



KWONG WAI SHIU HOSPITAL 廣惠肇留醫院
ANNUAL REPORT 常年報告 2011

Centennial Charity Gala
25 November 2010
Guest-of-Honour:
Prime Minister Lee Hsien Loong

专业护疗。时刻关怀。
Always Professional. Always Caring.



KWONG WAI SHIU HOSPITAL
廣惠肇留醫院

Since 1910

VISION, MISSION & QUALITY POLICY

愿景，宗旨与品质方针

VISION Our vision is to be a highly regarded healthcare institution by promoting the well-being and dignity of the people we serve through compassion, charity and the delivery of quality standards of professional care.

MISSION Kwong Wai Shui Hospital is a charitable organisation, established to provide healthcare services to the sick and poor in Singapore regardless of race, language or religion.

QUALITY POLICY To provide quality healthcare services that meet our customers' satisfaction. We are therefore committed to achieve clinical excellence, service efficiency and provide compassionate patient care.

愿景 通过爱心，善心和专业的医疗服务，改善病患的健康，让医院成为卓越的医疗机构。

宗旨 广惠肇留医院是一所慈善机构，不分种族，宗教信仰，阶级为患上痼疾人士提供医药治疗。

品质方针 我们的品质方针为提供高素质的医疗服务以满足顾客的需求。我们致力于建立卓越的医疗护理体系，确保高服务效率并积极关怀病人。

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PATRON'S MESSAGE

名誉赞助人献词



"I am honoured to extend my support and encouragement to the redevelopment of Kwong Wai Shiu Hospital."

“我很荣幸能够为医院的发展计划出一份力，给予支持和鼓励。”

Over the decades, Kwong Wai Shiu Hospital has always evolved to meet the changing needs of the community. In the face of Singapore's ageing population, the demand for hospital resources and services will inevitably rise. Kwong Wai Shiu Hospital has undertaken a redevelopment plan that will transform it into the country's biggest single-site nursing home in terms of bed capacity.

This is a move with bold foresight. I commend the hospital's board members for working hard to make this initiative a success. We are also fortunate to have many generous donors, dedicated volunteers and hard-working staff members who keep the Hospital strong and steady, despite many challenges.

I am honoured to extend my support and encouragement to the redevelopment of Kwong Wai Shiu Hospital. Such a noble endeavour would allow the Hospital to serve more people in the community, and more importantly, enable it to continue its legacy of service to our nation's needy and elderly.

WONG KAN SENG

过去数十年，广惠肇留医院不断与时并进，精益求精，以应付社区的需要。在新加坡人口老化的趋势下，医药资源和服务的需求也会逐年增加。而广惠肇留医院也因此拟订了发展计划，把医院发展成我国床位最多的留医院设施。

我相信在医院董事的努力耕耘下，这项有远见的计划必能顺利实施和完成。我也诚心感谢我们慷慨的捐赠者，以及任劳任怨的自愿工作者和员工。他们的付出和努力，让医院能够克服一切困难，茁壮发展。

我很荣幸能够为医院的发展计划出一份力，给予支持和鼓励。这样的壮举，得以让医院继续造福人群，为社区中年老和有需要的人民服务。

黄根成

CHAIRMAN'S MESSAGE

主席献词



“We have to be ever mindful of the challenges faced by the needy, which will force us to reflect on whether we are optimising our resources in order to make the biggest impact that will result in significant change in the way we serve them.”

“医院必须不断地改进内部的运作和与院外伙伴的合作，以应付日益在增加的挑战。”

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As we start our 102nd year, our mission of providing healthcare to the needy, regardless of race, language or religion, becomes even more meaningful as Singapore arms itself against the silver tsunami. As we take stock of what we have achieved, it is important that we also ensure we are moving forward, and in the right direction, so that Kwong Wai Shiu Hospital can remain a relevant pillar, and continue to serve needy patients.

2011 was an eventful year, especially after the Board decided on the Hospital's expansion plans. Becoming Singapore's biggest single-site nursing home in terms of bed capacity will not only see us go further in meeting the demand for more nursing home beds, but also more importantly to provide a holistic and comprehensive suite of services for the needy elderly.

The journey ahead will no doubt be a challenging one. We must have the drive towards continuous improvement in what we do, not just within the organisation but with our external partners as well. We have to be ever mindful of the challenges faced by the needy, which will force us to reflect on whether we are optimising our resources in order to make the biggest impact that will result in a significant change in the way we serve them.

It is undeniable that there is a lot of work to be done, but the members of the Board are committed to a shared vision for the future. It is my pleasure to chair such a marvellous Board with such committed people. Together with the Board, I am also heartened to witness the equally indefatigable commitment of our staff – some of whom have been with us for decades, who all work together to ensure our vision is nurtured and protected.

That we can serve the community for 102 years -- and counting - can be directly attributed to the support and contribution of our donors, and the hard work, passion and dedication of our volunteers. My heartfelt appreciation goes out to each and every one of you.

LEE KWOK KIE, PATRICK
PBM

踏入102周年，医院通过爱心，善心，和专业的医疗服务改善病患健康的宗旨，在面对银发海啸的时刻，更突显存在的意义。回顾医院在中长期医疗护理的成就，医院更须确保设立正确的方向再前进，继续为我国医疗体系中的需要者作出贡献。

2011年，董事会作出重大的扩建决定，增加住院病床和扩大服务与设施，不只是提供社会对病床的需求，更重要的是为年长者提供所需的服务。

能够物尽其用，把有限的资源应用来协助弱势群体不时变化的需要，更是医院无时无刻的挑战。医院必须不断地改进内部的运作和与院外伙伴的合作，以应付日益在增加的挑战。

我很荣幸的带领一个愿意作无私付出的董事会和努力工作的员工队伍，守护及确保医院秉持愿景及宗旨。更重要的是102年来能为社群服务，是归功于善长仁翁的奉献和义工们的热忱与努力，我衷心地感谢您。



李国基
PBM

BOARD ADVISOR 董事会顾问



Dr Leong Heng Keng BBM(L), K.St.J. 梁庆经
Chairman, Leung Kai Fook Medical Co Pte Ltd

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GOVERNING COUNCIL MEMBERS 监管会委员



(from left to right)

HONORARY SECRETARY 总务

Mr Hoong Kong Fatt 洪广发
Partner, K.F. Hoong & Company

ASST HONORARY SECRETARY 副总务

Ms Cheong Sooi Peng 张瑞平
Director, TCK Investment Pte Ltd



(from left to right)

Mr Ng Yok Kuan 吴毓均
Financial Advisor,
Chiu Teng Construction Co Pte Ltd

Mr Ng Siew Quan 吴绍均
Partner, PricewaterhouseCoopers LLP

Mr Loh Keng Fai, Winston 鲁劲辉
Managing Director,
Winstonnage Agencies Pte Ltd

GOVERNING COUNCIL MEMBERS

监管会委员



CHAIRMAN 主席

Mr Lee Kwok Kie, Patrick PBM 李国基
Chairman, Sing Lun Investments Pte Ltd



(from left to right)

VICE CHAIRMEN 副主席

Dr Cheong Wai Kwong 张伟光
Consultant Dermatologist, Specialist Skin Clinic

Mr Chia Weng Kaye PBM 谢永祺
Managing Director,
Chuen Cheong Food Industries (Pte) Ltd

Mr Tang Kin Fei 邓健辉
Group President & CEO, Sembcorp Industries Ltd



(from left to right)

Mr Wan Shung Ming 尹崇明
Executive Director,
Tin Seng Goldsmiths Pte Ltd

Mr Pan Tien Chor 潘天佐
Property Consultant

Mr Lam Yew Choong 林耀松
Executive Director,
Seng Lee Tobacco Factory (Pte) Ltd

Mr Loh Weng Whye 罗永威
Director, BH Global Marine Ltd

86TH BOARD OF DIRECTORS (2011–2013)

第八十六届董事会(2011–2013)

TRUSTEE 财产受托人

Cheong Wai Kwong 张伟光
Chia Weng Kaye PBM 谢永祺
Kok Pak Weng, Willie 郭伯荣
Lam Yew Choong 林耀松
Lee Fook Hong 李福鸿 (till 19 February 2012)
Lee Kwok Kie, Patrick PBM 李国基
Leong Mun Sum PBM 梁文琛
Lo Hock Ling PBM 卢鹤龄
Ng Siew Quan 吴绍均
Tang Kin Fei 邓健辉
Wan Shung Ming 尹崇明

LEGAL ADVISORS 法律顾问

Choo Si Sen JP, BBM 朱时生
Loh Lin Kok 罗连国

HONORARY CHAIRMAN 永远名誉主席

Leong Heng Keng BBM(L), K.St.J. 梁庆经
Lun Yue Sheong JP, BBM(L) 伦与常

HONORARY DIRECTORS 永远名誉董事

Chang Weng Fei PBM 曾荣辉
Chow Chong Fatt 周松发
Chui Pui Cheng 徐沛清
Ho Choy Shing 何财胜
Kok Yoke Chuan 郭玉泉 (till 23 February 2012)
Lam Chew Kuan PBM 林超群
Leong Siew Kwai 梁少述
Sin Leong PBM 洗良
Sum Lai Yan 岑礼恩
Wong Kok Wah 黄国华
Yik Mun Hung 易文铿
Yip Ho Meng 叶浩明

BOARD ADVISOR 董事会顾问

Leong Heng Keng BBM(L), K.St.J. 梁庆经

CHAIRMAN 主席

Lee Kwok Kie, Patrick PBM 李国基

VICE CHAIRMAN 副主席

Cheong Wai Kwong 张伟光
Chia Weng Kaye PBM 谢永祺
Tang Kin Fei 邓健辉

HONORARY SECRETARY 总务

Hoong Kong Fatt 洪广发

ASST HONORARY SECRETARY 副总务

Cheong Sooi Peng 张瑞平

BOARD MEMBERS 董事

Chan Cheak Tin 陈爵天
Chan Chiu Kok 陈沼阁
Chan Kim Ying 陈剑英
Chen Wei Ching, Vincent 陈伟清
Robert Chew 周永明
Chia Weng Soon 谢永信
Ching Kwok Choy 程国材
Chong Kar Shin 张家胜
Chong Kit Cheong 钟杰章
Chou Yik Lin 周奕年
Choy Kum Seng PBM 蔡金成
Chui Fook Wah 崔福华
Fong Yue Kwong 方遇光
Foong Khai Leong 冯启良
Ho Kwok Choi BBM, S.B.St. J. 何国才

Ho Nai Chuen PBM 何乃全
Hooi Kok Wai PBM 许国威
Kok Pak Weng, Willie 郭伯荣
Kwong Kin Mun 邝健文
Lai Ha Chai PBM 黎富荣
Lee Pui Lun, Anne 李佩銓
Lee Cheuk Yin 李焯然
Lee Fook Hong 李福鸿 (till 19 February 2012)
Lee Kuo Chuen, David 李国权
Lee Kuo Yao 李国耀
Lee Leng Hoe, Lillian 李玲好
Leong Heng Leun 梁庆纶
Leong Mun Sum PBM 梁文琛
Leong Sin Kuen 梁善权
Leong Sin Yuen 梁善源
Lo Hock Ling PBM 卢鹤龄
Lo Wei Min, Pearlyn 卢慧敏
Loh Soo Har PBS 罗素夏
Lum Kok Seng, David 林国城
Lum Kwan Sung, Raymond PBM 林均城
Moh Swee Cheong, Doris 毛瑞庄
Pang Kok Yeng 彭国殷
Poon Tien Sheu 潘天仕
Seng Lup Chew 成立超
Seow Choke Meng PBM 萧作鸣
Seow Lee Kian, Terene 萧丽娟
Sew Weng Cheong, Lawrence 萧永祥
Tang Sheung Ching 邓尚正
Wong Hoo Tung 黄河东
Wong Mong Hong 黄梦雄
Wong Yum Fook, Billy 黄金福
Yong Wai Khuan 翁伟坤

