei Street 3, Singapore 529895

Bankers: Development Bank of Singapore Limited
Hongkong and Shanghai Banking Corporation Limited
Hong Leong Finance Limited
Standard Chartered Bank (Singapore) Limited
United Overseas Bank Limited

Auditor: KPMG LLP



If you would like to have a full copy of SAMH 2019 Audit Report, you may wish to:

- Email your request to samh@samh.org.sg
- Download from our website www.samh.org.sg/annual-report/
- Scan the QR code with your smartphone to download it



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

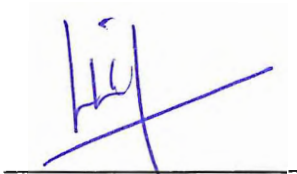
Annual Report
Year ended 31 December 2019

Statement by Board of Management

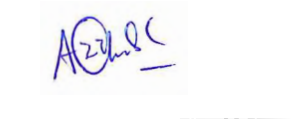
In our opinion, the financial statements set out on pages FS1 to FS48 are drawn up to present fairly, in all material respect, the financial position of the Hospital as at 31 December 2019 and the financial activities, changes in funds and cash flows of the Hospital for the year ended on that date in 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.

On Behalf of the Board

A handwritten signature in blue ink, appearing to be 'Lee', written over a horizontal line.

Mr Lee Chew Chiat
Hon. Treasurer

A handwritten signature in blue ink, appearing to be 'Arthur Chern', written over a horizontal line.

Dr Arthur Chern
Secretary

26 March 2020



KPMG LLP
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Independent auditors' report

Members of the Hospital
St. Andrew's Mission Hospital

Report on the audit of 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 2019, 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 FS48.

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 Singapore Financial Reporting Standards ("FRSs") so as to present fairly, in all material respects, the state of affairs of the Hospital as at 31 December 2019 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 contained in the annual report. Other information is defined as all information in the annual report other than the financial statements and our auditors' report thereon.

We have obtained all other information prior to the date of this auditors' report.

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', written over a large, stylized 'K' that is part of the KPMG logo.

KPMG LLP
*Public Accountants and
Chartered Accountants*

Singapore
26 March 2020

Balance sheet
As at 31 December 2019

	Note	2019 \$'000	2018 \$'000
Non-current assets			
Property, plant and equipment	4	54,879	46,800
Right-of-use assets	5	14,232	11,495
Investment property	6	7,729	7,993
		<u>76,840</u>	<u>66,288</u>
Current assets			
Inventories	7	309	289
Trade and other receivables	8	30,687	30,792
Prepayment		454	407
Cash and cash equivalents	9	74,216	55,198
		<u>105,666</u>	<u>86,686</u>
Total assets		<u>182,506</u>	<u>152,974</u>
Non-current liabilities			
Tenants' deposits received		208	77
Other payable	11	1,291	–
Deferred government grants/donations	10	60,911	56,112
Lease liabilities	5	10,750	8,740
		<u>73,160</u>	<u>64,929</u>
Current liabilities			
Trade and other payables	11	11,445	9,327
Tenants' deposits received		76	181
Other deposits received		1,111	1,116
Lease liabilities	5	3,633	2,844
		<u>16,265</u>	<u>13,468</u>
Total liabilities		<u>89,425</u>	<u>78,397</u>
Net assets		<u>93,081</u>	<u>74,577</u>
Reserves and funds			
General fund		67,728	49,440
Restricted funds	12	25,353	25,137
Total reserves and funds		<u>93,081</u>	<u>74,577</u>

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

Statement of financial activities
(including income and expenditure account)
Year ended 31 December 2019

	Note	2019			2018		
		General Fund \$'000	Restricted Funds \$'000	Total \$'000	General Fund \$'000	Restricted Funds \$'000	Total \$'000
Income							
Amortisation of deferred government grants/donations	10	5,757	—	5,757	5,871	—	5,871
Utilisation of deferred government grants/donations	10	4,918	832	5,750	3,379	—	3,379
Course attendance fees and other training income		—	—	—	1	—	1
Income from Day Activity Centre & School		1,923	—	1,923	1,639	—	1,639
Interest income	13	518	—	518	170	—	170
Land rent subsidy		4,047	—	4,047	3,689	—	3,689
Membership subscriptions		—	—	—	1	—	1
Rental income and service charge income		930	58	988	1,018	19	1,037
Voluntary income							
- Donations in cash (tax deductible)	14	2,151	1,425	3,576	2,529	854	3,383
- Donations in cash (non-tax deductible)	14	769	617	1,386	622	533	1,155
- Donations in kind (non-tax deductible)	14	103	—	103	58	—	58
Government grants		65,952	2,580	68,532	56,879	1,048	57,927
Ward and outpatient clinic fees	15	31,533	—	31,533	27,192	—	27,192
Other income		3,204	5	3,209	4,340	9	4,349
Total incoming resources		121,805	5,517	127,322	107,388	2,463	109,851

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 2019

	Note	2019			2018		
		General Fund \$'000	Restricted Funds \$'000	Total \$'000	General Fund \$'000	Restricted Funds \$'000	Total \$'000
Expenditure							
Administration expenses		(3,986)	(31)	(4,017)	(3,859)	(257)	(4,116)
Building services, maintenance and building management		(266)	(58)	(324)	(280)	(38)	(318)
Depreciation of investment property	6	(264)	–	(264)	(264)	–	(264)
Depreciation of property, plant and equipment	4	(6,140)	–	(6,140)	(5,868)	–	(5,868)
Depreciation of right-of-use assets	5	(3,385)	–	(3,385)	(2,889)	–	(2,889)
Employee benefits expense	17	(70,500)	(3,789)	(74,289)	(66,026)	(1,376)	(67,402)
Interest expense on lease liabilities	5	(237)	–	(237)	(204)	–	(204)
Fund-raising expenses		(216)	(2)	(218)	(138)	–	(138)
Medical supplies and services		(9,292)	(11)	(9,303)	(8,351)	(40)	(8,391)
Reversal of/(impairment loss) on trade receivables	19	80	–	80	(348)	–	(348)
Operating lease expense		(5)	–	(5)	(6)	–	(6)
Training supplies and services		(1,301)	(2)	(1,303)	(474)	(572)	(1,046)
Other operating expenses		(7,801)	(1,624)	(9,425)	(8,705)	(180)	(8,885)
Total resources expended		(103,313)	(5,517)	(108,830)	(97,412)	(2,463)	(99,875)
Surplus for the year		18,492	–	18,492	9,976	–	9,976

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 2019

	Note	General Fund	
		2019 \$'000	2018 \$'000
Surplus from:			
St. Andrew's Mission Hospital (Headquarter and St. Andrew's Centre)	18(a)	716	741
- St. Andrew's Community Hospital	18(b)	7,611	4,719
- St. Andrew's Autism Centre	18(c)	1,653	1,607
- St. Andrew's SJSM Nursing Home	18(d)	12	43
- St. Andrew's Nursing Home (Buangkok)	18(e)	3,398	1,581
- St. Andrew's Nursing Home (Henderson)	18(f)	1,750	—
- St. Andrew's Nursing Home (Queenstown)	18(g)	3,352	1,285
		<u>18,492</u>	<u>9,976</u>

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

Statement of changes in funds
Year ended 31 December 2019

		SACH							Restricted Funds SAAC									
		General Fund	Capital Replacement Fund	SANH(H)-Start-up & operation Fund	SANH(Q)-Start-up & operation Fund	Far East Organization Fund	ACI Fund	Other Funds	Building Fund	Capital Fund	Other Funds	SANH(B) - Other Funds	SJSM Nursing Home Building Fund	Chaplaincy Fund	SANH(H)-Other Funds	Total Restricted Funds	Total Funds	
	Note	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	
Balance at 1 January 2019		49,440	4,094	1,480	1,649	9,241	1,254	68	126	471	1,318	248	5,111	77	—	25,137	74,577	
Surplus for the year	18	18,492	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18,492	
Movement in funds																		
Donation and government grants																		
Donations in cash (Tax deductible)	14	—	—	—	—	1,000	—	—	—	—	988	55	345	—	50	2,438	2,438	
Donations in cash (Non-tax deductible)	14	—	—	—	—	—	—	20	—	—	—	13	2	706	—	741	741	
Government grants		—	—	—	—	—	—	2,600	—	—	—	—	—	—	3	2,603	2,603	
Other income		—	—	—	—	175	—	1	—	—	—	4	—	5	—	185	185	
		—	—	—	—	1,175	—	2,621	—	—	988	72	347	711	53	5,967	5,967	
Utilisation of funds		—	(58)	(280)	(449)	—	(41)	(2,600)	—	—	(1,484)	(1)	—	(602)	(2)	(5,517)	(5,517)	
Net movement in funds before transfer to deferred income																		
		—	(58)	(280)	(449)	1,175	(41)	21	—	—	(496)	71	347	109	51	450	450	
Transfer to deferred government grants/donation																		
	10	—	—	—	—	—	(218)	—	—	—	—	(220)	—	—	—	(438)	(438)	
Net movement in funds																		
		—	(58)	(280)	(449)	1,175	(259)	21	—	—	(496)	(149)	347	109	51	12	12	
Gross transfer between funds																		
		(204)	204	—	—	—	—	—	—	—	—	—	—	—	—	204	—	
Balance at 31 December 2019																		
	12	67,728	4,240	1,200	1,200	10,416	995	89	126	471	822	99	5,458	186	51	25,353	93,081	

