



Love Never Fails

ANNUAL REPORT 2020





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 a 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 Clinic, 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

The steadfast love of the Lord never ceases; His mercies never come to an end; they are new every morning; great is your faithfulness. (Lamentations 3:22-23)

GOD'S UNCEASING LOVE AND FAITHFULNESS

2020 had been a very challenging year as the Coronavirus Disease 2019 (COVID-19) pandemic hit the world. Witnessing how the COVID-19 pandemic affected many lives, St. Andrew's Mission Hospital (SAMH) held fast to our mission of caring for those in need in our community. With God's grace and His unceasing love, our centres continued to serve and support our beneficiaries.



The Right Reverend Rennis Ponniah, Immediate Past President, SAMH and SACS, was conferred the 2020 National Day Award Public Service Medal PBM.

Thank you for your unwavering support towards our Ministry of Love, led previously by The Right Reverend Rennis Ponniah. Under the stewardship of Bishop Rennis Ponniah, God empowered SAMH to be His channel of care and blessing to others in a world with evolving needs. In God's grace and power, Bishop Rennis Ponniah guided SAMH in growing our services. I am thankful to Bishop Rennis Ponniah for his 8 years of dedicated service to SAMH and congratulate him for being conferred the 2020 National Day Award, Public Service Medal PBM. The National Day Awards honour and recognise those who have made significant contributions to Singapore.

Coming on board as the President of SAMH and its sister organisation, Singapore Anglican Community Services (SACS), in October 2020, I am humbled and honoured, and feeling the weight of responsibility that comes with the office. In an important way, it unfolds and confirms the leading of God in my life and ministry. As much as what awaits ahead may be challenging, I believe God is faithful to those He has called and we will receive mercy and help in times of need. I look forward to bringing the Love of God to the community together with SAMH and SACS team members.

SERVING IN HIS LOVE

We thank God for blessing SAMH with volunteers, supporters and care staff, who faithfully carried out our work without fear or hesitation.



Mdm. Cynthia Wong Mee Tin
Healthcare Humanity Award 2020
Photo courtesy of The Courage Fund

"Seeing the patients smile adds joy to my volunteering and inspires me to continue serving. I am happy to serve the patients alongside the SACH team for the past 22 years."

Mdm. Cynthia Wong Mee Tin and Mdm. Claudia Lee Wang Ling are dedicated volunteers of SACH.



Elder Lee Chong Kai
Healthcare Humanity Award 2020
Photo courtesy of The Courage Fund

"Praise God for enabling me to convey His love to the residents at SANH (Buangkok). Their welcome and the selfless example of the Home's staff and volunteers provide great encouragement."

Elder Lee Chong Kai, is exemplary in his commitment to care for residents and staff at SANH (Buangkok) through his many acts of kindness and love, besides serving as Chairman of SANH Management Committee and SAMH Board Member.



Mdm. Claudia Lee Wang Ling
Healthcare Humanity Award 2020
Photo courtesy of The Courage Fund

"I am honoured to serve at SACH. It has been a humbling and inspiring experience. I have learnt a lot from both the patients and the care team."

President's Address

Indeed, all glory be unto God as we give thanks for His favour upon Elder Lee Chong Kai who has been volunteering unwaveringly over the years in the Chaplaincy Ministry of St. Andrew's Nursing Home (SANH) (Buangkok) as well as Mdm. Cynthia Wong Mee Tin and Mdm. Claudia Lee Wang Ling, volunteers of St. Andrew's Community Hospital (SACH). All three of them were awarded the Healthcare Humanity Award 2020 (Volunteer Category) at the virtual award ceremony on 8 December 2020 for devoting their time and efforts to strengthen the work of our services and for going the extra mile in offering care and comfort to the sick and infirm.

We also rejoiced that ACI Singapore - The Financial Markets Association, a strong supporter for the work of SAMH since 2005, was presented the Inaugural Friends of Community Care Award by the Agency of Integrated Care (AIC) on 30 October 2020 at the 2020 Community Care Excellence Awards (CCEA) virtual award ceremony. The award is presented to groups or organisations that have contributed to the community care sector, showcased community spirit and profiled inspiring and innovative partnerships. The faithfulness of Team SAMH in serving the community was also affirmed as 55 colleagues from SACH, five from St. Andrew's Nursing Home (SANH) (Henderson) as well as one from SANH (Queenstown) received the Silver Individual Award at the CCEA award ceremony. SANH (Buangkok) was also awarded the Team Merit Award for its Clinical Quality Improvement Initiative "Keeping Falls at Bay, The Care Bundle Way!" The CCEA aims to recognise the contributions of individuals and project teams who have demonstrated exemplary service and commitment in delivering quality care to their clients in the Community Care sector.

In addition, 241 team members of SAMH also received the Singapore Health Quality Service Awards (SHQSA) 2020 at the award ceremony on 14 January 2020. Ms. Anna Lee, Senior Manager (Occupational Therapy), Inpatient Therapy Services, St. Andrew's Community Hospital, was awarded the SHQSA Superstar Award 2020.



ACI Singapore - The Financial Markets Association, SAMH's strong supporter, received the Inaugural Friends of Community Care Award at the CCEA 2020 virtual award ceremony.



Team SAMH awardees at the CCEA 2020 virtual award ceremony.



SAMH awardees at the SHQSA 2020 award ceremony.



Ms. Anna Lee, Senior Manager (Occupational Therapy), Inpatient Therapy Services, SACH, was awarded the SHQSA Superstar Award 2020.

President's Address



In 2020, SAMH was appointed by the Ministry of Education as the operator of the new national curriculum autism school. From January 2022, the autism school will be temporarily sited at Bukit Batok (currently Yusof Ishak Secondary School) and will move to its permanent site in Clementi from 2027.

SERVING THE NEEDS OF THE AGEING POPULATION

In 2020, SAMH was appointed by the Ministry of Health as the operator of a Build-Own-Lease (BOL) nursing home in Aljunied. Slated to begin operations in 2023, the nine-storey nursing home will provide long-term nursing and rehabilitation care to 342 residents.

Together with SANH (Buangkok, Henderson, Queenstown, Taman Jurong), St. John's - St. Margaret's Nursing Home fronted by St. John's - St. Margaret's Church, and upcoming BOL nursing homes at Tampines North and Aljunied, SAMH would be able to serve more than 2,000 nursing home residents islandwide by 2023.



St. John's - St. Margaret's Nursing Home as well as its co-located St. John's - St. Margaret's Senior Care Centre will open its doors in 2021*.



Scheduled to open in 2022*, the nursing home at Tampines North will provide long-term residential, nursing and rehabilitation care for 277 residents whilst its co-located Senior Care Centre will serve up to 60 day care clients.



Slated to begin operations in 2023*, the nursing home at Aljunied will provide long-term nursing and rehabilitation care for our residents.

ENHANCING OUR AUTISM WORK

In 2020, SAMH was also appointed by the Ministry of Education to set up and operate a new Special Education (SPED) school for students on the autism spectrum who are able to access the national curriculum. This

new school will begin with an intake of 75 students in 2022, operating at an interim site in Bukit Batok, currently the Yusof Ishak Secondary School. The permanent campus will be ready in 2027 in Clementi. Students of this new school can look forward to a well-rounded education, with a foundation in the national curriculum, and preparation for life through the development of independent living and vocational skills.

SHINING HIS LIGHT OF HOPE WITH HIS LOVE

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 1,431 staff in our work. Thank you for your hard work as well as generous contributions which helped to fund our 2020 operating expenses of \$121 million and for blessing us with your support, prayers, advice and financial assistance.

Enabled by God, SAMH will continue to stand firm in our vision to be a light in society, shining **His Light of Hope** as we serve the community with **His Love**.

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

*Timelines are subjected to further review due to the impact of COVID-19 pandemic.

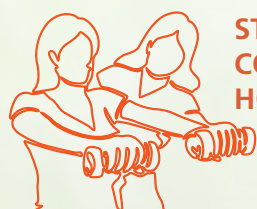
Review of Services

A man's heart deviseth his way; but the Lord directeth his steps. (Proverbs 16:9)

We give thanks to God for His love, strength and mercies as He leads us in serving the needs of the community, particularly in 2020 which was filled with unprecedented challenges due to the Coronavirus Disease 2019 (COVID-19) pandemic.

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

2020 STATISTICS



ST. ANDREW'S COMMUNITY HOSPITAL

3,279

Inpatient
Admissions

10,201

Outpatient Clinic
Attendance

4,750

Home Care Service
Visits

15,847

Day Rehabilitation Centre
Attendance



ST. ANDREW'S NURSING HOMES

SANH (Buangkok)
serving

299

residents

SANH (Henderson)
serving

249

residents

SANH (Queenstown)
serving

283

residents



ST. ANDREW'S AUTISM CENTRE

310

students enrolled at
St. Andrew's Autism School

66

clients enrolled at
Day Activity Centre (Siglap)

34

clients enrolled at
Day Activity Centre (Sengkang)

23

residents and

8

respite care cases served by
St. Andrew's Adult Home (Sengkang)



ST. ANDREW'S SENIOR CARE

	Henderson	JOY Connect	Queenstown	Tampines
Seniors Served	91	147	198	128
Day Care Attendance	6,853	7,587	12,147	6,650
Day Rehabilitation Attendance	1,884	2,859	3,547	2,196

Review of Services

ST. ANDREW'S COMMUNITY HOSPITAL (SACH)

St. Andrew's Community Hospital (SACH) provided inpatient rehabilitative, sub-acute and palliative care services through a monthly average of 277 beds across 10 wards. The average inpatient occupancy rate in 2020 was 84.3%.

Serving With Love In The Battle Against COVID-19

The year 2020 ushered in an unprecedented health crisis not only to Singapore but also the world. More than just a health crisis, world leaders identified the COVID-19 pandemic as the crisis of a generation. Though SACH had to rapidly transform to protect patients, ramp up infection prevention measures and roll out Business Continuity Plans, the staff rose to meet each challenge with aplomb, courage and hope.

COVID-19 Wards

SACH stepped up to the plate and partnered its acute care partner, Changi General Hospital (CGH), to admit and treat patients who were infected by COVID-19. SACH charted new waters as the first community hospital to provide direct inpatient COVID-19 care. Two SACH subacute care wards at The Integrated Building (IB), a joint CGH-SACH facility, were converted to care for COVID-19 patients with just a week's notice.



We are grateful to all the team members who had risen to the challenge of serving in the SACH wards. May we always meet the needs of the community!

On 5 April 2020, SACH opened the doors to its first COVID-19 Ward. The conversion of the subacute care wards into COVID-19 wards was possible because of the acuity-adaptable design. This meant that each ward in the IB could be used as an acute or subacute or rehabilitation bed without reconfiguration. The additional built-in spaces also enabled the addition of beds without compromising safety and infection control. Soon after, the hospitals set about to convert a second SACH subacute ward into a second COVID-19 ward, which became operational on 15 April. By 21 April 2020, eight additional beds were added to each ward. Both COVID-19 wards were run by SACH doctors and nurses, supplemented with CGH doctors, and served a total of 747 patients. When the national COVID-19 situation started to improve, the two COVID-19 wards were restored back to subacute care wards on 6 July 2020 and 28 September 2020 respectively.

SAMH Clinic (Simei)

In February 2020, SAMH Clinic, which is situated within SACH, was activated by the Ministry of Health to be a Public Health Preparedness Clinic to provide subsidised treatment to patients with acute respiratory illnesses during the pandemic. In March 2020, the clinic became a Swab-and-Send-Home Clinic to conduct COVID-19 swabs for symptomatic patients from the community. All this while, the clinic was also the designated staff clinic for both SACH and CGH. It played an important role in COVID-19 surveillance on the Simei Campus and provided essential swabbing services to workers of both hospitals.



Responding to the needs of the nation, SAMH Clinic (Simei) stepped in to help screen migrant workers.

Review of Services

Ward Robots

SACH used telepresence robots in the COVID-19 wards to provide safer and more efficient care for the patients. With the telepresence robots, the care team members could remotely communicate with the patients through the robots. This reduced the need for doctors and nurses to don full Personal Protective Equipment (PPE) to step into the patient cubicles when telecommunications could be done instead. This also enabled the patients to see the care team members “face-to-face” without the PPE on and this made communication easier.