DIRECTORS IN CHARGE 各委员会主任

Finance Committee 财务委员会

Treasurer 财政 Ng Siew Quan 吴绍均
Asst Treasurer 副财政 Ng Yok Kuan 吴毓均
Loh Keng Fai, Winston 鲁劲辉

Development Committee 发展委员会

Director 主任 Lee Kwok Kie, Patrick PBM 李国基
Asst Director 副主任 Cheong Wai Kwong 张伟光

Ordinance Amendment Committee 法令修改委员会

Director 主任 Ng Siew Quan 吴绍均

Investment Committee 投资委员会

Director 主任 Lam Yew Choong 林耀松
Asst Director 副主任 Kwong Kin Mun 邝健文

Fundraising Committee 募捐委员会

Director 主任 Lee Kwok Kie, Patrick PBM 李国基
Asst Director 副主任 Ho Kwok Choi BBM, S.B.St.J. 何国才
Seow Lee Kian, Terene 萧丽娟

Building & Planning Committee 建筑与策划委员会

Director 主任 Wan Shung Ming 尹崇明
Asst Director 副主任 Wong Yum Fook, Billy 黄金福

Property Management Committee 产业管理委员会

Director 主任 Pan Tien Chor 潘天佐
Asst Director 副主任 Leong Sin Yuen 梁善源

Audit Committee 审计委员会

Director 主任 Chen Wei Ching, Vincent 陈伟清
Asst Director 副主任 Lo Wei Min, Pearlyn 卢慧敏

MANAGEMENT STAFF

Chief Executive Officer, Dr Jean Ong Choo Kim (till 14 May 2012)

Director of Nursing, Ms Tan Lay Hong, Penny

Director of Finance, Ms Djong Ngiak Fah, Florence

Director of Operations and Executive Secretary to Board,
Mr T T Pang

Project Director, Mr Brandon Soh

HOSPITAL INFORMATION

Registration

The Hospital is incorporated in Singapore under the Kwong-Wai-Shiu Hospital Ordinance (Chapter 366). The Kwong Wai Shiu Hospital is registered as a charity (Unique Entity/ No: T08CC3024J) under the Charities Act, Chapter 37.

Registered Address	: 705, Serangoon Road, Singapore 328127
Charity Registration Number	: T08CC3024J
Charity Registration Date	: 27.12.1982
IPC Status	: 01/07/2012 to 30/06/2015

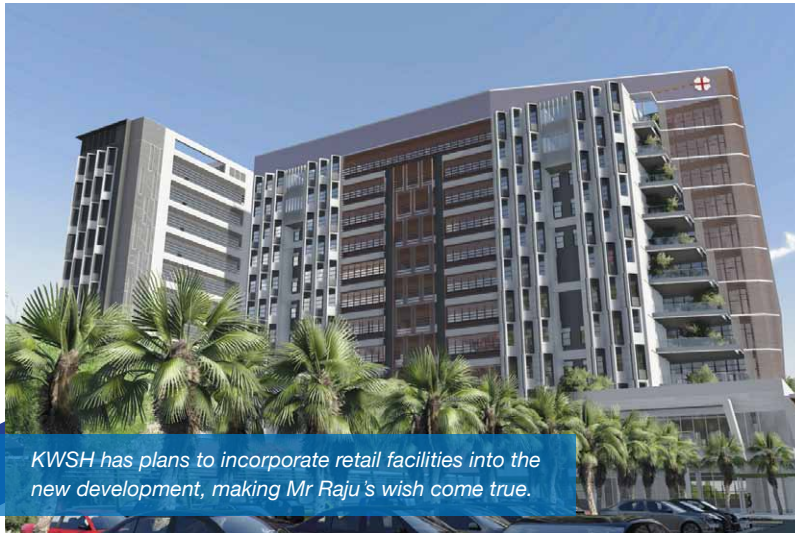
Conflict of interests

Conflict of interests arises whenever the personal or professional interests of board members, staff or volunteers interfere with the performance of their official duties or with their decision-making on matters related to the Hospital. Conflict of interest situations include those actual potential or perceived.

Policy and Procedure

- (a) The Conflict of Interest policy should be read and understood by all board members and staff. A Conflict of Interest Disclosure Statement is to be routinely declared by every board member upon assuming office or commencement of work, and will be reviewed 2 yearly.
- (b) Transactions with parties with whom a conflicting interest exists may be permitted only if all of the following are observed:
 - (i) The conflicting interest is to be fully disclosed;
 - (ii) The person with the conflict of interest is excluded from the discussion, voting and approval of such a transaction;
 - (iii) Competitive bids or comparable valuation is to be obtained; and
 - (iv) The board or a duly constituted committee thereof has determined that the transaction is in the best interest of the organization.
- (c) In the event of changed circumstances, disclosure involving board members will be undertaken on an ad hoc basis. This should be made to the board chairman (or if he/she is the one with the conflict), then to the board vice-chairman, who shall bring these matters to the board or a duly constituted committee.
- (d) The board members or a duly constituted committee thereof shall determine whether a conflict exists and in the case of an existing conflict, whether the contemplated transaction may be authorized as just, fair and reasonable to the Hospital. The decision of the remaining board members on these matters shall rest in their sole discretion, and the concern must be the welfare of the Hospital and the advancement of its purpose.
- (e) All decisions made by the board or a duly constituted committee thereof on such matters shall be minuted and filed.
- (f) Any disclosure of interest made by board members where they may be involved in a potentially conflicting situation(s), must be recorded, filed and updated appropriately by all specified parties.

BUILDING THE NURSING HOME OF THE FUTURE



KWSH has plans to incorporate retail facilities into the new development, making Mr Raju's wish come true.

An architect's impression of KWSH in 2015

"I am very happy staying at KWSH now and look forward to the new building that will have better facilities such as a cafeteria provided for visitors. It is quite a distance for them to walk out to buy food and drinks when visiting us now."

—Tayalan Raju, KWSH patient

One of Singapore's oldest charitable healthcare institutions, Kwong Wai Shiu Hospital (KWSH) has sustained a century of unceasing compassionate care for the poor and underprivileged elderly, regardless of race or religion.

Despite world wars, economic crises, and change in governments, KWSH has weathered many challenges. It has prevailed against all odds because of the selfless contributions and generosity of many individuals. It is a remarkable feat especially when the Hospital is entirely dependent on public donations and support in the last century.

Looking forward to our next hundred years, we recognise that even greater challenges lie ahead. Therefore, it is imperative that we prepare for them.

Singapore's increasing ageing population has created a greater demand for nursing home facilities. KWSH is responding to the challenge of the silver tsunami with a dynamic redevelopment plan to increase its capacity and range of services to benefit our needy elderly.

KWSH is working closely with the Ministry of Health to redevelop and expand its facilities and services at its present site in Serangoon Road. Given its central location and its strong partnerships with other healthcare institutions such as Tan Tock Seng Hospital, KWSH is well poised to meet the healthcare challenges of our ageing population.

With the new development, Singapore's longest-serving charity hospital will transform into the nursing home of the future, a one-stop geriatric centre with a holistic and comprehensive suite of care services for the elderly.

This redevelopment involves

- Construction of a 12-storey tower block to optimise the land area of 1.6 hectares, which has been reduced from the original 2.66 hectares. Scheduled to be completed in end 2015, this building will consolidate all the beds in the hospital, making KWSH Singapore's largest single-site nursing home operator with a focus on step-down care.
- Increase in the number of beds from the present 400 to more than 600 including dementia wards.
- Expansion and a re-focus of the TCM Centre to specialise in geriatric consultations and treatments. The Hospital is also keen to explore plans to integrate Traditional Chinese Medicine (TCM) with western medicine as we believe that TCM can play a vital role in improving the quality of care to our patients.
- Expansion of the Integrated Community Rehabilitation Centre that will see the hospital increase its capacity to serve more outpatients.
- The creation of a Family Medical Centre to provide economical step down clinical services, thereby ensuring continuum of care for patients even after they check out of the Hospital.



This calm and serene Chinese pavilion garden is a popular respite for many of our patients. It provides them opportunities to leave their beds, embrace nature and take in some fresh air. Together with three single-storey colonial-styled buildings surrounding it and the 3-storey building, which is a familiar façade along Serangoon Road, the pavilion will be conserved. It is vital that a historically rich environment, filled with our forefathers' legacy of kindness and compassion, is preserved to inspire future generations to volunteer and serve the less fortunate in Singapore.

院内中国式花园是住院者离开房间享受大自然环境和新鲜空气、舒展身心的好去处。园亭和围绕着的3栋单层殖民地时代的建筑物、实龙岗路地标之一的医院3层大楼，都隐藏着丰富的历史，也充澈着先辈创立医院的爱心和关怀，这些建筑都将获得保留以启发后辈们义务和照顾弱势群体的精神。



Significant investment is being made to recruit, train and develop the professional skills of our staff to deliver a higher level of professional and compassionate care. We envisage more investment will be put into training and development of our staff from 2012 to 2015.

医院将由2012至2015年，致力投资人力发展、聘用、培训员工的专业水平，和慈爱之心，以应付扩展医院的需要。



In a pilot project, our multi disciplinary team consisting of staff from the Rehab and TCM departments, meets monthly to discuss selected patients' progress and to implement behavioral modifications if needed. This patient-centric holistic approach has been effective in promoting better recovery.

在实验性的计划下，物理及职能治疗师与传统中医师定期探讨病患复健的方案，使病患迅速的恢复活动能力。



"It is not easy to look after patients in a nursing home but the staff here has been very good with providing me with its services. I hope that more people will be as fortunate as me to receive the good care I'm receiving."

– Thay Hock Seng, 80

“照顾疗养院病人并非是一项简单的工作，医院护士为我提供舒适的照顾，我希望更多的人像我一样的幸运能获得优质的服务。”

– Thay Hock Seng, 80

KWSH ADVANCE

To drive into another century and an even higher standard of compassionate care, the Hospital has identified four key thrusts: integrated services for holistic care; building service competency; collaboration with healthcare partners; and reinforcing the values of volunteerism and charity.

These initiatives are in line with the government's Healthcare 2020 Masterplan to enhance the accessibility, quality and affordability of healthcare services for Singapore.

Integrated services to provide holistic care

To advance a holistic approach to patient care, the different departments in the hospital will work in collaboration with one another in the management of each patient. To this end, the Rehabilitation and Traditional Chinese Medicine departments are in continuous dialogue, leveraging on the strengths of each to succeed in their shared goals.

In 2011, the Hospital set up multi-disciplinary care teams which meet every month to discuss the patients' progress and implement behavioural modifications where needed. This patient-centric model has been effective in promoting better and faster recovery.

Building service competency

At KWSH, our paramount concern is the welfare of our patients and of our people. Therefore, it is imperative to have adequate manpower with the appropriate skills set to provide quality care for our patients. For this reason, the hospital is making a significant investment in recruitment, skills training and professional development from 2012 to 2015 to build staff competency to meet the demands of the future. This is just as crucial to ensure a positive working environment for our staff.