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

Statement of changes in funds (cont'd)
Year ended 31 December 2019

	Note	Restricted Funds														
		SACH						SAAC								
		General Fund \$'000	Capital Replacement Fund \$'000	SANH(H) - start-up & operation Fund \$'000	SANH(Q) - start-up & operation Fund \$'000	Far East Organization Fund \$'000	ACI Fund \$'000	Other Funds \$'000	Building Fund \$'000	Capital Fund \$'000	Other Funds \$'000	SANH(B) - Other Funds \$'000	SJSM Nursing Home Building Fund \$'000	Chaplaincy Fund \$'000	Total Restricted Funds \$'000	Total Funds \$'000
Balance at 1 January 2019		39,668	3,909	1,654	1,649	8,100	1,696	67	126	471	1,791	248	4,757	200	24,668	64,336
Surplus for the year	18	9,976	—	—	—	—	—	—	—	—	—	—	—	—	—	9,976
Movement in funds																
Donation and government grants																
Donations in cash (Tax deductible)	14	—	—	—	—	1,000	138	—	—	—	100	—	368	—	1,606	1,606
Donations in cash (Non-tax deductible)	14	—	—	—	—	—	2	2	—	—	—	—	—	407	411	411
Government grants		—	—	—	—	—	—	1,042	—	—	—	—	5	—	1,047	1,047
Other income		—	—	—	—	141	—	1	—	—	—	2	—	7	151	151
		—	—	—	—	1,141	140	1,045	—	—	100	2	373	414	3,215	3,215
Utilisation of funds		—	(19)	(174)	—	—	(95)	(1,044)	—	—	(573)	(2)	(19)	(537)	(2,463)	(2,463)
Net movement in funds before transfer to deferred income		—	(19)	(174)	—	1,141	45	1	—	—	(473)	—	354	(123)	752	752
Transfer to deferred government grants/donation	10	—	—	—	—	—	(487)	—	—	—	—	—	—	—	(487)	(487)
Net movement in funds		—	(19)	(174)	—	1,141	(442)	1	—	—	(473)	—	354	(123)	265	265
Gross transfer between funds		(204)	204	—	—	—	—	—	—	—	—	—	—	—	204	—
Balance at 31 December 2019	12	49,440	4,094	1,480	1,649	9,241	1,254	68	126	471	1,318	248	5,111	77	25,137	74,577

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

Statement of cash flows
Year ended 31 December 2019

	Note	2019 \$'000	2018 \$'000
Cash flows from operating activities			
Surplus for the year		18,492	9,976
Adjustments for:			
Amortisation of deferred government grants/donations	10	(5,757)	(5,871)
Depreciation of investment property	6	264	264
Depreciation of property, plant and equipment	4	6,140	5,868
Depreciation of right-of-use assets	5	3,385	2,889
Interest income	13	(518)	(170)
(Reversal of)/impairment loss on trade receivables	19	(80)	348
Loss on disposal of property, plant and equipment		3	4
		<u>21,929</u>	<u>13,308</u>
Changes in working capital:			
Inventories		(20)	6
Trade and other receivables		(215)	(14,787)
Prepayment		(47)	(2)
Trade and other payables		4,700	572
Government grants received in advance		—	(783)
Tenant and other deposits received		21	175
Utilisation of funds for operating activities		(11,267)	(5,842)
Government grants received and recognised in deferred grants	10	15,474	11,425
Donations received and recognised in restricted funds	14	3,179	2,017
Government grants received and recognised in restricted funds		2,165	560
Other income received and recognised in restricted funds		185	151
Interest paid on lease liabilities	5	237	204
Net cash from operating activities		<u>36,341</u>	<u>7,004</u>
Cash flows from investing activities			
Interest received		459	137
Purchase of property, plant and equipment	4	(14,222)	(5,881)
Net cash used in investing activities		<u>(13,763)</u>	<u>(5,744)</u>
Cash flows from financing activity			
Repayment of lease liabilities	5	(3,560)	(3,004)
Net cash used in financing activity		<u>(3,560)</u>	<u>(3,004)</u>
Net increase/(decrease) in cash and cash equivalents		19,018	(1,744)
Cash and cash equivalents at 1 January		55,198	56,942
Cash and cash equivalents at 31 December	9	<u>74,216</u>	<u>55,198</u>

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 26 March 2020.

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 with Unique Entity Number T08CC3017C.

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

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

The principal activity of the St. Andrew's Community Hospital ("SACH") at 8 Simei Street 3, Singapore 529895, is to provide inpatient rehabilitative care, sub-acute care and palliative care. As at 31 December 2019, SACH had 270 beds (2018: 261 beds) in service. SACH also provides community care through its Day Rehabilitation Centre, Senior Care Centres, Home Care Services and primary care through its Hospital Clinic at 8 Simei Street 3, Singapore 529895 and 1 Elliot Road, Singapore 458686. The clinic at Simei provides mobile clinic services to patients-in-need in the community. SACH's Community Therapy Services provides physiotherapy and occupational therapy in St. Andrew's Nursing Homes and St. Andrew's Senior Care Centres.

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 Ministry of Social and Family Development (MSF) has appointed St. Andrew's Autism Centre as operator of an Adult Disability Home with a co-located Day Activity Centre. St. Andrew's Adult Home (Sengkang) has commenced operation in April 2019.

The principal activity of the St. Andrew's Nursing Home (Buangkok) ("SANH(B)") at 60 Buangkok View, Singapore 534012, is to provide nursing and rehabilitation care for residents with dementia and psychiatric conditions. The 300-bed nursing home provides a safe and rehabilitative environment for residents to allow them to receive quality care and recover to their fullest potential.

The principal activity of the St. Andrew's Nursing Home (Henderson) ("SANH(H)") at 303 Henderson Road, Singapore 108925, is to provide nursing and rehabilitation care, senior care, and home care services. The 255 bed nursing home (including 3 isolation beds) provides skilled nursing and rehabilitation for residents 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 senior care centre is also co-located with the nursing home to serve the elderly residing in the vicinity. The official admission of the first resident was on 13 February 2017.

The principal activity of the St. Andrew's Nursing Home (Queenstown) ("SANH(Q)") at 11 Jalan Penjara Road, Singapore 149380, is to provide nursing and rehabilitation care, senior care, and home care services. The 297 bed nursing home (including 5 isolation beds) provides skilled nursing and rehabilitation for residents 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 senior care centre is also co-located with the nursing home to serve the elderly residing in the vicinity. The official admission of the first resident was on 17 April 2017.

The principal activity of the St. Andrew's SJSM Nursing Home ("SJSM") at 30 Dover Avenue, Singapore 139790, is to provide nursing and rehabilitation care, senior care, and home care services. The 273-bed nursing home will be integrated within a campus that includes a senior day care centre and a childcare centre. Collectively named SJSM Village, the campus will feature spaces and programmes that facilitate and nurture intergenerational connectivity and activities, with the aim of improving the quality of life for both seniors and pre-schoolers. Construction for St. John's - St. Margaret's Nursing Home at Dover Avenue began in March 2018 and is expected to begin operations in 2020.

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 FRSs 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 included in the following notes:

- Note 4 – depreciation and residual value of property, plant and equipment
- Note 5 – lease term: whether Hospital is reasonably certain to exercise extension options
- Note 6 – valuation of investment property
- Note 19 – measurement of ECL allowance for trade and other receivables: key assumptions in determining the weighted-average loss rate

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 transactions. Monetary assets and liabilities denominated in foreign currencies at the reporting date are translated 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 translation 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 bringing the assets to a working condition for their 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 Right-of-use assets (ROU) and lease liabilities

At inception of a contract, the Hospital assesses whether a contract is, or contains, a lease. A contract is, or contains, a lease if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration. To assess whether a contract conveys the right to control the use of an identified asset, the Hospital uses the definition of a lease in FRS 116.