SACH used telepresence robots in the COVID-19 wards to provide safer and more efficient care for patients.

Temperature Scanner Using Artificial Intelligence

At the start of the pandemic, SACH was the first healthcare site to trial an artificial intelligence-powered temperature scanner, which is based on a modified infra-red wound care assessment system deployed through a cell phone. This wound care system had also been successfully trialled at SACH previously. The trial was conducted in conjunction with Integrated Health Information Systems (IHIS) Pte Ltd and Kronikare.

National Day Recognition

SACH and CGH jointly received the honour of having our contributions to fighting COVID-19 recognized through a National Day flypast on 9 August 2020. Two Republic of Singapore Air Force helicopters (one of which was trailing a large Singapore Flag), together with several F-15 SG fighter aircraft, flew past both CGH and SACH to recognise the contributions of healthcare workers on the Simei Campus.

Achievements

- ▶ 221 staff were honoured for their dedication and excellence in patient care at the Singapore Health Quality Service Awards (SHQSA) 2020 ceremony on 14 January 2020. Ms. Anna Lee, Senior Manager (Occupational Therapy), Inpatient Therapy Services, was awarded the SHQSA Superstar Award 2020.



Reverend Canon Dr. Titus Chung, then Bishop-Designate, presented Ms. Arlene Dergam Aleta, Nurse Manager of SACH (left) and Ms Suzanna Ho, Nurse Manager of SANH (Buangkok) (right), both recipients of the Nurses' Merit Award, with a certificate and badge pin gifted by the Ministry of Health during the St. Andrew's Mission Hospital and Singapore Anglican Community Services Nurses' Day Virtual Celebration on 24 July 2020.

Review of Services

- ▶ Ms. Arlene Dergam Aleta, Nurse Manager, SACH, was awarded the Nurses' Merit Award (NMA) 2020. Started in 1976, the NMA is presented by the Ministry of Health (MOH) to nurses who have displayed noteworthy and exceptional performance, participated in professional development, and contributed to raising the standard of the nursing profession.
- ▶ 55 SACH staff received the Silver Individual Award at the Community Care Excellence Awards (CCEA) 2020 virtual award ceremony on 30 October 2020. The CCEA aims to recognise the contributions of individuals and project teams who have demonstrated exemplary service and commitment in delivering quality care to their clients in the Community Care sector.
- ▶ Mdm. Cynthia Wong Mee Tin and Mdm. Claudia Lee Wang Ling, SACH volunteers, received the Healthcare Humanity Award (HHA) 2020 at a virtual award ceremony on 8 December 2020. The HHA was presented to outstanding volunteers and healthcare professionals who go the extra mile in offering care and comfort to the sick and infirm.

- ▶ Ms. Diong Nguk Sing, Nurse Manager, SACH, was featured in a commemorative book "Nursing: Our Profession, Our Pride" produced by the MOH. 2020 marks the 135th anniversary of the nursing profession in Singapore. It is also the Year of the Nurse and Midwife as designated by the World Health Organisation. The book features nurses who have made significant contributions in the healthcare sector in Singapore.

ST. ANDREW'S SENIOR CARE (SASC)

In 2020, SASC (Henderson, JOY Connect, Queenstown, Tampines) served a total of 564 seniors through day care and day rehabilitation services.

The year started on a celebratory note when Mdm. Anne Chong, staff of SASC (Queenstown) and Mdm. Joyce Tay, staff of SASC (Henderson), received the Singapore Health Quality Service Awards 2020 in recognition of their excellent service and quality care.

The year took an unexpected turn when the COVID-19 pandemic peaked in the subsequent months. With the rapidly changing situation, the centres needed to adapt quickly to new standards of infection control, establish a system of close health monitoring of SASC seniors and staff as well as external personnel, and update work processes in ensuring safe care for our seniors and their loved ones.

Innovative Service Delivery

When the Circuit Breaker (CB) was enforced nation-wide for about two months, SASC (Queenstown) was designated by the Agency for Integrated Care to stay operational. During the CB period, SASC (Queenstown) cared for 42 seniors with limited family support during the day, including clients from 8 other senior care centres. For the majority of the SASC seniors who stayed home, the respective centres quickly devised ways to stay in constant contact and to support them. These included calling SASC seniors regularly and rolling out an extensive series of meaningful activities to ensure that the seniors and their families remained active and engaged. The centres also ran a daily online programme where seniors participated in a variety of activities such as exercises, singing and games. The programme enabled seniors to have "live" interaction with SASC staff, and maintain an active routine during the stay-home period. The centres' therapists continued to provide tele-rehabilitation to support seniors who needed specific guidance in their rehabilitation exercises at home.

The pandemic did not deter the regular volunteers from reaching out to the centres. Technology made it possible for one regular volunteer to sing to our seniors, while another started to teach art online. Although outings were suspended, Tanglin Neighbourhood Committee, a regular volunteer group with SASC (Henderson), brought the Singapore Zoo virtually to 150 seniors across all four centres, through the Wildlife Reserves Singapore Zoo virtual tour experience.

Review of Services



SASC (Henderson) staff engaged seniors in an online reminiscence chat session during the Circuit Breaker.

In a continuous effort to empower the seniors to become impactful contributors to society, SASC (Queenstown) and SASC (JOY Connect) partnered with the TOUCH Community Services in their intergenerational programme with youth. Though the programme was done using a virtual platform, the seniors were able to connect with the youth through personal stories on open-mindedness, humility and gratitude. These sessions were done with the aim of the seniors role-modelling these virtues so that the youth could learn from them.

Training

The pause in routine work also provided a timely opportunity for centre staff to enhance their knowledge and skills in eldercare. Online talks on mental health awareness, dementia care and training for therapy assistants were conducted by senior staff from the case management and therapy teams.



Singtel Dash, in collaboration with Udders Ice cream, blessed Team SASC (Tampines) with an ice cream treat as part of the National Day 2020 celebrations.

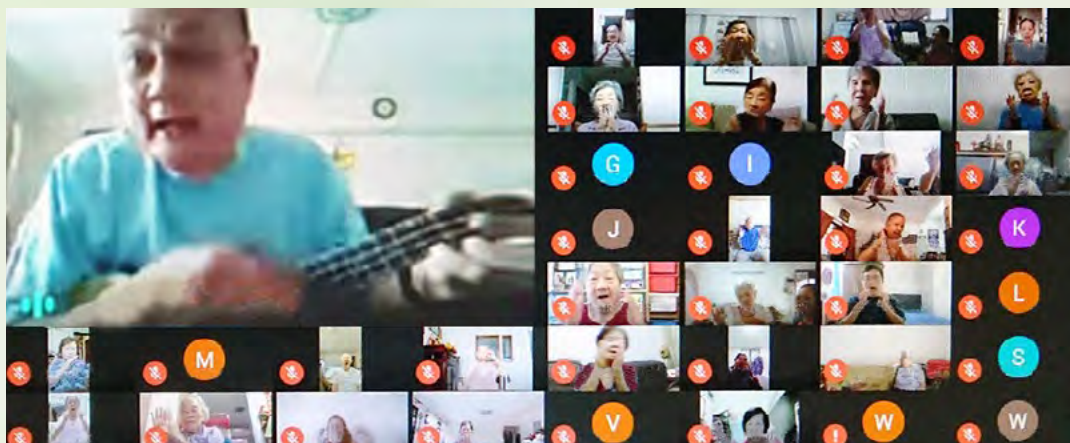


Seniors at SASC (Queenstown) enjoyed their Singapore Zoo virtual tour experience.

Community Support

Despite the many challenges faced throughout the year, there was much to be grateful for. SASC was continuously blessed with donations from the public, such as masks, face shields, snacks and care packs. These donations brought warmth and comfort to all the staff.

As the centres take stock of the many lessons learnt in terms of pandemic response and preparedness, infection prevention, business continuity, innovation and support of SASC seniors and staff, we stand united, rooted in God's strength and ready to face the new challenges of 2021 even as we remain focused on caring for our seniors and their families.



Online group activities and exercises were organised for SASC seniors during the Circuit Breaker.

Review of Services

ST. ANDREW'S NURSING HOMES (SANHs)

2020 was an extraordinary year for SANHs. Determined to overcome the challenges posed by the COVID-19 pandemic situation with strong community support, we persevered in providing quality care for residents.

As at end 2020, SANH (Buangkok) was operating at 99.7% occupancy (serving 299 residents). SANH (Henderson) and SANH (Queenstown) ended the year at 99% occupancy (serving 249 residents) and 97% occupancy (serving 283 residents) respectively.

St. John's - St. Margaret's Nursing Home is slated to start operations in 2021 while SANH (Tampines North) and SANH (Aljunied) are slated to begin operations in 2022 and 2023 respectively.

Together with SANH (Taman Jurong) from its sister organisation, Singapore Anglican Community Services (SACS), SANHs will serve the community with more than 2,000 beds by 2023.

New Initiatives

As part of its continuous efforts to provide quality care for residents, SANH (Buangkok) embarked on a three-year Clinical Quality Improvement Project with the Agency for Integrated Care (AIC) to improve the physical well-being of the residents by reducing the incidence rate of Urinary Tract Infection in the nursing home.

SANH (Buangkok) also started collaboration with Sengkang General Hospital (SKH) on two projects, Project RED and Project EAGLEcare. Project RED targeted to improve the care management of residents when they transit to/from SANH (Buangkok) and SKH. Project EAGLEcare aimed to reduce the emergency and acute hospital admissions of residents.



Ms. Joan Pereira, Member of Parliament, Tanjong Pagar Group Representation Constituency (GRC), did a video call with healthcare workers, support staff and residents of SANH (Queenstown) on 24 April 2020, sending her well wishes and love to all.

SANH (Henderson and Queenstown) began a three-year quality improvement project with AIC on the prevention of falls.

Enhancements, which included the installation of a wheelchair accessible stage for events and performances in the Multi-Purpose Hall as well as a feature wall to provide a quiet and peaceful space for all, were made at SANH (Henderson). In its lush garden, a cosy area was set up for residents and their visitors to socialise and enjoy some privacy.

SANH (Queenstown) collaborated with the Ministry of Health Holdings and AIC to form the "Lean Nursing Home Workgroup". The workgroup aimed to study and improve key business processes and incorporate technology through in-depth observations and interviews. The nursing home also turned its backyard into a garden amidst the green surroundings for residents to spend quality time with their loved ones.

Training

► SANH (Buangkok)

The Institute of Technical Education (ITE) Skills Certificate in Home Care: 6 staff
ITE Industry Trainer Certificate: 3 staff

► SANH (Henderson)

ITE Skills Certificate in Home Care (Dementia Care): 11 staff
Basic Wound Management: 7 staff
Intermediate Wound Management: 1 staff
End-Of-Life Care: 3 staff
Management of Diabetes: 13 staff
Foundations of Person-Centred Dementia Care: 27 staff

► SANH (Queenstown)

ITE Skills Certificate in Home Care module: 25 staff
AIC Advanced Care Planning: 2 staff
Urgotul Wound Management: 8 staff



SANH (Henderson) received support during the COVID-19 pandemic from various partners, including The TENG Company, which kept the residents engaged through virtual music performances by TENG Gives Back.

Review of Services

Notable Achievements/Accolades

Community Care Excellence Awards 2020

- **Silver Individual Award**
SANH (Henderson): 6
SANH (Queenstown): 1
- **Team Merit Award for Clinical Quality Improvement Award**
SANH (Buangkok): 1

Singapore Health Quality Service Awards 2020 (SingHealth)

- **Silver Individual Award**
SANH (Henderson): 18
SANH (Queenstown): 1

Nurses Merit Award 2020

- SANH (Buangkok): 1

Healthcare Humanity Awards 2020 (Volunteer - Individual Category)

- SANH (Buangkok): 1

Community Spirit

Aligned with the Ministry of Health COVID-19 precautionary measures, all visitations from family, friends and volunteers came to a temporary halt during the Circuit Breaker. As the COVID-19 situation improved, visitations to SANHs resumed with a limited number of visitors.