We have embarked on weekly in-service training to ensure their continued medical education, enabling them to deliver a higher level of compassionate care for our patients. Building their skills also helps motivate them to do their best.

In 2011, two of our nurses were selected to pursue an Advanced Diploma in Gerontology at Nanyang Polytechnic, under the HMDP-ILTC programme, a MOH skills upgrading initiative for healthcare professionals.

KWSH also received re-accreditation for its clinical education programme from the Singapore Nursing Board till 2014. We are also an Approved Training Centre for ITE skills certification in Healthcare (Home Care) till November 2013.

Looking forward, in line with MOH and AIC's strategy to raise the quality of intermediate and long-term care services, KWSH will provide an educational framework that will foster the development of our staff.

Collaboration with Healthcare Partners

Through knowledge sharing with healthcare organisations, we are able to help propagate advances in the healthcare industry. Tapping into this wealth of accumulated experience, we can leverage on each other's knowledge of the best and most effective practices. This will help promote cost-effective service innovations that will provide the best of care for our patients, while keeping hospital fees nominal.

Reinforcing volunteerism and charity

At KWSH, many dedicated volunteers and generous individuals have helped to sustain our legacy of selfless service for the poor and elderly. Going forward, it is crucial that we continue to foster the spirit of volunteerism and charity not just within our Hospital, but also the community around us.

More and more companies recognise the value of corporate volunteerism, incentivising their employees to perform community service while on company time. In 2011, major corporations such as KPMG, HSBC and Standard Chartered made Kwong Wai Shiu Hospital their venue of choice for Corporate Social Responsibility (CSR) activities.

On our part, KWSH has always tried to be actively involved in the many communities which we serve - through various community outreach programmes and activities - and we hope to expand this scope of outreach in the future. Public education programmes such as public health forums have been initiated in the past to promote a healthy lifestyle and increase public knowledge on health issues.

With our strong heritage and the unwavering commitment from the public as well as from us, we are confident that these concerted efforts can help us all continue to do our part for the elderly.

Not just today but also into the future.



We welcome volunteer groups to bring joy to our patients.
我们欢迎志愿义工为我们的病人带来欢乐。

"There's always a lot of activities that they organise for the residents here and it keeps us from feeling bored or lonely. I would want these activities to continue or have even more as it keeps our minds from wandering needlessly."
– Han Mei Hua, 79

"在这里有很多活动，消解了我的寂寞和孤单的不好感受，我希望这些活动能够继续，那我就不胡思乱想。"
– Han Mei Hua, 79



After a bad fall and hospitalised for two months at TTSH, Mr Koh Cheng Hai, 72, was referred to KWSH for step down care. He was wheelchair-bound then. Under the care of a multi disciplinary team, Mr Koh is slowly regaining his mobility. With encouragement of the nurses and fellow residents, Mr Koh has taken up a new interest in gardening and feels a sense of belonging and attachment here.

因跌倒，在陈笃生医院住了2个月，之後转介到广惠肇留医院作康健复理，在中医师和复健专家的照顾下，Mr Koh已逐渐的恢复行动能力。更在护士及其他住院朋友的鼓励下，Mr Koh现在能够照顾一片小果园。



Yong Limin, our Principal Physiotherapist, was invited to share her experience at the Singapore Medical Association's 42nd National Medical Convention on successful and active ageing in the community.

As a geriatric centre with a century of community service, KWSH has accumulated considerable knowledge on care for the elderly.

广惠肇留医院在100年的老年护理当中，累积了丰富、宝贵的经验。



(Fr l to r) Mr Dr Ho Han Kwee from the Ministry of Health (MOH), Mr Ng Siew Quan KWSH Governing Council Member and Chairman of KWSH Finance Committee, A/Prof Chin Jing Jih from Tan Tock Seng Hospital (TTSH) and Dr Jason Yap from Agency for Integrated Care (AIC).

By collaborating with external healthcare partners and agencies, KWSH can tap into a wealth of accumulated experience and knowledge on effective practices and care for our patients, to help keep our hospital fees nominal

通过与院外医疗机构的合作，广惠肇留医院吸取可贵的经验及知识，为病患提供有效率的服务，从而节省医院的费用负担。

我们的发展计划

2015 广惠肇留医院建筑设计



Mr Raju 的愿望将可成真, 设计中的新发展将设有零售和餐饮店面。

“我对广惠肇留医院的服务深感满意。也期望新的病楼早日落成。新病楼内若有咖啡厅将方便访客购买食物及饮料。” –*Tayalan Raju, KWSH patient*

广惠肇留医院，我国历史悠久的慈善机构。在上个世纪，不管是战争，经济不景，政局变化的挑战下，医院仍不断为各族群的贫困，弱势年长人士提供关怀的医疗。而运作仅靠公众的捐款，令人满意的成绩，全赖公众无私，慷慨的付出。

新加坡人口老年化增加了对疗养设施和护理的需求。广惠肇留医院已计划面对下一个世纪的新挑战，医院将为乐龄人士打造一个充满生气，活力并拥有更多床位和服务的疗养院。

卫生部将支持和协助医院在现址上发展，配合合作伙伴。如陈笃生医院等，为中区的居民提供一站式的老年人护理，医疗服务。

发展计划

- 在剩下的1.6公顷土地上盖一座12层高的新主楼，工程预计在2015年底完成。届时所有的病房将集中在新主楼内，成为我国最大的独立疗养院。
- 病床数目将从现有400张增加至600余张，并设有失智病房。
- 扩展传统中医门诊中心提供老年人护理咨询及治疗结合中西医学为病人提供互补性的治疗。
- 扩展的复健中心，强化日间康复的力度和深度。
- 建立全科医疗中心 (Family Medicine Centre) 提供廉宜的医药服务和疗后护理。



KWSH keeps many Chinese cultural and traditions alive. Celebrations, like the annual Mid-Autumn Festival put up by our volunteers bring fond memories and cheerful faces to our elderly patients. It is an occasion during which generous donors sponsor the intricately-designed lanterns, hand-made by our dedicated volunteers, to decorate and light up the Hospital ground.

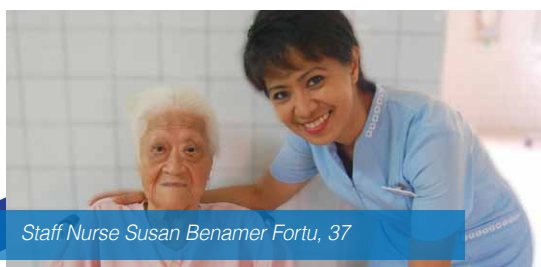
广惠肇留医院保留着许多中华传统和文化。中秋节庆祝会是义工们为病人举办的活动。善心人士也捐助义工们精心设计，手工制作的灯笼。“点亮一盏灯，温暖一颗心”把温馨带给病人。



KWSH's investment in staff development has helped it retained many of their nurses, given the high demand for healthcare workers to meet the increasing ageing population.

Susan Benamer Fortu joined us 10 years ago from The Philippines after completing her nursing degree in Manila. While Roskalrinna, a Singaporean, represents a new batch of nurses KWSH recruited to complement our team of foreign nurses and patient care assistants. While they were with us, they were sent for continuous training and given opportunities to pursue Advanced Diploma in Gerontology.

What kept them going at KWSH were their open attitude and the satisfaction they find in serving the elderly. Over the years, Susan and Rinna picked up local dialects like Malay, Mandarin, Hokkien and Cantonese which not only made communication easier but also made them more endearing to their patients.



Staff Nurse Susan Benamer Fortu, 37

广惠肇留医院投入资金培训和保留医疗人员以应付人口老化对医护人员的需求。



Staff Nurse Roskalrinna Bte Mohammad, 23

Susan Benamer Fortu, 10年前在菲律宾获得护士学位后加入医院。Roskalrinna, 新加坡人，加入医院与 Susan同为护理助理，两人除有定期培训，也获得进修“Advance Diploma in Gerontology”的机会并在今年毕业。热忱，开朗和服务年长者的满足感是两人工作的动力。Susan 和 Rinna 现在能用马来语，华语，福建话和广东话与病人交流而更受欢迎。

广惠肇留医院前进大道

配合卫生部2020年医药总蓝图, 医院定下四大主要方向踏入新纪元, 以提供高水准的爱心关怀医疗服务。

结合护理

2011年, 医院提出跨部门合作, 结合各部门的强项探讨病情管理。在这方面, 康复与中医两部门率先定期举办对话为病患复元的共同目标寻求适当的方案。

提升专业水准

医院向来重视病人的福利, 提供足够及适当的医疗照顾是医院的首要任务。因此, 医院投入资金, 聘用、培训人力的发展。以期在2015年新病院录取病人前, 确立适当的员工心态和胜任的队伍。

院内每周定期培训, 加强员工的护理知识和医疗技巧。2011年, 医院派遣2位护士参加南洋理工学院的“Advance Diploma in Gerontology”课程, 提升专业水准。

新加坡护士局也再度颁予医院“医药教育”项目的认证, 期效至2014年。

广惠肇留医院也是 ITE Healthcare (Homecare) 文凭的授权培训中心。

医院将追随卫生部及护联中心提升中长期医疗服务素质, 继续提供培训计划和开发人力建设。

医务伙伴合作

与院外伙伴的合作, 医院将能吸取各机构的知识及运作方式, 采用他们的优点加强医院有效管理, 促进成本效益, 减低医院的运作费用。合作也补助医院的服务全面性。

强化义务、慈善作业及社区服务

医院至今拥有无数尽心尽力的义工和慷慨的公众传承无私举献。这种珍贵的精神将在这获得保留的土地上继续延伸。

越来越多的企业意识到提供志愿服务的贡献, 允许员工们利用部分的工作时间参与社会责任计划 (Corporate Social Responsibility) 服务社会, 企业与员工们一起回馈社会。2011年, KPMG, HSBC 和渣打银行等都到医院提供企业社会责任, 医院期盼更多的企业为病人带来温暖和欢乐。

医院历年来, 积极的步入社区扩展社区服务。我们希望除举办公开讲座, 体检和义诊外, 能展开更多的项目及活动, 服务社区, 以感谢政府应允医院留在现址。

公众给予医院这珍贵遗产的支持和承诺, 我们相信能为年长者作出更多的贡献。



Professor Chia Chay Puay, our staunch supporter has volunteered at KWSH for 7 years and is a familiar face at our Community Outreach programme.

谢斋培教授自2005年起担任本院中医门诊中心的顾问。推广医院迈入社区服务，不遗余力。



KWSH's community outreach programme, which started in 2007, has grown from strength to strength. In 2011, together with volunteer TCM physicians, we continued to reach out to the needy and senior residents by visiting CCs in Joo Chiat and Tanjong Pagar to provide free TCM consultations and treatments. The highlight of our Community Outreach effort is the Community Care Day, held annually in KWSH during our anniversary celebration.

医院在2007 年拓展社区服务、提供院内及院外中医讲座及义诊，逐年增加。



Aberdeen Asset Management



KPMG



HSBC



Ministry of Defence



SingTel



Regency Steel Asia

In 2011, we are gratified to see an increasing number of corporations make an institutional commitment for their staff to volunteer and support KWSH in our many activities to brighten our patients' days as well as in raising funds. We are grateful for their time and creative ways to bring warmth and joy to the lives of the less fortunate.