- the contract involves the use of an identified asset - this may be specified explicitly or implicitly, and should be physically distinct or represent substantially all of the capacity of a physically distinct asset. If the supplier has a substantive substitution right, then the asset is not identified;
- the Hospital has the right to obtain substantially all of the economic benefits from use of the asset throughout the period of use; and
- the Hospital has the right to direct the use of the asset. The Hospital has this right when it has the decision-making rights that are most relevant to changing how and for what purpose the asset is used. In rare cases where the decision about how and for what purpose the asset is used is predetermined, the Hospital has the right to direct the use of the asset if either:
 - the Hospital has the right to operate the asset; or
 - the Hospital designed the asset in a way that predetermines how and for what purpose it will be used.

(i) When the Hospital is a lessee

The Hospital recognises a right-of-use asset and a lease liability at the lease commencement date. The right-of-use asset is initially measured at cost, which comprises the initial amount of the lease liability adjusted for any lease payments made at or before the commencement date, plus any initial direct costs incurred and an estimate of costs to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located, less any lease incentives received.

The right-of-use asset is subsequently depreciated using the straight-line method from the commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term. The estimated useful lives of right-of-use assets are determined on the same basis as those of property and equipment. In addition, the right-of-use asset is periodically reduced by impairment losses, if any, and adjusted for certain remeasurements of the lease liability.

The lease liability is initially measured at the present value of the lease payments that are not paid at the commencement date, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the Hospital's incremental borrowing rate. Generally, the Hospital uses its incremental borrowing rate as the discount rate.

Lease payments included in the measurement of the lease liability comprise the following:

- fixed payments, including in-substance fixed payments;
- variable lease payments that depend on an index or a rate, initially measured using the index or rate as at the commencement date;

- amounts expected to be payable under a residual value guarantee; and
- the exercise price under a purchase option that the Hospital is reasonably certain to exercise, lease payments in an optional renewal period if the Hospital is reasonably certain to exercise an extension option, and penalties for early termination of a lease unless the Hospital is reasonably certain not to terminate early.

The lease liability is measured at amortised cost using the effective interest method. It is remeasured when there is a change in future lease payments arising from a change in an index or rate, if there is a change in the Hospital's estimate of the amount expected to be payable under a residual value guarantee, or if the Hospital changes its assessment of whether it will exercise a purchase, extension or termination option or if there is a revised in-substance fixed lease payment.

When the lease liability is remeasured in this way, a corresponding adjustment is made to the carrying amount of the right-of-use asset, or is recorded in income and expenditure if the carrying amount of the right-of-use asset has been reduced to zero.

Short-term leases and leases of low-value assets

The Hospital has elected not to recognise right-of-use assets and lease liabilities for short-term leases that have a lease term of 12 months or less and leases of low-value assets. The Hospital recognises the lease payments associated with these leases as an expense on a straight-line basis over the lease term.

(ii)

When the Hospital is a lessor

At inception or on modification of a contract that contains a lease component, the Hospital allocates the consideration in the contract to each lease component on the basis of their relative stand-alone prices.

When the Hospital acts as a lessor, it determines at lease inception whether each lease is a finance lease or an operating lease.

To classify each lease, the Hospital makes an overall assessment of whether the lease transfers substantially all of the risks and rewards incidental to ownership of the underlying asset. If this is the case, then the lease is a finance lease; if not, then it is an operating lease. As part of this assessment, the Hospital considers certain indicators such as whether the lease is for the major part of the economic life of the asset.

The Hospital recognises lease payments received under operating leases as income on a straight-line basis over the lease term as part of 'rental income'.

3.4 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 income and expenditure. 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 (viii).

3.5 Financial instruments

(i) **Recognition and initial measurement**

Non-derivative financial assets and financial liabilities

Trade receivables issued are initially recognised when 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.

A financial asset (unless it is a trade receivable without a significant financing component) or financial liability is initially measured at fair value plus, for an item not at FVTPL, transaction costs that are directly attributable to its acquisition or issue. A trade receivable without a significant financing component is initially measured at the transaction price.

(ii) **Classification and subsequent measurement**

Non-derivative financial assets

On initial recognition, a financial asset is classified as measured at amortised cost.

Financial assets are not reclassified subsequent to their initial recognition unless the Hospital changes its business model for managing financial assets, in which case all affected financial assets are reclassified on the first day of the first reporting period following the change in the business model.

Financial assets at amortised cost

A financial asset is measured at amortised cost if it meets both of the following conditions and is not designated as at FVTPL:

- it is held within a business model whose objective is to hold assets to collect contractual cash flows; and
- its contractual terms give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

Financial assets: Business model assessment

The Hospital makes an assessment of the objective of the business model in which a financial asset is held at a portfolio level because this best reflects the way the business is managed and information is provided to management. The information considered includes:

- the stated policies and objectives for the portfolio and the operation of those policies in practice. These include whether management's strategy focuses on earning contractual interest income, maintaining a particular interest rate profile, matching the duration of the financial assets to the duration of any related liabilities or expected cash outflows or realising cash flows through the sale of the assets;
- how the performance of the portfolio is evaluated and reported to the Hospital's management;
- the risks that affect the performance of the business model (and the financial assets held within that business model) and how those risks are managed;
- how management of the Hospital are compensated – e.g. whether compensation is based on the fair value of the assets managed or the contractual cash flows collected; and
- the frequency, volume and timing of sales of financial assets in prior periods, the reasons or such sales and expectations about future sales activity.

Transfers of financial assets to third parties in transactions that do not qualify for derecognition are not considered sales for this purpose, consistent with the Hospital's continuing recognition of the assets.

Non-derivative financial assets: Assessment whether contractual cash flows are solely payments of principal and interest

For the purposes of this assessment, 'principal' is defined as the fair value of the financial asset, on initial recognition. 'Interest' is defined as consideration for the time value of money and for the credit risk associated with the principal amount outstanding during a particular period of time and for other basic lending risks and costs (e.g. liquidity risk and administrative costs), as well as a profit margin.

In assessing whether the contractual cash flows are solely payments of principal and interest, the Hospital considers the contractual terms of the instrument. This includes assessing whether the financial asset contains a contractual term that could change the timing or amount of contractual cash flows such that it would not meet this condition. In making this assessment, the Hospital considers:

- contingent events that would change the amount or timing of cash flows;
- terms that may adjust the contractual coupon rate, including variable rate features;

- prepayment and extension features; and
- terms that limit the Hospital's claim to cash flows from specified assets (e.g. non-recourse features).

A prepayment feature is consistent with the solely payments of principal and interest criterion if the prepayment amount substantially represents unpaid amounts of principal and interest on the principal amount outstanding, which may include reasonable additional compensation for early termination of the contract.

Non-derivative financial assets: Subsequent measurement and gains and losses

Financial assets at amortised cost

These assets are subsequently measured at amortised cost using the effective interest method. The amortised cost is reduced by impairment losses. Interest income, foreign exchange gains and losses and impairment are recognised in income and expenditure. Any gain or loss on derecognition is recognised in income and expenditure.

Non-derivative financial liabilities: Classification, subsequent measurement and gains and losses

Financial liabilities are classified as measured at amortised cost.

Other financial liabilities are initially measured at fair value less directly attributable transaction costs. They are subsequently measured at amortised cost using the effective interest method. Interest expense and foreign exchange gains and losses are recognised in income and expenditure. These financial liabilities comprise deposits received and trade and other payables.

(iii) Derecognition

Financial assets

The Hospital derecognises a financial asset when the contractual rights to the cash flows from the financial asset expire, or it transfers the rights to receive the contractual cash flows in a transaction in which substantially all of the risks and rewards of ownership of the financial asset are transferred or in which the Hospital neither transfers nor retains substantially all of the risks and rewards of ownership and it does not retain control of the financial asset.

The Hospital enters into transactions whereby it transfers assets recognised in its balance sheet, but retains either all or substantially all of the risks and rewards of the transferred assets. In these cases, the transferred assets are not derecognised.

Financial liabilities

The Hospital derecognises a financial liability when its contractual obligations are discharged or cancelled, or expire. The Hospital also derecognises a financial liability when its terms are modified and the cash flows of the modified liability are substantially different, in which case a new financial liability based on the modified terms is recognised at fair value.

On derecognition of a financial liability, the difference between the carrying amount extinguished and the consideration paid (including any non-cash assets transferred or liabilities assumed) is recognised in income and expenditure.

(iv) Offsetting

Financial assets and financial liabilities are offset and the net amount presented in the balance sheet when, and only when, the Hospital currently has a legally enforceable right to set off the amounts and it intends either to settle them on a net basis or to realise the asset and settle the liability simultaneously.

