



KWONG WAI SHIU HOSPITAL

廣惠肇留醫院

Since 1910

Annual Report

年報 2016

Always Professional,
Always Caring



ABOUT KWSH

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 inpatient 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 inpatient facilities. Since then, KWSH has been 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 inpatient and outpatient establishment to a modern healthcare institution, recognised in Singapore for its nursing and geriatric care. At present, KWSH offers services in nursing home care, rehabilitation, Traditional Chinese Medicine (TCM) and community care services. In the face of a rapidly ageing population in Singapore, KWSH has embarked on a redevelopment plan which will transform it into the largest single-site nursing home operator in 2017.

Despite the increasing operating expenses, KWSH has upheld its legacy of compassion and continues to charge nominal fees. At the same time, it strives continuously to keep up with the changing healthcare demands.

Many of KWSH's patients come from lower-income families. Their hospital charges are subsidised by KWSH's charity funds. As a charitable healthcare institution, KWSH depends on the public's support and donations to support the increasing healthcare expenses for the beneficiaries.

广惠肇留医院成立于1910年，当时由一群广东商人创办，其创办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。到了1974年，广惠肇留医院开放给所有种族。广惠肇留医院在满足现代卫生保健需求的同时，保持着治病救人、行医为善的传统。

历经百年风雨路，广惠肇留医院从早年提供的基本住院和门诊服务，现今已是一所在新加坡广受肯定的疗养与老年护理医疗机构。我们目前提供的服务为疗养院护理、康复中心、中医门诊和社区护理服务。

新加坡人口老龄化增加了对疗养设施和护理的需求。广惠肇留医院已准备好面对下一个世纪的新挑战。医院正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。扩建工程在2017年完成后，广惠肇留医院将成为新加坡最大的单址疗养院。

医院的费用日益增加，医院常年的庞大开支来自各阶层热心人士的慷慨捐款，而医院病人大部分来自低收入家庭，这些善款也帮助我们津贴病人的服务费用。

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The redevelopment works at Kwong Wai Shiu Hospital began in 2014 when we started constructing our transitional facilities and relocating our services and residents in stages as we prepared to embark on our most major redevelopment in KWSH's history. While we ensured the smooth continuity of our daily operations, the construction for our new 12-storey nursing home building and preservation of the four conserved buildings have been carried out concurrently. The redevelopment has progressed well and the new building is on track to open its doors in 2017. It is indeed an exciting time for the KWSH family.

KWSH is also moving with times on the administrative front. The Kwong-Wai-Shiu Free Hospital (Transfer of Undertaking and Dissolution) Bill was first introduced in parliament in November 2016. The passing of the bill will mean that the old Kwong-Wai-Shiu Hospital Ordinance, enacted in 1910 when KWSH was founded, which contains certain outdated provisions will cease to exist. Instead, a successor company, in the form of a company limited by guarantee, will take over all the assets and liabilities, thus allowing KWSH to operate under a modernised corporate structure.

As we continue on our journey of providing quality healthcare, I would like to thank all our donors and contributors for your unwavering support. My appreciation also goes to our Board of Directors and staff whose foresight and dedication have kept KWSH going.

Thank you.

广惠肇留医院的扩建工程于2014年开始。首阶段的工作是建造临时设施以重新安置护理服务及院友，为本院史上最大规模的扩建计划做好准备。在确保日常运作能够顺利进行的同时，全新的12层疗养院主楼开始动工而四座保留建筑也开始进行保存及翻新工程。扩建计划正如期进行，而新疗养院主楼将在2017年开始运作。对于广惠肇留医院的大家庭而言，这的确令人感到兴奋。

广惠肇留医院在行政管理方面也随着时代变迁而改变。广惠肇留医院（业务转移和解散）法案于2016年11月在国会中首次提出。此法案经国会三读通过后，将意味着从1910年广惠肇留医院成立以来所沿用，且包含了某些不合时宜的条款的旧法令将被废除。院方将把现有资产和负债转移至以“担保有限公司”（company limited by guarantee）方式注册的广惠肇留医院名下，让医院能够在现代化组织结构下运作。

在本院继续为国人提供优质保健护理服务的同时，我要感谢所有善心人士和捐助者的支持。我也想感谢董事会和本院全体工作人员。他们的深谋远虑和热忱是医院持续运作背后的推动力。

谢谢。

A handwritten signature in black ink, appearing to read 'Wong Kan Seng'.

Wong Kan Seng 黄根成

FROM OUR CHAIRMAN

主席献词



The year 2016 saw KWSH taking major steps forward in our journey to transform KWSH into an integrated nursing home and community hub for the Kallang-Whampoa area. KWSH provides not only a nursing home, but also a holistic range of healthcare services, such as Traditional Chinese Medicine (TCM) services, a Senior Care Centre, home care, caregiver training, among many others, to meet the needs of the elderly in the community. We achieved a milestone in the TCM field when KWSH entered into a partnership with the Academy of Chinese Medicine, Singapore (ACMS) with the signing of a Memorandum Of Understanding (MOU) at our 106th anniversary celebration on 3 December 2016. The partnership will focus on TCM research studies and training programmes for physicians. Besides expanding KWSH's TCM services, it will also enhance the capacity and capability of physicians in Singapore, thereby benefitting the entire local TCM industry.

Come third quarter 2017, besides enhancing our services for the community, we will also be reaching out to the community with our new community hub. With an ungated concept, KWSH Campus will be open to members of the public as a communal space where healthcare, lifestyle and social needs can all be met at the same place. Enjoy a meal at the F&B outlets, go on a shopping spree for senior-friendly products at the retail spaces we have in store, or limber up with a refreshing *taiji* session at the KWSH community garden to start your day... we at KWSH are looking forward to greet you with a smile.

The history of KWSH dates back to 1910 when we were set up and operated under the governance of the Kwong-Wai-Shiu Hospital Ordinance. Nearly 107 years on, many provisions of this century-old Ordinance have since become obsolete. To keep the corporate structure relevant, KWSH proposed in parliament for the Ordinance to be repealed and to take the form of a company limited by guarantee, which is the corporate structure more appropriate for charities. The modernisation of the structure will allow greater flexibility in expanding the charitable activities, thereby benefitting a broader community of the public. The entire process is expected to be completed by mid-2017. The proposal is supported by the Ministry of Health and the repeal Bill has come at an opportune moment as KWSH undergoes a major redevelopment into an integrated nursing home and community hub.

The year ended well for KWSH. We have been appointed by the Ministry of Health to run Singapore's first Active Ageing Hub at McNair Road and another centre at St George's Lane. Named Kwong Wai Shiu Community Care Centres, these additions will further complement our vision to become an integrated nursing home and community hub.

To the donors, volunteers and Board members, we thank you for your philanthropic spirit that has made us one of the leading and oldest charitable healthcare institutions. To the management team and staff, we thank you for your hard work and commitment in working towards our vision.

广惠肇留医院在2016年跨出了重大的一步，迈向成为一个为加冷-黄埔区服务的综合疗养院兼社区中心。除了疗养院，广惠肇留医院将提供全方位的护理服务，例如中医门诊服务、乐龄护理中心、居家护理、看护者培训等，以便满足社区内年长人士的护理需求。广惠肇留医院与新加坡中医研究院在本院2016年12月3日的第106周年庆典上签订了合作备忘录，而这合作对中医领域而言无疑是个好消息。此合作将着重于中医科研和医师培训。除了能够扩充本院的中医门诊服务，同时还能够提升本地中医医师的素质，使本地中医行业的整体水平更上一层楼。

除了为社区提供完善的保健护理服务，本院也将从2017年第三季度开始以全新的社区中心面貌为社区大众提供服务。以开放无围栏、无栅门概念设计的院区范围将开放作为公众可使用的共享空间，并可迎合他们对于保健护理、生活时尚和社交方面的种种需求。您可在这里的餐饮场所享用美食、在零售商店购买年长人士所需的用品、或是在早晨来到广惠肇社区花园打打太极舒展身体.....广惠肇全体人员无时无刻都将面带微笑欢迎您的到来。

广惠肇留医院于1910年成立，并依照当时政府所颁布的广惠肇留医院法令运作。将近107年后的今天，逾百年历史的法令中的许多条款已经过时。为了将组织结构现代化，广惠肇留医院在国会上提议将旧法令撤销，并提出让医院以较适合慈善机构运作的“担保有限公司”（company limited by guarantee）方式注册。组织结构现代化将让本院能够更灵活地举办各种慈善活动，让广大社群和公众受益。整个转型过程预料将于2017年中旬完成。此提议获卫生部的支持，而由于本院目前正在进行打造综合疗养院兼社区中心的扩建工程，所以撤销法令的举措可说是来得正是时候。

对于广惠肇而言，2016年以完美句点落下帷幕。本院在年底获得卫生部批准经营两家活跃乐龄中心（Active Ageing Hub）。其中，坐落于麦奈雅路（McNair Road）的设施将会是新加坡首家活跃乐龄中心，而另一家中心则落户圣乔治巷（St George's Lane）。两家活跃乐龄中心已命名为“广惠肇社区关怀中心”并将与本院发展综合疗养院兼社区中心的愿景相辅相成。

致所有捐助者、志工和董事会成员，本院在此感谢您乐善好施，使本院能够成为一家历史悠久且让同业向我们看齐的慈善保健医疗机构。致管理层团队和全体职员，感谢您以刻苦耐劳的精神，与本院携手进一步迈向其愿景。

Lee Kwok Kie, Patrick 李国基
PBM

2016 was indeed a great year for KWSH as we achieved our various milestones towards our transformation into an integrated nursing home and community hub.

With the expansion in our nursing home capacity and other services, our staff strength is expected to eventually double to about 500. At the same time, existing staff are also undergoing skills upgrading to ensure that KWSH staff have the competencies and capabilities to fulfil the potential offered by the enhanced facilities. For instance, in 2016, the job scope of Housekeeping Attendants from the Environmental Services Department had been redesigned so as to expand our care staff workforce. The former Housekeeping Attendants have been placed on the resident care path under a new job title, Healthcare Assistant, where they will have to assist in ADL (Activities of Daily Living) work and residents' hygiene care in the wards as well as monitor the vital signs. With this boost to the care staff team, PCAs (Patient Care Assistants) and nurses will now be able to focus more on clinical patient care.

Training has always been at the heart of what we do at KWSH to ensure the best level of care possible for residents and patients. As we embarked on our next milestone with the launch of our new nursing home building, it is our wish to continue to do even more for the healthcare sector as a whole. Having served the community for over a century and established ourselves in areas such as pharmacy service and rehabilitation service, we hope to share our experience and have started to support and provide services to other nursing homes in these areas, especially the smaller homes.

Looking forward, KWSH envisions itself as not just a nursing home or a healthcare service provider, but also a learning institution where healthcare-related professionals come together to share and learn, to equip themselves with the necessary skills and knowledge to keep abreast of the latest developments in healthcare.

More exciting news are in store as we are about to make our foray into the Kallang-Whampoa neighbourhood with two Kwong Wai Shiu Community Care Centres (CCCs) due to be launched at the nearby McNair and St George's estates in 2017 and 2019 respectively. Each CCC will be a mega community health service hub with a full range of services, from wellness club, senior care centre, home care to assisted living support. With the opening of these centres, the suite of integrated community healthcare and senior-friendly services provided by KWSH will no longer be confined to just the main KWSH Campus. The CCCs will complement the KWSH Campus and we have now got the ability to go beyond the Campus premises to create a *regional community health system* to serve the whole Kallang and Whampoa region.

1st row from left: Jessy Chang (Director of Nursing), Dr Liauw Siew Lian (Chief Physician, TCM Centre), Dr Ow Chee Chung (CEO)

2nd row from left: Stephanie Wan (Manager, Inpatient Operations), William Chan (Director of Operations Support Services), Patricia Teh (Director of Finance), TT Pang (Asst CEO)

3rd row from left: Phoebe Teo (Asst Director, Corporate & Community Relations), Tan Kok Hwa (Asst Director, Information Management & Support Services), Michelle Lew (Director of Ambulatory Services), Poh Seok Ching (Asst Director, Human Resources)

2016年，广惠肇在综合疗养院兼社区中心的扩建计划中取得了几个重大里程碑，对本院而言2016年是个丰收年。

随着本院的各项服务得以扩充且疗养院院友人数即将增加，本院职员人数预料将增加一倍达500人。于此同时，现任职员也将进行技能提升以确保本院职员具备充分能力善用扩建完成后的新设施与器材。例如环境服务部的后勤服务员已进行职能再设计，以增加本院的护理人员人数。这些前任“后勤服务员”将转换工作跑道改任“保健助理”，工作范围从后勤打理调整为院友护理。他们将辅助院友完成日常生活活动、确保院友的病房卫生，同时监测院友的生命体征。随着护理团队的扩大，病人看护助理和护士将能够把精神集中在临床病患护理。

广惠肇一向来都非常重视职员培训，以确保本院能够为院友和病人提供最好的护理。在推出新疗养院主楼的同时，本院也致力于继续为整个保健领域做出贡献。广惠肇在保健服务方面拥有超过百年的经验，在配药服务和康复服务方面已建立起良好声誉。凭借我们的经验，本院已开始在这些方面支持其他同仁，尤其为那些规模较小的疗养院提供协助。

展望未来，广惠肇希望自己不仅仅是一所疗养院或是保健机构，同时也欲成为一家学习中心，让保健专业人员能够聚首分享与学习，吸取所需的技能和医学知识，温故知新，时时掌握保健领域的最新发展。