2011年，更多的商业机构与团体到医院参与社区服务，支持医院的活动，他们把温馨和欢乐带给不幸的病人也为医院筹募义款。

FINANCIAL REPORT

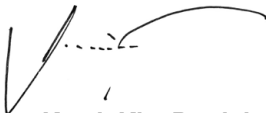
财务报告

STATEMENT BY THE BOARD OF MANAGEMENT

In the opinion of the management, the accompanying financial statements are drawn up so as to give a true and fair view of the state of affairs of the Hospital as at 31 December 2011 and the results, changes in funds and cash flows of the Hospital for the reporting year ended on that date and at the date of this statement there are reasonable grounds to believe that the Hospital will be able to pay its debts as and when they fall due.

The Board of Management has authorised these financial statements on the date of this statement 26 April 2012.

On Behalf of the Board of Management,



Lee Kwok Kie, Patrick
Chairman



Hoong Kong Fatt
Honorary Secretary



Ng Siew Quan
Treasurer

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF KWONG WAI SHIU HOSPITAL (Unique Entity Number: T08CC3024J)

(Registered under the Charities Act, Cap. 37)

Report on the Financial Statements

We have audited the accompanying financial statements of Kwong Wai Shiu Hospital ("the Hospital"), which comprise the statement of financial position as at 31 December 2011, and the statement of financial activities, statement of changes in funds and statement of cash flows for the reporting year then ended, and a summary of significant accounting policies and other explanatory notes.

Management's Responsibility for the Financial Statements

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

Independent Auditors' Responsibility

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

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

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the accompanying financial statements are properly drawn up in accordance with the Constitution of the Hospital, the Charities Act, Cap. 37 and Singapore Financial Reporting Standards so as to give a true and fair view of the state of affairs of the company as at 31 December 2011 and the results, changes in funds and cash flows of the Hospital for the reporting year ended on that date.

Report on Other Legal and Regulatory Requirements

In our opinion, the accounting and other records required by the above regulations to be kept by the Hospital have been properly kept in accordance with these regulations.

During the course of our audit, nothing came to our attention that caused us to believe that:

- (a) the total fund-raising expenses of the Hospital exceeded 30% of the total gross receipts from fund-raising for the reporting year in accordance with the Charities Regulations issued under the Charities Act and ;
- (b) the use of donation money received is not in accordance with the Hospital's objectives.



RSM Chio Lim LLP

Public Accountants and Certified Public Accountants
Singapore

26 April 2012

Partner in charge of audit: Derek How Beng Tiong
Effective from year ended 31 December 2009

FINANCIAL REPORT

财务报告

STATEMENT OF FINANCIAL ACTIVITIES

Year Ended 31 December 2011

	UNRESTRICTED FUND		RESTRICTED FUND	Total
	General Fund	Fair Value Reserve	Building Fund	\$
	\$	\$	\$	
2011				
INCOMING RESOURCES				
Voluntary income	3,984,183	—	616,570	4,600,753
Charitable activities income	5,030,527	—	—	5,030,527
Fund-raising activities	5,580,099	—	—	5,580,099
Investment income	658,252	—	—	658,252
Interest income	124,752	—	—	124,752
Rental income	2,367,848	—	—	2,367,848
Gain on disposal of available-for-sale financial assets	6,834	—	—	6,834
Other income	4,943,065	—	—	4,943,065
Total incoming resources	22,695,560	—	616,570	23,312,130
RESOURCES EXPENDED				
Charitable activities expenses	9,308,812	—	—	9,308,812
Fund-raising expenses	310,564	—	—	310,564
Rental expenses	989,669	—	—	989,669
Investment expenses	8,203	—	—	8,203
Other operating and administration expenses	5,367,062	—	—	5,367,062
Total resources expended	15,984,310	—	—	15,984,310
Net incoming resources	6,711,250	—	616,570	7,327,820
OTHER COMPREHENSIVE INCOME				
Available-for-sale financial assets	—	(1,443,815)	—	(1,443,815)
Total Comprehensive Income	6,711,250	(1,443,815)	616,570	5,884,005

The accompanying notes form an integral part of these financial statements

STATEMENT OF FINANCIAL ACTIVITIES

Year Ended 31 December 2011

	UNRESTRICTED FUND		
	General Fund \$	Fair Value Reserve \$	Total \$
2010			
INCOMING RESOURCES			
Voluntary income	4,727,444	—	4,727,444
Charitable activities income	4,820,019	—	4,820,019
Fund-raising activities	5,564,548	—	5,564,548
Investment income	234,079	—	234,079
Interest income	126,862	—	126,862
Rental income	1,909,766	—	1,909,766
Other income	9,582,017	—	9,582,017
Total incoming resources	26,964,735	—	26,964,735
RESOURCES EXPENDED			
Charitable activities expenses	8,140,653	—	8,140,653
Fund-raising expenses	600,646	—	600,646
Rental expenses	1,001,413	—	1,001,413
Investment expenses	43,543	—	43,543
Loss on disposal of available-for-sale financial assets	4,770	—	4,770
Other operating and administration expenses	5,164,230	—	5,164,230
Total resources expended	14,955,255	—	14,955,255
Net incoming resources	12,009,480	—	12,009,480
Other Comprehensive Income			
Available-for-sale financial assets	—	589,331	589,331
Total Comprehensive Income	12,009,480	589,331	12,598,811

The accompanying notes form an integral part of these financial statements

FINANCIAL REPORT

财务报告

STATEMENT OF FINANCIAL POSITION

As at 31 December 2011

	2011 \$	2010 \$
ASSETS		
Non-Current Assets		
Property, Plant and Equipment	1,297,277	1,303,532
Investment Properties	16,553,345	16,629,418
Available-for-sale Financial Assets	14,307,187	25,334,586
Investment in Subsidiary	—	—
Total Non-Current Assets	32,157,809	43,267,536
Current Assets		
Inventories	198,894	184,112
Trade and Other Receivables	1,817,383	1,831,466
Other Assets	84,750	36,449
Cash and Cash Equivalents	36,926,818	21,572,954
Total Current Assets	39,027,845	23,624,981
Total Assets	71,185,654	66,892,517
LIABILITIES		
Current Liabilities		
Trade and Other Payables	2,259,677	3,843,146
Other Liabilities	44,681	52,080
Total Current Liabilities	2,304,358	3,895,226
Net Assets	68,881,296	62,997,291
THE FUNDS OF THE HOSPITAL		
Unrestricted Funds		
Sinking Fund	200,000	200,000
Project Development Fund	28,000,000	28,000,000
General Fund	40,678,410	34,017,160
Fair Value Reserves	(663,684)	780,131
Total Unrestricted Funds	68,214,726	62,997,291
Restricted Funds		
Building Fund	666,570	—
Total Restricted Funds	666,570	—
Total Funds	68,881,296	62,997,291

The accompanying notes form an integral part of these financial statements

FINANCIAL REPORT

财务报告

STATEMENT OF CHANGES IN FUNDS

Year Ended 31 December 2011

	2011 \$	2010 \$
Opening Balance at beginning of the reporting year	62,997,291	50,398,480
Surplus for the reporting year	5,884,005	12,598,811
Closing Balance at end of the reporting year (Note 20)	68,881,296	62,997,291

The accompanying notes form an integral part of these financial statements

FINANCIAL REPORT

财务报告

STATEMENT OF CASH FLOWS

Year Ended 31 December 2011

	2011 \$	2010 \$
CASH FLOWS FROM OPERATING ACTIVITIES		
Net incoming resources for the year	7,327,820	12,009,480
Adjustments for:		
Depreciation of Property, Plant and Equipment	324,736	681,518
Depreciation of Investment Properties	337,823	313,883
Depreciation of Assets Held for sale under FRS 105	–	23,045
Investment Income	(658,252)	(234,079)
Gains on Disposal of Investment Properties	–	(5,427,600)
Interest Income	(124,752)	(126,862)
Loss on Disposal of Property, Plant and Equipment	–	16,972
(Gain)/ Loss on Disposal of Available-for-sale Financial Assets	(6,834)	4,770
Operating Cash Flow before Changes in Working Capital	7,200,541	7,261,127
Inventories	(14,782)	(50,399)
Trade and Other Receivables	14,083	(614,582)
Other Assets	(48,301)	37,849
Trade and Other Payables	(1,583,469)	1,275,241
Other Liabilities	(7,399)	4,700
Net Cash Flows From Operating Activities	5,560,673	7,913,936
CASH FLOWS FROM INVESTING ACTIVITIES		
Coupon received	338,761	113,714
Dividends received	319,491	120,365
Interest received	124,752	126,862
Purchase of Property, Plant and Equipment	(318,481)	(616,408)
Disposal of Property, Plant and Equipment	–	4,267
Purchase of Investment Property	(261,750)	(1,134,250)
Disposal of Investment Properties	–	7,000,000
Purchase of Available-for-sale Financial Assets	(7,361,753)	(23,992,232)
Disposal of Available-for-sale Financial Assets	16,952,171	3,186,505
Net Cash Flows From/(Used in) Investing Activities	9,793,191	(15,191,177)
Net Increase /(Decrease) in Cash and Cash Equivalents	15,353,864	(7,277,241)
Cash and Cash Equivalents, Statement of Cash Flows, Beginning Balance	21,572,954	28,850,195
Cash and Cash Equivalents, Statement of Cash Flows, Ending Balance	36,926,818	21,572,954

The accompanying notes form an integral part of these financial statements

FINANCIAL REPORT

财务报告

NOTES TO THE FINANCIAL STATEMENTS

Year Ended 31 December 2011

1. General

The Hospital is a charity registered under the Charities Act, Cap.37.

The Hospital is incorporated and domiciled in Singapore under the Kwong-Wai-Shiu Hospital Ordinance (Chapter 366). The address of the Hospital's registered office is 705, Serangoon Road, Singapore 328127.

The financial statements are presented in Singapore Dollars. The financial statements were approved and authorised for issue by the board of management on the date indicated in the statement by the Board of Management.

The principal activities of the Hospital are to establish and maintain a public hospital and nursing home.

In pursuance of the Hospital's objectives, the general policy adopted by the hospital is the provision of relief to financially needy persons irrespective of race or religion.

The Hospital's assets are held for purposes of meeting its charitable objectives.

2. Summary of Significant Accounting Policies

Accounting Convention

The financial statements have been prepared in accordance with the Singapore Financial Reporting Standards ("FRS") as issued by the Singapore Accounting Standards Council as well as all related Interpretations to FRS ("INT FRS"). The Hospital is also subject to the provisions of the Charities Act, Cap. 37. The financial statements are prepared on a going concern basis under the historical cost convention except where an FRS require an alternative treatment (such as fair values) as disclosed where appropriate in these financial statements.

Basis of Presentation

Consolidated financial statements are only prepared as required by Singapore Financial Reporting Standard No.27 Consolidated and Separate Financial Statements, where the subsidiary is significant.

Basis of Preparation of the Financial Statements

The preparation of financial statements in conformity with generally accepted accounting principles requires the management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. The estimates and assumptions are reviewed on an ongoing basis. Apart from those involving estimations, management has made judgements in the process of applying the Hospital's accounting policies. The areas requiring management's most difficult, subjective or complex judgements, or areas where assumptions and estimates are significant to the financial statements, are disclosed at the end of this footnote, where applicable.

Revenue recognition

The revenue amount is the fair value of the consideration received or receivable from the gross inflow of economic benefits during the period arising from the course of the ordinary activities of the Hospital and it is shown net of goods and services tax, and subsidies.

(i) Patient Service Charge

Revenue from patient service is recognised when the services are performed.

(ii) Donations

Revenue from cash donations and fund-raising projects are recognised as and when received except for advance donation received. Donation received in advance for future fund raising projects are deferred and recognised as incoming resources as and when the fund raising projects are held.