(v) 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.

3.6 Impairment

(i) Non-derivative financial assets

The Hospital recognises loss allowances for ECLs on financial assets measured at amortised cost.

Loss allowances of the Hospital are measured on either of the following bases:

- 12-month ECLs: these are ECLs that result from default events that are possible within the 12 months after the reporting date (or for a shorter period if the expected life of the instrument is less than 12 months); or
- Lifetime ECLs: these are ECLs that result from all possible default events over the expected life of a financial instrument.

Simplified approach

The Hospital applies the simplified approach to provide for ECLs for all trade receivables. The simplified approach requires the loss allowance to be measured at an amount equal to lifetime ECLs.

General approach

The Hospital applies the general approach to provide for ECLs on all other financial instruments. Under the general approach, the loss allowance is measured at an amount equal to 12-month ECLs at initial recognition.

At each reporting date, the Hospital assesses whether the credit risk of a financial instrument has increased significantly since initial recognition. When credit risk has increased significantly since initial recognition, loss allowance is measured at an amount equal to lifetime ECLs.

When determining whether the credit risk of a financial asset has increased significantly since initial recognition and when estimating ECLs, the Hospital considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis, based on the Hospital's historical experience and informed credit assessment and includes forward-looking information.

If credit risk has not increased significantly since initial recognition or if the credit quality of the financial instruments improves such that there is no longer a significant increase in credit risk since initial recognition, loss allowance is measured at an amount equal to 12-month ECLs.

The Hospital considers a financial asset to be in default when:

- the borrower is unlikely to pay its credit obligations to the Hospital in full, without recourse by the Hospital to actions such as realising security (if any is held); or
- the financial asset remains outstanding for more than the reasonable range of past due days, taking into consideration historical payment track record, current macroeconomics situation as general industry trend.

The maximum period considered when estimating ECLs is the maximum contractual period over which the Hospital is exposed to credit risk.

Measurement of ECLs

ECLs are probability-weighted estimates of credit losses. Credit losses are measured at the present value of all cash shortfalls (i.e. the difference between the cash flows due to the entity in accordance with the contract and the cash flows that the Hospital expects to receive). ECLs are discounted at the effective interest rate of the financial asset.

Credit-impaired financial assets

At each reporting date, the Hospital assesses whether financial assets carried at amortised cost are credit-impaired. A financial asset is 'credit-impaired' when one or more events that have a detrimental impact on the estimated future cash flows of the financial asset have occurred.

Evidence that a financial asset is credit-impaired includes the following observable data:

- significant financial difficulty of the borrower or issuer;
- a breach of contract such as a default or remains outstanding for more than the reasonable range of past due days;
- the restructuring of a loan or advance by the Hospital on terms that the Hospital would not consider otherwise;
- it is probable that the borrower will enter bankruptcy or other financial reorganisation; or
- the disappearance of an active market for a security because of financial difficulties.

Presentation of allowance for ECLs in the balance sheet

Loss allowances for financial assets measured at amortised cost are deducted from the gross carrying amount of these assets.

Write-off

The gross carrying amount of a financial asset is written off (either partially or in full) to the extent that there is no realistic prospect of recovery. This is generally the case when the Hospital determines that the debtor does not have assets or sources of income that could generate sufficient cash flows to repay the amounts subject to the write-off. However, financial assets that are written off could still be subject to enforcement activities in order to comply with the Hospital's procedures for recovery of amounts due.

(ii) 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.

3.7 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

(i) 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.

(ii) 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

(i) 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.

(ii) 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.

(iii) 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.

(iv) Interest income

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

(v) 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.

(vi) Ward and outpatient clinic fees

Ward and outpatient clinic fees are recognised when services are rendered. Revenue services in the ordinary course of business is recognised when the Hospital satisfies a performance obligation ("PO") by transferring control of a promised service to the customer. The amount of revenue recognised is the amount of the transaction price allocated to the satisfied PO.

The transaction price is allocated to each PO in the contract on the basis of the relative stand-alone selling prices of the promised services. The individual standalone selling price of a service that has not previously been sold on a stand-alone basis, or has a highly variable selling price, is determined based on the residual portion of the transaction price after allocating the transaction price to services with observable stand-alone selling prices. A discount or variable consideration is allocated to one or more, but not all, of the performance obligations if it relates specifically to those performance obligations.

Transaction price is the amount of consideration in the contract to which the Hospital expects to be entitled in exchange for transferring the promised services. The transaction price may be fixed or variable and is adjusted for time value of money if the contract includes a significant financing component. Consideration payable to a customer is deducted from the transaction price if the Hospital does not receive a separate identifiable benefit from the customer. When consideration is variable, the estimated amount is included in the transaction price to the extent that it is highly probable that a significant reversal of the cumulative revenue will not occur when the uncertainty associated with the variable consideration is resolved.

Revenue may be recognised at a point in time or over time following the timing of satisfaction of the PO. If a PO is satisfied over time, revenue is recognised based on the percentage of completion reflecting the progress towards complete satisfaction of that PO.

(vii) Wages credit scheme

Cash grants received from the government in relation to the wages credit scheme are recognised as income upon receipt.

(viii) Rental income

Rental income from investment property is recognised in the income and expenditure statement on a straight-line basis over the term of the lease. Lease incentives granted are recognised as an integral part of the total rental income, over the term of the lease.

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 income and expenditure 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

(i) *General fund*

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

(ii) *Restricted funds*

Restricted funds are 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 Adoption of new standards

A number of new standards and amendments to standards are effective for annual periods beginning after 1 January 2019.

The Hospital has applied the following amendments to FRSs which are effective from the annual periods beginning on or after 1 January 2019:

- *Prepayment Features with Negative Compensation* (Amendments to FRS 109).

The application of these amendments to standards does not have a material effect on the financial statements.

3.13 New standards and interpretations not adopted

A number of new standards, interpretations and amendments to standards are effective for annual periods beginning after 1 January 2019 and earlier application is permitted; however, the Hospital has not early adopted the new or amended standards and interpretations in preparing these financial statements.

The following new FRSs, interpretations and amendments to FRSs are not expected to have a significant impact on the Hospital's balance sheet.

- *Amendments to References to Conceptual Framework in FRS Standards*
- *Definition of a Business* (Amendments to FRS 3)
- *Definition of a Material* (Amendments to FRS 1-1 and FRS 1-8)
- *FRS 17 Insurance Contracts*

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
Cost												
At 1 January 2018	22,686	771	*	21,662	9,695	5,102	682	1,829	129	11,475	322	74,353
Additions	–	3,841	–	–	969	286	20	111	–	415	239	5,881
Transfers	–	(846)	–	–	–	–	–	–	–	846	–	–
Disposals	–	–	–	–	(62)	(22)	–	(122)	(3)	–	–	(209)
At 31 December 2018	22,686	3,766	*	21,662	10,602	5,366	702	1,818	126	12,736	561	80,025
Additions	–	11,341	–	–	977	1,013	61	662	11	157	–	14,222
Transfers	–	(288)	–	–	–	–	–	–	–	288	–	–
Disposals	–	–	–	–	(146)	(84)	–	(49)	–	–	(133)	(412)
At 31 December 2019	22,686	14,819	–	21,662	11,433	6,295	763	2,431	137	13,181	428	93,835
Accumulated depreciation												
At 1 January 2018	5,898	–	–	5,025	5,169	4,164	311	1,534	129	5,059	273	27,562
Depreciation	454	–	–	724	1,603	580	125	82	–	2,245	55	5,868
Disposals	–	–	–	–	(60)	(21)	–	(121)	(3)	–	–	(205)
At 31 December 2018	6,352	–	–	5,749	6,712	4,723	436	1,495	126	7,304	328	33,225
Depreciation	454	–	–	725	1,593	523	132	189	3	2,451	70	6,140
Disposals	–	–	–	–	(144)	(83)	–	(49)	–	–	(133)	(409)
At 31 December 2019	6,806	–	–	6,474	8,161	5,163	568	1,635	129	9,755	265	38,956
Carrying amounts												
At 1 January 2018	16,788	771	*	16,637	4,526	938	371	295	–	6,416	49	46,791
At 31 December 2018	16,334	3,766	*	15,913	3,890	643	266	323	–	5,432	233	46,800
At 31 December 2019	15,880	14,819	–	15,188	3,272	1,132	195	796	8	3,426	163	54,879

* 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. In 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 \$79,358 (2018: \$79,358) per month for a period of 3 years (2018: 3 years) with effect from 1 February 2017 (2018: 1 February 2017). 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

With the Hospital's adoption of FRS 116, estimation of ROU assets involves significant estimates on the tenure of the lease due to renewal options and the discount rate to be applied to compute the present value of the lease liabilities.