令人感到兴奋的是，广惠肇将在加冷-黄埔邻里开设两家广惠肇社区关怀中心 (Kwong Wai Shiu Community Care Centre)。位于临近麦奈雅 (McNair) 和圣乔治 (St George's) 住宅区的两家社区关怀中心将分别在2017年和2019年启用。社区关怀中心将是个提供全方位服务的大型社区保健服务中心，其服务包括康乐俱乐部、乐龄护理中心、居家护理至日常生活辅助--包括，紧急呼叫支援、网上购物、购买日用品等。居民也将能够短期借用中心的一些医疗护理配备。随着这些社区关怀中心的落实，广惠肇所提供的综合社区护理服务与亲乐龄服务将不再局限于主院区。广惠肇社区关怀中心与主院区相互配合，成功走出主院区入驻邻里社区的广惠肇留医院将如虎添翼，使我们有能力建立一个“区域社区保健体系”造福加冷和黄埔一带的居民。



Dr Ow Chee Chung 区志忠医生





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Mr Lee Kwok Kie, Patrick 李国基
Chairman
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Mr Ng Siew Quan 吴绍均
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 General Manager
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Asst Honorary Treasurer 副财政
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 Winstonnage Agencies Pte Ltd



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



Mr Lam Yew Choong 林耀松
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Mr Pan Tien Chor 潘天佐
 Property Consultant



Mr Loh Weng Whye 罗永威
 Director
 BH Global Corporation Ltd



Mr Vincent Chen W C 陈伟清
 Director
 Chen Holdings Pte Ltd



Mr William Leong 梁善源
 Executive Director
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Chia Weng Kaye 谢永祺
Tang Kin Fei 邓健辉

Honorary Secretary 总务

Ng Siew Quan 吴绍均

Asst Honorary Secretary 副总务

Cheong Sooi Peng 张瑞平

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Chia Weng Kaye 谢永祺
Tang Kin Fei 邓健辉
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Hoong Kong Fatt 洪广发
Cheong Sooi Peng 张瑞平
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Pan Tien Chor 潘天佐
Loh Weng Whye 罗永威
Chen Wei Ching, Vincent 陈伟清
Leong Sin Yuen, William 梁善源

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Chan Kim Ying 陈剑英
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
Chui Fook Wah 崔福华
Fong Yue Kwong 方遇光
Foong Khai Leong 冯启良
Ho Kwok Choi 何国才
Ho Nai Chuen 何乃全
Hooi Kok Wai 许国威
Kok Pak Weng, Willie 郭伯荣
Kwong Kin Mun 邝健文
Lai Ha Chai 黎富荣
Lee Pui Luin, Anne 李佩荃
Lee Cheuk Yin 李焯然
Lee Kuo Chuen, David 李国权
Lee Kuo Yao 李国耀
Lee Leng Hoe, Lilian 李玲好
Leong Mun Sum 梁文琛
Leong Sin Kuen, Chris 梁善权
Lo Hock Ling 卢鹤龄
Lo Wei Min, Pearlyn 卢慧敏
Loh Soo Har 罗素夏
Lum Kok Seng, David 林国城
Lum Kwan Sung, Raymond 林均城
Moh Swee Cheong, Doris 毛瑞庄
Poon Tien Sheu 潘天仕
Seng Lup Chew 成立超
Seow Choke Meng 萧作鸣
Seow Lee Kian, Terene 萧丽娟
Sew Weng Cheong, Lawrence 萧永祥
Tang Sheung Ching, David 邓尚正
Tang Tat Kwong 邓达光
Wong Hoo Tung 黄河东
Yong Wai Khuan 翁伟坤

Kwong Wai Shiu Hospital Information

Kwong Wai Shiu 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 : 01/07/2015 to 30/06/2018
IPC Number : HEF 0029/G
Auditor : RSM Chio Lim LLP

Committee 委员会

Audit Committee 审计委员会

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Chen Wei Ching, Vincent 陈伟清

Vice Chairman 副主任
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Pan Tien Chor 潘天佐

Vice Chairman 副主任
Tang Tat Kwong 邓达光

Improving Transparency And Accountability

With the standard operation procedures in place, the organisation conducts periodic internal audit exercises to ensure proper internal control. KWSH also engaged Deloitte & Touche Enterprise Risk Services Pte Ltd to enhance the effectiveness, quality and value derived from their Internal Audit.

The Board has also ensured that KWSH is in compliance with the Code of Governance Evaluation Checklist.

Conflict of Interests

KWSH has policies and standard operating procedures in place for Board members, staff and volunteers regarding the conflicts of interest. It is to ensure that all parties will act in the best interests of KWSH. They are required to declare any conflict / potential conflict of interests periodically and are orientated on the procedures when they join the organisation.

At the regular Board meetings, the Board will also review and ensure that for transactions with parties with whom a conflicting interest exists, the conflicting interest is fully disclosed and the parties are excluded from discussion and approval of such transactions.

Kwong Wai Shiu Hospital

Year At A Glance



Nursing Home
Average Occupancy
Rate



84% capped at 85%
due to
redevelopment works



Community Services

1,622  **31%**

Home Care Visits

189  **31%**

No. of Households served



Social Activities

7 new types of activities
= **25%** of total activities



Senior Care Centre

29% 

No. of rehab sessions



Reduction In
Nursing Medication Error



■ incident per 1,000 bed days



TCM Centre

7%  clients served



IT Enhancement

Data Loss Prevention

implemented in
February 2016 



Redevelopment Update



T.O.P.
is expected in
July 2017

Kwong Wai Shiu Community Care Centre

广惠肇社区关怀中心

In late 2016, Kwong Wai Shiu Hospital has been awarded to run two Active Ageing Hubs (AAHs) in the Kallang-Whampoa precinct. Named Kwong Wai Shiu Community Care Centres (KWS CCCs), the centre at McNair Road will be Singapore's first AAH when it is operational by third quarter, 2017 while our second centre at St George's Lane will be ready to serve residents by second quarter, 2019.

The centres are part of the pilot phase of MOH's initiative to build AAHs in future HDB housing developments. The KWS CCC, which is an extension from our main KWSH Campus, will serve as a satellite site to better meet the varied needs of the elderly in the community.

The new centres will be the focal point serving a range of needs, including community healthcare services from day care and rehabilitation to home care as well as grocery delivery for the elderly to age in place successfully.

广惠肇留医院在2016年底获批在加冷-黄埔经营两家活跃乐龄中心。位于麦奈雅路 (McNair Road) 的广惠肇社区关怀中心将于2017年第三季度开始运作，并将成为新加坡第一所活跃乐龄中心。位于圣乔治巷 (St. George's Lane) 的另一所社区关怀中心则于2019年第二季度开始为居民提供服务。

新加坡卫生部将在未来的政府组屋发展项目中纳入活跃乐龄中心，而这两家广惠肇社区关怀中心正为此计划初试阶段中的一部分。广惠肇社区关怀中心为广惠肇留医院迈出主院区的延伸服务，并将以卫星中心的方式满足社区内年长人士的不同需求，包括社区保健服务、日常看护、康复治疗、居家护理，甚至是为年长人士提供日常用品递送服务，以便让他们能够顺利地原地养老。



▲ An artist's impression of the KWS CCC

社区关怀中心设计图

KEY INITIATIVES OF OUR SERVICES

服务提升与新增项目

1

Senior Care Centre (SCC) 乐龄护理中心

Previously known as Day Rehabilitation Centre (DRC), the centre was accredited and converted to the Senior Care Centre (SCC) on 1 October 2016. This new name reflects the additions and enhancements made as the centre has since evolved to include new services such as group-based therapy for different stages of dementia, general dementia care and centre-based nursing services. The introduction of the new services serves to complement existing rehabilitative services where a range of care services help elderly improve their physical mobility as they age actively in the community.

广惠肇之前的日间康复中心 (Day Rehabilitation Centre) 经认可, 已于2016年10月1日转型为乐龄护理中心 (Senior Care Centre)。中心名称的改换, 反映了中心增添并提升多项服务, 例如适合不同失智症阶段的群体治疗方案、失智症护理服务以及在中心内提供的护理服务。新服务与原有康复服务相辅相成, 一系列服务协助年长人士增强行动自理能力, 让他们在老年化的过程中依然能够积极参与社区活动。



▲ The newly named Senior Care Centre with additions and enhancements to its services

转型后的乐龄护理中心增添并提升多项服务

Some New Programmes @ SCC 部分新康乐计划

- The SCC piloted a wellness programme in KWSH to arouse the concept of active ageing. It consists of a fully customised strength and cardiovascular fitness programme based on an individual's fitness level.
- A smartphone education for the elderly was introduced and it has enhanced the IT skills of SCC clients as they were taught the basic functions of smartphone applications.
- 乐龄护理中心试行了广惠肇留医院的一项康乐保健计划, 希望能够推广活跃乐龄的概念。计划包括按个人体质量身定制的体力训练与心肺保健运动。
- 一项智能手机教育计划也向年长人士传授了有关智能手机的基本功能, 教导他们应用程式, 增进了他们的信息科技常识。

2

Traditional Chinese Medicine 中医

Traditional Chinese Medicine (TCM) has always been an integral part of the care system at KWSH and our TCM Centre is moving towards the direction of implementing an integrated Chinese-Western Medicine model of care in KWSH inpatient settings. In March 2016, Dr Liauw Siew Lian, Chief Physician, TCM Centre, together with representatives from our nursing, rehabilitation and community care departments visited the Tung Wah Group of Hospitals in Hong Kong for a study trip. The Tung Wah Group is widely recognised as the first hospital in China to operate as a western hospital and provide Chinese medicine services at the same time, and has since established itself as a leader in integrated Chinese and Western medicine services.

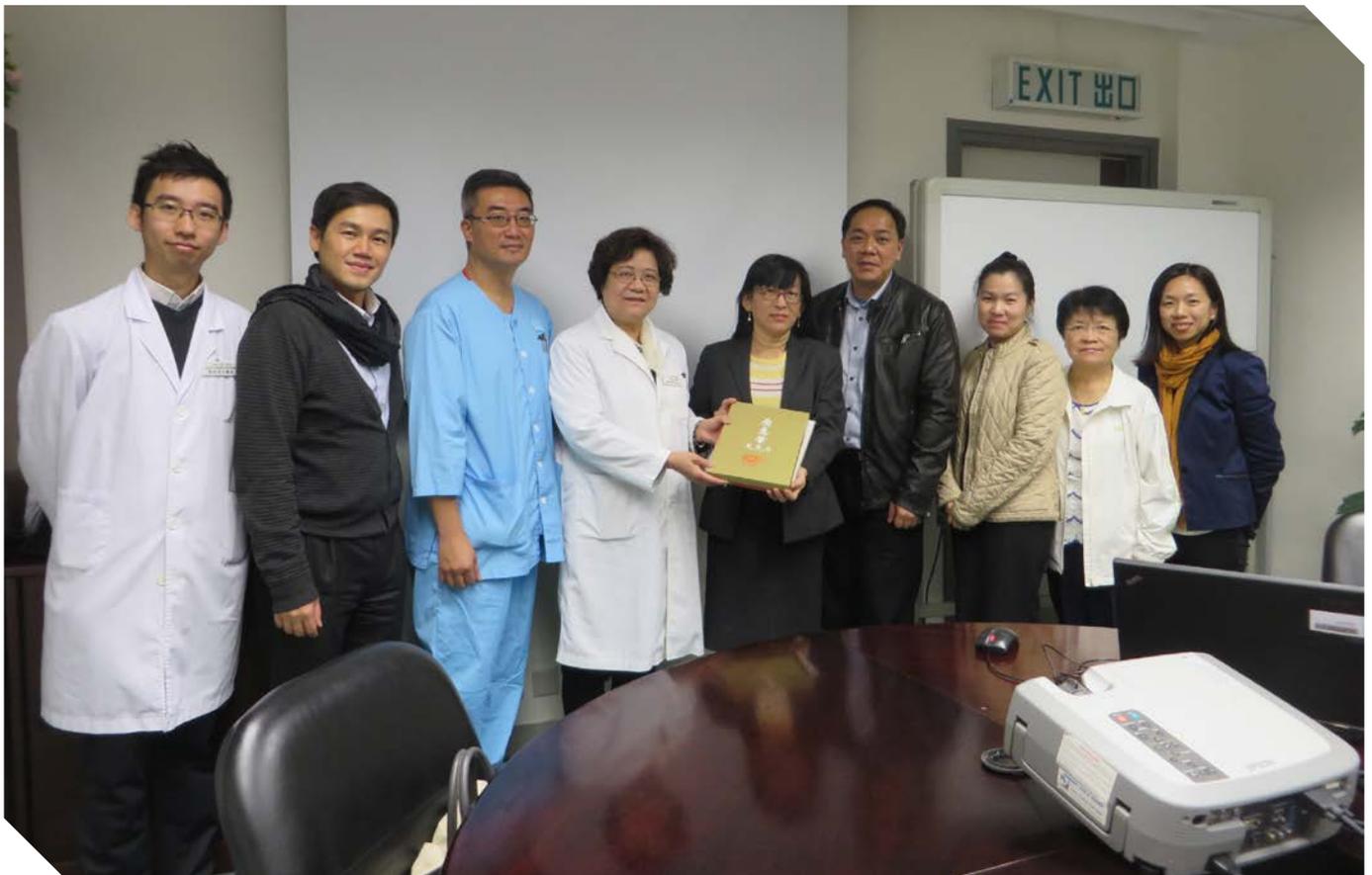
With valuable knowledge gained from our Hong Kong counterparts, our TCM Centre will be introducing an Acupuncture Corner within the new nursing home building to further integrate TCM treatment into our inpatient services and make acupuncture even more accessible to our residents.

Also in the pipeline is a self-service registration and payment system for outpatient at the TCM Centre to cut waiting time and enhance the outpatient experience.