As SANHs endeavoured to lift the spirits of residents, visitors and staff, it received much love and encouragement from the community. These included blessings of care packs and meals for residents and staff as well as virtual be-friending programmes, performances, exercises and games for residents.



The collaboration with Ngee Ann Secondary School included a virtual social exchange through which SAAS students got to know the Secondary Three NASians better - laughing, chatting and even dancing together.

ST. ANDREW'S AUTISM CENTRE (SAAC)

One of the main challenges SAAC faced in 2020 was to continue to enrich the lives of persons on the autism spectrum and their families while adapting to the constantly evolving COVID-19 situation and the Safe Management Measures Singapore introduced to deal with the spread of the disease.

St. Andrew's Adult Home (Sengkang) continued to operate 24 hours a day, seven days a week throughout the year, even during the two-month Circuit Breaker period. Precautionary measures, which included regular swab tests, and the suspension of visits and home leave, helped to ensure that our residents and staff remained safe and healthy. St. Andrew's Autism School (SAAS) and our two Day Activity Centres (DACs) primarily supported students and clients remotely through Home-Based Learning and Home-Based Support respectively during the Circuit Breaker. Face-to-face classes onsite were provided for students and clients who required in-person support.

Despite the year's challenges, SAAC continued to grow. The total number of persons on the autism spectrum served by SAAC increased by 11.9%, from 394 students, clients, residents and respite cases by end 2019 to 441 by end 2020.

We are also grateful to the many friends and partners who stepped up their support of our work to help us raise more than \$90,000 for the SAAC Hardship Fund - Special COVID-19 Assistance, benefiting students' and clients' families who were hit hard by the pandemic crisis.



In addition to preparing Home-Based Support material, DAC coaches were in daily contact with clients and their caregivers, providing support to help in transition to the change in routine of being home during the Circuit Breaker.

Review of Services

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

SAAS began implementing the SPED competency framework from September 2020 when it was introduced by the Ministry of Education (MOE) as part of the ministry's continuing efforts to provide quality education for the moderate to severe special education needs in SPED schools. Transition to full adoption at all SPED schools is expected by 2024.

Undaunted by COVID-19, Ngee Ann Secondary School (NAS) launched the "Grant-a-Wish" initiative in 2020. All 312 SAAS students and families were moved by the thoughtfulness and generosity of NASians who rallied their entire school to fulfil SAAS students' personal wishes.

Key SAAS Highlights

- ▶ Programme Lead Gloria Yzelman Kho received both the MOE-National Council of Social Service Outstanding SPED Teacher Award and the MOE Masters Scholarship in Special Education.



In November 2020, four volunteer hairdressers provided haircuts for 12 DAC (Siglap) clients. The hairdressers will return to DAC (Siglap) at regular intervals for more hairdressing sessions for clients.

- ▶ Teacher Tan Pek Keow was one of four educators in Singapore who received the Leading Foundation Teacher Award 2020 by the National Institute of Education, which recognises passionate and dedicated teachers who have made significant contributions in the care and teaching of children in the fields of early childhood and special needs education.

- ▶ SAAS Principal, Diana Chin, was among the National Day Award recipients in 2020 – recognised for her contribution to education in Singapore with The Public Administration Award (Bronze), 2020.

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

Key DAC Highlights

- ▶ During the Circuit Breaker, in addition to Home-Based Support, several coaches from both DACs were onsite at DAC (Siglap) to support six DAC (Siglap) clients and four DAC (Sengkang) clients.
- ▶ DAC (Siglap) began talks with a potential farming partner for its Horticulture Programme to include work experience for clients involved with urban farming.
- ▶ DAC (Sengkang) started a collaboration with a commercial laundry partner for clients in its Laundry Programme to gain work experience.

Key SAAH Highlights

- ▶ Eight virtual open houses were conducted to reach out to parents of adults on the autism spectrum who may be suitable for residency at SAAH.



Despite the COVID-19 situation, SAAH (Sengkang) introduced new volunteering opportunities in 2020 that added 26 volunteers.

- ▶ As part of community outreach, SAAH collaborated with Methodist Welfare Services to educate its four Family Service Centres located in Hougang, Buangkok, Yishun and Tampines about autism and its residential services.
- ▶ Volunteering and community engagement opportunities introduced in 2020 added 26 new volunteers, 13 of whom are regular volunteers who interacted with residents through playing badminton, soccer and music.

GROWING HIS MINISTRY OF LOVE

In God-led obedience, SAMH has been seeking the welfare of the city, fulfilling God's given vision and mission to serve the underserved and the disadvantaged in a world with evolving needs. "But seek the welfare of the city where I have sent you into exile, and pray to the LORD on its behalf, for in its welfare you will find your welfare" Jeremiah 29:7.

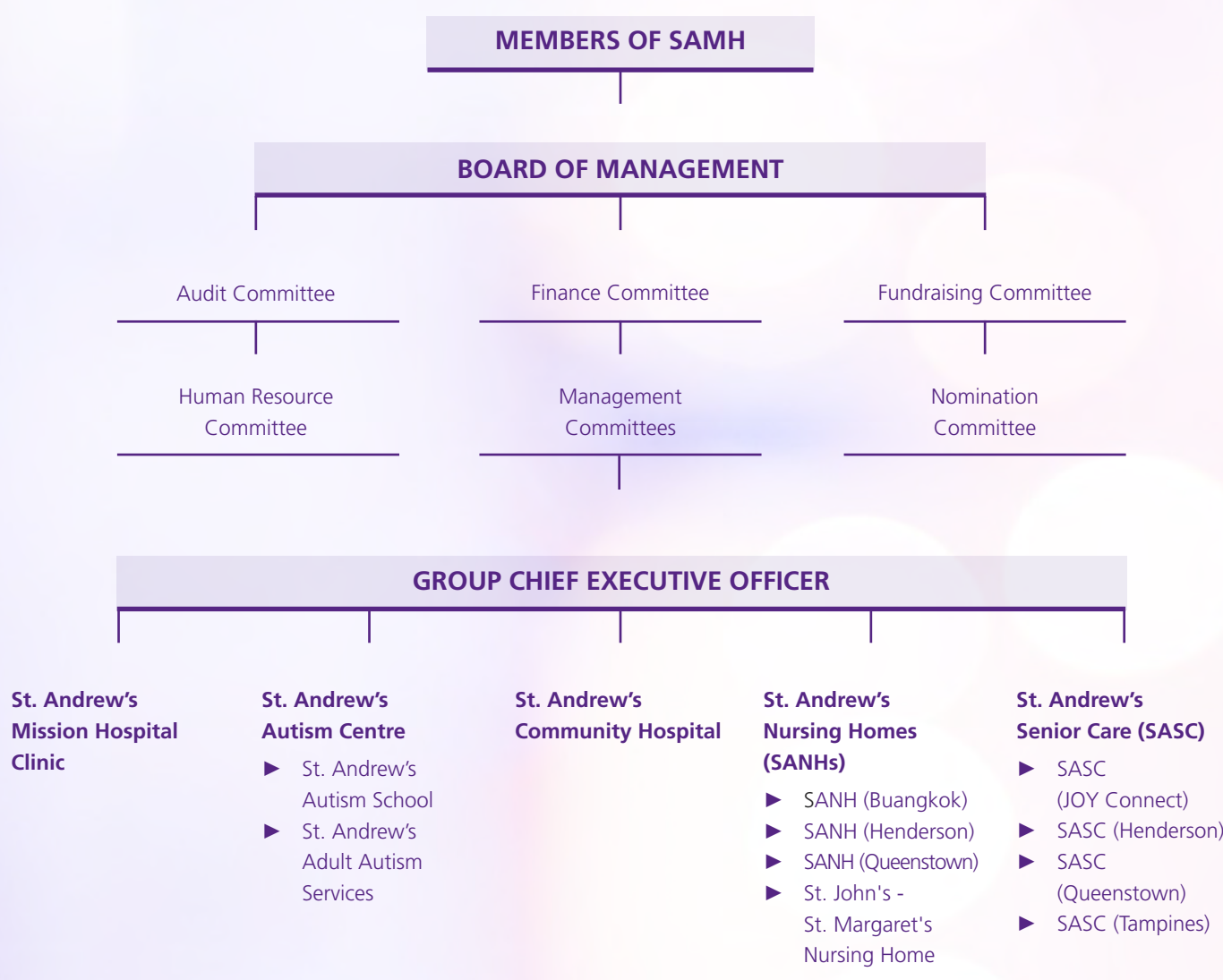
As we look forward to our upcoming chapters, we strive to be His channel of care and blessings as we grow His Ministry of Love to meet the growing needs of the community.

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

Leadership

St. Andrew's Mission Hospital (SAMH) is governed by a Board of Management (SAMH Board), which is the governing body responsible for overseeing and managing SAMH. Reporting to the SAMH Board are committees appointed by the Board of Management for the service units as well as the Audit, Finance, Human Resource, Nomination and Fund Raising committees.

ORGANISATIONAL STRUCTURE



Board of Management

The Board's role is to provide strategic direction and oversight of the programmes and objectives of St. Andrew's Mission Hospital (SAMH) and to steer SAMH towards fulfilling its vision and mission through good governance. As stipulated in the Ordinance, the SAMH Board is made up of nominees and elective members, headed by the President, who is by appointment, the Bishop of Singapore.

The roles and responsibilities of the Board include:

1. Review the Vision and Mission of SAMH periodically to ensure their relevance, ensure that there are adequate resources to sustain SAMH's operations and that these resources are effectively and efficiently managed.
2. Develop and approve a strategic plan to direct SAMH towards achieving its mission and fulfilling its vision.
3. Appoint Committees to assist or advise in its work with documented Terms of Reference.
4. Maintain a sound financial and accounting system to ensure effective management of resources.
5. Oversee the processes of evaluating internal controls and financial reporting.
6. Ensure satisfactory compliance to rules and regulations, both legislated and codified, that govern charities and Institute of Public Character.
7. As part of ongoing succession planning for the Board, to review the composition of the Board regularly to ensure an appropriate balance of expertise, skills, attributes and ability among the Board members.

No Board members are remunerated for their Board services in the financial year.

The Group Chief Executive Officer is appointed as the Honorary Secretary but does not vote at the meetings.

TERM LIMIT OF BOARD

The Board was appointed on 30 April 2020 for a one-year term. The Committees were appointed on 4 May 2020.

The SAMH Governance Manual stipulates the term limits for the Board as below:

- i. Two-thirds of the board members should not serve for more than 20 consecutive years.
- ii. 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. The Treasurer has a term limit of four years.

11 of the 25 members have served on the Board for more than 10 consecutive years. The Board was of the opinion there is adequate succession for Board. In addition, the vast experience that these members have with SAMH provides the Board with valuable insights and direction.



Board of Management



PRESIDENT

**The Right Reverend Titus
Chung Khiam Boon**

(Bishop)
PhD (Philosophy).
(Appointed on 18 October 2020)



PRESIDENT

**The Right Reverend
Rennis Ponniah**

(Bishop)
B.Soc.Sc (Hons.), M.Div.
(Appointed from 20 October 2012 to
30 August 2020)



VICE PRESIDENT

Mr. Andrew Goh Kia Teck

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



HONORARY TREASURER

**Mr. Joseph Liew
Yoke Pheng**

(Chairman & CEO)
FCCA, FSCA, CISA, CFE,
B.Com. (Acc.)
(Appointed as board member since
2019; treasurer since 2020)



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 Seng Kong**

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 Tiong Bin

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



NOMINATED MEMBER

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

Dr. Benjamin Tai Chih Urn

Ph.D.
(Appointed since 2018)



NOMINATED MEMBER

Presbyterian Church

**Reverend Dr. Eugene
Yeo Yew Jen**

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)

Board of Management



PROFESSIONAL REPRESENTATIVE AND ELECTED MEMBER

Dr. Alfred Loh Wee Tiong

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



PROFESSIONAL REPRESENTATIVE AND ELECTED MEMBER

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. Larry Choi Shing Kwok

M.P.A., M.Eng., B.Eng.
(Appointed since 2020)



ELECTED MEMBER

Mr. Choy Siew Kai

B.Sc. (and Fellow)
(Appointed since 2020)



ELECTED MEMBER

Mr. Hamish Alexander 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

Mr. Lee Chew Chiat

B.Eng. (Hons.)
(Appointed as board member since 2015; treasurer from 2016 to 2020)



ELECTED MEMBER

Elder Lee Chong Kai

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



ELECTED MEMBER

Prof. John Lim Chien Wei

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

Dr. Arthur Chern Su Chung

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

BOARD MEETINGS AND ATTENDANCE

The following sets out the individual Board member's attendance at the meetings during the term period of 30 April 2020 to 25 March 2021.