FINANCIAL REPORT

财务报告

NOTES TO THE FINANCIAL STATEMENTS (Continued)

Year Ended 31 December 2011

2. Summary of Significant Accounting Policies (Cont'd)

(iii) Interest Income

Interest revenue is recognised on a time-proportion basis using the effective interest rate that takes into account the effective yield on the asset.

(iv) Investment income

Dividend from equity instrument is recognised as income when the entity's right to receive payment is established.

(v) Rental income

Rental revenue is recognised on a time-proportion basis that takes into account the effective yield on the asset on a straight-line basis over the lease term.

(vi) Government Grants

Government grants to cover a particular expenditure or programme are accounted for as incoming resources upon receipt of notification of the grant award, which normally coincides with the year when the related expenses, for which the grant is intended to cover, are incurred. The corresponding asset (grants receivable account) is also recognised then. A government grant is recognised at fair value when there is reasonable assurance that the conditions attaching to it will be complied with and that the grant will be received. A grant in recognition of specific expenses is recognised as income over the periods necessary to match them with the related costs that they are intended to compensate, on a systematic basis. A grant related to depreciable assets is allocated to income over the period in which such assets are used in the project subsidised by the grant.

Gifts In Kind

A gift in kind is included in the statement of financial activities based on an estimate of the fair value at the date of the receipt of the gift of the non-monetary asset or the grant of a right to the monetary asset. The gift is recognised if the amount of the gift can be measured reliably and there is no uncertainty that it will be received.

Goods donated as property, plant and equipment are recorded at values based on a reasonable estimate of their fair value. Assets which are donated for resale, distribution or consumption are recorded when received. No value is ascribed to volunteer services.

Employee Benefits

Contributions to defined contribution retirement benefit plans are recorded as an expense as they fall due. The entity's legal or constructive obligation is limited to the amount that it agrees to contribute to an independently administered fund which is the Central Provident Fund in Singapore (a government managed retirement benefit plan). For employee leave entitlement, the expected cost of short-term employee benefits in the form of compensated absences is recognised in the case of accumulating compensated absences, when the employees render service that increases their entitlement to future compensated absences; and in the case of non-accumulating compensated absences, when the absences occur. A liability for bonuses is recognised where the entity is contractually obliged or where there is constructive obligation based on past practice.

Income Tax

As a charity, the Hospital is exempt from tax on income and gains falling within section 13U(1) of the Income Tax Act to the extent that these are applied to its charitable objects. No tax charges have arisen in the Hospital.

Foreign Currency Transactions

The functional currency is the Singapore dollar as it reflects the primary economic environment in which the entity operates. Transactions in foreign currencies are recorded in the functional currency at the rates ruling at the dates of the transactions. At each end of the reporting year, recorded monetary balances and balances measured at fair value that are denominated in non-functional currencies are reported at the rates ruling at the end of the reporting year and fair value dates respectively. All realised and unrealised exchange adjustment gains and losses are dealt with in profit or loss except when recognised in other comprehensive income and if applicable deferred in equity such as for qualifying cash flow hedges. The presentation is in the functional currency.

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NOTES TO THE FINANCIAL STATEMENTS (Continued)

Year Ended 31 December 2011

2. Summary of Significant Accounting Policies (Cont'd)

Property, Plant and Equipment

Depreciation is provided on a reducing balance basis to allocate the gross carrying amounts of the assets less their residual values over their estimated useful lives of each part of an item of these assets. The annual rates of depreciation are as follows:

Leasehold land and building	-	Over the remaining period of the lease of 2 months
Leasehold improvements	-	Over the remaining period of the lease of 26 months
Office and medical equipments	-	15% to 20%
Furniture and fittings	-	10%
Motor vehicles	-	20%
Computers	-	100%

An asset is depreciated when it is available for use until it is derecognised even if during that period the item is idle. Fully depreciated assets still in use are retained in the financial statements.

Property, plant and equipment are carried at cost on initial recognition and after initial recognition at cost less any accumulated depreciation and any accumulated impairment losses. The gain or loss arising from the derecognition of an item of property, plant and equipment is determined as the difference between the net disposal proceeds, if any, and the carrying amount of the item and is recognised in profit or loss. The residual value and the useful life of an asset is reviewed at least at each end of the reporting year and, if expectations differ significantly from previous estimates, the changes are accounted for as a change in an accounting estimate, and the depreciation charge for the current and future periods are adjusted.

Cost also includes acquisition cost, any cost directly attributable to bringing the asset to the location and condition necessary for it to be capable of operating in the manner intended by management. Subsequent cost are recognised as an asset only when it is probable that future economic benefits associated with the item will flow to the entity and the cost of the item can be measured reliably. All other repairs and maintenance are charged to profit or loss when they are incurred.

Investment Property

Investment property is property owned to earn rentals or for capital appreciation or both, rather than for use in the production or supply of goods or services or for administrative purposes or sale in the ordinary course of business. It includes an investment property in the course of construction. After initial recognition at cost including transaction costs the cost model is used to measure the investment property using the treatment for property, plant and equipment, that is, at cost less any accumulated depreciation and any accumulated impairment losses. An investment property that meets the criteria to be classified as held for sale is carried at the lower of carrying amount and fair value less costs to sell. For disclosure purposes, the fair values are determined periodically on a systematic basis by external independent valuers having an appropriate recognised professional qualification and recent experience in the location and category of property being valued. The annual rate of depreciation is 2% on reducing balance basis over the terms of the lease. Depreciation is not provided for investment property under construction.

Leases

Whether an arrangement is, or contains, a lease is based on the substance of the arrangement at the inception date, that is, whether (a) fulfilment of the arrangement is dependent on the use of a specific asset or assets (the asset); and (b) the arrangement conveys a right to use the asset. Leases are classified as finance leases if substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases. At the commencement of the lease term, a finance lease is recognised as an asset and as a liability in the statement of financial position at amounts equal to the fair value of the leased asset or, if lower, the present value of the minimum lease payments, each determined at the inception of the lease. The discount rate used in calculating the present value of the minimum lease payments is the interest rate implicit in the lease, if this is practicable to determine, the lessee's incremental borrowing rate is used. Any initial direct costs of the lessee are added to the amount recognised as an asset.

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NOTES TO THE FINANCIAL STATEMENTS (Continued)

Year Ended 31 December 2011

2. Summary of Significant Accounting Policies (Cont'd)

Leases (Cont'd)

The excess of the lease payments over the recorded lease liability are treated as finance charges which are allocated to each period during the lease term so as to produce a constant periodic rate of interest on the remaining balance of the liability. Contingent rents are charged as expenses in the periods in which they are incurred. The assets are depreciated as owned depreciable assets. Leases where the lessor effectively retains substantially all the risks and benefits of ownership of the leased assets are classified as operating leases. For operating leases, lease payments are recognised as an expense in profit or loss on a straight-line basis over the term of the relevant lease unless another systematic basis is representative of the time pattern of the user's benefit, even if the payments are not on that basis. Lease incentives received are recognised in profit or loss as an integral part of the total lease expense. Rental income from operating leases is recognised in profit or loss on a straight-line basis over the term of the relevant lease unless another systematic basis is representative of the time pattern of the user's benefit, even if the payments are not on that basis. Initial direct cost incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

Impairment of Non-Financial Assets

Irrespective of whether there is any indication of impairment, an annual impairment test is performed at the same time every year on an intangible asset with an indefinite useful life or an intangible asset not yet available for use. The carrying amount of other non-financial assets is reviewed at each end of the reporting year for indications of impairment and where an asset is impaired, it is written down through profit or loss to its estimated recoverable amount. The impairment loss is the excess of the carrying amount over the recoverable amount and is recognised in profit or loss. The recoverable amount of an asset or a cash-generating unit is the higher of its fair value less costs to sell and its value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset. For the purposes of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash flows (cash-generating units). At each end of the reporting year non-financial assets other than goodwill with impairment loss recognised in prior periods are assessed for possible reversal of the impairment. 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 or amortisation, if no impairment loss had been recognised.

Financial Assets

Initial recognition and measurement and derecognition of financial assets:

A financial asset is recognised on the statement of financial position when, and only when, the entity becomes a party to the contractual provisions of the instrument. The initial recognition of financial assets is at fair value normally represented by the transaction price. The transaction price for financial asset not classified at fair value through profit or loss includes the transaction costs that are directly attributable to the acquisition or issue of the financial asset. Transaction costs incurred on the acquisition or issue of financial assets classified at fair value through profit or loss are expensed immediately. The transactions are recorded at the trade date.

Irrespective of the legal form of the transactions performed, financial assets are derecognised when they pass the "substance over form" based on the derecognition test prescribed by FRS 39 relating to the transfer of risks and rewards of ownership and the transfer of control.

Subsequent measurement:

Subsequent measurement based on the classification of the financial assets in one of the following four categories under FRS 39 is as follows:

1. Financial assets at fair value through profit or loss: As at end of the reporting year date there were no financial assets classified in this category.

FINANCIAL REPORT

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NOTES TO THE FINANCIAL STATEMENTS (Continued)

Year Ended 31 December 2011

2. Summary of Significant Accounting Policies (Cont'd)

Financial Assets (Cont'd)

2. Loans and receivables: Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. Assets that are for sale immediately or in the near term are not classified in this category. These assets are carried at amortised costs using the effective interest method (except that short-duration receivables with no stated interest rate are normally measured at original invoice amount unless the effect of imputing interest would be significant) minus any reduction (directly or through the use of an allowance account) for impairment or uncollectibility. Impairment charges are provided only when there is objective evidence that an impairment loss has been incurred as a result of one or more events that occurred after the initial recognition of the asset (a 'loss event') and that loss event (or events) has an impact on the estimated future cash flows of the financial asset or group of financial assets that can be reliably estimated. The methodology ensures that an impairment loss is not recognised on the initial recognition of an asset. Losses expected as a result of future events, no matter how likely, are not recognised. For impairment, the carrying amount of the asset is reduced through use of an allowance account. The amount of the loss is recognised in profit or loss. An impairment loss is reversed if the reversal can be related objectively to an event occurring after the impairment loss was recognised. Typically the trade and other receivables are classified in this category.
3. Held-to-maturity financial assets: As at end of the reporting year date there were no financial assets classified in this category.
4. Available for sale financial assets: These are non-derivative financial assets that are designated as available-for-sale on initial recognition or are not classified in one of the previous categories. These assets are carried at fair value by reference to the transaction price or current bid prices in an active market. If such market prices are not reliably determinable, management establishes fair value by using valuation techniques. Changes in fair value of available-for-sale financial assets (other than those relating to foreign exchange translation differences on non-monetary investments) are recognised in other comprehensive income and accumulated in a separate component of equity under the heading revaluation reserves. Such reserves are recycled to profit or loss when realised through disposal. Impairments below cost are recognised in profit or loss. When there is objective evidence that the asset is impaired, the cumulative loss is reclassified from equity to profit or loss as a reclassification adjustment. If, in a subsequent period, the fair value of an equity instrument classified as available-for-sale increases and the increase can be objectively related to an event occurring after the impairment loss, it is reversed against revaluation reserves and are not subsequently reversed through profit or loss. However for debt instruments classified as available-for-sale impairment losses recognised in profit or loss are subsequently reversed if an increase in the fair value of the instrument can be objectively related to an event occurring after the recognition of the impairment loss. The weighted average method is used when determining the cost basis of publicly listed equities being disposed of. For non-equity instruments classified as available-for-sale the reversal of impairment is recognised in profit or loss. They are classified as non-current assets unless management intends to dispose of the investment within 12 months of the end of the reporting year. Usually non-current investments in equity shares and debt securities are classified in this category.