中医一向都是广惠肇留医院护理系统的主要部分。本院的中医门诊中心正在朝向落实中西医合并的护理模式迈进，希望让院友受惠于中西医学的两方长处。中医门诊中心主理医师廖秀莲博士，协同本院护理、康复服务及社区服务各部门代表，于2016年3月前往香港造访东华三院进行修学访问。东华三院一般被认为是中国首家同时提供中医服务的西医医院，而现已成为中西医综合医疗服务领域中的佼佼者。

这一趟，广惠肇同仁从香港同行身上吸取了宝贵知识。取经归来，本院的中医门诊中心将在新设的疗养院主楼内设立针灸专区，进一步地将中医治疗融入住院服务，并让院友能够更加便捷地接受针灸护理。

其他拟定中的计划还包括为中医门诊中心推出自助登记与付款系统，以缩短门诊病患的等候时间，从而改善门诊服务体验。



▲ TCM Centre's Chief Physician Liauw Siew Lian (5th from left) and the KWSH team (right) with our Hong Kong counterparts (left)
中医门诊中心主理医师廖秀莲（左五）及广惠肇团队（右）与香港同行（左）合影留念

3 Memorandum of Understanding with Academy of Chinese Medicine, Singapore (ACMS) 与新加坡中医研究院签订合作备忘录

KWSH entered into a partnership with the Academy of Chinese Medicine, Singapore (ACMS) with the signing of a Memorandum Of Understanding (MOU) between the two organisations at our 106th anniversary celebration.

The partnership will focus on Traditional Chinese Medicine (TCM) research studies and training programmes for physicians. Through collaborations on areas such as clinical studies and mentorship programmes, the MOU will not only expand KWSH's TCM services in outpatient services and multi-disciplinary inpatient care, but at the same time benefit the local TCM industry by enhancing the capacity and capability of physicians.

广惠肇留医院在106周年庆典上与新加坡中医研究院 (Academy of Chinese Medicine, Singapore) 签订了一份合作备忘录，成立伙伴关系。

此合作将着重于中医科研和医师培训。透过临床研究和“师带徒”导师教学等方面的合作，双方的合作不但能够扩充本院的中医门诊服务并改善各方面的住院护理素质，同时还能够提升本地中医师的能力，使本地中医行业的整体水平更上一层楼。



▲ MOU signing between KWSH and ACMS
广惠肇与新加坡中医研究院合作备忘录签署仪式

4 Nursing Administration 护理行政管理

Medication Error Project 减少配药错误计划

A team of nurses led by Nursing Manager Loh Kwai Yoke and Senior Nurse Educator Sim Puay Cheng was assigned to look into the occurrence of medication errors. The goal is to further enhance resident safety by reducing the incidence of medication errors by the end of 2016 through implementation of computerized prescription order entry system and standardizing the medication procedure.

By June 2016, the data showed 0.15 incident per 1,000 bed days and by end of Dec 2016, we achieved 0.10 incident per 1,000 bed days against the target of 0.06. This project was showcased at the International Forum on Quality and Safety in Healthcare Asia held in Singapore in September 2016.

由护士长罗桂玉和高级护理导师沈佩贞所带领的护士团队，探讨本院配药错误的情况。此项目旨在通过实施电脑化处方配药系统，将配药流程标准化，力求在2016年成功将配药错误次数减低，进一步保障院友的安全。

根据2016年6月的数据显示，每1000个住院日仅有0.15起配药错误事件。而到了2016年12月，每1000个住院日的配药错误事件已降至0.10起，进一步朝0.06起的目标迈进。于2016年9月在新加坡举行的“国际医疗照护品质与安全亚洲论坛”上也展示了以上减少配药错误方案。



Food Services – Automated Rotary Wok 食品部门 – 自动旋转锅

With the number of nursing home residents expected to double eventually when our new nursing home building comes into operation at the end of 2017, KWSH's Food Services Department has been exploring the use of technology to improve productivity in the kitchen to cater to the increase in residents. After a series of trials on the Automated Rotary Wok which included a couple of "food-tasting sessions" by KWSH staff, the automated wok passed the assessment with flying colours and was showcased at our 106th Anniversary Celebration and Community Care Day.

The wok is easy to operate and it ensures that the quality is not compromised as there is consistency in the flavour and texture of our food. With the coming introduction of the Automated Rotary Wok in our kitchen when we move into our new building in fourth quarter 2017, this technology will benefit us in the following ways:

- Manpower reduced from three to one staff to cook the same amount of food
- Time taken to cook 1,200 meals a day is reduced from nine hours to half an hour
- Savings in manpower costs result in a cost saving efficiency of 94.4%

考虑到本院全新的疗养院主楼在2017年年底开始投入服务后，疗养院的院友人数预料将会增加一倍至624人，广惠肇留医院的食品部门探索了该如何利用科技来提高厨房内的效率，以应付院友增加所带来的额外食品需求。食品部门对“自动旋转锅”进行了一系列的试用与测试，并邀请本院职员进行“试菜”，结果自动锅以漂亮成绩单通过评估，并且还在本院106周年庆典暨社区关怀日上亮相。

自动旋转锅容易操作，不但不影响食物品质，甚至还可以帮助确保味道均匀、口感一致。随着本院在2017年第四季度迁入新疗养院主楼并开始使用自动旋转锅，这项厨房科技将会为本院带来以下好处：

- 减少人力：烹煮相同分量的伙食所需的人力从三人减至一人
- 减少时间：每日烹煮1200份餐食所需的时间从九个小时减少至半小时
- 减少开销：减少人力与时间将可节省高达94.4%的人员开销



▲ *Trialling the Automated Rotary Wok to cater to the impending increase in the number of residents*

对自动旋转锅加以测试，以应付疗养院扩建后的院友人数

Data Loss Prevention

数据遗失防范措施

The Information Management and Support Services (IMSS) department deal with tons of data such as patient medical records and personal data that are handled and transmitted on a day-to-day basis. Thus, having a proper Data Loss Prevention (DLP) solution in place to enhance the IT security will reduce the possibility of sensitive data being lost and mitigate any potential damages to a minimal.

The objectives of implementing DLP:

- Prevent accidental leakage of sensitive data
- Increase users' awareness on the importance of handling data with care
- Facilitate early risk detection and mitigation and increase security level
- Reduce the cost of investigation and damage to reputation

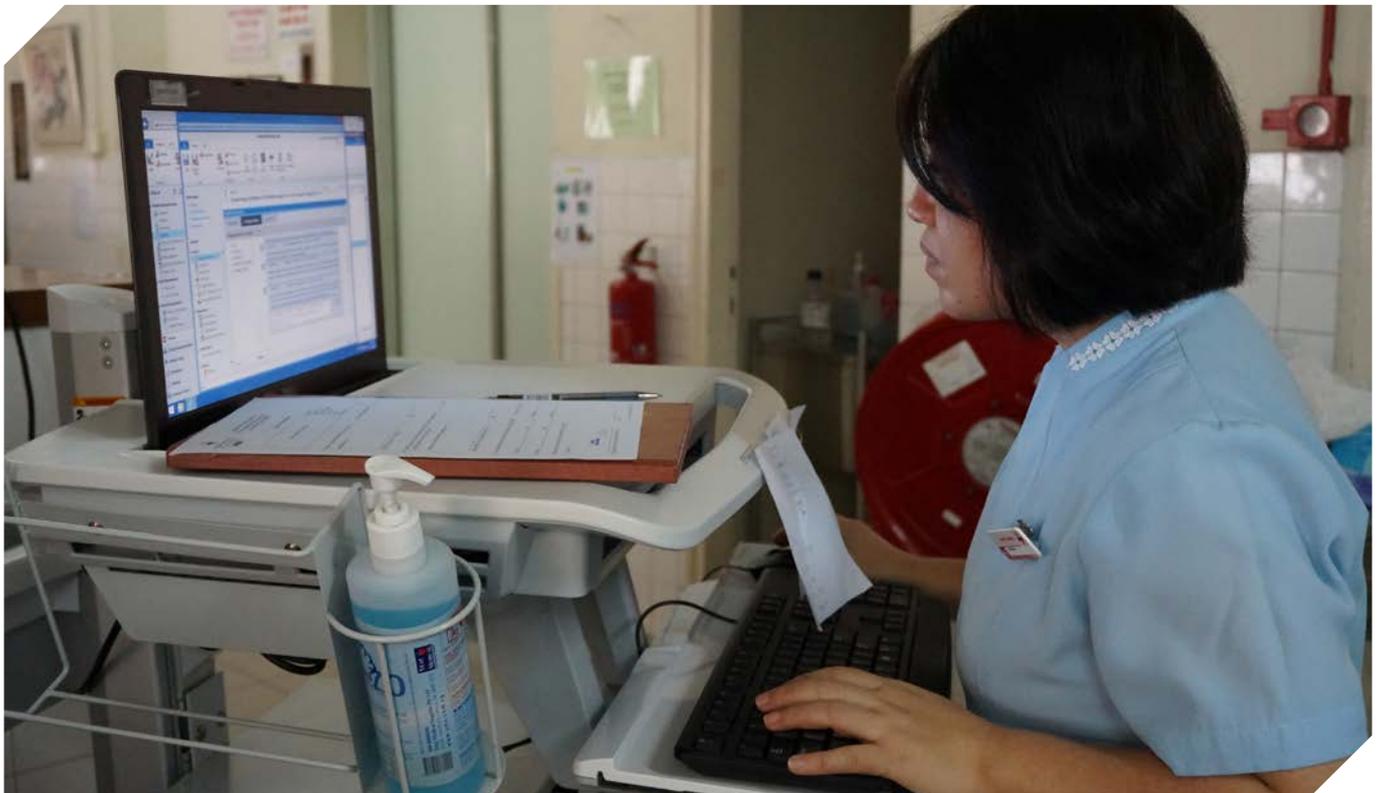
Kwong Wai Shiu Hospital is among the first in the long term care sector to implement the DLP solution and this project was also showcased at the International Forum on Quality and Safety in Healthcare Asia held in Singapore in September 2016.

资讯统筹与管理部每日需要处理和传递大量数据，例如病人的医疗记录和个人资料。因此，拥有一套能够强化信息科技安全的数据遗失防范措施将能够降低遗失敏感资料的风险，同时将任何潜在损害降至最低。

实施数据遗失防范措施的目的：

- 防止敏感资料意外泄露
- 让用户了解小心处理数据的重要性
- 可提早察觉任何潜在风险，将损害降至最低，同时能够提升安全级别
- 减少调查数据遗失事件所需动用的资源并且避免名誉损失

广惠肇留医院是长期护理业中首批实施数据遗失防范措施的机构之一。于2016年9月在新加坡举行的“国际医疗照护品质与安全亚洲论坛”上也展示了本院的数据遗失防范措施。



▲ Ensuring the confidentiality of sensitive data with DLP solution

数据遗失防范措施确保敏感资料得以保障

7 Social Activities 院友的社交活动

KWSH is constantly looking at new social activities to excite and engage our residents. On top of existing social activities, our residents experienced several new activities in 2016.

There were times when wards in KWSH were transformed into theatres with the introduction of "Mini Cinemax" and "Music.Laser.Lights". While Mini Cinemax let residents enjoy blockbusters on a large screen in the comfort of their own wards, Music.Laser.Lights had the wards buzzing with energy with the splendor of lights and laser effects dancing to the familiar beats of classic oldies.

Outside their wards, it was the residents' turn to perform at the weekly "Rhythm of Joy" percussion activity which culminated in them performing for our guests and Ministers at KWSH's 106th Anniversary.

Other new activities rolled out in 2016:

- Perler beads handicraft
- Sport stacking (the stacking and unstacking of plastic cups in pre-determined sequences)
- Sand art
- Makeover and photoshoot

本院院友生活多姿多彩，院方定期为他们安排多项活动。为了不断丰富院友们的生活，广惠肇留医院时不时推出新的社交活动，让院友有机会接触到各式各样的活动。以下是院友们在2016年的“全新体验”。

多数院友平日再熟悉不过的病房内其实也可以呈现不少惊喜。像是我们的“迷你影院”活动，就把病房顿时转变成电影院，让院友们在自己舒适的病房内从大荧幕观赏电影。另外，“乐·光·灯”活动则把病房打造成灯光四射的表演厅，利用激光与灯光效果使亮眼的光线随着经典老歌的熟悉旋律翩翩起舞。

病房外，院友从观众转为表演者。院友们不仅在每周的“乐龄鼓团”练习中纷纷成为潇洒的鼓手和打击乐手，他们甚至还在本院106周年庆典上大显身手，为来宾和部长们呈现序幕表演，成为众人的焦点！

2016年推出的其他新活动：

- 熨珠手工
- 竞技叠杯（根据预定顺序将数塑料杯叠起并取下的一种游戏）
- 彩沙艺术
- 修容换装摄影



▲ Lights and laser effects in the very "happening" ward!
是病房还是表演厅？五光十射的“乐·光·灯”



▲ Turning Perler beads into the KWSH logo!
熨珠手工制成的广惠肇纪念品

Day Activity Spaces

日间活动空间

As KWSH undergoes the most extensive redevelopment in its history, this project will also introduce day activity spaces in our new nursing home building to promote interaction among residents as well as with their families and the community. Residents will feel enriched as they take part in wholesome activities and overall, this will better the quality of life for our residents.

广惠肇留医院正在进行本院史上规模最大的扩建计划，而该项目将在全新的疗养院主楼增设日间活动空间。此活动空间可促进院友之间的互动，也鼓励院友同家人和社区进行交流、保持联系。在这些活动空间参加各种有益身心健康的活动将能让院友感到非常充实，从而提高院友的生活素质。

Here's a look at some of our feature spaces

部分日间活动空间简介

1 HAIR SALON

发廊

The Hair Salon activity space provides a transformative experience each time they have their haircut. This feature will pamper our residents with a “new” look that helps create feelings of change and positivity.