SANH (Buangkok) currently has a lease agreement with the SLA at a land rental rate of \$51,000 (2018: \$49,108) per month for a period of 3 years (2018: 3 years) with effect from 14 October 2019 (2018: 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 SLA at a land rental rate of \$57,120 (2018: \$57,120) per month for a period of 3 years (2018: 3 years) with effect from 14 November 2019 (2018: 14 November 2016). The annual rent is subsidised by a land rent subsidy from the Ministry of Health.

SANH (Queenstown) currently has a lease agreement with the SLA at a land rental rate of \$64,736 (2018: \$64,736) per month for a period of 3 years with effect from 20 January 2017. The annual rent is subsidised by a land rent subsidy from the Ministry of Health.

SACH currently has a lease agreement with an unrelated party, Changi General Hospital Pte Ltd at a building rental rate of \$39,691 (2018: \$36,162) per month for a period of 3 years with effect from 14 December 2014. SACH has renewed the lease till 14 December 2020. The annual rent is subsidised by a land rent subsidy from the Ministry of Health.

5 Right-of-use assets and lease liabilities

Leases as a Lessee

The Hospital leased its land and buildings. Information about leases for which the Hospital is a lessee is presented below.

Balance sheet

Right-of-use assets

	2019 \$'000	2018 \$'000
Cost at 1 January	14,384	14,384
Additions to right-of-use assets	6,122	–
Cost at 31 December	<u>20,506</u>	<u>14,384</u>
Accumulated depreciation at 1 January	2,889	–
Depreciation charge for the year	3,385	2,889
Accumulated depreciation at 31 December	<u>6,274</u>	<u>2,889</u>
Right-of-use assets as at 1 January	<u>11,495</u>	<u>14,384</u>
Right-of-use assets as at 31 December	<u>14,232</u>	<u>11,495</u>

Lease liabilities included in the balance sheet at 31 December

Current	3,633	2,844
Non-current	10,750	8,740
	<u>14,383</u>	<u>11,584</u>

Amounts recognised in Statement of financial activities (including income and expenditure account)

	2019 \$'000	2018 \$'000
Interest expense on lease liabilities	237	204
Expenses relating to low-value assets, excluding short-term leases of low-value assets	5	6

Amounts recognised in Statement of cash flows

	2019 \$'000	2018 \$'000
Repayment of lease liabilities	3,560	3,004

The Hospital leases land and building for its hospital and nursing homes from Singapore Land Authority which is partially subsidised by a land rent subsidy from the Ministry of Health. The leases of land and building typically run for a period of 3 years. Some leases include an option to renew the lease for an additional period of the same duration after the end of the contract term.

Extension option

Some leases of land and building contain extension options exercisable by the Hospital up to 10 months (2018: 10 months) before the end of the non-cancellable contract period. Where practicable, the Hospital seeks to include extension options in new leases to provide operational flexibility. The extension options held are exercisable only by the Hospital and not by the lessors. The Hospital assesses at lease commencement whether it is reasonably certain to exercise the extension options. The Hospital reassesses whether it is reasonably certain to exercise the options if there is a significant event or significant change in circumstances within its control.

	Lease liabilities recognised (discounted) \$'000	Historical rate of exercise of extension options
2019		
Land and building	14,383	100%
2018		
Land and building	11,584	100%

Reconciliation of movements of liabilities to cash flows arising from financing activities

	Lease liabilities \$'000
Balance at 1 January 2018	14,384
Changes from financing cash flows	
Repayment of lease liabilities	(3,004)
Total changes from financing cash flows	(3,004)
Other changes	
Liability-related	
Finance costs	204
Total liability-related other changes	204
Balance at 31 December 2018	11,584
Balance at 1 January 2019	11,584
Additions to lease liabilities	6,122
Changes from financing cash flows	
Repayment of lease liabilities	(3,560)
Total changes from financing cash flows	(3,560)
Other changes	
Liability-related	
Finance costs	237
Total liability-related other changes	237
Balance at 31 December 2019	14,383

Leases as a Lessor

The Hospital mainly leases out various office units in its investment property at St. Andrew's Centre. The Hospital has classified these leases as operating leases, because they do not transfer substantially all of the risks and rewards incidental to the ownership of the assets.

Rental income from investment property recognised by the Hospital during 2019 was \$988,000 (2018: \$1,037,000).

The following table sets out a maturity analysis of lease receivable, showing the undiscounted lease payments to be received after the reporting date:

	2019 \$'000	2018 \$'000
Less than one year	1,133	1,066
One to two years	789	420
Two to three years	526	107
Three to four years	16	—

6 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 2018	67	13,208	(5,018)	8,257
Depreciation	—	—	(264)	(264)
At 31 December 2018	67	13,208	(5,282)	7,993
Depreciation	—	—	(264)	(264)
At 31 December 2019	67	13,208	(5,546)	7,729

Sources of estimation uncertainty

At 31 December 2019, the investment property has an estimated market value of \$58,443,000 (2018: \$46,396,000) based on open market valuation using the comparable sales method. Categorised as a Level 2 fair value based on the inputs to the valuation technique used, 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.

7 Inventories

	2019	2018
	\$'000	\$'000
Medical supplies and general stores	309	289

The cost of inventories recognised as expenditure and included in "Medical supplies and services" amounted to \$2,053,000 for the year (2018: \$1,807,000).

8 Trade and other receivables

	2019 \$'000	2018 \$'000
Trade receivables		
- Billed	2,902	2,237
- Unbilled	4,920	3,884
Government grant receivables	22,350	24,115
Deposits	661	663
Other receivables	136	316
	30,969	31,215
Allowance for impairment	(282)	(423)
Loans and receivables	30,687	30,792

Unbilled trade receivables pertain to receivables from patients who have yet to be discharged as the Hospital only invoices 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.

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.

9 Cash and cash equivalents

	2019 \$'000	2018 \$'000
Cash in hand	16	16
Cash at bank	52,118	31,349
Fixed deposits with financial institutions	22,082	23,833
	74,216	55,198

Fixed deposits with financial institutions at the reporting date have an average maturity period of 8 months (2018: 3 months) from the end of the financial year. The weighted average effective interest rate of these deposits as at the reporting date is 1.82% (2018: 1.58%) per annum.

10 Deferred government grants/donations

	Note	2019 \$'000	2018 \$'000
At 1 January		56,112	53,937
Additional grant	10(a)	15,036	10,938
Transfer from funds		438	487
		<u>15,474</u>	<u>11,425</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		(4,809)	(4,923)
		<u>(5,757)</u>	<u>(5,871)</u>
Utilisation of deferred government grants/donations:			
- operating expenses		(4,918)	(3,379)
		<u>(10,675)</u>	<u>(9,250)</u>
At 31 December		<u>60,911</u>	<u>56,112</u>

Community Silver Trust ("CST") grant

(a) Included in the additional grant of the Hospital is an amount of \$5,083,000 (2018: \$6,197,000) 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 movement of the CST grant during the year is as follows:

	2019 \$'000	2018 \$'000
At 1 January	16,376	14,682
Grant recognised during the year	5,083	6,197
Amortisation/utilisation of deferred government grants:		
- depreciation of property, plant and equipment	(2,134)	(1,854)
- operating expenses	(4,450)	(2,649)
At 31 December	<u>14,875</u>	<u>16,376</u>

11 Trade and other payables

	2019 \$'000	2018 \$'000
Trade payables	4,953	3,499
Other creditors	297	273
Accrued staff costs	4,279	3,842
Other accrued expenses	1,820	1,636
Other payable	1,291	—
	<u>12,640</u>	<u>9,250</u>
GST payable (net)	96	77
	<u>12,736</u>	<u>9,327</u>
Current	11,445	9,327
Non-current	1,291	—
	<u>12,736</u>	<u>9,327</u>

12 Restricted funds

	Note	2019 \$'000	2018 \$'000
Restricted funds			
Capital Replacement Fund	(a)	4,240	4,094
SANH(H)– Start-up and Operation Fund	(b)	1,200	1,480
SANH(Q)– Start-up and Operation Fund	(c)	1,200	1,649
SACH – Far East Organization Fund	(d)	10,416	9,241
SACH – ACI Fund	(e)	995	1,254
SACH – Other Funds	(f)	89	68
SAAC – Building Fund	(g)	126	126
SAAC – Capital Fund	(h)	471	471
SAAC – Other Funds	(i)	822	1,318
SANH(B) – Other Funds	(j)	99	248
SJSM – Nursing Home Building Fund	(k)	5,458	5,111
Chaplaincy Fund	(l)	186	77
SANH(H) – Other Funds	(m)	51	—
		<u>25,353</u>	<u>25,137</u>

The following Restricted Funds will be utilised in accordance with their specific purposes.