No.	Name	Designation in Board	Meeting Attendance	Years Appointed	No. of Years served
1	The Right Reverend Titus Chung Khiam Boon	Honorary President	2 / 2	2020	1
2	The Right Reverend Rennis Ponniah	Honorary President	2 / 2	2012	9
3	Mr. Andrew Goh Kia Teck	Honorary Vice President	4 / 4	2008	13
4	Mr. Joseph Liew Yoke Pheng	Honorary Treasurer	4 / 4	2019	2
5	Reverend Huang Ao You	Member	4 / 4	2017	4
6	Reverend Canon Dr. Louis Tay Seng Kong	Member	4 / 4	2001	20
7	Reverend Yap Chee Han	Member	3 / 4	2016	5
8	Venerable Wong Tak Meng	Member	2 / 4	2004	17
9	Mr. Robin Tan Tiong Bin	Member	4 / 4	2011	10
10	Dr. Benjamin Tai Chih Urn	Member	4 / 4	2018	3
11	Reverend Dr. Eugene Yeo Yew Jen	Member	4 / 4	2018	3
12	Dr. Gong Ing San	Member	1 / 4	2002	19
13	Dr. Alfred Loh Wee Tiong	Member	4 / 4	2005	16
14	Prof. Tay Boon Keng	Member	1 / 4	2002	19
15	Mr. Chan Wing Hong	Member	4 / 4	2009	12
16	Mr. Larry Choi Shing Kwok	Member	4 / 4	2020	1
17	Mr. Choy Siew Kai	Member	4 / 4	2020	1
18	Mr. Hamish Alexander Christie	Member	2 / 4	1986	35
19	Mr. Lee Cheow Seng	Member	4 / 4	2019	2
20	Mr. Lee Chew Chiat	Member	3 / 4	2015	6
21	Elder Lee Chong Kai	Member	3 / 4	2011	10
22	Prof. John Lim Chien Wei	Member	4 / 4	2015	6
23	Dr. Ong Yong Wan	Member	3 / 4	2000	21
24	Miss Arasi Santhana	Member	4 / 4	2008	13
25	Mr. Tan Kian Woo	Member	4 / 4	2012	9
26	Mr. Tan Soo Kiang	Member	4 / 4	2004	17
27	Dr. Arthur Chern Su Chung	Secretary of the Corporation (Non-Board member, salaried officer)	4 / 4	–	–

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 Kok Wai

M.A.

Elder Lee Chong Kai

B.A. (Otago) and B.A. Hons. (Victoria)

Mr. Joseph Liew Yoke Pheng

FCCA, FSCA, CISA, CFE, B.Com. (Acc.)

Dr. Alfred Loh Wee Tiong

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

Mr. Dennis Tan Jui Kwang

LL.B.

Mr. Patrick Yeo Bor Gee

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)
(Appointed till 30 November 2020)

Treasurer

Mr. Lee Chew Chiat

B.Eng. (Hons.)

Secretary

Ms. Diana Chin Siong Yoon

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

Members

Mr. Bernard Chew

Masters of Edu (Curriculum and Instructional
Leadership)

Ms. Edwina Fan Yuen Chi

Bachelor

Ms. Veronica Ho

Masters in Education

Mdm. Daphne Leong Beng Yuet

Mr. Joseph Liew Yoke Pheng

FCCA, FSCA, CISA, CFE, B.Com. (Acc.)

Mdm. Tay Li Ling

B.A. (Hons.), PGCE

Mr. Dennis Ang

P.P.A., M.B.A., B. Eng. (Mechanical)
(Appointed till 30 April 2020)

Mr. David Alexander Ong

(Appointed till November 2020)

Mr. Lawrence Pang

LL.B. (Hons.), M.B.A.
(Appointed till June 2020)

ST. ANDREW'S COMMUNITY HOSPITAL

Chairman

Dr. Alfred Loh Wee Tiong

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

Co-Chairman

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.A.I. (USA)

Dr. Christopher Lien Tsung Chien

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.

Assoc. Prof. Ng Wai Hoe

M.B.B.S., M.B.A. (INSEAD), MD, FRACS, F.A.M.S.
(Appointed since 13 August 2020)

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)

Adj. A/Prof. Tay San San

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

Reverend Daniel Tong Wee Hwa

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

Management Committees

ST. ANDREW'S NURSING HOMES

Chairman

Elder Lee Chong Kai

B.A. (Otago) and B.A. Hons. (Victoria)

Members

Mr. Choy Siew Kai

B.Sc. (and Fellow)

Adj. Assoc. Prof. 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 Moi Chan

B.Sc. (Nursing Mgmt)

Mr. Lee Cheow Seng

B.Acc.

Assoc. Prof. Lee Kheng Hock

M.B.B.S., MMed (FM), F.A.M.S., FCFPS

Assoc. Prof. Steven Lim Hoon Chin

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.
(Appointed till 13 August 2020)

Reverend Jeremy Ponniah

M.B.A.

Dr. Tan Chi Chiu

M.B.B.S., M.R.C.P. (Int Med), F.A.M.S.
(Gastroenterology)

Assoc. Prof. Wong Chee Meng John

M.Med. (Psych), M.S.C.

Adj. Assoc. Prof. Reuben Wong

M.B.B.S., AGAF, F.R.C.P., F.A.M.S.

ST. JOHN'S - ST. MARGARET'S NURSING HOME

Chairman

Mr. Larry Choi Shing Kwok

M.P.A., M.Eng., B.Eng,

Members

Dr. Chan Lai Gwen

M.R.C.P. (UK), MRC Psych (UK)

Mr. Koh Kok Liang John

B. Economics (Stanford)

Mr. Lee Cheow Seng

B.Acc.

Elder Lee Chong Kai

B.A. (Otago) and B.A. Hons. (Victoria)

Dr. Lee Hoon Hwee

BDS (Spore) MSc (Longon)

Ms. Sherlyn Lee Sher Lin

Post Grad Cert (Edu)

Prof. John Lim Chien Wei

M.B.B.S. (S'pore), M.Sc. (PH),
F.A.M.S., M.P.M. (Harvard)

Reverend Dino V Thangamany

M. Div, Adv Dip Eng.

Mr. Wong Kin Nyen

B.Eng. Civil (Hons)

Other Committees

SAMH AUDIT COMMITTEE

Chairman

Mr. Andrew Goh Kia Teck

B.Econ.

Members

Mr. Chan Wing Hong

B.Sc. (Econ)

Mr. John Cheong Puk Fai

M.Sc.

Ms. Phyllis Law Auket

M.B.A.

Mr. Lee Chew Chiat

B.Eng. (Hons.)

Mr. Tan Kian Woo

B.Acc. (Hons.), F.C.A. (S'pore)

SAMH FINANCE COMMITTEE

Chairman

Mr. Joseph Liew Yoke Pheng

FCCA, FSCA, CISA, CFE,
B.Com. (Acc)

Members

Mr. Charlie Chan Wai Kheong

M.B.A.

Mr. Daniel Chan Choong Seng

B.BA

Mr. Hamish Alexander 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. 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. (Mgt), Dip. (Mech. Eng.)

Mr. Raymond Choo Choon Seng

LL.B., LL.M, B.Div.

Mr. Lau Wan Keong

B.A. (Hons.)

Dr. Benjamin Tai Chi Urn

Ph.D.

Mrs. Audrey Teo Lai Han

M.Soc.Sc. (Professional Counselling)

Reverend Yap Chee Han

M.Div.

SAMH NOMINATION COMMITTEE

Chairman

The Right Reverend Titus Chung Khiam Boon

PhD (Philosophy)
(Appointed on 18 October 2020)

The Right Reverend Rennis Ponniah

B.Soc.Sc (Hons.), M.Div.
(Appointed till 30 August 2020)

Members

Mr. Andrew Goh Kia Teck

B.Econ.

Mr. Keith Chua Tiang Choon

B.BA

Mr. Richard Rokmat Magnus

LL.B. (Hons.) and LL.M.

SAMH FUNDRAISING COMMITTEE

Co-Chairmen

Mr. Andrew Goh Kia Teck

B.Econ.

Mr. Keith Chua Tiang Choon

B.BA

Members

Ms. Wong Kok Yee

FCCA

Mr. Charlie Chan Wai Kheong

M.B.A.

SAMH HONORARY CONSULTANTS

Dr. Alfred Loh Wee Tiong

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. (Orth)

Management Executives

ST. ANDREW'S MISSION HOSPITAL

Group Chief Executive Officer

Dr. Arthur Chern Su Chung

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 till 30 April 2020

Mr. Dennis Ang

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

Chief Executive Officer from 1 May 2020

Mr. Bernard Chew

M.Ed., Vanderbilt University
B.A. (Hons), National University of Singapore
PGDE (Sec), National Institute of Education

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.)

Director,
Residential Services and Research,
St. Andrew's Adult Home (Sengkang)

Mr. Moses Lee

B.SocSci (Hons.) (S'pore),
M.A. (Applied Psychology) (S'pore)

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)

Ms. Cynthia Wong

B.Sc. (Estate Management) (Hons.)

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

Mr. John Chan

RN, BN (Monash)

Executive Director, St. John's - St. Margaret's Nursing Home

Ms. Winnie Chan

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

ST. ANDREW'S SENIOR CARE

Deputy Director

Mrs. Mina Lim

B.ASc. (Physiotherapy),
M.ASc. (Ex & Sport Sc.)

Corporate Governance

St. Andrew's Mission Hospital (SAMH) is committed to good governance and management by ensuring our practices are in compliance with all applicable laws, regulations and internal policies.

CODE OF GOVERNANCE

SAMH has complied with the Code of Governance for Charities and Institutions of a Public Character (IPCs) issued by the Charity Council. Our Governance Evaluation Checklist is disclosed at the Charity Portal www.charities.gov.sg.

CONFLICT OF INTEREST POLICY

SAMH has a Conflict of Interest Policy. Annual conflict of interest disclosure is undertaken by all members of the Board and Committees, and the key management staff. The policy is also issued to all employees on a yearly basis.

SAMH has also put in place documented procedures for Board members and staff to declare actual or potential conflicts of interests, and to abstain and not participate in decision-making on matters where they have a conflict of interest.

WHISTLE-BLOWING POLICY

SAMH has a Whistle Blowing Policy that aims to provide an avenue for employees and external parties to raise concerns to the Audit Committee and is offered reassurance that they will be protected from reprisal or victimisation for whistleblowing in good faith. The policy is also issued to all employees on a yearly basis and published on SAMH website.

RESERVES POLICY

SAMH has a Reserves Policy and aims to achieve a general reserve ratio of 6 months of the operating expenditure to meet its operational needs.

The reserve level is regularly reviewed by the Board to ensure that the reserves are adequate to fulfil the SAMH's continuing obligations.

The reserve ratios are 5.7 and 7.3 in 2019 and 2020 respectively. For 2021, the projected reserves ratio is 5.9.

Disclosure of remuneration of the three highest paid staff who each receives more than \$100,000, in bands of \$100,000.

Total annual remuneration (including any remuneration received in its subsidiaries) of our three highest paid employees, who each receives remuneration exceeding \$100,000.

None of the 3 highest paid staff serves as a governing board member of the charity.