为院友打造的“发廊”空间让他们在理发时拥有焕然一新的体验。院友在这里将三千烦恼丝整修一番，希望“新造型”可以激起一种心灵的蜕变，为他们增添正能量。



2 HOME AWAY FROM HOME

家外有家

The Home Away From Home activity space creates a cosy ambience and a homely atmosphere for our residents where they can enjoy companionship with their family. This will promote family bonding and encourage residents to feel a familiar sense of belonging in the community.

“家外有家”活动空间为院友们创建一个温暖温馨的住家式环境，让他们能够在这里享受家人的陪伴。这将能够促进家庭凝聚力也让院友对“外面的世界”继续保有归属感。



3

RESOURCE CENTRE

资源中心

The Resource Centre provides learning opportunities for our residents to pick up new skills and promotes functional ability in residents, enabling them to become more independent and allowing them to be constantly connected to their families and the community through the communications devices in the centre.

广惠肇留医院的资源中心为院友们提供学习新技能的机会，提升院友们的功能性能力。除了让院友学习独立生活，中心内也设有通讯配备，让他们能够与家人和社区保持联系。



4

SEASIDE DAY

碧海蓝天

The Seaside Day activity space improves the quality of life for residents through an interactive space and encourages wholesome and enriching social activities among residents. This increases the opportunity for communication and relationship-building.

面向“碧海蓝天”的人工沙滩为互动项目提供活动空间，鼓励院友参加有益身心的社交活动，改善他们的生活素质。休闲的海边主题为院友筑造沟通桥梁，让他们与彼此建立友谊。



5

KARAFUN

卡拉乐翻天

The KaraFun activity space provides an area for social activities through karaoke style music with the aim of promoting the feeling of togetherness when residents interact with one another. This improves the quality of residents' life by increasing social interaction thus restoring their self-confidence.

经典金曲萦绕耳边，怀旧陈设尽在眼帘。“卡拉乐翻天”活动空间让院友在充满复古风的活动中彼此交流，增进凝聚力。社交互动有助于院友们恢复自信心，从而协助改善他们的生活素质。



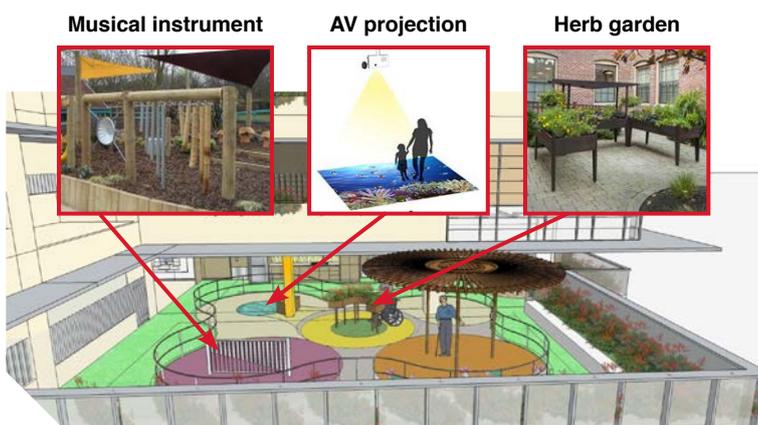
6

DEMENTIA GARDEN

亲失智症花园

The Dementia Garden is an outdoor space with interactive features such as musical instruments, audio-visual projection on the floor, herb garden, pergolas as well as hangers for bird cages. This concept is designed to stimulate the residents' senses, thus enhancing their overall well-being.

“亲失智症花园”是个备有各种互动设备的户外空间，其中包括乐器、视听效果兼具的地板投影、草本植物园、藤架和鸟笼吊架。设计概念主要是为了刺激院友们的感官，改善他们的整体健康。



Redevelopment Progress

扩建计划进程

With the most extensive redevelopment in its history, KWSH is set to be transformed into an integrated nursing home and community hub. The project consists of a new 12-storey Nursing Home (NH) building and major preservation works for its four conserved buildings. KWSH will also be operating two Active Ageing Hubs at McNair Road and St. George's Lane respectively.

即将完成本院史上规模最大的扩建计划的广惠肇留医院，将转变为一所综合疗养院和社区中心。除了打造一栋全新的12层疗养院主楼，建筑工程也为四座保留建筑进行修复与保存工作。广惠肇也将在麦奈雅路 (McNair Road) 和圣乔治巷 (St George's Lane) 经营两家活跃乐龄中心。

Here's a snapshot of our completed and ongoing/upcoming redevelopment progress 扩建计划的已完工阶段与剩余工程时间表



December 2014 to January 2015

Confirmation of the conceptual plan and schematic design of the 12-storey NH building.

2014年12月至2015年1月

确认12层疗养院主楼概念与设计方案。



December 2015 to March 2016

Completion of the ground floor structure of the 12-storey NH building.

2015年12月至2016年3月

完成12层疗养院主楼底层结构。



December 2016 to July 2017

Completion of the external works of the 12-storey NH building.

2016年12月至2017年7月

完成12层疗养院主楼外部施工。

January to August 2016

Building of the transitional wards.

2016年1月至8月

建造过渡期病房。

July 2017

Expected Temporary Occupational Permit (TOP) of the 12-storey NH building.

First Active Ageing Hub at McNair Road scheduled to begin operations.

2017年7月

预料接获12层疗养院主楼临时执业许可证。

麦奈雅路首间活跃乐龄中心开始营运。

April to December 2016

Completion of the second storey to the upper roof storey structure of the 12-storey NH building.

2016年4月至12月

完成12层疗养院主楼第二层及以上的结构。

April 2016 to July 2017

Completion of the architectural works of the 12-storey NH building.

2016年4月至2017年7月

完成12层疗养院主楼建筑工作。

December 2016

Topping up ceremony for the 12-storey building.

2016年12月

举行12层疗养院主楼封顶仪式。

October 2017

Patients' admission into new NH.

2017年10月

病人与院友迁入全新疗养院主楼。



Promoting “Healthy Living, Healthy Ageing” 推广积极老龄化，保持身心健康

In line with the government’s vision for successful ageing in Singapore, KWSH has actively supported the community outreach events held in our heartlands. KWSH believes in empowering elderly with the knowledge to keep themselves fit and healthy and hopes to foster an active ageing mindset amongst Singaporeans.

为了响应新加坡政府的幸福老龄化愿景，广惠肇留医院积极支持在邻里举办的社区活动。本院致力于赋予老年人有关强身健体、增强体魄的知识，并灌输这方面的理念，希望能够培养国人积极老龄化的心态。

1 Community Sports Day at Kampong Glam CC – “Making the right steps for a healthier life!” 甘榜格南社区体育日 - 迈开健康的一步!

With the help of Tanita machines which are able to analyse one’s body composition quickly and accurately, the KWSH Outreach Team was on hand to recommend the right exercises and provide healthy living tips to the participants at Kampong Glam Community Club on 23 July 2016. The KWSH team was at the Community Sports Day where we also conducted health screenings and TCM talks for the elderly.

广惠肇团队于2016年7月23日出席了在甘榜格南民众俱乐部举办的社区体育日，为在场参与者进行健康检查，同时为年长人士举办中医座谈会。团队也在现场利用Tanita分析仪，为参与者快速准确地分析他们的身体组成成分，向他们推荐合适的运动以及提供健康小贴士。



▲ Tanita machine at work analysing body composition
利用Tanita分析仪快速准确地分析身体组成成分



▲ KWSH staff offering healthy living tips to a resident
与居民分享健康小贴士

KWSH held a health carnival at Whampoa Community Club on 31 July 2016 where we conducted a TCM talk on diabetic care as well as blood sugar checks for the participants. Those present also picked up the enjoyable way of exercising when we introduced to them the “Gym Tonic” equipment and “Balancing Board” games.

广惠肇留医院于2016年7月31日在黄埔民众俱乐部举办了健康嘉年华，为参与者提供有关糖尿病护理的中医座谈会，同时也为他们进行血糖检测。在场居民也透过本院介绍的“健得力”器材和“平衡板”游戏体验运动的乐趣。



▲ Whampoa resident trying out the “Gym Tonic”
黄埔居民体验“健得力”器材



▲ Explaining the benefits of physical activities
讲解体能活动的益处

3

106th Anniversary and Community Care Day

106周年庆典暨社区关怀日

An enthusiastic crowd of over 500 people turned up at KWSH to join in the celebration at its 106th Anniversary and Community Care Day on 3 December 2016. The carnival was made possible with the help of many generous sponsors and community partners who contributed a wide spread of delicacies and put up fantastic performances. The KWSH Outreach Team also engaged the masses in an energetic exercise routine featuring movements of daily living like tooth brushing, while the elderly residents presented an impressive drum performance to welcome the guests, and showcased their meaningful and activity-filled lives at KWSH. At the anniversary celebration, Dr Leong Heng Keng, Chairman of Leung Kai Fook Medical Company, and his brother, Mr Leong Mun Sum, Managing Director, also presented a \$2 million cheque to KWSH and pledged a further \$4 million in donations over the next two years.

超过500名热情的民众于2016年12月3日来到广惠肇留医院与我们一同欢庆本院的第106周年，同时也参与本院举办的社区关怀日。嘉年华会能够成功举办，提供丰盛美食和展现精彩表演的慷慨赞助人和社区伙伴功不可没。广惠肇外展团队也通过如刷牙等一系列日常生活的动作设计了简单、有趣的活力健身操，以充满活力的方式与群众互动。年长院友则以精彩的击鼓表演欢迎来宾的到来并展现他们在广惠肇留医院多姿多彩的生活。在庆典上，梁介福药业主席梁庆经博士与其弟，总裁梁文琛先生也将200万元捐款交给本院并承诺接下来两年再捐赠400万元。



▲ KWSH staff taking part in a performance together with our residents
本院职员与院友一同表演



▲ Our community partner, Young Hearts cheerleaders
社区伙伴“年轻的心”啦啦队



▲ L-R: Mr Leong Mun Sum and Dr Leong Heng Keng of Leung Kai Fook Medical, in the presence of Health Minister, Mr Gan Kim Yong, presenting their donation to KWSH Chairman, Mr Patrick Lee
(左起) 梁介福药业的梁文琛先生与梁庆经博士在颜金勇部长的见证下将捐款交给广惠肇主席李国基先生

FUNDRAISING

慈善筹款

As a charitable healthcare institution, KWSH depends greatly on donations made by our generous donors to help alleviate the financial burden of our needy residents and to also keep the operations at KWSH running smoothly. KWSH's fundraising events are thus vital to our success.

作为一家慈善医疗机构，广惠肇留医院仰赖热心人士的捐款来协助减轻本院院友的医疗费用负担，以及维持本院的日常运作。因此，筹款活动是医院成功持续运作的关键因素之一。

Here's a look at our key fundraising events in 2016.

以下为本院在2016年举办的主要筹款活动。

1 Mid-Autumn Festival 2016

中秋节

Amount raised
筹得款项: \$851,383



2 Mother's Day Charity Concert 2016

母亲节慈善音乐会

Amount raised
筹得款项: \$991,032



3 Charity Golf 2016

高尔夫慈善赛

Amount raised
筹得款项: \$433,490



KWSH's volunteers have sacrificed time, energy and effort in helping us organise fundraising and community events to benefit the elderly at large. They also help to brighten up the residents' stay – by befriending them in regular weekly activities like karaoke, bingo or simply by lending a listening ear and being a companion. There are also our “kopitiam sessions”, and the excursions to the many places of interest in Singapore.

A big “Thank You” to all the volunteers who have tirelessly served the needy elderly, making a difference in their lives!

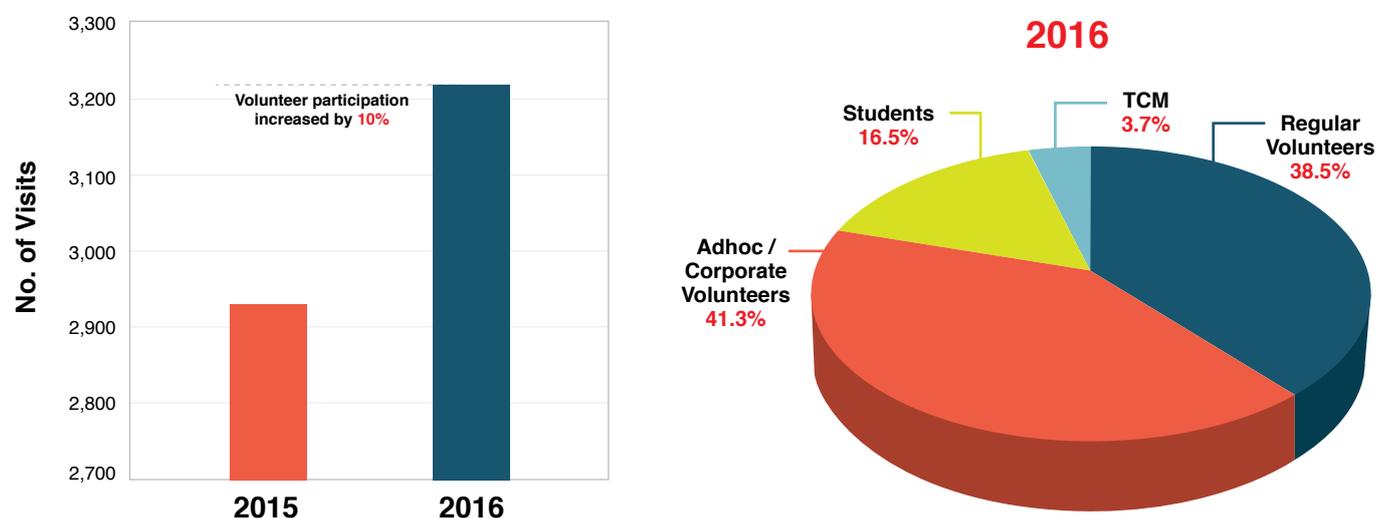
广惠肇留医院的志工们不辞辛劳，尽心尽力协助本院举办慈善筹款活动和社区外展活动，使广大年长者受益。他们也通过每周的定期活动，如歌唱、宾果游戏或倾听院友的心声来拉近与院友之间的距离，充实他们的生活。当然也少不了我们的“咖啡点聚会”和新加坡著名景点观光。

本院非常感谢所有无私奉献的志工。你们的付出改变了院友们的生活！

Volunteer Statistics

志工数据

Participation of registered / active volunteers (for activities)



1 Glamour Photoshoot in Collaboration with Window of Colours “色彩之窗”之修容换装摄影

Together with the voluntary group Window of Colours, KWSH organised a makeover and photoshoot session for its residents on 30 April 2016. The activity, aimed at bringing out the timeless beauty in our residents, filled them with joy and positivity as they got a taste of being poster boys and cover girls.