Cash and Cash Equivalents

Cash and cash equivalents include bank and cash balances, and on-demand deposits. For the statement of cash flows the item includes cash and cash equivalents less cash subject to restriction that form an integral part of cash management.

Financial Liabilities

Initial recognition, measurement and derecognition:

A financial liability is recognised on the statement of financial position when, and only when, the entity becomes a party to the contractual provisions of the instrument and it is derecognised when the obligation specified in the contract is discharged or cancelled or expires. The initial recognition of financial liability is at fair value normally represented by the transaction price.

FINANCIAL REPORT

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NOTES TO THE FINANCIAL STATEMENTS (Continued)

Year Ended 31 December 2011

2. Summary of Significant Accounting Policies (Cont'd)

Financial Liabilities (Cont'd)

The transaction price for financial liability not classified at fair value through profit or loss includes the transaction costs that are directly attributable to the acquisition or issue of the financial liability. Transaction costs incurred on the acquisition or issue of financial liability classified at fair value through profit or loss are expensed immediately. The transactions are recorded at the trade date. Financial liabilities including bank and other borrowings are classified as current liabilities unless there is an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting year.

Subsequent measurement:

Subsequent measurement based on the classification of the financial liabilities in one of the following two categories under FRS 39 is as follows:

1. Liabilities at fair value through profit or loss: As at end of the reporting year date there were no financial liabilities classified in this category.
2. Other financial liabilities: All liabilities, which have not been classified as in the previous category fall into this residual category. These liabilities are carried at amortised cost using the effective interest method. Trade and other payables and borrowings are usually classified in this category. Items classified within current trade and other payables are not usually re-measured, as the obligation is usually known with a high degree of certainty and settlement is short-term.

Fair Value of Financial Instruments

The carrying values of current financial instruments approximate their fair values due to the short-term maturity of these instruments. Disclosures of fair value are not made when the carrying amount of current financial instruments is a reasonable approximation of fair value. The fair values of non-current financial instruments may not be disclosed separately unless there are significant differences at the end of the reporting year and in the event the fair values are disclosed in the relevant notes. The maximum exposure to credit risk is the fair value of the financial instruments at the end of the reporting year. The fair value of a financial instrument is derived from an active market or by using an acceptable valuation technique. The appropriate quoted market price for an asset held or liability to be issued is usually the current bid price without any deduction for transaction costs that may be incurred on sale or other disposal and, for an asset to be acquired or for liability held, the asking price. If there is no market, or the markets available are not active, the fair value is established by using an acceptable valuation technique. The fair value measurements are classified using a fair value hierarchy of 3 levels that reflects the significance of the inputs used in making the measurements, that is, Level 1 for the use of quoted prices (unadjusted) in active markets for identical assets or liabilities; Level 2 for the use of inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e., as prices) or indirectly (i.e., derived from prices); and Level 3 for the use of inputs for the asset or liability that are not based on observable market data (unobservable inputs). The level is determined on the basis of the lowest level input that is significant to the fair value measurement in its entirety. Where observable inputs that require significant adjustment based on unobservable inputs, that measurement is a Level 3 measurement.

Assets Classified as Held for Sale

Identifiable assets, liabilities and contingent liabilities and disposal groups are classified as held for sale if their carrying amount is to be recovered principally through a sale transaction rather than through continuing use. Assets that meet the criteria to be classified as held for sale are measured at the lower of carrying amount and fair value less costs to sell and are presented separately on the face of the statement of financial position. Once an asset is classified as held for sale or included in a group of assets held for sale no further depreciation or amortisation is recorded. Impairment losses on initial classification of the balances as held for sale are included in profit or loss, even when there is a revaluation. The same applies to gains and losses on subsequent remeasurement. The depreciation on depreciable assets is ceased.

FINANCIAL REPORT

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NOTES TO THE FINANCIAL STATEMENTS (Continued)

Year Ended 31 December 2011

2. Summary of Significant Accounting Policies (Cont'd)

Inventories

Inventories are measured at the lower of cost (first in first out method) and net realisable value. Net realisable value is the estimated selling price in the ordinary course of business less the estimated costs of completion and the estimated costs necessary to make the sale. A write down on cost is made for where the cost is not recoverable or if the selling prices have declined. Cost includes all costs of purchase, costs of conversion and other costs incurred in bringing the inventories to their present location and condition.

Funds

Fund balances restricted by outside sources are so indicated and are distinguished from unrestricted funds allocated to specific purposes if any by action of the management. Externally restricted funds may only be utilised in accordance with the purposes established by the source of such funds or through the terms of an appeal and are in contrast with unrestricted funds over which management retains full control to use in achieving any of its institutional purposes. An expense resulting from the operating activities of a fund that is directly attributable to the fund is charged to that fund. Common expenses if any are allocated on a reasonable basis to the funds based on a method most suitable to that common expense.

Provisions

A liability or provision is recognised when there is a present obligation (legal or constructive) as a result of a past event, it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation. Provisions are made using best estimates of the amount required in settlement and where the effect of the time value of money is material, the amount recognised is the present value of the expenditures expected to be required to settle the obligation using a pre-tax rate that reflects current market assessments of the time value of money and the risks specific to the obligation. The increase in the provision due to passage of time is recognised as interest expense. Changes in estimates are reflected in profit or loss in the reporting year they occur.

Critical Judgements, Assumptions and Estimation Uncertainties

The critical judgements made in the process of applying the accounting policies that have the most significant effect on the amounts recognised in the financial statements and the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting year, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting year are discussed below. These estimates and assumptions are periodically monitored to ensure they incorporate all relevant information available at the date when financial statements are prepared. However, this does not prevent actual figures differing from estimates.

Investments available-for-sale impairment tests:

The management treats investments available-for-sale as impaired when there has been a significant or prolonged decline in the fair value below cost. The determination of what is "significant" or "prolonged" requires significant judgement.

Allowance for doubtful accounts:

An allowance is made for doubtful accounts for estimated losses resulting from the subsequent inability of the patients and tenants to make required payments. If the financial conditions of the patients and tenants were to deteriorate, resulting in an impairment of their ability to make payments, additional allowances may be required in future periods. Management specifically analyses accounts receivables and analyses historical bad debt, patient and tenants financial conditions, current economic trends and changes in patient and tenants payment terms when evaluating the adequacy of the allowance for doubtful accounts. Management also consider whether subsidy can be obtained from patient own fund, patient admission deposit and other sources. At the statement of financial position date, the receivables carrying amount approximates the fair value and the carrying amounts might change materially within the next financial year but these changes would not arise from assumptions or other sources of estimation uncertainty at the statement of financial position date.

FINANCIAL REPORT

财务报告

NOTES TO THE FINANCIAL STATEMENTS (Continued)

Year Ended 31 December 2011

2. Summary of Significant Accounting Policies (Cont'd)

Useful lives of plant and equipment:

The estimates for the useful lives and related depreciation charges for plant and equipment is based on commercial and other factors which could change significantly as a result of innovations and competitor actions in response to market conditions. The depreciation charge is increased where useful lives are less than previously estimated lives, or the carrying amounts written off or written down for technically obsolete or assets that have been abandoned. It is impracticable to disclose the extent of the possible effects. It is reasonably possible, based on existing knowledge, that outcomes within the next financial year that are different from assumptions could require a material adjustment to the carrying amount of the balances affected. The carrying amount of the class of assets at the end of the reporting year affected by the assumption is \$1,194,543 (2010:\$1,254,551).

3. Related Party Relationships and Transactions

FRS 24 defines a related party as a person or entity that is related to the reporting entity and it includes (a) A person or a close member of that person's family if that person: (i) has control or joint control over the reporting entity; (ii) has significant influence over the reporting entity; or (iii) is a member of the key management personnel of the reporting entity or of a parent of the reporting entity. (b) An entity is related to the reporting entity if any of the following conditions apply: (i) The entity and the reporting entity are members of the same group. (ii) One entity is an associate or joint venture of the other entity. (iii) Both entities are joint ventures of the same third party. (iv) One entity is a joint venture of a third entity and the other entity is an associate of the third entity. (v) The entity is a post-employment benefit plan for the benefit of employees of either the reporting entity or an entity related to the reporting entity. (vi) The entity is controlled or jointly controlled by a person identified in (a). (vii) A person identified in (a) (i) has significant influence over the entity or is a member of the key management personnel of the entity (or of a parent of the entity).

It is not the practice for the trustees/office bearers, or people connected with them, to receive remuneration, or other benefits, from the Hospital for which they are responsible, or from institutions connected with the Hospital.

All board members and staff members of the Hospital are required to read and understand the conflict of interest policy in place and make full disclosure of interests, relationships and holding that could potentially result in conflict of interests. When a conflict of interest situation arises, the members or staffs shall abstain from participating in the discussion, decision making and voting on the matter.

3.1. Key management compensation:

	2011 \$	2010 \$
Salaries and other short-term employee benefits	744,538	921,147

The above amounts are included under employee benefits expense.

Number of key management in remuneration bands:

	2011 \$	2010 \$
Above \$200,000	1	–
\$100,001 - \$200,000	3	4
Less than \$100,00	3	3

Key management personnel comprise the Chief Executive Officer and the direct reporting senior officers. The board members did not receive any compensation during the year.

There were no transactions with a corporation in which the above key management personnel have an interest.

FINANCIAL REPORT

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NOTES TO THE FINANCIAL STATEMENTS (Continued)

Year Ended 31 December 2011

3.2. Other receivables from and other payables to related parties:

The movements in other receivables from and other payables to a related party are as follows:

	Subsidiary 2011 \$	Subsidiary 2010 \$
Other receivables:		
Balance at beginning of year	4,586	2,798
Amounts paid out and settlement of liabilities on behalf of another party	14,747	1,788
Balance at end of year debit	19,333	4,586

4. Other Income

	2011 \$	2010 \$
Gain on disposal of investment properties	–	5,427,600
Government grant income from jobs credit scheme	–	71,269
Government grant income from special employment credit	2,212	–
Singapore government grant	4,886,236	3,990,131
Other income	54,617	93,017
	4,943,065	9,582,017

5. Charitable Activities Expenses

	2011 \$	2010 \$
Western Medication	443,445	396,634
Medical Supplies	401,059	382,773
Laundry	190,824	175,576
Food for patients	358,402	313,780
Electricity and gas	331,793	327,566
Traditional Chinese Medicine Expenses (TCM)	217,803	201,584
Consultancy and professional fees	1,042,498	505,028
Staff costs	4,831,164	4,469,384
Contributions to defined contribution plan	346,841	306,726
Other staff related costs	103,478	117,920
Foreign worker levy and expenses	645,219	536,208
Other charitable related expenses	396,286	407,474
	9,308,812	8,140,653

FINANCIAL REPORT

财务报告

NOTES TO THE FINANCIAL STATEMENTS (Continued) Year Ended 31 December 2011

6. Other Operating and Administration Expenses

	2011 \$	2010 \$
Depreciation of property, plant and equipment	324,736	681,518
Non-claimable GST expenses	321,894	254,151
Printing and stationery	90,324	96,287
Small assets expensed off	143,308	120,534
Consultancy fees	177,769	129,283
Leased land rental	1,699,380	1,463,199
Repair and maintenance	208,921	115,677
Staff costs	1,660,323	1,623,582
Contributions to defined contribution plan	181,840	168,407
Other staff related costs	52,321	39,243
Other expenses	506,246	472,349
	5,367,062	5,164,230

7. Employee Benefits Expense

	2011 \$	2010 \$
Employee benefits expense	6,491,487	6,092,966
Contributions to defined contribution plan	528,681	475,133
	7,020,168	6,568,099

8. Items in the Statement of Financial Activities

The statement of financial activities includes the following charges:

	2011 \$	2010 \$
External audit fees	36,900	31,800

9. Tax Deductible Donation Receipts

The Hospital enjoys a concessionary tax treatment whereby qualifying donors are granted 2.5 times tax deduction for the donations made to the Hospital. This status was renewed for 2 years with effect from 1 July 2010 under the Health Endowment Fund Scheme.