Remuneration (in incremental bands of \$100,000)	No. of Employees
Above \$400,000	2
\$300,001-\$400,000	1

Disclosure of the number of paid staff who are close members of the family of the Executive Head or Board members, who each receives remuneration exceeding \$50,000 during the year, in bands of \$100,000:

Remuneration (in incremental bands of \$100,000)	No. of Employees	Name of related Head or Board
\$50,001-\$150,000	1	Venerable Wong Tak Meng

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

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

Acknowledgement of Donations, Gifts and Services Rendered

A

ACE Seniors Pte Ltd
Aenon Pharmaceuticals SEA Pte Ltd
Agency For Integrated Care
Agilent Technologies
Ahmadiyya Muslim Mission Singapore
Alice
All Saints' Church
Allianz SE Reinsurance Branch Asia Pacific
Allscripts Healthcare IT (Singapore) Pte Ltd
Amarshetti Shilpa
Anchant Jonathan
Ang Chew Kim
Ang Chin Guan
Ang Chin Moh Foundation
Ang Eng Yong Mary
Ang Lee Lin Maggie
Ang Lye Eng
Ang Richelle
Ang Ser Khee Kathleen
Ang Suan Lian
Ang Xinyi Charmayne
Anglican High School
Anglo-Chinese School (Independent)
Anupam Pramanik
Anwar Shaikh
Auto 101 LLP
Avex Asia Pte Ltd

B

Bastari Irwan
Baxter Healthcare (Asia) Pte Ltd
Bethesda (Bedok-Tampines) Church
Bey Soo Khian
BLESS
Boon Sin Foon Betty

C

Cappella Martialis
Chan Chwee Fong
Chan Hock Yuen Alfred
Chan Hoe
Chan Kam Cheong
Chan Mei Yoong Letticia
Chan Miew Leng
Chan Wah Tiong
Chan Yong Hee
Chang Kai Chin
Chang Xiang Si @ 301 Changi Road
Chapel Of Christ Our Hope
Chapel Of Christ The Redeemer
Chapel Of The Resurrection
(English Congregation)
Chea Zhiqiang
Chee Fook Seng
Chen Nicholas
Chen Tze Penn
Chen Weizhong Lance
Cheng Teng Wai
Cheo Ashley
Cheong Kheng Beng Derek
Cheong Moon Weng Johnson
Cheong Oi Keng
Cheung Mi Mi

Chew Mark
Chew Yong Sheng Vincent
Chew Yvonne
Chew Zhisheng Daniel
Chew Zijie
Chia Daphne
Chia Geok Choo Suzie
Chia Hock Chye Michael
Chia Suat Lay Annie
Chia Terry
Chiang Seow Ying Linda
Chin Mei Har
Chin Soo Ling Priscilla
Chin Tuan Cheng @ Megan Ching
Ching Kim Leng
Ching Kwee Chin Joan
Chng Guan Poh
Chong Chow Foong
Chong Lai Ying Celia
Chong Yen Hwei Faith
Chong Yeong Chin Raymond
Choo Hong Kiang Karen
(Team Chapel KK)
Choo Hui-Tsin Serena
Choo Kee Lim
Choo Ngan Tai Mary
Chow Kok Eng
Chow Ng Mui
Chua Bee Suan
Chua Chin Yang Royston
Chua Gek Choo Agnes
Chua Kim Moi Maggie
Chua Meng Choo
Chua Philip
Chua Qin Nikki

Acknowledgement of Donations, Gifts and Services Rendered

Chua Serene

Chua Yi Ethan

Chua Yong Yeow Christopher

Chua Yu Cong Eugene

Chua Yun Xi Lynnda

Chung May Ching Rosie

Church & Dwight Singapore Pte Ltd

Church Of Our Saviour

Church Of St. Teresa

Church Of The Ascension

Church Of The Good Shepherd

Clean Lab Pte Ltd

ConvaTec (Singapore) Pte Ltd

Cynthia Singh Nee Rarpa

D

Deng Feng Construction & Renovation

Dione Harrison

DKSH Singapore Pte Ltd

Donate A Cookie

Dunman High School

E

Edgefield Secondary School

Elaine Sundaram

Emmanuel V. Caparas

Eng & Co LLC

Eng Chien Jiu Adeline

Eng Siu-Lan Sibyl

ESTA Pte Ltd

Estate of Peter Lim Seng Chiang

- Peter Lim Memorial Fund

Everglow Employment Agency

ExxonMobil Asia Pacific Pte Ltd

F

Far East Organization

Field Experience Pte Ltd

First Cuisine Catering Pte Ltd

Fong Yong Tau Foo Pte Ltd

Foo Chee Meng

Foo Suan-Ji Jared

Foo Yoke Lin

Foo Yunn Fang Karen

Food From The Heart

Foong Siew Kheng

G

Gan Chee Kwan

Gan David

Gan Eng Seng Primary School

Gan Sze Lynn Cherlyn

George Lionel Nimroth Dharmaraj

Global Art Sengkang

Gn Wei En Lydea

Goh Eileen

Goh Eng Bee (May Chan)

Goh Kheng

Goh Pooi Kian Adrian

Goh Seng Tong

Goh Sian Chay

Goh Sue Lang Rita

Goh Susan

Gomez Mary

Gopalakrishnan Shamala

Govil Atul

Grace Methodist Church

Gupta Pooja

Gwee Chai Heng

H

Haji Abdul Wahab Bin HJ Saadun

Han Qixiong Mark Eugene

Han Soon Siew Alan

Han Tock Lian Mary

Hanbaobao Pte Ltd (McDonald's)

Happy Hearty Hearts

Harford Wngineering P/L

Hariati Binte HJ. Ahmad

Harmonic Preskool @ Buangkok

Hee Huey Zxi

Henderson Community Club Women's
Executive Committee

Heng Boon Howe Clive

Henry You Yuan Han

His Sounds

Ho Jit Him

Ho Kum Koon (Team Chapel KK)

Ho Sook Kee Irene

Ho Tina

Hoe Choon Yong Janette

Holy Trinity Church

Hong Helen

Hooi Meng Hwe

Hoon Dah Yenn Richard

Hu Philip

Huang Ao-You

Huang Ming Lei

Huatong Contractor P/L

Huawei International Pte Ltd

Acknowledgement of Donations, Gifts and Services Rendered

I

IDS Medical Systems (Singapore)

J

J. Anton Ravindran

J. P. Morgan

Jeyraj Rubyrani

Jway Ching Hua

K

Kamal Kant S/O Chhotalal

Kanagasundram Ambit Krishna

Kandhiah Thiruneweli Kanthiah
Sankarauaruby

Kang Teck Seng

Katoki Mwalilino

Keng Zi Hao Nelson

Khoo Nya Choy Jenny

Kim Chwee Eng

Koa Lay Hean Shirley (Team Chapel KK)

Koh Amanda

Koh Cun Jin Nancy

Koh Kheng Koong Jenny

Koh Lay Nah Lina

Koh Liak Eng Mabel (Yong Weng)

Koh Miow Lan

Koh Ngiap Joo

Koh Steven

Koh Ta Hua

Kong Jasmine

Krishnamoorthy Ravishanker

Kuah Ann Thia

Kwa Bee Geok

Kwa Bee Hoon

Kwan Lum Yeng

L

La'Brooy Patricia

Lai Soon Thim Andrew

Lam Choon Fung

Lam Felicia

Lam Fong Kum Helen

Lam Seng Heng

Lam Yoke Lin

Latitude Architects Pte Ltd

Lau Siu Yung

Lau Wee Eng Jenny

Lau Yoot Moey Rinnie (Team Chapel KK)

Lee Ah Mooi Old Age Home

Lee Chong Kai

Lee Foundation

Lee Fui Joon

Lee Gabriel

Lee Hock Tee Helen

Lee Joash

Lee Kam Khiong

Lee Kok Wai James

Lee Kwai Yoke Joanna

Lee Kwok Lan Lynn

Lee Ling Chiam

Lee Mei Lan

Lee Mei Yoke Lydia

Lee Onn Kei Angel

Lee Poh Chan

Lee Poh Gek

Lee Sang Min

Lee Shao Mei Janice

Lee Swee Eng Angie

Lee Sze Chin

Lee Wang Ling Claudia

Lee Wee Fong

Lee Wei Yung

Lee Yin Tze Merryyn

Lee Zheng Jun Dexter

Lentor Ambulance Pte Ltd

Leong Alice

Leong Ian Shya

Leong Joseph

Leong Poh Yin

Leong Su Ling Evelyn

Leong Ying Eng Dorothy

Leong Yoke Yuh Mabel

Leong Yuet Lim Rosalind

Leung Sau Lin

Li Wei Wei

Liang Mei Hui Prisca

Liau Shu Mee Joanna

Liau Ye Ger

Liew May Ho

Liew Mei Yuen Winnie

Liew Yoon Sam

Lim Bee Lian Eliza

Lim Benedict Andrew

Lim Beng Lay Susie

Lim Chew Peng Linn

Lim Chew Ting

Lim Dick

Lim Esther

In memory of the late Mr. Lim Ewe Huat:

- Lim Hwee Leng

Lim Gek Kim Betsy

Lim Geok Hock Joshua

Lim Hong Mun Desmond

Lim Hui Xian Hannah

Lim Joyce

Lim Kek Wah

Lim Kok Cheng

Lim Li Li

Lim Peace

Lim Poh Lian

Lim PY

Lim Siok Feng Jeslyn

Acknowledgement of Donations, Gifts and Services Rendered

Lim Swee Keow Sally

Lim Yee Fong Joan

Lin Lian Huay

Ling Alice

Liu Ling Ling

Lock Yan Bing

Loh Buck Lan Evangeline

Loh Jennifer

Loh Lye Yeng

Loh Mee Yee

Loh Wah Kay

Loh Yik Hin

Loke Rebecca

Long Joyce

Loo Hak Jan

Low Eik Miang Sylvia

Low May Leng

Low Oo Hwa

Low Soon Leong

Low Xiao Wei

Loy Suan Choo

M

Maggie Alias May Chan Ai May

Mahaletchumy D/O Nadason

Mapletree Investments Pte Ltd

Melwin Transport Company

Michela Ser Mian Lai

Micron Technology

Mohammad Jahid Hossain

Mok Seow Boon

Mong Jasmine

Muthalu D/O Subramaniam Sabrina

Myat Yi Lin

N

Na Huwe Tang Eddie

National Council Of Social Service

Nee Earl

Neelakandan Rakavan Paul

Neo Alvin

Neo Gek Lin Esther

New Creation Church

New Town Primary School

Ng Emmalene

Ng In Kiat

Ng Kheng Hock Roland

In loving memory of the late

Mdm. Ng Lay Eng:

- Keong Chee Seng

Ng Mui Heong May

Ng Mui Noi Rachel

Ng Odie

Ng PC

Ng Puay Loo Florence

Ng Soo Gek Sally

Ng Soon Aik

Ng Sui Mui Nancy

Ng Swensea

Ng Thiam Aik Frank

Ng Wee Cheng Doris

Ng Yew Keow

Ngeo Chay Hoon Cecilia

Ngiam Tong Yuen

Ngoo Wei Aun Adrian

Noejdh Thomas Elon

NTUC Club nEbO

Nurul Ain Binte Gazali

O

Office M Pte Ltd

Old Hong Kong Group

OLPS Church Filipino Legion of Mary

OMF Singapore Ltd

Ong Bok Ai

Ong Chon-Kin Fabian

Ong Hock Soon (Team Chapel KK)

Ong SL

Oo Seow Choon

Ow Gam Biu William

Ow Shu En Grace

P

P.W.K. Upul Indrajit Rodrigo

Pang Kian Chuan Healey

Pang Lai Fern Michelle

In loving memory of the late

Mdm. Pang Sow Thai:

- R&R Graceland Fund

Parish Of Christ Church

Paya Lebar Methodist Girls'

Secondary School

PCF Sparkletots Preschool

@ Telok Blangah Blk 44

Peh Hong Ming

Pero Ghin Chwee Ellen

Peter Manimuthu

Phua Siew Kiang

Png Yew Teck

Poh Book Eang

Poh Soo Kin Marilyn

Pok Sok Cheng

Pong Chin Yee Karen

Pook Ying Nam Sharmaine

Praveen Jain

Prima Pte Ltd

Project Dignity

Pua Long Trading & Co

Pun Miang Teo Jeffrey

Acknowledgement of Donations, Gifts and Services Rendered

Q

Quah Bernard Kong Hock
Quah Buck Song Alfred
Queenstown Baptist Church
Queenstown Secondary School
Queensway Secondary School
(Boys' Brigade 61st Coy)
Quek Florence
Quek Grace
Quek Soh Khim
Quek Wayne
Quick Loan Pte Ltd
Quo Kah Poh