在志愿团体“色彩之窗”的支持下，广惠肇留医院于2016年4月30日为院友们举办了一次修容换装摄影。此活动旨在体现出院友们隐藏许久的英姿俏丽，让他们一尝担任封面男女主角的滋味，从这一次的体验中得到欢乐与正能量。



▲ Residents undergoing a makeover before the photoshoot

院友准备以“全新”面貌摄影留念

2

SCO Caring Series 2016 by Singapore Chinese Orchestra

新加坡华乐团关怀系列2016年音乐会

The Singapore Chinese Orchestra (SCO) Caring Series is an initiative started in 2004 with the aim to bring melodious music, with a healing touch, to patients and healthcare personnel. Proudly sponsored by the Tan Chin Tuan Foundation, the SCO Caring Series 2016 brought encouragement to the residents and healthcare workers of KWSH with their music performance on 14 September 2016.

新加坡华乐团关怀系列音乐会始于2004年，旨在将舒缓身心的悦耳音乐带给病患和医护人员。由陈振传基金会所赞助，新加坡华乐团于2016年9月14日前来广惠肇留医院，以其美妙的音乐鼓励广惠肇留医院的院友和医护人员。



▲ Performance by Singapore Chinese Orchestra
新加坡华乐团表演

3

Collaborations with Schools

与学府建立合作关系

To inculcate the spirit of volunteerism, KWSH collaborates with schools in our neighbourhood like Hong Wen School and St Andrew's Junior College to empower students with a greater ownership over how they could play an active role in contributing back to the community.

广惠肇留医院与邻近学府宏文学校和圣安德烈初级学院建立合作关系，为年轻下一代提供一个回馈社会的管道，也向学生们灌输志愿服务精神，让他们为自己所生活的邻里社区出一份力。



▲ SAJC students doing sponge painting with KWSH residents
圣初学生与院友一同以海绵作画



▲ Concert in the ward? The Hong Wen choir singing for our residents
宏文歌咏队在病房内为院友呈现“小型音乐会”

THANK YOU TO OUR VOLUNTEERS

感谢所有志工

We are very grateful to the following organisations and many individual volunteers for their support as their philanthropic spirit has brought much joy to our residents.

本院非常感谢以下机构和诸位志工的支持。他们乐善好施的精神为院友们带来无限的欢乐。

CORPORATIONS / ASSOCIATIONS

企业 / 协会

A&J Creative Danceworld
Advisors' Clique
AIMS AMP Capital Industrial REIT Management Ltd
AIT Technologies Pte Ltd
Altitude Alliance
Arcstone Pte Ltd
Artrend Design
Building and Construction Authority
Caterpillar Financial Services Asia Pte Ltd
Central Singapore Community Development Council
Charles & Keith (Singapore) Pte Ltd
Citibank Singapore Limited
Civil Service Club
Cognizant Technology Solutions Asia Pacific Pte Ltd
Comfort Transportations Pte Ltd/City Cab Pte Ltd (Comfort Delgro)
Emerge Consulting Pte Ltd
Garena Online Pte Ltd
GIC Private Limited
Great Eastern Financial Advisers Pte Ltd
Guan Ho Construction Co (Pte) Ltd
Hair Time Unisex Salon
Institute of Fengshui Bazi Pte Ltd
International Enterprise Singapore
IPP Financial Advisers Pte Ltd
Inland Revenue Authority of Singapore
Jamic Entertainment
Joyful Charity
Kaneka Singapore Co (Pte) Ltd
KBS BMW F10
KSB Singapore (Asia Pacific) Pte Ltd
Kwan Inn Vegetarian Food
Lend Lease Asia Holdings Pte Ltd
LexisNexis
Lion Re:Sources Singapore
Lions Club of Singapore Nassim
Lum Chang Building Contractors Pte Ltd
Mars Foods Incorporation (Singapore Branch)
Maybank Singapore
Microsoft Regional Sales Corporation
Ministry of Education
MSIG Insurance (Singapore) Pte Ltd
NGA Human Resource
Nirvana Memorial Garden Pte Ltd
Prime Staff Management Services Pte Ltd
Public Service Division, Prime Minister's Office
Ralph Lauren Singapore
RE&S Enterprises Pte Ltd
Regency Steel Asia Pte Ltd
Singapore Armed Forces
SIA Community Service Club
Singapore Chinese Orchestra Company Limited
Singapore Press Holdings Limited
Singapore Swimming Club
SPD
SportsHub Pte. Ltd.

Starbucks Coffee Company (Millenia Walk)
Symantec Asia Pacific Pte Ltd
TCM College (Singapore) Alumni
The Esplanade Co Ltd
The Hongkong and Shanghai Banking Corporation Limited
The Nielsen Company (Singapore) Pte Ltd
Thermo Fisher Scientific Pte Ltd
Tokio Marine Insurance Singapore Ltd

SCHOOLS

学校

Balestier Hill Secondary School
Hong Wen School
Hwa Chong Institution
ITE College Central
Nan Hua High School
Nanyang Girls' High School
Serangoon Junior College
St. Andrew's Junior College
St. Joseph's Institution
Stamford Primary School
Tampines Junior College
University of South Australia
West Spring Primary School
Yangzheng Primary School

COMMUNITY CENTRE / COMMUNITY CLUB / RESIDENTIAL COMMITTEE / OTHERS

社区中心 / 民众俱乐部 / 居民委员会 / 其他

Bonafide Heart
Cairnhill Community Club
Creators' Club
Do Re Me Singing Group
Happy Club
Jalan Besar Community Club (Youth Executive Committee)
Kallang Community Club
Kreta Ayer Community Club
Potong Pasir Community Club
Punggol 21 Community Club
Taman Jurong Community Club
Tanjong Pagar Community Club
Window of Colours
Yuhua Zone 11 Residents' Committee

RELIGIOUS ORGANISATIONS

宗教组织

Buddhist Life Mission
Eden Bible-Presbyterian Church
Faith Bible-Presbyterian Church
Foochow Methodist Church
Pu Ti Light Fellowship
Singapore Bodhi Meditation Center
The Mahaprajna Buddhist Society

INDIVIDUALS

There are more than 650 individual volunteers registered with us.

Awards 奖项

MOH Nurses' Merit Award 2016 2016年卫生部优秀护士奖

Nurse Manager Seah Bao Juan received the Ministry of Health Nurses' Merit Award 2016. She was one of the only nine recipients from ILTC (Intermediate and Long Term Care) organisations to receive this award. We are proud and thankful for her commitment and dedication to KWSH.

护士长谢宝娟获颁2016年卫生部优秀护士奖。荣获此奖项的中长期护理机构代表仅有九名，而谢宝娟为其中一名。本院为她感到骄傲，并且非常感谢她致力于为本院院友提供无微不至的照顾。



▲ Award winner Seah Bao Juan (2nd from right) sharing her joy with (L-R) ACEO Pang Tong Tat, Director of Nursing Jessy Chang and CEO, Dr Ow Chee Chung

谢宝娟（右二）与（左起）助理总裁冯崇达、护理总监曾月琼、总裁区志忠医生分享得奖喜悦

Tan Chin Tuan Nursing Award 陈振传护士奖

Enrolled Nurse Sylvia Jani won the third prize for the Tan Chin Tuan Nursing Award which is the highest local accolade for enrolled nurses. Congratulations on her achievement!

助理护士在本地能获得最高殊荣莫过于陈振传护士奖，而本院欲在此恭喜助理护士Sylvia Jani获得陈振传护士奖的第三奖！



▲ Sylvia Jani (2nd from left) at the Tan Chin Tuan Nursing Award ceremony

Sylvia Jani（左二）出席陈振传护士奖颁奖典礼

Scholarships

奖学金

SHMDP-ILTC Award

社会及卫生人力资源发展计划 – 中长期护理奖学金

Senior Occupational Therapist Benjamin Lim was awarded the Social & Health Manpower Development Programme-Intermediate and Long Term Care (SHMDP-ILTC) sponsorship to pursue his full-time Masters of Clinical Rehabilitation at Flinders University, Australia. He completed his studies in 2016.

Director of Operations Support Services, William Chan, was awarded the SHMDP-ILTC to pursue his part-time Masters in Health Administration (awarded by Flinders University) with Parkway College. He commenced the programme in 2016 and will be completing his studies in 2017.

高级职能治疗师林伟铭获颁“社会及卫生人力资源发展计划 – 中长期护理奖学金”，让他到澳大利亚的弗林德斯大学 (Flinders University) 全职修读临床康复硕士学位。他已在2016年毕业。

担任运营支持服务总监的陈伟伦也获颁了“社会及卫生人力资源发展计划 – 中长期护理奖学金”，让他在百汇护理学院 (Parkway College) 业余修读澳大利亚弗林德斯大学的卫生保健管理硕士学位。陈伟伦于2016年开始修读该课程，并将于2017年毕业。



▲ **Both Benjamin Lim and William Chan being awarded the SHMDP-ILTC scholarship**

林伟铭与陈伟伦双双获得“社会及卫生人力资源发展计划 – 中长期护理奖学金”

Skills Upgrading

技能提升

ITE Skills Certificate

工艺教育局技能证书

14 Patient Care Assistants (PCAs) have successfully completed the ITE Skills Certificate in Health Care (Home Care) course. With this training, they will be able to serve our residents with a higher level of competency. We are also delighted to share that another batch of 11 PCAs will be completing the course in September 2017.

14位病人看护助理成功完成医疗护理 (居家护理) 课程，获得了工艺教育局技能证书。受过培训的病人看护助理将能够更好地照料院友。接下来，另外11名病人看护助理也将于2017年9月完成此课程。



▲ **PCAs completing their ITE Skills Certificate course**

本院病人看护助理顺利完成工艺教育局技能证书课程

Doing More for our Residents

工作之余献爱心



▲ Staff from different departments assisting the residents at their Morning Rise exercise

各部门同事协助院友进行早操运动



▲ Rhythm of Joy percussion sessions

“乐龄鼓团”打击乐活动



▲ Singing session with resident

欣赏院友高歌一曲



▲ Staff and residents taking a break from their shopping to enjoy some yummy food at City Square Mall!

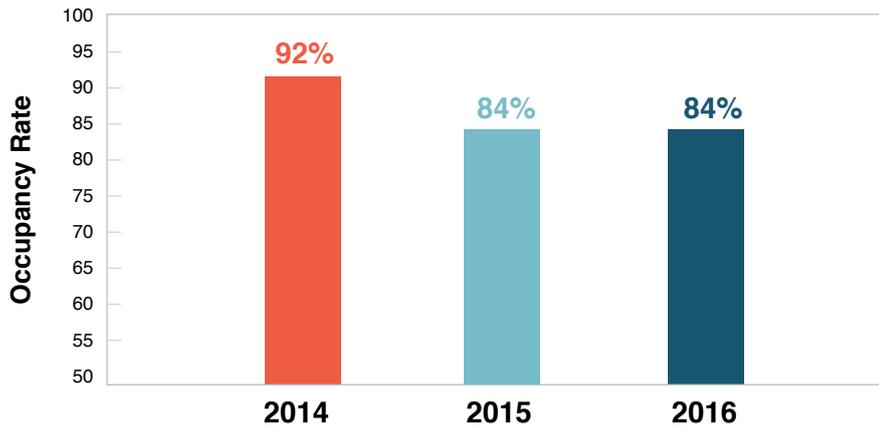
广惠肇职员带院友到城市广场逛街、吃东西!