	2011 \$	2010 \$
The Hospital issued tax deductible receipts for donations collected	6,959,328	8,228,265

FINANCIAL REPORT

财务报告

10. Property, Plant and Equipment

	Leasehold Properties \$	Leasehold Improvements \$	Office and Medical Equipments \$	Motor Vehicles \$	Computers \$	Furniture & Fittings \$	Hospital Redevelopment \$	Total \$
Cost:								
At 1 January 2010	8,265,287	–	1,497,699	345,297	223,870	1,458,264	–	11,790,417
Additions	–	67,819	223,507	213,276	91,811	19,995	–	616,408
Disposals	(8,265,287)	–	–	(125,023)	–	–	–	(8,390,310)
At 31 December 2010	–	67,819	1,721,206	433,550	315,681	1,478,259	–	4,016,515
Additions	–	18,000	174,582	–	48,180	11,000	66,719	318,481
At 31 December 2011	–	85,819	1,895,788	433,550	363,861	1,489,259	66,719	4,334,996
Accumulated Depreciation:								
At 1 January 2010	7,954,764	–	967,050	203,425	223,870	1,051,427	–	10,400,536
Depreciation for the year	310,523	18,838	148,836	68,827	91,811	42,683	–	681,518
Disposals	(8,265,287)	–	–	(103,784)	–	–	–	(8,369,071)
At 31 December 2010	–	18,838	1,115,886	168,468	315,681	1,094,110	–	2,712,983
Depreciation for the year	–	30,966	153,056	53,017	48,180	39,517	–	324,736
At 31 December 2011	–	49,804	1,268,942	221,485	363,861	1,133,627	–	3,037,719
Net book value:								
At 1 January 2010	310,523	–	530,649	141,872	–	406,837	–	1,389,881
At 31 December 2010	–	48,981	605,320	265,082	–	384,149	–	1,303,532
At 31 December 2011	–	36,015	626,846	212,065	–	355,632	66,719	1,297,277

The depreciation expense has been charged to other operating and administrative expenses in the statement of financial activities.

FINANCIAL REPORT

财务报告

NOTES TO THE FINANCIAL STATEMENTS (Continued) Year Ended 31 December 2011

11. Investment Properties

	Properties \$
2011:	
At Cost:	
At beginning of the year	18,234,747
Additions	261,750
At end of the year	18,496,497
Accumulated Depreciation:	
At beginning of the year	1,605,329
Depreciation for the year	337,823
At end of the year	1,943,152
Net book value:	
At beginning of the year	16,629,418
At end of the year	16,553,345
Fair value:	
Fair value at end of the year	58,396,304
Rental and service income from investment properties	2,367,848
Direct operating expenses (including maintenance) arising from investment property that generated rental income during the period	990,550

	Construction In Progress \$	Properties \$	Total \$
2010:			
At Cost:			
At beginning of the year	395,950	17,077,668	17,473,618
Additions	—	1,134,250	1,134,250
Transfer to Properties	(395,950)	395,950	—
Disposal	—	(373,121)	(373,121)
At end of the year	—	18,234,747	18,234,747
Accumulated Depreciation:			
At beginning of the year	—	1,326,148	1,326,148
Depreciation for the year	—	313,883	313,883
Disposal	—	(34,702)	(34,702)
At end of the year	—	1,605,329	1,605,329
Net book value:			
At beginning of the year	395,950	15,751,520	16,147,470
At end of the year	—	16,629,418	16,629,418
Fair value:			
Fair value at end of the year	—	51,870,800	51,870,800
Rental and service income from investment properties			1,909,766
Direct operating expenses (including maintenance) arising from investment property that generated rental income during the period			1,009,057

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NOTES TO THE FINANCIAL STATEMENTS (Continued)

Year Ended 31 December 2011

11. Investment Properties (Cont d)

The depreciation expense is charged to rental expenses in the statement of financial activities.

The investment properties are leased out under operating leases.

The fair value is determined periodically on a systematic basis at least once yearly. The fair value was based on a valuation made by the Board of Directors based on reference to the property index and evidence of transaction prices for similar properties. The fair value is regarded as the lowest level for fair value measurement as the valuation includes inputs for the asset that are not based on observable market data (unobservable inputs).

12. Inventories

	2011 \$	2010 \$
Chinese refined medicine	29,086	26,863
Western medicine	24,569	18,124
Medical and surgical supplies	93,543	95,585
Auction items	51,696	43,540
Balance at end of year	198,894	184,112
Cost of inventories recorded as an expense in the Statement of Financial Activities	1,182,627	1,057,826

13. Trade and Other Receivables

	2011 \$	2010 \$
Trade receivables:		
Trade receivables – Patients	906,658	801,393
Receivables – Properties	76,506	538,054
Less allowance for impairment	(1,000)	(52,951)
Subtotal	982,164	1,286,496
Other receivables:		
Deposits to secure services	485,772	477,701
Fixed deposits interest and bond coupon receivables	183,776	57,815
Subsidiary (Note 3)	19,333	4,586
Other receivables	146,338	4,868
Subtotal	835,219	544,970
Total trade and other receivables	1,817,383	1,831,466
Movements in above allowance for receivables – properties:		
Balance at beginning of the year	52,951	60,595
Charged for trade receivables to statement of financial activities included in rental expenses	5,190	–
Reversed for allowance to statement of financial activities included in rental expenses	(6,071)	(7,644)
Written off during the year	(51,070)	–
	1,000	52,951

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NOTES TO THE FINANCIAL STATEMENTS (Continued) Year Ended 31 December 2011

14. Available-for-sale Financial Assets

	2011 \$	2010 \$
Investments at available-for-sale at fair value through Other Comprehensive Income		
Movements during the year:		
Fair value at beginning of the year	25,334,586	3,944,298
Additions	7,361,753	23,992,232
Disposals	(16,945,337)	(3,191,275)
(Decrease) Increase in fair value through Other Comprehensive Income	(1,443,815)	589,331
Fair value at end of year	14,307,187	25,334,586
Balance is made up of:		
Quoted equity shares in corporations shares, at fair value	2,537,766	6,487,830
Funds held with Fund Managers:		
Quoted investments:		
Equity shares and real estate investment trust	16,496	2,371,940
Debt securities	11,752,925	16,441,483
	11,769,421	18,813,423
Cash and bank balances	–	33,333
Fair value at end of year	11,769,421	18,846,756
Total investment securities	14,307,187	25,334,586

15. Investment in Subsidiary

	2011 \$	2010 \$
Unquoted equity shares at cost	–	–

In 2009, KWS Hospital Management Corporation was incorporated as a public company limited by guarantee. Kwong Wai Shiu Hospital is the subscriber of KWS Hospital Management Corporation and has control over KWS Hospital Management Corporation. Accordingly, KWS Hospital Management Corporation is deemed to be a subsidiary of Kwong Wai Shiu Hospital. However, the financial statements of KWS Hospital Management Corporation were not consolidated as it was immaterial to Kwong Wai Shiu Hospital.

16. Other Assets

	2011 \$	2010 \$
Prepayments	84,750	36,449

FINANCIAL REPORT

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NOTES TO THE FINANCIAL STATEMENTS (Continued)

Year Ended 31 December 2011

17. Cash and Cash Equivalents

	2011 \$	2010 \$
Not restricted in use	36,926,818	21,572,954
Cash at end of year	36,926,818	21,572,954
Interest earning balances	32,750,000	7,370,000

The rate of interest for the cash on interest earning balances is between 0.045% and 1.28% (2010: 0.1875% and 1.95%).

17A. Cash and Cash Equivalents in the Statement of Cash Flows:

	2011 \$	2010 \$
Balance as shown above	36,926,818	21,572,954
Cash and cash equivalents for statement of cash flows purposes at end of year	36,926,818	21,572,954

18. Trade and Other Payables

	2011 \$	2010 \$
Trade payables:		
Outside parties and accrued liabilities	1,067,295	1,907,066
Other payables:		
Deposits received from patients and tenants	813,371	940,937
Medifund from MOH	317,004	930,741
Other payables	62,007	64,402
Subtotal	1,192,382	1,936,080
Total trade and other payables	2,259,677	3,843,146

19. Other Liabilities

	2011 \$	2010 \$
Prepaid rentals from tenants	44,681	52,080

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NOTES TO THE FINANCIAL STATEMENTS (Continued)
Year Ended 31 December 2011

20. Fund Account Balances

	Unrestricted Fund			Restricted Fund	
	Sinking Fund \$	Project Development Fund \$	General Fund \$	Fair Value Reserves \$	Building Fund \$
Balance as at 1 January 2010	200,000	18,000,000	32,007,680	190,800	50,398,480
Net surplus for the financial year					
Transfer from General Fund to	-	-	12,009,480	589,331	12,598,811
Project Development Fund	-	10,000,000	(10,000,000)	-	-
Balance as at 31 December 2010	200,000	28,000,000	34,017,160	780,131	62,997,291
Net surplus/(deficit) for the financial year					
Transfer from General Fund to Building Fund	-	-	6,711,250	(1,443,815)	5,884,005
	-	-	(50,000)	-	-
Balance as at 31 December 2011	200,000	28,000,000	40,678,410	(663,684)	68,881,296
	(i)	(ii)		(iii)	

(i) Sinking Fund was set aside solely for the purpose of any possible major repairs on the hospital premise in Kwong Wai Shiu Hospital.

(ii) Project Development Fund (PDF) was set aside from General Funds to provide for the purchase or lease of another premise in the event that the lease of the current premise is not being renewed upon its expiration in 2015.

(iii) Building fund was set aside solely for the purpose of Hospital Redevelopment.

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NOTES TO THE FINANCIAL STATEMENTS (Continued)

Year Ended 31 December 2011

21. Reserves Policy

	2011 \$	2010 \$
Unrestricted Funds	68,214,726	62,997,291
Ratio of Reserves to Annual Operating Expenditure	4.3	4.2

The reserves of the Hospital provide financial stability and the means for the development of the Hospital's activities. The Hospital intends to maintain the reserves at a level sufficient for its operating needs. The management reviews the level of reserves regularly for the Hospital's continuing obligations.

22. Financial Instruments: Information on Financial Risks

22A. Classification of Financial Assets and Liabilities

The following table summarises the carrying amount of financial assets and liabilities recorded at the end of the reporting year by FRS 39 categories:

	2011 \$	2010 \$
Financial assets:		
Trade and other receivables	1,817,383	1,831,466
Available-for-sale Investments	14,307,187	25,334,586
Cash and cash equivalents	36,926,818	21,572,954
At end of year	53,051,388	48,739,006
Financial liabilities:		
Trade and other payables at amortised cost	2,259,677	3,843,146
At end of year	2,259,677	3,843,146

Further quantitative disclosures are included throughout these financial statements.