R

Rachel Sequeira
Rae'Anne Tan
Rajendran Anitharaj
Ramchand N Jagtiani
Ramky Cleantech Services Pte Ltd
Rebekah Polly Mae Taylor
Refresh Flowers SG
Rohil Kumar
Rotary Club (Jurong Town)

S

Safetech Devices Pte Ltd
Sake Labo
Sakuntala D/O Arunasalam Sarah
Sarah Ann You Yu Qing
See Joyce
See Kwee Leng
Selvarathenam S/O Suppiah Muthiah
Sengkang Central Youth Network
Setoh Lai Kuen Cynthia
Sew Choon Lian Cynthia
Sharing Loaf
Shawn Jasper Cross
Shianny Huntoro
Shiyue Ocarina Ensemble &
Shiyue Hulusi Ensemble
Shu Patricia
Siew Yoke Yin Pauline
Sim Ai Ling Devadas
Sim Guek Kwee Laurel
Sim Luang Kim Fiona
Simon Reynolds
Sing See Soon Floral & Landscape
Sing Tec Development P/L
Singapore Hospice Council
Singapore Mercy Mission Group
Singtel-Dash
Sino Renewal Energy Investment Pte Ltd
Sng Aik Pong Martin
Soh Cheng Koon Kenny
Soh E Ching nee Loon Lisa
Soh Lena

Soh Mei Lin Lena
Soh Seo Hoon Lina
Soh Siew Hong Angeline
Soh Sun Oh
Song Khong Choo
Song Kim Huat Johnny
Soon Andrew
Soon Yi Wei Mandy
Soon Yong Jie Ryan
Sooperlicious
Sow Jiann Hwang
St. Andrew's Cathedral
St. Andrew's Cathedral
(Mandarin Congregation)
St. Andrew's Cathedral Golden Voices
St. Andrew's Community Chapel
St. Hilda's Church
St. Hilda's Secondary School
St. James' Church
St. John's - St. Margaret's Church
St. John's - St. Margaret's Church
(Chinese Congregation)
St. Margaret's Secondary School
Sultan Tandoor Pte Ltd
Suppiah Pusparani Evelyn
Sutanuka Roy

Acknowledgement of Donations, Gifts and Services Rendered

T

Tampines Meridian Junior College	Tan Rachel	Tay Hui Gek Linda
Tan Adeline	Tan Rose Melorie	Tay Hwee Song
Tan Ah Ngoh Doris	Tan Rui Yan Deborah	Tay Kim Poh
Tan Ah Song Betty	Tan Saw Looi	Tay Magdalene
Tan Alice LH	Tan Seng Koon William	Tay Seng Kong Louis
Tan Andrew Yong-Yi	Tan Seok Peow	Tay Teck Kwang
Tan Anna (Team Chapel KK)	Tan Seok Seng Francis	Tay Boon Keng
Tan Boon Eng	Tan Set Yung Lily	Team Salon
Tan Chee Siong	Tan Si Ying Sarah	Temasek Foundation
Tan Cheng Siong Kelvin	Tan Siew Hong	Temasek Junior College
Tan Cheng Yeow	Tan Siew Hui	Temasek Primary School
Tan Chew Har	Tan Siew Peng	Temasek Secondary School
Tan Chin Tuan Foundation	Tan Sik Chye	Teng Choong Ming
Tan Choon Han	Tan Suet Wah	Teo Ban Guan
Tan Choon Tee Ronnie	Tan Suzie	Teo Lai Cheng Katherine
Tan Dorothy	Tan Swee Kheng Charlotte	Teo Ronnie
Tan Geok Lee Florence	Tan Teng Ho	Teo Siew Choo Peggy
Tan Harold	Tan Tian Tjian	Teo Tiat Leng
Tan HL	Tan Victoria	Teo-Chu Ying Sin Roszana
Tan Ho Kiong	Tan We Li	Tham Beng Kiong
Tan Huixian	Tan Wee Kiat	The Achievers
Tan Jean	Tan Wee Liang	The Children's Charities Association of Singapore
Tan Jolene	Tan Wee Sim	The Community Foundation Of Singapore
Tan Jun Xi Daniel	Tan Yeow Khim (Bey)	The Diocese of Singapore
Tan Kiew Family	Tan Yeow Khuan (Team Chapel KK)	The Esplanade Co Ltd
Tan Lee Chiang Lily	Tan-Cheong Yew Tze Ruth	The Food Bank Singapore
Tan Lee Lee Judy	Tang Kam Tong	The Mui Luang
Tan Lee Seng Thomas	Tang Kam Weng	The Ribbon Shop
Tan Leng Leng	Tang Min Chuo Rosalind	The TENG Company
Tan Lih Chee	Tanglin Neighbourhood Committee	Thng Chong-Li Kenneth
Tan Margaret	Tanisha Chainani	Toh Ting Ru Vanessa
Tan May	Tat Hwa (1969) Pte Ltd	Tong Kian Beng
Tan Mian Her	Tay Beatrice	Too Yijin Evon
Tan Nee Cheok Jeannie	Tay Cheng Choo Angeline	Touching Hearts
Tan Peck Lang Julie	Tay Chin Hiang Monica	Tran Nam Hung
Tan Puay Noi	Tay Clarence	Tse Nan Shing John
	Tay Geok Tin	

Acknowledgement of Donations, Gifts and Services Rendered

V

Vasantha Devi D/o K Krishnamurthi
Vianney Han Yong Siew
Vickneswaran
Vimala D/O Maruthaiya
Vinda Singapore Pte Ltd
Voo Kow Tze
Voon Haen Lim Violet

W

Wan Lan Pheng Lydia
Wan Raymond
Wang Liang Pei
Wee Poh Kok David
Wen Huijun
White Restaurant
Wong Chein Mong David
Wong Fong Choong Afcie
Wong Guan See
Wong Kok Meng Jonathan
Wong Le Jing
Wong Mee Tin Cynthia
Wong Mun Keong
Wong Noeline
Wong Poh Moi
Wong Rosemary
Wong Siew Mei
Wong Sok Fan Amy
Wong Soon Jong Adeline
Wong Tak Meng
Wong Teck Ang Betty
Wong Yee Chin
Wong Yoon Lin
Wong Zhe Qian
Wu Pin Jiao
Wunderman Thompson

X

Xu Song Qing

Y

Yam Chin Rui Jermaine
In memory of Mr. and Mrs.
Peter Yap Ee Kaw
Yap Mei Chan Rachel
Yap Soon Ee Jenny
Yau Hoe Kiat Patrick
Yeap Beng Soon Kelvin
Yee Ronaldo
Yee Sandra
Yeo Bee Teck Evelyn
Yeo Gim Koon
Yeo Khrin Hin Andrew
Yeo Siow Pin
Yeoh Boon Keng Tony
Yeow Chern Chieh
Yeow Ying Wing
Yip Chee Hung
YMCA Student Care Centre @ Simei
YMCA Student Care Centre @ St. Hilda's
Yong Siew Kian Caroline
Yoohenthiran Ponnudurai
You Wee Wah
Youth Corp Singapore
Yu Kah Meng Terrence
Yuen Mark

Z

Zee Chow Seng
Zelta 3D Pte Ltd
Zhangde Primary School
Zhao Xiaoshu Carol
Zhao Yi
Zheng Shiyi Adeldyne

FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2020

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 2020 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 2020

Statement by Board of Management

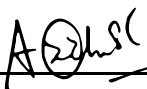
In our opinion, the financial statements set out on pages FS1 to FS40 are drawn up so as to give a true and fair view of the financial position of the Hospital as at 31 December 2020 and the financial activities, changes in funds and cash flows of the Hospital for the year ended on that date in accordance 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 black ink, consisting of a stylized 'J' and 'L' with a horizontal stroke, positioned above a solid horizontal line.

Mr Joseph Liew
Hon. Treasurer

A handwritten signature in black ink, appearing to read 'A. Chern' with a stylized flourish, positioned above a solid horizontal line.

Dr Arthur Chern
Secretary

31 March 2021



KPMG LLP
16 Raffles Quay #22-00
Hong Leong Building
Singapore 048581

Telephone +65 6213 3388
Fax +65 6225 0984
Internet www.kpmg.com.sg

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 2020, 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 FS40.

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 give a true and fair view of the state of affairs of the Hospital as at 31 December 2020 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 of financial statements that give a true and fair view 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 is 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.



KPMG LLP
Public Accountants and
Chartered Accountants

Singapore
31 March 2021

Balance sheet
As at 31 December 2020

	Note	2020 \$'000	2019 \$'000
Non-current assets			
Property, plant and equipment	4	64,015	54,879
Right-of-use assets	5	15,432	14,232
Investment property	6	7,465	7,729
		<u>86,912</u>	<u>76,840</u>
Current assets			
Inventories	7	357	309
Trade and other receivables	8	29,728	30,687
Prepayment		538	454
Cash and cash equivalents	9	94,356	74,216
		<u>124,979</u>	<u>105,666</u>
Total assets		<u>211,891</u>	<u>182,506</u>
Non-current liabilities			
Tenants' deposits received		188	208
Other payables	11	756	1,291
Deferred government grants/donations	10	57,374	60,911
Lease liabilities	5	12,111	10,750
		<u>70,429</u>	<u>73,160</u>
Current liabilities			
Trade and other payables	11	15,717	11,445
Deferred government grants/donations	10	9,895	–
Tenants' deposits received		18	76
Other deposits received		1,273	1,111
Lease liabilities	5	3,568	3,633
		<u>30,471</u>	<u>16,265</u>
Total liabilities		<u>100,900</u>	<u>89,425</u>
Net assets		<u>110,991</u>	<u>93,081</u>
Reserves and funds			
General fund		87,067	67,728
Restricted funds	12	23,924	25,353
Total reserves and funds		<u>110,991</u>	<u>93,081</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 2020

	Note	2020			2019		
		General Fund \$'000	Restricted Funds \$'000	Total \$'000	General Fund \$'000	Restricted Funds \$'000	Total \$'000
Income							
Government grants	15	85,296	1,946	87,242	69,999	2,580	72,579
Ward and outpatient clinic fees	16	31,594	–	31,594	31,533	–	31,533
Amortisation of deferred government grants/donations		5,256	–	5,256	5,757	–	5,757
Utilisation of deferred government grants/donations		2,928	–	2,928	4,918	832	5,750
Income from Day Activity Centre & School		1,912	–	1,912	1,923	–	1,923
Interest income	13	437	–	437	518	–	518
Rental income and service charge income		978	–	978	930	58	988
Donation income	14	3,640	1,504	5,144	3,023	2,042	5,065
Other income		3,719	234	3,953	3,204	5	3,209
Total incoming resources		135,760	3,684	139,444	121,805	5,517	127,322

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 2020

	Note	2020			2019		
		General Fund \$'000	Restricted Funds \$'000	Total \$'000	General Fund \$'000	Restricted Funds \$'000	Total \$'000
Expenditure							
Administration expenses		(4,343)	(133)	(4,476)	(3,986)	(31)	(4,017)
Building services, maintenance and building management		(220)	(175)	(395)	(266)	(58)	(324)
Depreciation of investment property	6	(264)	–	(264)	(264)	–	(264)
Depreciation of property, plant and equipment							
	4	(5,841)	–	(5,841)	(6,140)	–	(6,140)
Depreciation of right-of-use assets	5	(3,616)	–	(3,616)	(3,385)	–	(3,385)
Interest expense on lease liabilities	5	(285)	–	(285)	(237)	–	(237)
Employee benefits expense	18	(81,138)	(3,477)	(84,615)	(70,500)	(3,789)	(74,289)
Fund-raising expenses		(140)	–	(140)	(216)	(2)	(218)
Medical supplies and services		(9,197)	(289)	(9,486)	(9,292)	(11)	(9,303)
Reversal of impairment loss on trade receivables	19	76	–	76	80	–	80
Training supplies and services		(1,233)	(306)	(1,539)	(1,301)	(2)	(1,303)
Other operating expenses		(10,220)	(206)	(10,426)	(7,806)	(1,624)	(9,430)
Total resources expended		(116,421)	(4,586)	(121,007)	(103,313)	(5,517)	(108,830)
Surplus/ (deficit) for the year		19,339	(902)	18,437	18,492	–	18,492