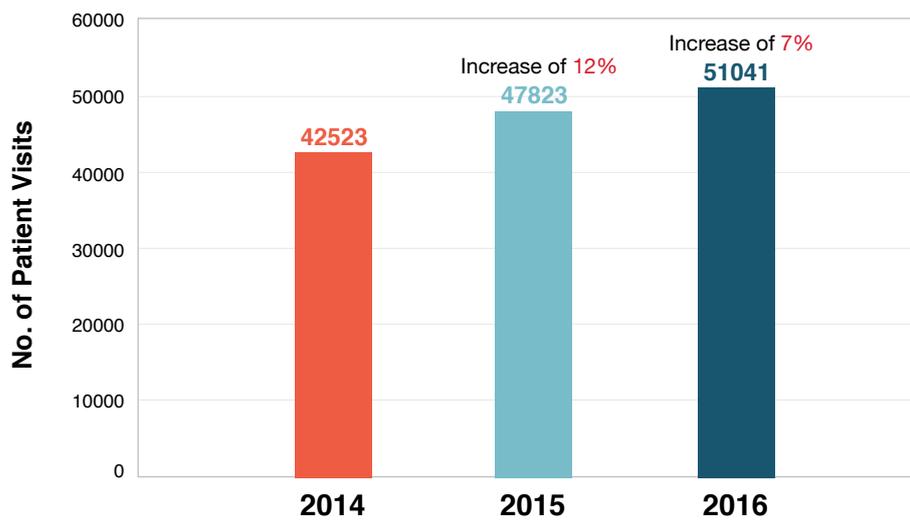
▲ KWSH staff prepared a housewarming BBQ session for residents when they shifted to the transitional wards in September

广惠肇职员为院友办烧烤会, 庆祝他们“搬新家”迁入新建的临时病房

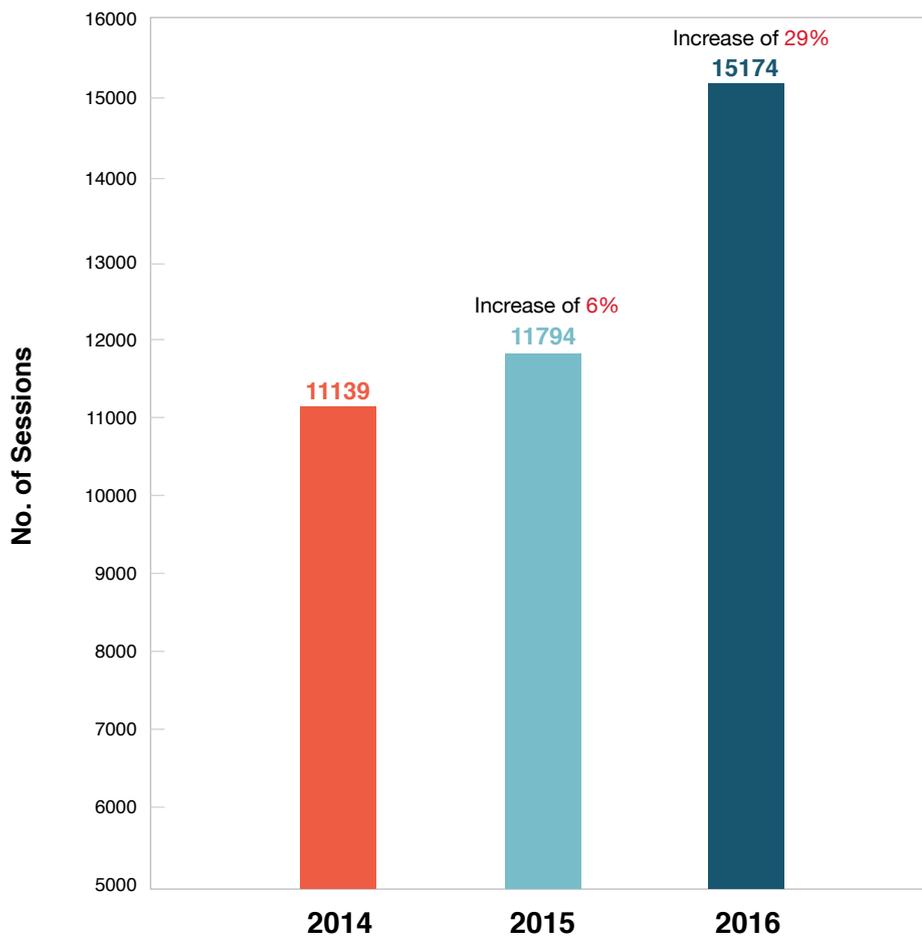
Nursing Home Occupancy



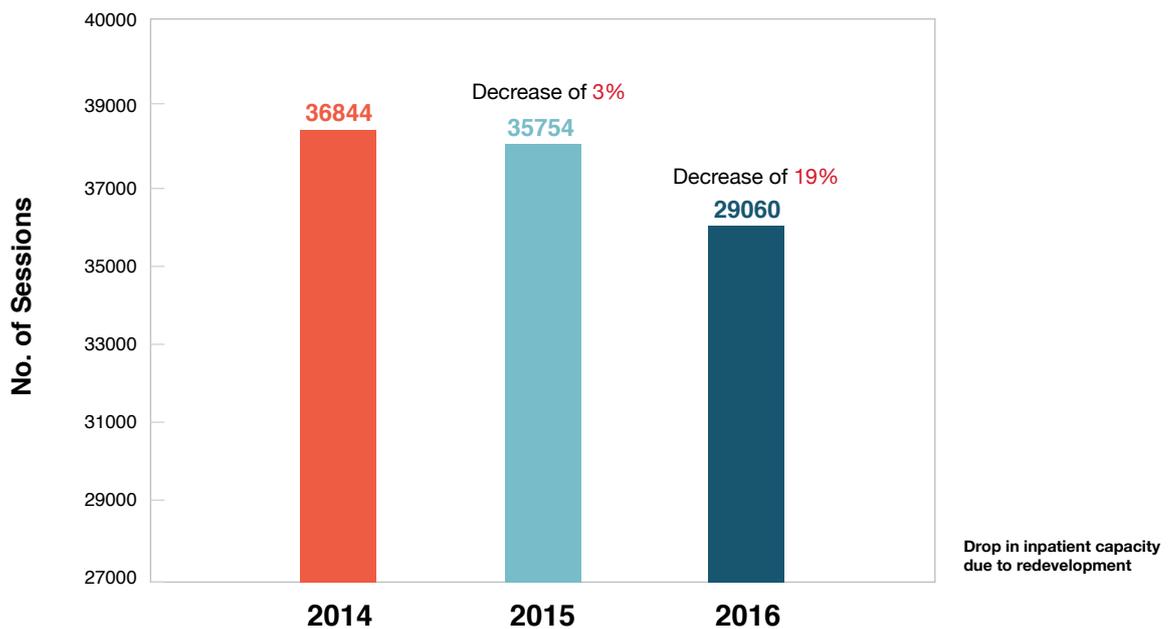
TCM Centre Patient Statistics



Rehabilitation Centre Outpatient Statistics



Rehabilitation Centre Inpatient Statistics



Statement of Financial Activities

Year Ended 31 December 2016

	2016	2015
	\$	\$
Operating income	2,801,313	3,038,752
Operating expenditure	(18,061,653)	(17,231,324)
Operating deficit before government grants	(15,260,340)	(14,192,572)
Singapore government grants	13,250,048	14,079,239
Operating deficit after government grants	(2,010,292)	(113,333)
Hospital redevelopment cost	–	–
Donation net of expenses	12,445,221	10,577,401
Investment property rental net income	1,578,171	1,737,471
Investment and interest net income, net of impairment	1,615,208	2,256,684
Other income	99,122	78,904
Net incoming resources	13,727,430	14,537,127
Available-for-sale financial assets	(101,468)	(1,799,476)
Total comprehensive income	13,625,962	12,737,651

Statement of Financial Position

As at 31 December 2016

	2016	2015
	\$	\$
ASSETS		
Non-current assets		
Property, plant and equipment	6,011,446	3,553,300
Investment properties	14,976,741	15,282,389
Available-for-sale financial assets	32,741,459	32,136,226
Investment in subsidiary	–	–
Total non-current assets	53,729,646	50,971,915
Current assets		
Available-for-sale financial assets	3,014,100	1,000,000
Inventories	103,948	154,775
Trade and other receivables, current	4,683,769	3,583,827
Other assets, current	308,674	213,358
Cash and cash equivalents	81,450,626	71,961,843
Total current assets	89,561,117	76,913,803
Total assets	143,290,763	127,885,718
LIABILITIES		
Current liabilities		
Trade and other payables, current	3,096,278	3,703,319
Other liabilities, current	12,122,758	10,674,574
Total current liabilities	15,219,036	14,377,893
Net assets	128,071,727	113,507,825
The funds of the hospital		
Unrestricted funds		
Sinking fund	200,000	200,000
Project development fund	28,000,000	28,000,000
General fund	99,217,971	85,584,478
Fair value reserves	(172,242)	(1,008,714)
Total unrestricted funds	127,245,729	112,775,764
Restricted fund		
Building fund	825,998	732,061
Total restricted fund	825,998	732,061
Total funds	128,071,727	113,507,825

KWONG WAI SHIU HOSPITAL

(Unique Entity Number: T08CC3024J)

(Institutions of a Public Character Number: HEF0029/G)

(Registered under the Charities Act, Cap. 37)

Statement by the Board of Management and Financial Statements

Year Ended 31 December 2016

KWONG WAI SHIU HOSPITAL

Statement by the Board of Management and Financial Statements

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KWONG WAI SHIU HOSPITAL

Statement by the Board of Management

In the opinion of the management, the accompanying statement of financial activities, statement of financial position, statement of changes in funds and statement of cash flows are drawn up so as to present fairly, in all material respects, the state of affairs of the Hospital as at 31 December 2016 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.

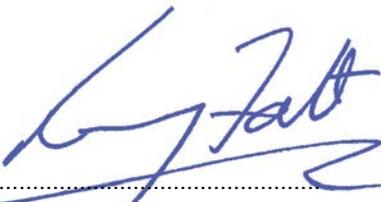
On behalf of the board of management,



.....
Lee Kwok Kie, Patrick
Chairman



.....
Ng Siew Quan
Honorary Secretary



.....
Hoong Kong Fatt
Honorary Treasurer

Singapore

23 March 2017

Independent Auditor's Report to the members of KWONG WAI SHIU HOSPITAL

Report on the audit of the financial statements

Opinion

We have audited the financial statements of Kwong Wai Shiu Hospital ("the Hospital"), which comprise the statement of financial position as at 31 December 2016, and the statement of financial activities, statement of changes in funds and statement of cash flows for the reporting year then ended, and notes to the financial statements, including the significant accounting policies.

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

Basis for opinion

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

Other information

Management is responsible for the other information. The other information comprises the information included in the statement by the board of management and the annual report, but does not include the financial statements and our auditor's report thereon.

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

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

Independent Auditor's Report to the members of KWONG WAI SHIU HOSPITAL

Responsibilities of management and those charged with governance for the financial statements

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

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

Those charged with governance are responsible for overseeing the Hospital's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

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

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

- a) Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- b) Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control.
- c) Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

Independent Auditor's Report to the members of KWONG WAI SHIU HOSPITAL

Auditor's responsibilities for the audit of the financial statements (cont'd)

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

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

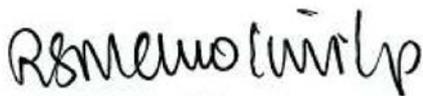
Report on other legal and regulatory requirements

In our opinion, the accounting and other records required to be kept by the Hospital have been properly kept in accordance with the provisions of the Ordinance of the Hospital, the Charities Act and Regulations.

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

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

The engagement partner on the audit resulting in this independent auditor's report is Woo E-Sah.



RSM Chio Lim LLP
Public Accountants and
Chartered Accountants
Singapore

23 March 2017

Engagement partner - effective from year ended 31 December 2014

Statement of Financial Activities

Year Ended 31 December 2016

	Notes	Unrestricted Funds		Restricted Fund	Total
		General	Fair Value	Building	
		Fund	Reserve	Fund	
		\$	\$	\$	\$
2016					
Incoming resources					
Charitable activities income		2,801,313	—	—	2,801,313
Voluntary income		8,097,580	—	93,937	8,191,517
Fund-raising activities		4,630,264	—	—	4,630,264
Investment income		1,421,084	—	—	1,421,084
Gain on disposal of available-for-sale financial assets		556,959	—	—	556,959
Interest income		788,301	—	—	788,301
Rental income		2,569,015	—	—	2,569,015
Singapore government grants		14,325,389	—	—	14,325,389
Other income		99,122	—	—	99,122
Total incoming resources		35,289,027	—	93,937	35,382,964
Resources expended					
Charitable activities expenses	4	11,131,281	—	—	11,131,281
Fund-raising expenses		376,560	—	—	376,560
Rental expenses		990,844	—	—	990,844
Investment expenses		16,196	—	—	16,196
Reclassification adjustments to statement of financial activities on impairment of available-for-sale financial assets		937,940	—	—	937,940
Impairment loss included in statement of financial activities	11	197,000	—	—	197,000
Other operating and administration expenses	5	6,930,372	—	—	6,930,372
Hospital redevelopment cost		1,075,341	—	—	1,075,341
Total resources expended		21,655,534	—	—	21,655,534
Net incoming resources		13,633,493	—	93,937	13,727,430
Other comprehensive income					
Available-for-sale financial assets	11	—	(101,468)	—	(101,468)
Total comprehensive income		13,633,493	(101,468)	93,937	13,625,962

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

Statement of Financial Activities

Year Ended 31 December 2016

	Notes	Unrestricted Funds		Restricted Fund	Total
		General	Fair Value	Building	
		Fund	Reserve	Fund	
		\$	\$	\$	\$
2015					
Incoming resources					
Charitable activities income		3,038,752	—	—	3,038,752
Voluntary income		6,273,568	—	162,057	6,435,625
Fund-raising activities		4,508,893	—	—	4,508,893
Investment income		1,043,952	—	—	1,043,952
Gain on disposal of available-for-sale financial assets		656,520	—	—	656,520
Interest income		559,822	—	—	559,822
Rental income		2,710,266	—	—	2,710,266
Singapore government grants		14,715,138	—	—	14,715,138
Other income		78,904	—	—	78,904
Total incoming resources		33,585,815	—	162,057	33,747,872
Resources expended					
Charitable activities expenses	4	11,053,480	—	—	11,053,480
Fund-raising expenses		367,117	—	—	367,117
Rental expenses		972,795	—	—	972,795
Investment expenses		3,610	—	—	3,610
Other operating and administration expenses	5	6,177,844	—	—	6,177,844
Hospital redevelopment cost		635,899	—	—	635,899
Total resources expended		19,210,745	—	—	19,210,745
Net incoming resources		14,375,070	—	162,057	14,537,127
Other comprehensive income					
Available-for-sale financial assets	11	—	(1,799,476)	—	(1,799,476)
Total comprehensive income		14,375,070	(1,799,476)	162,057	12,737,651