- (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. The Fund is projected to be utilised in the following year.
- (b) The SANH(H) – Start-up and Operation Fund is designated for the capital and operating expenditures of St. Andrew's Nursing Home (Henderson). Funds are projected to be utilised by 2022.

- (c) The SANH(Q) – Start-up and Operation Fund is designated for the capital and operating expenditures of St. Andrew's Nursing Home (Queenstown). Funds are projected to be utilised by 2022.
- (d) The SACH – Far East Organization Fund is set up with donations from Far East Organization in support of the development of an Eldercare Hub. The Hospital is in the process of assessing various options and possible sites for the Eldercare Hub.
- (e) The SACH – ACI Fund is set up with donations from ACI Singapore – The Financial Markets Association, for care integration and quality improvement projects; to provide rehabilitative care for children; and financial assistance to needy patients of SACH. The Fund is expected to be utilised in the following year.
- (f) The SACH – Other Funds comprise Medical Outreach Fund, Patient Welfare Fund and Staff Welfare Fund. The Funds are expected to be utilised in the following year.

Medical Outreach Fund is set up with donations 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 with donations to cater to the social and welfare needs of SACH staff.

- (g) The SAAC – Building Fund is set up for the construction of St. Andrew's Autism Centre at Elliot Road. Funds will be used when repair and renovation needs arise in SAAC buildings.
- (h) The SAAC – Capital Fund is set up to fund future capital expenditure of SAAC. Funds will be used when repair and renovation needs arise in SAAC buildings.
- (i) 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. These Funds are projected to be utilised on an ongoing basis.
- (j) The SANH(B) – Other Funds comprise Facilities Enhancement Fund, Lien Foundation Project Ingot 3, Lee Foundation, Patient Welfare Fund, Peter Lim Seng Chiang Memorial Fund and Building Fund. Funds will be utilised on an ongoing basis when the need arises.

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

The Lien Foundation Project Ingot 3 is set up for the funding of INGOT enhancements.

The Lee Foundation Fund is for patient vocational rehabilitation activities. Funds may be used to cover cost of training and incentive payments to patient upon completion of such training.

Patient Welfare Fund is used to pay for patient personal expenses like dental procedures, optical care, shoes and clothes, etc.

Peter Lim Seng Chiang memorial fund is set up to provide temporary relief to families in financial difficulties so that the outstanding bills can be settled without the Nursing Home having to write off debts.

Building Fund is set up to put aside funds raised to support the development cost of a Nursing Home.

- (k) The SJSM Nursing Home Building Fund is set up for the construction of St. Andrew's SJSM Nursing Home at Dover Avenue. Funds will be utilised on an ongoing basis when the need arises.
- (l) The Chaplaincy Fund is set up to fund pastoral care services provided to staff and clients. The Fund is expected to be utilised in the following year.
- (m) The SANH(H) – Other Funds comprise of Peter Lim Seng Chiang memorial fund, which is set up to provide temporary relief to families in financial difficulties so that the outstanding bills can be settled without the Nursing Home having to write off debts. Fund is one-off and will be used when there are patients in financial need.

13 Interest income

	2019 \$'000	2018 \$'000
Interest income on short-term bank deposits	518	170

14 Donation income

	2019 \$'000	2018 \$'000
Total donations received during the year		
- Recognised in statement of financial activities	3,023	3,209
- Recognised in statement of changes in funds	3,179	2,017
	<u>6,202</u>	<u>5,226</u>

In 2018, the Hospital received donation amounting to \$250,000 from the President's Challenge 2017. The Hospital utilised \$145,000 (2018: \$105,000) during the year. These monies were channelled to fund the operating expenditure of St. Andrew's Community Hospital Home Care Services and the operating deficit of St. Andrew's Autism Centre – Day Activity Centre.

15 Ward and outpatient clinic fees

	2019 \$'000	2018 \$'000
Revenue from contracts with customers	31,533	27,192

The following table provides information about the nature and timing of the satisfaction of performance obligations in contracts with customers, including significant payment terms, and the related revenue recognition policies:

Hospital services

Nature of goods or services	The Hospital generates revenue from provision of specialised medical services and operation of hospital.
When revenue is recognised	Revenue is recognised in the accounting period in which the services are rendered.
Significant payment terms	Invoices are issued upon discharge of patients from the hospital. Payment is due when invoice is issued. For protective reasons, a portion of the contract consideration is received upfront in the form of deposit for inpatients, and the remaining consideration is received from customers when invoice is issued.

Nursing home services

Nature of goods or services	The Hospital generates revenue from provision of nursing home services.
When revenue is recognised	Revenue is recognised in the accounting period in which the services are rendered.
Significant payment terms	Invoices are issued upon completion of services or/and delivery of goods. Patients usually given a credit term ranges from 30 days from invoice date

16 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.

17 Employee benefits expense

	2019 \$'000	2018 \$'000
Salaries, bonuses and other costs	55,823	51,396
Contributions to defined contribution plans	5,220	4,772
Agency service fees	3,386	2,532
Training fees	1,055	1,032
Foreign worker levy	3,282	2,745
Accommodation expenses	1,281	1,198
Other employee benefits	4,242	3,727
	<hr/> 74,289	<hr/> 67,402
Expenses financed by restricted funds	(3,789)	(1,376)
	<hr/> 70,500	<hr/> 66,026

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

	2019 \$'000	2018 \$'000
SACH – Other Funds:		
- HPO Fund	99	139
- Ward 66	1,197	–
- AIC (Case Management)	330	254
- Joy Connect	259	305
- AIC (Tech/BPR/Job)	553	–
- EHA HIP Bundled MP	45	70
- HNH/QNH Pre-operation Ramp up Fund	–	95
SANH(H) – Start-up and Operation Fund	280	–
SANH(Q) – Start-up and Operation Fund	449	–
Chaplaincy Fund	577	513
	<hr/> 3,789	<hr/> 1,376

18 Statement of income and expenditure

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

	2019 \$'000	2018 \$'000
Income		
Voluntary Income:		
- Donations in cash (tax deductible)	1,696	1,480
- Donations in cash (non-tax deductible)	686	722
Training income	—	1
Interest income	102	4
Membership subscriptions	—	1
Rental income and service charge income	988	1,037
Other income	10	30
Income from centres	1,317	1,267
	<u>4,799</u>	<u>4,542</u>
Expenditure		
Administration expenses	(145)	(242)
Building services, maintenance and building management	(324)	(318)
Depreciation of investment property	(264)	(264)
Employee benefits expense	(1,479)	(1,407)
Fund-raising expense	(86)	—
Other operating expenses	—	(17)
Donation income distributed to centres	(1,785)	(1,553)
	<u>(4,083)</u>	<u>(3,801)</u>
Surplus for the year	<u>716</u>	<u>741</u>

(b) St. Andrew's Community Hospital

	2019	2018
	\$'000	\$'000
Income		
Amortisation of deferred government grants/donations	3,461	3,773
Utilisation of deferred government grants/donations	2,056	627
Voluntary Income:		
- Donations in cash (tax deductible)	499	1,221
- Donations in cash (non-tax deductible)	413	257
Government grants	29,963	27,792
Land rent subsidy	1,954	1,516
Other income:		
- Income from carpark collection	62	59
- Rental income from level 9 of SACH	183	883
- Other patient income	231	207
- Secondment of staffs to St. Hilda's Community Services Centre	79	452
- Secondment of staffs to KK Women's and Children's Hospital	82	1
- Credit schemes – wage, special, temporary	310	391
- Rental income from DNR Wheels Pte Ltd	24	24
- Miscellaneous	1,464	1,501
Ward and outpatient clinic fees	23,708	20,075
Donation income distributed from Headquarter	928	839
	65,417	59,618
Expenditure		
Administration expenses	(2,482)	(2,261)
Depreciation of property, plant and equipment	(3,694)	(3,657)
Depreciation of right-of-use asset	(916)	(916)
Interest expense on lease liability	(51)	(65)
Employee benefits expense	(39,558)	(37,604)
Fund-raising expenses	(127)	(123)
Medical supplies and services	(4,323)	(3,945)
Operating lease expense	(5)	(6)
Other operating expenses:		
- Building maintenance	(2,594)	(2,735)
- Cleaning services	(1,141)	(836)
- Land rental expense	(813)	(691)
- Utilities	(550)	(474)
- Miscellaneous	(946)	(978)
Charged by Headquarter	(606)	(608)
	(57,806)	(54,899)
Surplus for the year	7,611	4,719