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 2020

Surplus/(deficit) from:

- St. Andrew's Mission Hospital (Headquarter and St. Andrew's Centre)
- St. Andrew's Community Hospital
- St. Andrew's Autism Centre
- St. John's - St. Margaret's Nursing Home (SJSM)
- St. Andrew's Nursing Home (Buangkok)
- St. Andrew's Nursing Home (Henderson)
- St. Andrew's Nursing Home (Queenstown)

General Fund	
2020	2019
\$'000	\$'000
544	716
8,919	7,611
1,321	1,653
(18)	12
2,972	3,398
2,530	1,750
3,071	3,352
19,339	18,492

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

**Statement of changes in funds
Year ended 31 December 2020**

	Restricted Funds																
	Note	SACH					SAAC					SISM					
		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	SISM Nursing Home Building fund	SISM Nursing Operating fund (PSW)	Chaplaincy Fund	SANH(H)- Other Funds	Total Restricted Funds
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Balance at 1 January 2020	67,728	4,240	1,200	1,200	10,416	995	89	126	471	822	99	5,458	—	186	51	25,353	93,081
Surplus/(deficit) for the year	19,339	(24)	(400)	(400)	108	(38)	101	—	—	(382)	37	4	(61)	156	(3)	(902)	18,437
Transfer to deferred government grants/donation	10	—	—	—	—	(527)	—	—	—	—	—	—	—	—	—	(527)	(527)
Gross transfer between funds		—	—	—	—	—	—	—	—	—	—	(2,176)	2,176	—	—	—	—
Balance at 31 December 2020	12	87,067	4,216	800	10,524	430	190	126	471	440	136	3,286	2,115	342	48	23,924	110,991

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	SANH(H)- Other Funds \$'000	Restricted Funds \$'000	Total Funds \$'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		18,492	-	-	-	-	-	-	-	-	-	-	-	-	-	-	18,492
(Utilisation)/Contribution		-	(58)	(280)	(449)	1,175	(41)	21	-	-	(496)	71	347	109	51	450	450
Transfer to deferred government grants/donation		-	-	-	-	-	(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 cash flows
Year ended 31 December 2020

	Note	2020 \$'000	2019 \$'000
Cash flows from operating activities			
Surplus for the year		18,437	18,492
Adjustments for:			
Amortisation of deferred government grants/donations		(5,256)	(5,757)
Utilisation of deferred government grants/donations		(2,928)	(5,750)
Depreciation of investment property	6	264	264
Depreciation of property, plant and equipment	4	5,841	6,140
Depreciation of right-of-use assets	5	3,616	3,385
Interest income	13	(437)	(518)
Interest expense on lease liabilities		285	237
Rental income		(978)	–
Reversal of impairment loss on trade receivables	19	(76)	(80)
Loss on disposal of property, plant and equipment		–	3
		<u>18,768</u>	<u>16,416</u>
Changes in working capital:			
- inventories		(48)	(20)
- trade and other receivables		(834)	(215)
- prepayment		(84)	(47)
- trade and other payables		3,737	4,700
- tenant and other deposits received		(78)	21
- other deposit received		162	–
- utilisation of funds for operating activities		–	(5,517)
- deferred government grants/donations		2,958	15,474
- donations and government grants received and recognised in restricted funds		(527)	5,344
- other income received and recognised in restricted funds		–	185
Net cash from operating activities		<u>24,054</u>	<u>36,341</u>
Cash flows from investing activities			
Interest received	13	437	459
Disposal of property, plant and equipment		30	–
Rental income		978	–
Deferred grant received for capital expenditure		13,453	–
Purchase of property, plant and equipment	4	<u>(15,007)</u>	<u>(14,222)</u>
Net cash used in investing activities		<u>(109)</u>	<u>(13,763)</u>
Cash flows from financing activities			
Interest paid on lease liabilities		(285)	(237)
Payment of lease liabilities		<u>(3,520)</u>	<u>(3,323)</u>
Net cash used in financing activities	5	<u>(3,805)</u>	<u>(3,560)</u>
Net increase in cash and cash equivalents		20,140	19,018
Cash and cash equivalents at 1 January		<u>74,216</u>	<u>55,198</u>
Cash and cash equivalents at 31 December	9	<u>94,356</u>	<u>74,216</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 31 March 2021.

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.

The Hospital has been registered as a charity under the Charities Act, Chapter 37. The Hospital is approved as an Institution of a Public Character (IPC) under the Charities Act and renewed its IPC status from 1 July 2020 to 30 June 2023.

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. John's – St. Margaret's Nursing Home (SJSN)

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 2020, SACH had 277 beds (2019: 270 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, two day activity centres and an adult disability home. Its range of programmes and services includes education with a customised curriculum, specialist therapies, training in personal care and independent living, vocational skills training, development of leisure interests, promotion of physical well-being, parent support and networking, as well as pastoral care and counselling.

The principal activity of the St. Andrew's Nursing Home (Buangkok) ("SANH(B)") at 60 Buangkok View, 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. John's – St. Margaret's Nursing Home (SJSN) ("SJSN") at 28 Dover Avenue, Singapore 139791, 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 SJSN 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 2021.

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 6 – valuation of investment property
- Note 19 – measurement of expected credit loss (“ECL”) allowance for trade and other receivables: key assumptions in determining the weighted-average loss rate

2.5 Adoption of new standards and amendments

The Hospital has applied the following FRSs, amendments to and interpretations of FRS for the first time for the annual period beginning on 1 January 2020:

- *Amendments to References to Conceptual Framework in FRS Standards*
- *Definition of a Business* (Amendments to FRS 103)
- *Definition of Material* (Amendments to FRS 1 and FRS 8)
- *Interest Rate Benchmark Reform* (Amendments to FRS 109, FRS 39 and FRS 107)

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

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 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.

(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'.

(iii) COVID-19 Related Rent Concessions

The Hospital has early adopted COVID-19-Related Rent Concessions – Amendments to FRS 116 issued on 28 May 2020. The amendment introduces an optional practical expedient for leases in which the Hospital is a lessee – i.e. for leases to which the Hospital applies the practical expedient, the Hospital is not required to assess whether eligible rent concessions that are a direct consequence of the COVID-19 coronavirus pandemic are lease modifications. The Hospital has applied the amendment retrospectively. The amendment has no impact on retained earnings at 1 January 2020.

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 fair value through profit or loss ("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.

(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 either
 - substantially all of the risks and rewards of ownership of the financial asset are transferred; or
 - 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.

Transferred assets are not derecognised when 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.

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 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 of disposal. 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 initially recognised as deferred income at their fair value where there is reasonable assurance that the grant will be received and the Hospital will comply with conditions associated with the grant.

These grants are then recognised in income and expenditure as “amortisation of deferred grant” on a systematic basis over the useful life of the asset.

Grants that compensate the Hospital for expenses incurred are recognised in income and expenditure as “utilisation of deferred grant” on a systematic basis in the periods in which the expenses are recognised, unless the conditions for receiving the grant are met after the related expenses have been recognised. In this case, the grant is recognised as “government grant” when it becomes receivable.

(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

The Hospital has interest expense on lease liabilities that are recognised in the profit or loss.

Interest expense is recognised using the effective interest method.

The 'effective interest rate' is the rate that exactly discounts estimated future cash payments through the expected life of the financial instrument to the amortised cost of the financial liability.

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 New standards and interpretations not yet adopted

A number of new standards, interpretations and amendments to standards are effective for annual periods beginning after 1 January 2020 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 financial statements.

- FRS 117 *Insurance Contracts*
- *Classification of Liabilities as Current or Non-current* (Amendments to FRS 1)
- *Covid-19-Related Rent Concessions* (Amendment to FRS 116)
- *Sale or Contribution of Assets between an Investor and its Associate or Joint Venture* (Amendments to FRS 110 and FRS 28)
- *Reference to the Conceptual Framework* (Amendments to FRS 103)
- *Property, Plant and Equipment – Proceeds before Intended Use* (Amendments to FRS 16)
- *Onerous Contracts – Costs of Fulfilling a Contract* (Amendments to FRS 37)
- Annual Improvements to FRS(I)s 2018 – 2020

4 Property, plant and equipment

	Hospital building at Simei \$'000	Asset-in-construction \$'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 2019	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
Additions	-	12,620	-	1,437	450	101	125	47	227	-	15,007
Transfers	-	(802)	-	248	314	-	(7)	-	247	-	-
Disposals	-	-	-	(305)	(133)	-	(5)	-	-	-	(443)
At 31 December 2020	22,686	26,637	21,662	12,813	6,926	864	2,544	184	13,655	428	108,399
Accumulated depreciation											
At 1 January 2019	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
Depreciation	454	-	726	1,451	681	144	213	6	2,117	49	5,841
Disposals	-	-	-	(277)	(133)	-	(3)	-	-	-	(413)
At 31 December 2020	7,260	-	7,200	9,335	5,711	712	1,845	135	11,872	314	44,384
Carrying amounts											
At 1 January 2019	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
At 31 December 2020	15,426	26,637	14,462	3,478	1,215	152	699	49	1,783	114	64,015

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.

5 Right-of-use assets and lease liabilities

Leases as a Lessee

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. The information about leases for which the Hospital is a lessee is presented below.

Balance sheet

	2020	2019
	\$'000	\$'000
Right-of-use assets		
Cost at 1 January	20,506	14,384
Additions to right-of-use assets	4,816	6,122
Cost at 31 December	<u>25,322</u>	<u>20,506</u>

	2020 \$'000	2019 \$'000
Right-of-use assets		
Accumulated depreciation at 1 January	6,274	2,889
Depreciation charge for the year	3,616	3,385
Accumulated depreciation at 31 December	9,890	6,274
Right-of-use assets as at 1 January	14,232	11,495
Right-of-use assets as at 31 December	15,432	14,232
Lease liabilities		
Current	3,568	3,633
Non-current	12,111	10,750
	15,679	14,383

(i) Operating leases of land and building

With the Hospital's adoption of FRS 116, estimation of right-of-use 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.

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 (2019: \$79,358) per month for a period of 3 years (2019: 3 years) with effect from 1 February 2020 (2019: 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.

SANH (Buangkok) currently has a lease agreement with the SLA at a land rental rate of \$51,000 (2019: \$51,000) per month for a period of 3 years (2019: 3 years) with effect from 14 October 2019 (2019: 14 October 2019). 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 (2019: \$57,120) per month for a period of 3 years (2019: 3 years) with effect from 14 November 2019 (2019: 14 November 2019). 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 (2019: \$64,736) per month for a period of 3 years (2019: 3 years) with effect from 20 January 2020 (2019: 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 \$39,692 (2019: \$39,691) per month for a period of 3 years (2019: 3 years) with effect from 1 January 2019 (2019: 14 December 2014). SACH has renewed the lease till 31 December 2021. The annual rent is subsidised by a land rent subsidy from the Ministry of Health.

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

	2020 \$'000	2019 \$'000
Interest expense on lease liabilities	285	237
Expenses relating to low-value assets, excluding short-term leases of low-value assets	2	5

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

	Lease liabilities \$'000
Balance at 1 January 2019	11,584
Additions to lease liabilities	6,122
Changes from financing cash flows	
Interest paid	(237)
Payment of lease liabilities	(3,323)
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
Balance at 1 January 2020	14,383
Changes from financing cash flows	
Interest paid	(285)
Payment of lease liabilities	(3,520)
Total changes from financing cash flows	(3,805)
Other changes	
Liability-related	
New leases	4,816
Finance costs	285
Total liability-related other changes	5,101
Balance at 31 December 2020	15,679

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 2020 was \$978,000 (2019: \$988,000).