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

Total Comprehensive Income is re-analysed as follows:

Year Ended 31 December 2016

	Unrestricted Funds		Restricted Fund	
	General Fund	Fair Value Reserve	Building Fund	Total
	€\$	€\$	€\$	€\$
2016				
Operating deficit before government grants	(15,260,340)	—	—	(15,260,340)
Singapore government grants	13,250,048	—	—	13,250,048
Operating deficit after government grants	(2,010,292)	—	—	(2,010,292)
Voluntary income	8,097,580	—	93,937	8,191,517
Fund raising net surplus	4,253,704	—	—	4,253,704
Investment and interest net income, net of impairment	1,615,208	—	—	1,615,208
Rental net income	1,578,171	—	—	1,578,171
Other income	99,122	—	—	99,122
Hospital redevelopment cost	(1,075,341)	—	—	(1,075,341)
Singapore government grants for hospital redevelopment cost	1,075,341	—	—	1,075,341
Available-for-sale financial assets	—	(101,468)	—	(101,468)
Total comprehensive income	13,633,493	(101,468)	93,937	13,625,962

	Unrestricted Funds		Restricted Fund	
	General Fund	Fair Value Reserve	Building Fund	Total
	€\$	€\$	€\$	€\$
2015				
Operating deficit before government grants	(14,192,572)	—	—	(14,192,572)
Singapore government grants	14,079,239	—	—	14,079,239
Operating deficit after government grants	(113,333)	—	—	(113,333)
Voluntary income	6,273,568	—	162,057	6,435,625
Fund raising net surplus	4,141,776	—	—	4,141,776
Investment and interest net income	2,256,684	—	—	2,256,684
Rental net income	1,737,471	—	—	1,737,471
Other income	78,904	—	—	78,904
Hospital redevelopment cost	(635,899)	—	—	(635,899)
Singapore government grants for hospital redevelopment cost	635,899	—	—	635,899
Available-for-sale financial assets	—	(1,799,476)	—	(1,799,476)
Total comprehensive income	14,375,070	(1,799,476)	162,057	12,737,651

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

Statement of Financial Position

As at 31 December 2016

	Notes	2016 \$	2015 \$
Assets			
<u>Non-current assets</u>			
Property, plant and equipment	9	6,011,446	3,553,300
Investment properties	10	14,976,741	15,282,389
Available-for-sale financial assets	11	32,741,459	32,136,226
Investment in subsidiary	12	—	—
Total non-current assets		53,729,646	50,971,915
<u>Current assets</u>			
Available-for-sale financial assets	11	3,014,100	1,000,000
Inventories	13	103,948	154,775
Trade and other receivables, current	14	4,683,769	3,583,827
Other assets, current	15	308,674	213,358
Cash and cash equivalents	16	81,450,626	71,961,843
Total current assets		89,561,117	76,913,803
Total assets		143,290,763	127,885,718
Liabilities			
<u>Current liabilities</u>			
Trade and other payables, current	17	3,096,278	3,703,319
Other liabilities, current	18	12,122,758	10,674,574
Total current liabilities		15,219,036	14,377,893
Net assets		128,071,727	113,507,825
The funds of the hospital			
<u>Unrestricted funds</u>			
Sinking fund		200,000	200,000
Project development fund		28,000,000	28,000,000
General fund		99,217,971	85,584,478
Fair value reserves		(172,242)	(1,008,714)
Total unrestricted funds		127,245,729	112,775,764
<u>Restricted fund</u>			
Building fund		825,998	732,061
Total restricted fund		825,998	732,061
Total funds	19	128,071,727	113,507,825

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

Statement of Changes in Funds

Year Ended 31 December 2016

	Unrestricted Funds				Restricted Fund	Total
	Sinking Fund	Project Development Fund	General Fund	Fair Value Reserve	Building Fund	
	\$	\$	\$	\$	\$	\$
Balance as at 1 January 2015	200,000	28,000,000	71,209,408	790,762	570,004	100,770,174
Net surplus for the reporting year	—	—	14,375,070	—	162,057	14,537,127
Loss on remeasuring available-for-sale financial assets	—	—	—	(1,799,476)	—	(1,799,476)
Balance as at 31 December 2015	200,000	28,000,000	85,584,478	(1,008,714)	732,061	113,507,825
Net surplus for the reporting year	—	—	13,633,493	—	93,937	13,727,430
Loss on remeasuring available-for-sale financial assets	—	—	—	(101,468)	—	(101,468)
Reclassification adjustments to statement of financial activities on impairment of available-for-sale financial assets	—	—	—	937,940	—	937,940
Balance as at 31 December 2016	200,000	28,000,000	99,217,971	(172,242)	825,998	128,071,727

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

Statement of Cash Flows

Year Ended 31 December 2016

	2016	2015
	\$	\$
<u>Cash flows from operating activities</u>		
Net incoming resources for the year	13,727,430	14,537,127
Adjustments for:		
Depreciation of property, plant and equipment	1,419,069	905,461
Depreciation of investment properties	305,648	311,886
Investment income	(1,421,084)	(1,043,952)
Interest income	(788,301)	(559,822)
Loss on disposal of property, plant and equipment	120,508	34,590
Gain on disposal of available-for-sale financial assets	(556,959)	(656,520)
Impairment of available-for-sale financial assets	1,134,940	—
Operating cash flow before changes in working capital	13,941,251	13,528,770
Inventories	50,827	51,818
Trade and other receivables, current	(1,099,942)	1,461,371
Other assets, current	(95,316)	54,528
Trade and other payables, current	(607,041)	447,402
Other liabilities, current	1,448,184	3,412,214
Cash restricted in use	810,755	(2,788,404)
Net cash flows from operating activities	14,448,718	16,167,699
<u>Cash flows from investing activities</u>		
Interest received from bonds	1,121,495	696,289
Dividends received	299,589	347,663
Interest received	788,301	559,822
Purchase of property, plant and equipment	(3,997,723)	(1,828,968)
Disposal of property, plant and equipment	—	140
Purchase of available-for-sale financial assets	(19,545,187)	(21,651,900)
Disposal of available-for-sale financial assets	17,184,345	15,776,611
Net cash flows used in investing activities	(4,149,180)	(6,100,343)
Net increase in cash and cash equivalents	10,299,538	10,067,356
Cash and cash equivalents, statement of cash flows, beginning balance	63,900,191	53,832,835
Cash and cash equivalents, statement of cash flows, ending balance (Note 16A)	74,199,729	63,900,191

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

Notes to the Financial Statements

31 December 2016

1. General

The principal activities of the Hospital are to provide nursing and personal care facilities, rehabilitative services and traditional Chinese medicine services to the sick and poor in Singapore.

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 Dollar. 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.

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.

On 7 June 2016, new entity Kwong Wai Shiu Hospital (Unique Entity Number: 201615448C) was incorporated as a company limited by guarantee ("CLG") with the intention of taking over the operations, together with all the assets and liabilities of the Hospital incorporated under the Kwong Wai Shiu Hospital Ordinance (Cap. 366).

Accounting convention

The financial statements have been prepared in accordance with the Financial Reporting Standards ("FRS") and the related Interpretations to FRS ("INT FRS") as issued by the Singapore Accounting Standards Council and the Companies Act, Chapter 50. The financial statements are prepared on a going concern basis under the historical cost convention except where a FRS requires an alternative treatment (such as fair values) as disclosed where appropriate in these financial statements. The accounting policies in FRSs may not be applied when the effect of applying them is immaterial. The disclosures required by FRSs need not be made if the information resulting from that disclosure is not material. Other comprehensive income comprises items of income and expense (including reclassification adjustments) that are not recognised in the profit or loss, as required or permitted by FRS. Reclassification adjustments are amounts reclassified to profit or loss in the income statement in the current period that were recognised in other comprehensive income in the current or previous periods.

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.

2. Significant accounting policies and other explanatory information

2A. Significant accounting policies

Revenue recognition

Revenues including donations, gifts and grants that provide core funding or are of general nature are recognised where there is (a) entitlement (b) certainty and (c) sufficient reliability of measurement. Such income is only deferred when: the donor specifies that the grant or donation must only be used in future accounting periods; or the donor has imposed conditions which must be met before the Hospital has unconditional entitlement. The revenue amount from services 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 related 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.

(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.

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

(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. Grants 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. A government grant related to assets, including non-monetary grants at fair value, is presented in the statement of financial position by setting up the grant as deferred income. The interest saved from government loans is regarded as additional government grant.

2. Significant accounting policies and other explanatory information (cont'd)

2A. Significant accounting policies (cont'd)

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 a defined contribution retirement benefit plan are recorded as an expense as they fall due. The entity's legal or constructive obligation is limited to the amount that it is obligated to contribute to an independently administered fund (such as the Central Provident Fund in Singapore, a government managed defined contribution 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.

Property, plant and equipment

Depreciation is provided on a straight line 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:

Building	Over the leasehold period
Leasehold improvements	5 years
Office and medical equipment	5 years
Furniture and fittings	10 years
Motor vehicles	5 years
IT systems and equipment	3 years

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.

2. Significant accounting policies and other explanatory information (cont'd)

2A. Significant accounting policies (cont'd)

Property, plant and equipment (cont'd)

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 measured 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. For disclosure purposes only, the fair values are measured periodically on a systematic basis at least once in three years by external independent valuers having an appropriate recognised professional qualification and recent experience in the location and category of the property being valued. The annual rate of depreciation is 2% on reducing balance basis.

Leases

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, least 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 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 costs 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.

Inventories

Inventories are measured at the lower of cost (first in first out method) and net realisable value. A write down on cost is made 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.

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 of disposal and its value in use. When the fair value less costs of disposal method is used, any available recent market transactions are taken into consideration. When the value in use method is adopted, in assessing the value in use, the estimated future cash flows are discounted to their present value

2. Significant accounting policies and other explanatory information (cont'd)

2A. Significant accounting policies (cont'd)

Impairment of non-financial assets (cont'd)

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 measured, net of depreciation or amortisation, if no impairment loss had been recognised.

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.

Financial assets

Initial recognition and measurement and derecognition:

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. When the settlement date accounting is applied, any change in the fair value of the asset to be received during the period between the trade date and the settlement date is recognised in net profit or loss for assets classified as trading.

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. Financial assets and financial liabilities are offset and the net amount is reported in the statement of financial position if there is currently a legally enforceable right to offset the recognised amounts and there is an intention to settle on a net basis, to realise the assets and settle the liabilities simultaneously.

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.
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.

2. Significant accounting policies and other explanatory information (cont'd)

2A. Significant accounting policies (cont'd)

Financial assets (cont'd)

2. 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. Changes in fair value of available-for-sale financial assets (other than those relating to foreign exchange translation differences on monetary investments) are recognised in other comprehensive income and accumulated in a separate component of equity under the heading revaluation reserves. Such reserves are reclassified to profit or loss when realised through disposal. 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. A significant or prolonged decline in the fair value of the investment below its cost is considered to be objective evidence of impairment. 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 is 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. These financial assets are classified as non-current assets unless management intends to dispose of the investments 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 but it does not include subsidiaries, joint ventures, or associates. Unquoted investments are stated at cost less allowance for impairment in value where there are no market prices, and management is unable to establish fair value by using valuation techniques except that where management can establish fair value by using valuation techniques the relevant unquoted investments are stated at fair value. For unquoted equity instruments impairment losses are not reversed.

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. 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.

2. Significant accounting policies and other explanatory information (cont'd)

2A. Significant accounting policies (cont'd)

Financial liabilities (cont'd)

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.

Fair value measurement

When measuring fair value, management uses the assumptions that market participants would use when pricing the asset or liability under current market conditions, including assumptions about risk. It is a market-based measurement, not an entity-specific measurement. The entity's intention to hold an asset or to settle or otherwise fulfil a liability is not taken into account as relevant when measuring fair value. In making the fair value measurement, management determines the following: (a) the particular asset or liability being measured (these are identified and disclosed in the relevant notes below); (b) for a non-financial asset, the highest and best use of the asset and whether the asset is used in combination with other assets or on a stand-alone basis; (c) the market in which an orderly transaction would take place for the asset or liability; and (d) the appropriate valuation techniques to use when measuring fair value. The valuation techniques used maximise the use of relevant observable inputs and minimise unobservable inputs. These inputs are consistent with the inputs a market participant may use when pricing the asset or liability.

The fair value measurements and related disclosures categorise the inputs to valuation techniques used to measure fair value by using a fair value hierarchy of three levels. These are recurring fair value measurements unless state otherwise in the relevant notes to the financial statements. Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at the measurement date. Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Level 3 inputs are unobservable inputs for the asset or liability. The level is measured on the basis of the lowest level input that is significant to the fair value measurement in its entirety. Transfers between levels of the fair value hierarchy are deemed to have occurred at the beginning of the reporting year. If a financial instrument measured at fair value has a bid price and an ask price, the price within the bid-ask spread or mid-market pricing that is most representative of fair value in the circumstances is used to measure fair value regardless of where the input is categorised within the fair value hierarchy. If there is no market, or the markets available are not active, the fair value is established by using an acceptable valuation technique.

The carrying values of current financial instruments approximate their fair values due to the short-term maturity of these instruments and the disclosures of fair value are not made when the carrying amount of current financial instruments is a reasonable approximation of the 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 to the financial statements.

2B. Other explanatory information

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. A provision is 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.

2. Significant accounting policies and other explanatory information (cont'd)

2C. 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 currently or 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.

3. Related party relationships and transactions

FRS 24 on related party disclosures requires the reporting entity to disclose: (a) transactions with its related parties; and (b) relationships between parents and subsidiaries irrespective of whether there have been transactions between those related parties. A party is related to a party if the party controls, or is controlled by, or can significantly influence or is significantly influenced by the other party.