(c) St. Andrew's Autism Centre

	2019 \$'000	2018 \$'000
Income		
Amortisation of deferred government grants/donations	1,255	1,120
Utilisation of deferred government grants/donations	2,285	1,066
Voluntary income:		
- Donations in cash (tax deductible)	526	533
- Donations in cash (non-tax deductible)	45	135
- Donations in kind (non-tax deductible)	1	11
Government grants	14,861	11,553
Income from Day Activity Centre & School	1,923	1,639
Interest income	97	55
Other income	719	746
Donation income distributed from Headquarter	428	295
	<u>22,140</u>	<u>17,153</u>
Expenditure		
Administration expenses	(363)	(166)
Depreciation of property, plant and equipment	(1,324)	(1,080)
Depreciation of right-of-use assets	(512)	-
Interest expense on lease liability	(69)	-
Employee benefits expense	(15,559)	(12,412)
Fund-raising expenses	(5)	(3)
Impairment loss on trade receivables	(15)	(4)
Training supplies and services	(1,303)	(1,045)
Other operating expenses	(1,061)	(621)
Charged by Headquarter	(276)	(215)
	<u>(20,487)</u>	<u>(15,546)</u>
Surplus for the year	<u>1,653</u>	<u>1,607</u>

(d) St. Andrew's SJSM Nursing Home

	2019 \$'000	2018 \$'000
Income		
Utilisation of deferred government grants/donations	318	-
Interest income	77	47
Donations in cash (tax deductible)	-	19
	<u>395</u>	<u>66</u>
Expenditure		
Administration expenses	(64)	(20)
Employee benefits expense	(319)	-
Fund-raising expenses	-	(3)
	<u>(383)</u>	<u>(23)</u>
Surplus for the year	<u>12</u>	<u>43</u>

(e) St. Andrew's Nursing Home (Buangkok)

	2019	2018
	\$'000	\$'000
Income		
Amortisation of deferred government grants/donations	146	167
Utilisation of deferred government grants/donations	126	159
Land rent subsidy	631	626
Voluntary income:		
- Donations in cash (tax deductible)	52	31
- Donations in cash (non-tax deductible)	224	4
- Donations in kind (non-tax deductible)	54	47
Government grants	8,687	6,730
Interest income	157	64
Other income	21	18
Ward fees	2,542	2,626
	<u>12,640</u>	<u>10,472</u>
Expenditure		
Administration expenses	(414)	(588)
Depreciation of property, plant and equipment	(216)	(287)
Depreciation of right-of-use asset	(555)	(570)
Interest expense on lease liability	(27)	(34)
Employee benefits expense	(5,880)	(5,550)
Medical supplies and services	(1,417)	(1,283)
Impairment loss on trade receivables	(65)	(64)
Other operating expenses:		
- Building maintenance	(122)	(23)
- Utilities	(282)	(272)
- Others	(118)	(68)
Charged by Headquarter	(146)	(152)
	<u>(9,242)</u>	<u>(8,891)</u>
Surplus for the year	<u>3,398</u>	<u>1,581</u>

(f) St. Andrew's Nursing Home (Henderson)

	2019	2018
	\$'000	\$'000
Income		
Amortisation of deferred government grants/donations	391	354
Utilisation of deferred government grants/donations	272	595
Land rent subsidy	685	716
Voluntary income:		
- Donations in cash (tax deductible)	320	66
- Donations in cash (non-tax deductible)	12	8
- Donations in kind (non-tax deductible)	29	—
Government grants	6,797	5,704
Interest income	15	—
Other income	24	16
Ward fees	2,433	2,111
Donation income distributed from Headquarter	196	186
	<u>11,174</u>	<u>9,756</u>
Expenditure		
Administration expenses	(249)	(358)
Depreciation of property, plant and equipment	(398)	(383)
Depreciation of right-of-use asset	(657)	(658)
Interest expense on lease liability	(44)	(48)
Employee benefits expense	(5,382)	(4,963)
Fund-raising expenses	—	(9)
Medical supplies and services	(1,768)	(1,690)
(Reversal of)/impairment loss on trade receivables	98	(277)
Other operating expenses:		
- Building maintenance	(233)	(487)
- Cleaning services	(240)	(470)
- Utilities	(290)	(263)
- Others	(130)	(23)
Charged by Headquarter	(131)	(127)
	<u>(9,424)</u>	<u>(9,756)</u>
Surplus for the year	<u>1,750</u>	<u>—</u>

(g) St. Andrew's Nursing Home (Queenstown)

	2019 \$'000	2018 \$'000
Income		
Amortisation of deferred government grants/donations	504	457
Utilisation of deferred government grants/donations	693	932
Voluntary income:		
- Donations in cash (tax deductible)	483	33
- Donations in cash (non-tax deductible)	6	29
- Donation in kind (non-tax deductible)	19	—
Government grants	8,224	6,147
Interest income	21	—
Land rent subsidy	777	831
Other income	49	21
Ward fees	2,850	2,380
Donation income distributed from Headquarter	232	233
	<u>13,858</u>	<u>11,063</u>
Expenditure		
Administration expenses	(238)	(481)
Depreciation of property, plant and equipment	(508)	(461)
Depreciation of right-of-use asset	(745)	(745)
Interest expense on lease liability	(46)	(57)
Employee benefits expense	(6,112)	(5,466)
Medical supplies and services	(1,795)	(1,473)
Impairment loss on trade receivables	—	(3)
Other operating expenses:		
- Building maintenance	(211)	(176)
- Cleaning services	(296)	(272)
- Land rental expense	—	(2)
- Utilities	(308)	(285)
- Others	(90)	(192)
Charged by Headquarter	(157)	(165)
	<u>(10,506)</u>	<u>(9,778)</u>
Surplus for the year	<u>3,352</u>	<u>1,285</u>

19 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 balance sheet represent the Hospital's maximum exposures to credit risk.

Impairment losses on financial assets recognised in balance sheet were as follows:

	2019 \$'000	2018 \$'000
(Reversal of)/impairment loss on trade receivables arising from contracts with customers	(80)	348

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.

Expected credit loss assessment for individual customers

The Hospital uses an allowance matrix to measure the ECLs of trade receivables from individual customers, which comprise a very large number of small balances.

Loss rates are calculated using a 'roll rate' method based on the probability of a receivable progressing through successive stages of delinquency to write-off. Roll rates are calculated separately for exposures in different segments based on the following common credit risk characteristics – respective ageing categories based on the preceding three years historical data.

The following table provides information about the exposure to credit risk and ECLs for trade receivables for individual customers as at 31 December:

	Average loss rate %	Gross carrying amount \$'000	Impairment loss allowance \$'000	Credit impaired
2019				
Current (not past due)	—	5,477	—	No
1 – 30 days past due	—	579	—	No
31 – 60 days past due	—	481	—	No
More than 60 days past due	22%	1,285	(282)	Yes
		<u>7,822</u>	<u>(282)</u>	
2018				
Current (not past due)	—	4,600	—	No
1 – 30 days past due	—	331	—	No
31 – 60 days past due	—	387	—	No
More than 60 days past due	53%	803	(423)	Yes
		<u>6,121</u>	<u>(423)</u>	

Loss rates are based on actual credit loss experience over the preceding three years.

Movements in allowance for impairment in respect of trade receivables

The movement in the allowance for impairment in respect of trade receivables during the year was as follows:

	2019 \$'000	2018 \$'000
At 1 January	423	87
(Reversal of)/impairment loss recognised	(80)	348
Impairment loss utilised	68	(12)
At 31 December	282	423

Cash and cash equivalents

The Hospital held cash and cash equivalents of \$74,216,000 at 31 December 2019 (2018: \$55,198,000). The cash and cash equivalents are held with bank and financial institution counterparties, which are rated AA- to AA+, based on Standard & Poor's ratings.

Impairment on cash and cash equivalents has been measured on the 12-month expected loss basis and reflects the short maturities of the exposures. The Hospital considers that its cash and cash equivalents have low credit risk based on the external credit ratings of the counterparties. The amount of the allowance on cash and cash equivalents was negligible.