22B. Financial Risk Management

The main purpose for holding or issuing financial instruments is to raise and manage the finances for the entity's operating, investing and financing activities. The main risks arising from the entity's financial instruments are credit risk, interest risk, liquidity risk, foreign currency risk and market price risk comprising interest rate and currency risk exposures.

The management has certain practices for the management of financial risks. The guidelines set up the short and long term objectives and action to be taken in order to manage the financial risks. The guidelines include the following:

1. Minimise interest rate, currency, credit and market risk for all kinds of transactions.
2. Maximise the use of "natural hedge": favouring as much as possible the natural off-setting of sales and costs and payables and receivables denominated in the same currency and therefore put in place hedging strategies only for the excess balance. The same strategy is pursued with regard to interest rate risk.
3. All financial risk management activities are carried out and monitored by directors.
4. All financial risk management activities are carried out following good market practices.

The Board of Management has also appointed external investment managers to invest and manage the moneys in accordance with the prudent guidelines set out by the management.

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NOTES TO THE FINANCIAL STATEMENTS (Continued)

Year Ended 31 December 2011

22. Financial Instruments: Information on Financial Risks (Cont'd)

22B. Financial Risk Management (Cont'd)

There is also an investment committee. The Board of Management and the investment committee receive periodic reports on the state of the investments and the investment markets.

22C. Fair Values of Financial Instruments : Fair value measurements recognised in the statement of financial position

The financial assets and financial liabilities at amortised cost are at a carrying amount that is a reasonable approximation of fair value.

The fair value measurements are classified using a fair value hierarchy that reflects the significance of the inputs used in making the measurements. The levels are: Level 1: quoted prices (unadjusted) in active markets for identical assets or liabilities; Level 2: inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices); and Level 3 inputs for the asset or liability that are not based on observable market data (unobservable inputs).

Balances recognised at fair value in the Statement of Financial Position included available-for-sale financial assets of \$14,307,187 (2010: \$25,334,586). They were measured at level 2 of the fair value hierarchy.

22D. Credit Risk on Financial Assets

Financial assets that are potentially subject to concentrations of credit risk and failures by counterparties to discharge their obligations in full or in a timely manner consist principally of cash balances with banks, cash equivalents, receivables and asset held for sale. The maximum exposure to credit risk is the fair value of the financial instruments at the end of the reporting year. Credit risk on cash balances with banks and derivative financial instruments is limited because the counter-parties are banks with acceptable credit ratings. For credit risk on receivables an ongoing credit evaluation is performed of the debtors' financial condition and a loss from impairment is recognised in the income statement. There is no significant concentration of credit risk, as the exposure is spread over a large number of counter-parties and patients. The exposure to credit risk is controlled and compliance is monitored by management.

The average credit period generally granted to trade receivable patients is about 30 days (2010: 30 days). However, many patients are given a longer period of credit depending on their circumstances. The exposure to credit risk is controlled by setting limits on its exposure to individual patients.

(a) Ageing analysis of the age of trade receivable amounts that are past due as at the end of reporting year but not impaired:

	2011 \$	2010 \$
Trade receivables:		
Less than 30 days	173,514	231,574
31-60 days	35,638	51,618
61-90 days	96,896	96,765
Over 90 days	399,956	436,101
At end of year	706,004	816,058

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NOTES TO THE FINANCIAL STATEMENTS (Continued)

Year Ended 31 December 2011

22. Financial Instruments: Information on Financial Risks (Cont d)

22D. Credit Risk on Financial Assets (Cont'd)

(b) Ageing analysis of the age of trade receivable amounts that are impaired:

	2011 \$	2010 \$
Trade receivables:		
Less than 30 days	–	3,400
31-60 days	–	1,800
61-90 days	–	–
Over 90 days	1,000	47,751
At end of year	1,000	52,951

Other receivables are normally with no fixed terms and therefore there is no maturity. There is no concentration of credit risk with respect to trade receivables, as the Hospital has a large number of patients.

22E. Liquidity Risk

The liquidity risk is managed on the basis of expected maturity dates of the financial liabilities.

All financial liabilities of the Hospital are due within one year.

The Hospital has sufficient cash balances to support cash commitments from their existing liabilities. The Hospital does not have any banking facilities.

22F. Interest Rate Risk

The interest rate risk exposure is mainly from changes in fixed rate of the Hospital's fixed deposits. The interest from financial assets including cash balances is not significant.

22G. Foreign Currency Risk

There is no significant exposure to foreign currency risk.

22H. Equity Price Risk

There are investments in equity shares or similar instruments. As at end of financial year, some equity shares were held that are investment in companies listed on the Singapore Stock Exchange and other stock exchanges. As a result, such investments are exposed to both currency risk and changes in fair value risk.

	2011 \$	2010 \$
Sensitivity analysis:		
A hypothetical 10% decrease in the fair value of quoted equity shares would have an adverse effect on financial activities	255,426	859,675

23. Capital Commitments

Estimated amounts committed at the end of the reporting year for future capital expenditure but not recognised in the financial statements are as follows:

	2011 \$	2010 \$
Construction of freehold property at 11 Thomson Lane	–	261,750
Commitments to purchase plant and equipments and renovations work	56,503	–

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NOTES TO THE FINANCIAL STATEMENTS (Continued)

Year Ended 31 December 2011

24. Operating Lease Income Commitments

At the end of the reporting year the total of future minimum lease income commitments under non-cancellable operating leases are as follows:

	2011 \$	2010 \$
Not later than one year	1,621,688	1,563,277
Later than one year and not later than five years	872,978	1,202,544
Rental income for the year	2,367,848	1,909,766

Operating lease income commitments are for the investment properties. The lease rental income terms are negotiated for an average term of one to two years.

25. Operating Lease Payment Commitments

At the end of the reporting year the total of future minimum lease payment commitments under non-cancellable operating leases are as follows:

	2011 \$	2010 \$
Not later than one year	1,713,934	1,710,312
Later than one year and not later than five years	298,171	1,966,666
Rental expense for the year	1,710,601	1,474,158

26. Contingent Liabilities

The Hospital has undertaken to provide continued financial support to its subsidiary with net capital deficit of \$16,879 (2010: \$10,617).

27. Changes and Adoption of Financial Reporting Standards

For the reporting year ended 31 December 2011 the following new or revised Singapore Financial Reporting Standards were adopted. The new or revised standards did not require any modification.

FRS No.	Title
FRS 1	Presentation of Financial Statements Disclosures (Amendments to)
FRS 24	Related Party Disclosures (revised)
FRS 27	Consolidated and Separate Financial Statements (Amendments to)
FRS 32	Classification Of Rights Issues (Amendments to) (*)
FRS 34	Interim Financial Reporting (Amendments to) (*)
FRS 103	Business Combinations (Amendments to) (*)
FRS 107	Financial Instruments: Disclosures (Amendments to)
FRS 107	Financial Instruments: Disclosures (Amendments to) - Transfers of Financial Assets (*)
INT FRS 113	Customer Loyalty Programmes (Amendments to) (*)
INT FRS 114	Prepayments of a Minimum Funding Requirement (revised) (*)
INT FRS 115	Agreements for the Construction of Real Estate (*)
INT FRS 119	Extinguishing Financial Liabilities with Equity Instruments (*)

(*) Not relevant to the entity.

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财务报告

NOTES TO THE FINANCIAL STATEMENTS (Continued)

Year Ended 31 December 2011

28. Future Changes in Financial Reporting Standards

The following new or revised Singapore Financial Reporting Standards that have been issued will be effective in future. The transfer to the new or revised standards from the effective dates is not expected to result in material adjustments to the financial position, results of operations, or cash flows for the following year.

FRS No.	Title	Effective date for periods beginning on or after
FRS 1	Amendments to FRS 1 – Presentation of Items of Other Comprehensive Income	1 Jul 2012
FRS 12	Deferred Tax (Amendments to) – Recovery of Underlying Assets (*)	1 Jan 2012
FRS 19	Employee Benefits	1 Jan 2013
FRS 27	Consolidated and Separate Financial Statements (Amendments to)	1 Jul 2011
FRS 27	Separate Financial Statements	1 Jan 2013
FRS 28	Investments in Associates and Joint Ventures (*)	1 Jan 2013
FRS 107	Financial Instruments: Disclosures (Amendments to) - Transfers of Financial Assets (*)	1 Jul 2011
FRS 110	Consolidated Financial Statements (*)	1 Jan 2013
FRS 111	Joint Arrangements (*)	1 Jan 2013
FRS 112	Disclosure of Interests in Other Entities (*)	1 Jan 2013
FRS 113	Fair Value Measurements	1 Jan 2013

(*) Not relevant to the entity.

We wish to express our sincere thanks and appreciation to all our donors, volunteers and well-wishers for their encouragement and support.

We look forward to your continuous generosity and compassion as we journey on to build a better place for the needy and elderly in Singapore.

我们衷心感谢所有捐献者,义工及各界人士的爱护与关怀.

我们祈望您继续支持本院,共同成长.

ABOUT KWSH 关于广惠肇留医院

Kwong Wai Shiu Hospital (KWSH), one of Singapore's oldest healthcare institutions, was founded in 1910 by a group of Cantonese merchants to provide free medical services to poor immigrants from China. Initially, KWSH's in-patient services were only available to the Cantonese, although outpatient services were accessible to all. In 1974, the Constitution of KWSH was amended to include the admission of people of all races into its in-patient facilities. Since then the hospital is committed to providing affordable and quality healthcare services to the sick and needy, regardless of race, language or religion.

In the last century, KWSH has evolved from a basic in-patient and outpatient establishment to a modern healthcare institution, recognised in Singapore for its nursing and geriatric care. At 102 years old, the Hospital presently has a 400-bed nursing home, with facilities that include a Rehabilitation Centre and a Traditional Chinese Medicine Centre that serves thousands every month. KWSH has embarked on a redevelopment plan which will transform it into Singapore's largest single-site nursing home operator in 2015.

In recent years, fees collected by the Hospital have not been sufficient to cover the operating expenses incurred. Despite this, the hospital has upheld its legacy of compassion and continued to charge fees nominally. At the same time, it strives ceaselessly to keep up with the changing healthcare demands.

Many of the Hospital's patients come from low income families. Their hospital charges are heavily subsidised by the Hospital's charity funds. As a charitable hospital, KWSH is highly dependent on the public's support and donations to meet the increasing healthcare expenses, much needed to care for the beneficiaries.

广惠肇留医院成立于1910年，是一间历史悠久的慈善医院。当时由一群广东商人创办，其办院目的是为了给广东籍移民提供免费的住院和门诊医疗服务。

102年后，医院目前拥有400张病床的住院服务，配合康复医疗和传统中医门诊服务。医院筹划扩展在2015年成为我国最大的独立疗养院。

医院的营运向来都入不敷出，但仍然秉承治病，行医为善的传统，提供廉宜的医疗服务。

多数病人的医药费都由我们资助。身为一所非盈利的医院，我们靠的是社会人士的鼎力支持及善款以维持庞大的常年经费。

Please contact us for more details 欲知更多详情,请联络我们:

1. Donation 募捐部 Tel 电话: 6297 6250
2. Volunteering 义工部 Tel 电话: 6294 6603
3. Referrals and Admissions 治疗转介及住院 Email 电邮: admission@kwsh.org.sg Fax 传真: 6299 1154
4. Corporate Affairs 企业事务部 Tel 电话: 6422 1294 Email 电邮: enquiries@kwsh.org.sg

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