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

	2020 \$'000	2019 \$'000
Less than one year	982	1,133
One to two years	609	789
Two to three years	16	526
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 depreciation	Net book value
	Freehold land	Buildings	depreciation	value
	\$'000	\$'000	\$'000	\$'000
At 1 January 2019	67	13,208	(5,282)	7,993
Depreciation	–	–	(264)	(264)
At 31 December 2019	67	13,208	(5,546)	7,729
Depreciation	–	–	(264)	(264)
At 31 December 2020	67	13,208	(5,810)	7,465

Sources of estimation uncertainty

At 31 December 2020, the investment property has an estimated market value of \$42,000,000 (2019: \$58,443,000). The valuer has considered valuation techniques including the discounted cash flow and direct capitalisation method based on currently available market data and prevailing market conditions. Categorised as a Level 3 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.

It is the current intention of the Board of Management to hold the investment property for the long term.

7 Inventories

	2020 \$'000	2019 \$'000
Medical supplies and general stores	357	309

The cost of inventories recognised as expenditure and included in "Medical supplies and services" amounted to \$2,239,000 for the year (2019: \$2,053,000).

8 Trade and other receivables

	2020	2019
	\$'000	\$'000
Trade receivables		
- Billed	2,204	2,902
- Unbilled	4,467	4,920
Government grant receivables		
- Job support scheme	1,076	—
- Capital grant	3,299	5,168
- Subventions	17,952	17,182
Deposits	728	661
Other receivables	207	136
	<u>29,933</u>	<u>30,969</u>
Impairment losses	(205)	(282)
	<u>29,728</u>	<u>30,687</u>

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.

The Hospital's exposure to credit risk and impairment losses for trade receivables is disclosed in note 19.

9 Cash and cash equivalents

	2020	2019
	\$'000	\$'000
Cash in hand	14	16
Cash at bank	89,070	52,118
Fixed deposits with financial institutions	5,272	22,082
	<u>94,356</u>	<u>74,216</u>

Fixed deposits with financial institutions at the reporting date have an average maturity period of 3 months (2019: 8 months) from the end of the financial year. The weighted average effective interest rate of these deposits as at the reporting date is 1.00% (2019: 1.82%) per annum.

10 Deferred government grants/donations

	Note	2020 \$'000	2019 \$'000
Deferred government grants/donations			
- CST grant	(a)	10,498	14,875
- JSS grant	(b)	1,229	–
- Deferred operating expenditure	(c)	1,020	293
- Deferred capital expenditure	(d)	54,522	45,743
		<u>67,269</u>	<u>60,911</u>
Non-current		57,374	60,911
Current		<u>9,895</u>	<u>–</u>
		<u>67,269</u>	<u>60,911</u>

(a) Community Silver Trust (“CST”) grant

Included in the grant is an amount of \$Nil (2019: \$5,083,000) 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.

The movement of the CST grant during the year is as follows:

	2020 \$'000	2019 \$'000
At 1 January	14,875	16,376
Grant recognised during the year	–	5,083
Grant transfer to capital grant	(180)	–
Amortisation/utilisation of deferred government grants:		
- depreciation of property, plant and equipment	(1,744)	(2,134)
- operating expenses	(2,453)	(4,450)
At 31 December	<u>10,498</u>	<u>14,875</u>

(b) Grant receivable relates to Jobs Support Scheme (“JSS”) government grant receivable. The JSS was announced at the Budget 2020 (the “Unity Budget”) on 18 February 2020. The purpose of the JSS is to provide wage support to employers to help them retain their local employees (Singapore Citizen and Permanent Residents) during the COVID-19 pandemic. Employers who have made CPF contributions for their local employees will qualify for the payouts under JSS.

(c) Included in the deferred operating grant is an amount of \$1,202,000 received from government. The funds received is expected to be utilised for operation needs.

The movement of the deferred operating expenditure during the year is as follows:

	2020 \$'000
At 1 January	293
Grant recognised during the year	1,202
Utilisation of deferred operating grant:	
- operating expenses	(475)
At 31 December	<u>1,020</u>

- (d) Included in the deferred capital grant is an amount of \$11,853,000 and \$527,000 received from government and transferred from restricted funds respectively. The funds are expected to be amortised/utilised when asset purchase is ready for use.

The movement of the deferred capital expenditure during the year is as follows:

	2020 \$'000
At 1 January	45,743
Grant recognised during the year	11,584
Grant transfer from CST grant	180
Transfer from funds	527
Amortisation of deferred capital grant:	
- depreciation of property, plant and equipment	(3,512)
At 31 December	<u>54,522</u>

11 Trade and other payables

	2020 \$'000	2019 \$'000
Trade payables	4,571	4,953
Other creditors	393	297
Accrued staff costs	8,229	4,279
Other accrued expenses	1,651	1,820
Other payables	1,512	1,291
	<u>16,356</u>	<u>12,640</u>
GST payable (net)	117	96
	<u>16,473</u>	<u>12,736</u>
Current	15,717	11,445
Non-current	756	1,291
	<u>16,473</u>	<u>12,736</u>

Included in non-current, relate to building retention sum payable to other payables for the construction of SJSM Nursing Home. The amount is interest-free, unsecured and expected to be repaid after 12 months.

The Hospital's exposure to liquidity risk related to trade and other payables is disclosed in note 19.

12 Restricted funds

	Note	2020 \$'000	2019 \$'000
Restricted funds			
Capital Replacement Fund	(a)	4,216	4,240
SANH(H)– Start-up and Operation Fund	(b)	800	1,200
SANH(Q)– Start-up and Operation Fund	(c)	800	1,200
SACH – Far East Organization Fund	(d)	10,524	10,416
SACH – ACI Fund	(e)	430	995
SACH – Other Funds	(f)	190	89
SAAC – Building Fund	(g)	126	126
SAAC – Capital Fund	(h)	471	471
SAAC – Other Funds	(i)	440	822
SANH(B) – Other Funds	(j)	136	99
SJSM – Nursing Home Building Fund	(k)	3,286	5,458
SJSM – Operating Fund (PSW)	(l)	2,115	–
Chaplaincy Fund	(m)	342	186
SANH(H) – Other Funds	(n)	48	51
		<u>23,924</u>	<u>25,353</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.
- (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.
- (f) The SACH – Other Funds comprise Medical Outreach Fund, Pandemic Support Fund, Patient Welfare Fund and Staff Welfare Fund.

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

Pandemic Support Fund is set up with donations to support pandemic-related hospital services.

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, 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).

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. In addition to this usage, the memorial fund can also be used to purchase items which benefit the Nursing Home residents, such as mittens, clothing, food and footwear.

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. John's – St. Margaret's Nursing Home at Dover Avenue. Funds will be utilised on an ongoing basis when the need arises.
- (l) The SJSM Operating Fund (PSW) is set up for the future operation needs of St. John's – St. Margaret's Nursing Home.

- (m) The Chaplaincy Fund is set up to fund pastoral care services provided to staff and clients. The Fund is expected to be utilised on an ongoing basis.
- (n) 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

	2020 \$'000	2019 \$'000
Interest income on short-term bank deposits	437	518

14 Donation income

	2020 \$'000	2019 \$'000
Donations in cash (tax deductible)	2,423	3,576
Donations in cash (non-tax deductible)	2,588	1,386
Donations in kind (non-tax deductible)	133	103
	5,144	5,065

In 2018, the Hospital received donation amounting to \$250,000 from the President's Challenge 2017. The Hospital has fully utilised the donation over a two-year period being \$145,000 in 2019 and \$105,000 in 2018. 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 Government grant

	Note	2020 \$'000	2019 \$'000
Government subsidies for general fund			
- Job support scheme	(a)	8,899	–
- Wage support scheme		466	215
- Land rent subsidy	(b)	2,604	4,047
- Staff accommodation grant	(c)	1,078	–
- Operating subvention grants	(d)	70,237	62,697
- Others		2,012	3,040
		85,296	69,999
Government subsidies for restricted funds		1,946	2,580
		87,242	72,579

- (a) Government grant for job support scheme relates to income described in Note 10(b).
- (b) Land rent subsidies relates to income described in Note 5.
- (c) Staff accommodation grant relates to income received from the government during the Post Circuit breaker period. The purpose of the grant is to facilitate the transition of resident-facing staff to the new dormitories for safe living arrangements and reduce their exposure to Covid-19 risk in the community.
- (d) These relate to government subsidies in the form of operating subvention grants to the Hospital during the approved period for the patient and resident care, manpower development, education, social care services, seniors' mobility, and initiatives in support of integrated care.

The operating subvention grant provided to the Hospital goes towards subsidising student, patient and resident bills to ensure they have access to good and affordable healthcare and education that is appropriate to their needs. These residents are generally older person who are unable to enjoy proper level of nursing care required in their own homes and require supervision or assistance with their daily activities as well as person who need further care and treatment after being discharge from an acute hospital.

Operating subvention grants are recognised in the profit or loss when conditions attached to its recognition are met by the Hospital.

16 Ward and outpatient clinic fees

	2020 \$'000	2019 \$'000
Revenue from Hospital services	23,652	23,708
Revenue from Nursing home services	7,942	7,825
	<u>31,594</u>	<u>31,533</u>

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.

17 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.

18 Employee benefits expense

	2020 \$'000	2019 \$'000
Salaries, bonuses and other costs	63,463	55,823
Contributions to defined contribution plans	6,136	5,220
Agency service fees	4,315	3,386
Training fees	764	1,055
Foreign worker levy	3,015	3,282
Accommodation expenses	1,851	1,281
Other employee benefits	5,071	4,242
	84,615	74,289

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:

	2020	2019
	\$'000	\$'000
Reversal of impairment loss on trade receivables arising from contracts with customers	(76)	(80)

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
2020				
Current (not past due)	–	4,028	–	No
1 – 30 days past due	–	1,460	–	No
31 – 60 days past due	–	393	–	No
More than 60 days past due	26%	790	(205)	Yes
		<u>6,671</u>	<u>(205)</u>	
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>	

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:

	2020 \$'000	2019 \$'000
At 1 January	282	423
Reversal of impairment loss on recognised	(76)	(80)
Impairment loss utilised	(1)	(61)
At 31 December	<u>205</u>	<u>282</u>

Cash and cash equivalents

The Hospital held cash and cash equivalents 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 2020				
Financial liabilities				
Trade and other payables *	16,356	(16,356)	(15,600)	(756)
Tenants' deposits received	206	(206)	(18)	(188)
Other deposits received	1,273	(1,273)	(1,273)	–
Lease liabilities	15,679	(15,679)	(3,568)	(12,111)
	33,514	(33,514)	(20,459)	(13,055)
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)

* 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 2020				
Financial assets not measured at fair value				
Trade and other receivables	8	29,728	–	29,728
Cash and cash equivalents	9	94,356	–	94,356
		124,084	–	124,084
Financial liabilities not measured at fair value				
Trade and other payables *	11	–	(16,356)	(16,356)
Tenants’ deposits received		–	(206)	(206)
Other deposits received		–	(1,273)	(1,273)
		–	(17,835)	(17,835)
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
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)

* 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:

	2020 \$'000	2019 \$'000
Construction of St. John's – St. Margaret's Nursing Home	5,740	17,637
Others:		
- SAAC	65	–
- SACH	86	188
	<u>5,891</u>	<u>17,825</u>

The Hospital is committed to incur capital expenditure of \$5,740,000 (FY2019: \$17,637,000) to construct the Nursing Home which have begun in 2017, which 90% funding is from MOH. The Hospital recognised the grant income as a deferred capital grant and start amortising when the asset is ready for use. These commitments are expected to be settled in 2021.

21 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 2020 and 31 December 2019.

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:

	2020 \$'000	2019 \$'000
Salaries and other short-term employee benefits	<u>4,036</u>	<u>3,647</u>

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



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

8 Simei Street 3
Singapore 529895

2. ST. ANDREW'S SENIOR CARE (JOY CONNECT)

Block 5 Beach Road
#01-4919
Singapore 190005

3. ST. ANDREW'S SENIOR CARE (TAMPINES)

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

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 AUTISM CENTRE

1 Elliot Road
Singapore 458686

8. ST. ANDREW'S ADULT HOME (SENGKANG)

147 Compassvale Bow
Singapore 544691



**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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