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 monitors its liquidity risk and maintains 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
31 December 2019				
Financial liabilities				
Trade and other payables *	12,640	(12,640)	(11,349)	(1,291)
Tenants' deposits received	284	(284)	(76)	(208)
Other deposits received	1,111	(1,111)	(1,111)	–
Lease liabilities	14,383	(14,383)	(3,633)	(10,750)
	28,418	(28,418)	(16,169)	(12,249)

		Cash flows		
	Carrying amount \$'000	Total \$'000	Within 1 year \$'000	Between 2 to 5 years \$'000
31 December 2018				
Financial liabilities				
Trade and other payables *	9,250	(9,250)	(9,250)	–
Tenants' deposits received	258	(258)	(181)	(77)
Other deposits received	1,116	(1,116)	(1,116)	–
Lease liabilities	11,584	(11,584)	(2,844)	(8,740)
	22,208	(22,208)	(13,391)	(8,817)

* Excludes GST payable (net)

Market risk

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. Further, the fair value disclosure of lease liabilities is also not required.

		Carrying amount		
	Note	Amortised cost \$'000	Other financial liabilities \$'000	Total \$'000
31 December 2019				
Financial assets not measured at fair value				
Trade and other receivables	8	30,687	—	30,687
Cash and cash equivalents	9	74,216	—	74,216
		104,903	—	104,903

		Carrying amount		
	Note	Amortised cost \$'000	Other financial liabilities \$'000	Total \$'000
31 December 2019				
Financial liabilities not measured at fair value				
Trade and other payables *	11	—	(12,640)	(12,640)
Tenants' deposits received		—	(284)	(284)
Other deposits received		—	(1,111)	(1,111)
		—	(14,035)	(14,035)
31 December 2018				
Financial assets not measured at fair value				
Trade and other receivables	8	30,792	—	30,792
Cash and cash equivalents	9	55,198	—	55,198
		85,990	—	85,990
Financial liabilities not measured at fair value				
Trade and other payables *	11	—	(9,250)	(9,250)
Tenants' deposits received		—	(258)	(258)
Other deposits received		—	(1,116)	(1,116)
		—	(10,624)	(10,624)

* Excludes GST payable (net)

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 trade and other 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. For non-current liabilities (including tenants' deposits received and other payable, the difference between the carrying amounts and estimated fair values based on present value of future principal and interest cash flows is negligible.

20 Commitments

Capital commitments

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

	2019 \$'000	2018 \$'000
Construction of St. Andrew's SJSM Nursing Home	17,637	27,257
Others:		
- SAAC	–	1,320
- SACH	188	26
	<u>17,825</u>	<u>28,603</u>

21 Remuneration of employees

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

	2019	2018
Number of employees in bands:		
Above \$400,001	2	2
\$300,001 to \$400,000	1	1
\$200,001 to \$300,000	9	8
\$100,001 to \$200,000	<u>86</u>	<u>81</u>

The remuneration for employee who are a close member of the family belonging to the Executive Head or a governing board member of the Hospital in the 2019 and 2018 are as follows:

Number of employees in bands:	Number of employees
- \$50,001 to \$100,000	1

The number of staffs employed by the Hospital as at 31 December 2019 was 1,406 (2018: 1,295).

22 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 and otherwise disclosed in the other notes to financial statements, there were no related party transactions for the financial year ended 31 December 2019 and 31 December 2018.

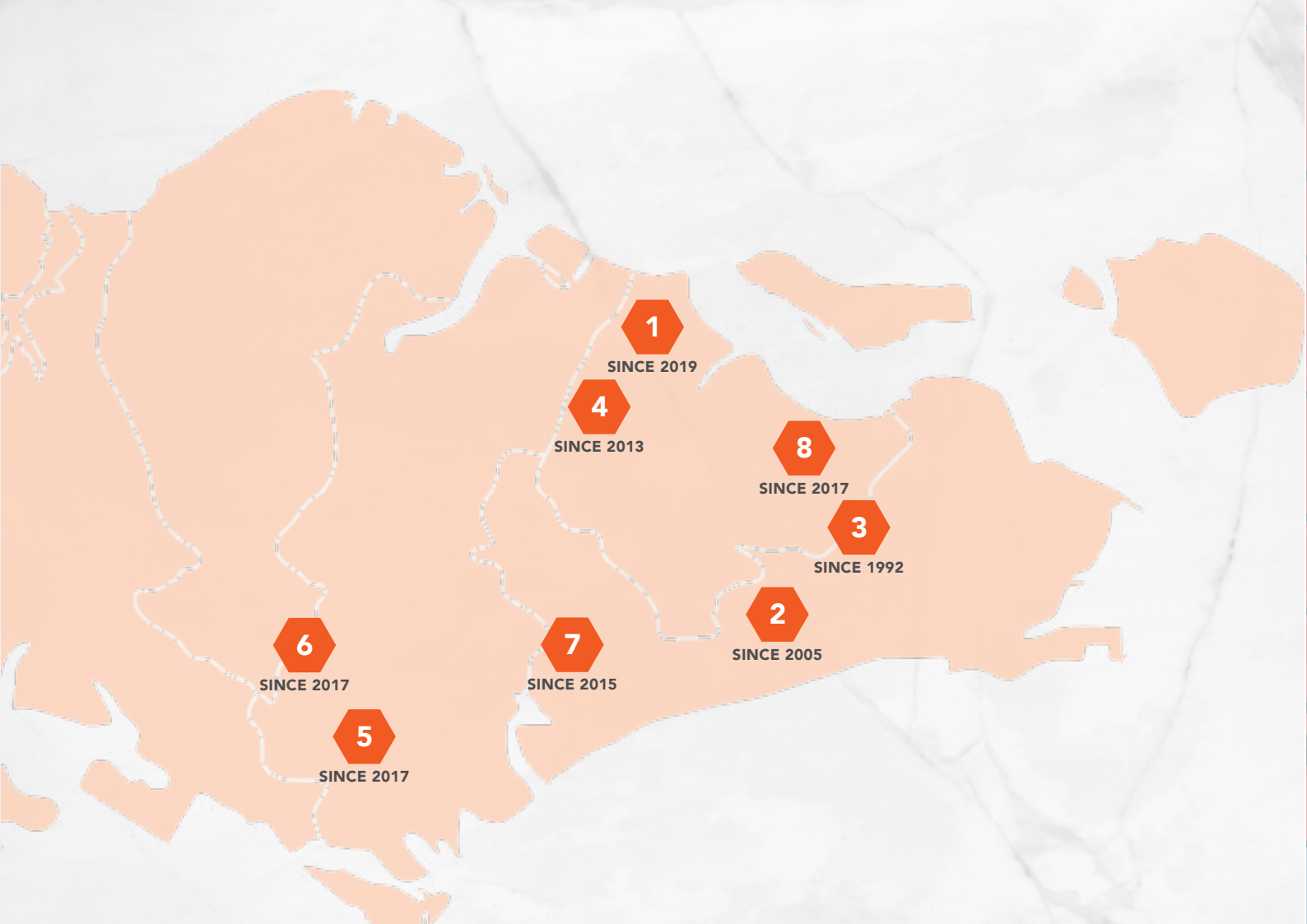
No remuneration, reimbursement or allowance was made to Board of Management for services provided to the Hospital during both financial years.

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.

Key management personnel compensation comprised:

	2019 \$'000	2018 \$'000
Salaries and other short-term employee benefits	3,647	3,431



**1. ST. ANDREW'S
ADULT HOME
(SENGKANG)**

147 Compassvale Bow
Singapore 544691

**2. ST. ANDREW'S
AUTISM CENTRE AND
ST. ANDREW'S MISSION
HOSPITAL CLINIC
(ELLIOT ROAD)**

1 Elliot Road
Singapore 458686

**3. ST. ANDREW'S
COMMUNITY HOSPITAL
AND
ST. ANDREW'S MISSION
HOSPITAL CLINIC
(SIMEI)**

8 Simei Street 3
Singapore 529895

**4. ST. ANDREW'S NURSING
HOME (BUANGKOK)**

60 Buangkok View
Singapore 534012

**5. ST. ANDREW'S NURSING
HOME (HENDERSON)
AND
ST. ANDREW'S SENIOR
CARE (HENDERSON)**

303 Henderson Road
Singapore 108925

**6. ST. ANDREW'S NURSING
HOME (QUEENSTOWN)
AND
ST. ANDREW'S SENIOR
CARE (QUEENSTOWN)**

11 Jalan Penjara
Singapore 149380

**7. ST. ANDREW'S SENIOR
CARE (JOY CONNECT)**

Blk 5 Beach Road
#01-4919
Singapore 190005

**8. ST. ANDREW'S SENIOR
CARE (TAMPINES)**

Our Tampines Hub
1 Tampines Walk
#04-33
Singapore 528523

“Love is patient,
love is kind...
It always protects,
always trusts, always hopes,
always perseveres.
Love never fails.”

1 Corinthians 13:4-8a



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