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 holdings 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.

3A. Related party transactions:

There are transactions and arrangements between the reporting entity and related parties and the effects of these on the basis determined between the parties are reflected in these financial statements.

Significant related party transactions:

	2016 \$	2015 \$
Purchase of goods and services from companies in which certain board members or governing council members have an interest	250,514	228,898

3B. Key management compensation:

	2016 \$	2015 \$
Salaries and other short-term employee benefits	1,515,697	1,297,850

3. Related party relationships and transactions (cont'd)

3B. Key management compensation: (cont'd)

The above amounts are included under employee benefits expense.

Number of key management in remuneration bands:

	2016	2015
	\$	\$
Above \$200,000	1	1
\$100,001 - \$200,000	8	7
Less than \$100,000	—	1

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.

3C. Other receivables from related parties:

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

	Subsidiary	
	2016	2015
	\$	\$
Other receivables:		
Balance at beginning of year	40,394	33,990
Amounts paid out and settlement of liabilities on behalf of another party	6,220	6,404
Amounts written off	(46,614)	—
Balance at end of year – debit	—	40,394

4. Charitable activities expenses

	2016	2015
	\$	\$
Western medication	241,981	269,167
Medical supplies	474,314	482,391
Laundry	129,609	153,077
Food for patients	281,133	304,272
Electricity and gas	200,009	298,276
Traditional Chinese Medicine (TCM) expenses	231,691	219,614
Outsource services	850,890	856,928
Staff costs	6,658,054	6,320,229
Contributions to defined contribution plan	624,970	566,287
Other staff related costs	283,125	334,873
Foreign worker levy and expenses	709,287	760,203
Other charitable related expenses	446,218	488,163
	11,131,281	11,053,480

5. Other operating and administration expenses

	2016	2015
	\$	\$
Depreciation of property, plant and equipment	469,581	413,351
Non-claimable GST expenses	581,855	454,231
Printing and stationery	53,923	60,716
Small assets expensed off	26,884	73,006
Leased land rental	1,872,348	1,852,838
Leasing of equipment	12,162	14,400
Repair and maintenance	115,240	158,230
Staff costs	2,574,341	2,188,765
Contributions to defined contribution plan	330,625	282,073
Other staff related costs	84,779	74,250
Loss on disposal of property, plant and equipment	120,508	34,590
Other expenses	688,126	571,394
	6,930,372	6,177,844

6. Employee benefits expense

	2016	2015
	\$	\$
Staff costs	9,232,395	8,508,994
Contributions to defined contribution plan	955,595	848,360
	10,187,990	9,357,354

7. Items in the statement of financial activities

The statement of financial activities includes the following charges:

	2016	2015
	\$	\$
Internal audit fees	50,000	—
External audit fees	48,400	48,900

8. Tax deductible donation receipts

The Hospital enjoys a concessionary tax treatment whereby qualifying donors are granted 2.5 (2015: 3) times tax deduction for the donations made to the Hospital. This status was renewed for 3 years with effect from 1 July 2015 under the Health Endowment Fund Scheme.

	2016	2015
	\$	\$
The Hospital issued tax deductible receipts for donations collected	9,296,977	7,825,256

9. Property, plant and equipment

	Buildings	Leasehold Improvements	Office and Medical Equipment	Motor Vehicles	IT Systems and Equipment	Furniture & Fittings	Hospital Redevelopment	Total
	\$	\$	\$	\$	\$	\$	\$	\$
Cost:								
At 1 January 2015	—	194,367	2,117,974	514,930	640,882	534,064	1,730,776	5,732,993
Additions	—	—	369,150	116,596	208,688	2,033	1,132,501	1,828,968
Reclassification	1,647,584	730,313	—	—	—	50,836	(2,428,733)	—
Disposal	—	(67,819)	(406,369)	(148,930)	(128,841)	(177,462)	—	(929,421)
At 31 December 2015	1,647,584	856,861	2,080,755	482,596	720,729	409,471	434,544	6,632,540
Additions	—	36,490	151,275	—	106,547	40,102	3,663,309	3,997,723
Reclassification	3,112,923	—	116,400	—	—	37,000	(3,266,323)	—
Disposal	—	(108,547)	(547,575)	—	(7,471)	(194,918)	—	(858,511)
At 31 December 2016	4,760,507	784,804	1,800,855	482,596	819,805	291,655	831,530	9,771,752
Accumulated Depreciation:								
At 1 January 2015	—	133,027	1,528,299	460,749	508,793	437,602	—	3,068,470
Depreciation for the year	457,662	48,679	227,537	44,594	94,818	32,171	—	905,461
Disposal	—	(67,819)	(389,763)	(148,930)	(128,841)	(159,338)	—	(894,691)
At 31 December 2015	457,662	113,887	1,366,073	356,413	474,770	310,435	—	3,079,240
Depreciation for the year	788,724	166,436	243,937	40,680	154,770	24,522	—	1,419,069
Disposal	—	(77,586)	(470,007)	—	(7,471)	(182,939)	—	(738,003)
At 31 December 2016	1,246,386	202,737	1,140,003	397,093	622,069	152,018	—	3,760,306
Net Book Value:								
At 1 January 2015	—	61,340	589,675	54,181	132,089	96,462	1,730,776	2,664,523
At 31 December 2015	1,189,922	742,974	714,682	126,183	245,959	99,036	434,544	3,553,300
At 31 December 2016	3,514,121	582,067	660,852	85,503	197,736	139,637	831,530	6,011,446

Buildings refer to a 2-storey temporary building and a 1-storey temporary wards and offices.

Allocation of the depreciation expense:

	2016	2015
	\$	\$
Other operating and administrative expenses	469,581	413,351
Hospital redevelopment cost	949,488	492,110
Total	1,419,069	905,461

10. Investment properties

	2016	2015
	\$	\$
At cost:		
At beginning of the year	18,511,747	18,511,747
Additions	—	—
At end of the year	18,511,747	18,511,747
Accumulated depreciation:		
At beginning of the year	3,229,358	2,917,472
Depreciation for the year	305,648	311,886
At end of the year	3,535,006	3,229,358
Net book value:		
At beginning of the year	15,282,389	15,594,275
At end of the year	14,976,741	15,282,389
Fair value:		
Fair value at end of the year	74,526,900	77,550,000
Rental and service income from investment properties	2,569,015	2,710,266
Direct operating expenses (including repairs and maintenance) arising from investment properties that generated rental income during the period	990,844	972,795

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

Operating lease income is for rentals receivables for certain investment properties. The lease to the tenants is for a period ranging from 1 year to 5 years and is cancellable. The tenant has the right to terminate the tenancy agreement before the expiry of the lease by refunding to the landlord, pro rata, the commission paid by the landlord to his real estate agent. Accordingly, there is no future minimum lease receivables under non-cancellable operating leases.

The fair value of each investment property was measured on 31 December 2015 based on the highest and best use method to reflect the actual market state and circumstance and estimated by management in 2016, taking into account the published property price index for residential and commercial (office and retail) properties. In 2015, the fair value was based on a valuation made by Chambers Valuers & Property Consultants Pte. Ltd., a firm of independent professional valuers on a systematic basis at least once in three years based on comparison with market evidence of recent transaction prices for similar properties. The fair value measurement is categorised within the fair value hierarchy at Level 2. Significant observable inputs and range derived from valuation report – Price per square foot: \$678 to \$1,869.

11. Available-for-sale financial assets

	2016	2015
	\$	\$
Investments at available-for-sale (AFS) at fair value through Other Comprehensive Income (“FVTOCI”)		
Movements during the year:		
Fair value at beginning of the year	33,136,226	28,403,893
Additions	19,545,187	21,651,900
Disposals	(16,627,386)	(15,120,091)
Impairment loss included in statement of financial activities	(197,000)	—
Decrease in fair value through other comprehensive income	(101,468)	(1,799,476)
Fair value at end of year	35,755,559	33,136,226
Balance is made up of:		
Quoted equity shares in corporations shares	7,845,526	5,960,763
Bonds and short term investments	27,907,702	27,172,325
Real estate investment trust	2,331	3,138
Total investment securities	35,755,559	33,136,226

Presented as:

	2016	2015
	\$	\$
Current	3,014,100	1,000,000
Non-current	32,741,459	32,136,226
Total	35,755,559	33,136,226

A loss of \$101,468 (2015: \$1,799,476) on remeasuring available-for-sale financial assets to fair value (other than those relating to hedges) was recognised in other comprehensive income. An amount of impairment loss of \$937,940 was reclassified from fair value reserves to statement of financial activities as a reclassification adjustment in 2016. This was for the available-for-sale financial assets determined to be impaired as there were “significant” or “prolonged” declines in fair values of these investments below their costs.

11. Available-for-sale financial assets (cont'd)

11A. Disclosures relating to investments

The information gives a summary of the significant sector concentrations within the investment portfolio including Level 1, 2 and 3 securities:

	Level	2016	2015	2016	2015
		\$	\$	%	%
A1. Quoted equity shares (Singapore):					
Financial sector	1	—	1,761,294	—	5.3
Manufacturing sector	1	1,584,970	1,769,060	4.4	5.3
Multi sector	1	2,243,750	2,412,150	6.3	7.3
Energy, gas and water sector	1	17,006	18,259	0.1	0.1
Transportation	1	1,494,300	—	4.2	—
Real Estate	1	1,100,500	—	3.1	—
Telecommunication	1	1,405,000	—	3.9	—
		7,845,526	5,960,763	22.0	18.0

	Level	2016	2015	2016	2015
		\$	\$	%	%
A2. Quoted bonds (Singapore):					
Quoted bonds in corporations with fixed coupon rates between 3.5% and 4.4% maturing between August 2017 to May 2026 (2015: 3.5% and 4.4% maturing between August 2017 to May 2026)	1	8,604,450	8,545,350	24.1	25.8
Quoted bonds in corporations with fixed coupon rates of 3.8% to 5.1% (2015: 3.8% to 5.1%) without fixed maturity	1	15,317,530	17,626,975	42.8	53.2
Quoted open end call certificate at UBS SGD spot rate without fixed maturity	1	3,985,722	—	11.1	—
Quoted Equity Linked Notes (ELN) maturing in February 2016	1	—	1,000,000	—	3.0
		27,907,702	27,172,325	78.0	82.0

	Level	2016	2015	2016	2015
		\$	\$	%	%
A3. Other investments as available-for-sale (Singapore):					
Real estate investment trust	1	2,331	3,138	N.M.	N.M.
Total available-for-sale financial assets		35,755,559	33,136,226	100.0	100.0

N.M.: Not Material

11. Available-for-sale financial assets (cont'd)

11A. Disclosures relating to investments (cont'd)

Sensitivity analysis for price risk:

There are investments in equity shares or similar instruments. Such investments are exposed to both currency risk and market price risk arising from uncertainties about future values of the investment securities. Sensitivity analysis: The effect is as follows:

	2016 \$	2015 \$
A hypothetical 10% increase in the market index of quoted equity shares would have a favourable effect on other comprehensive income before tax of	784,786	596,390

For similar price decreases in the fair value of the above financial assets, there would be comparable impacts in the opposite direction.

12. Investment in subsidiary

	2016 \$	2015 \$
Unquoted equity shares at cost	—	—

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

KWS Hospital Management Corporation Limited has been deregistered from the Registry of Companies on 4 October 2016.

13. Inventories

	2016 \$	2015 \$
Chinese refined medicine	34,947	39,471
Western medicine	9,593	20,609
Medical and surgical supplies	47,329	77,654
Sundry items	12,079	17,041
Balance at end of year	103,948	154,775
Cost of inventories recorded as an expense in the Statement of Financial Activities	1,026,803	1,070,412

14. Trade and other receivables, current

	2016	2015
	\$	\$
Trade receivables:		
Trade receivables – Patients	630,095	786,888
Less: Allowance for impairment	(3,122)	–
Receivables – Property related	190,251	173,626
Subtotal	817,224	960,514
Other receivables:		
Deposits to secure services	573,935	524,087
Fixed deposits interest and bond coupon receivables	261,790	742,136
Subsidiary (Note 3)	–	40,394
Singapore government grants receivables	869,116	1,101,023
Other receivables - donation	2,016,800	116,030
Other receivables	144,904	99,643
Subtotal	3,866,545	2,623,313
Total trade and other receivables	4,683,769	3,583,827

15. Other assets, current

	2016	2015
	\$	\$
Prepayments	308,674	213,358

16. Cash and cash equivalents

	2016	2015
	\$	\$
Not restricted in use	74,199,729	63,900,191
Restricted in use	7,250,897	8,061,652
Cash at end of year	81,450,626	71,961,843
Interest earning balances	64,202,768	64,378,007

The rates of interest for the cash on interest earning balances is between 0.05% and 1.25% (2015: 0.05% and 1.52%).

16. Cash and cash equivalents (cont'd)

16A. Cash and cash equivalents in the statement of cash flows:

	2016	2015
	\$	\$
Amount as shown above	81,450,626	71,961,843
Cash restricted in use ⁽¹⁾	(7,250,897)	(8,061,652)
Cash and cash equivalents for statement of cash flows purposes at end of year	74,199,729	63,900,191

⁽¹⁾ Includes the following:

- \$7,196,860 (2015: \$7,922,995) relating to monies received under Community Silver Trust Fund (Note 18) and
- \$54,037 (2015: \$138,656) relating to monies received under Medifund from Ministry of Health (Note 18).

17. Trade and other payables, current

	2016	2015
	\$	\$
Trade payables:		
Outside parties and accrued liabilities	2,357,037	2,191,962
Other payables:		
Deposits received from patients and tenants	628,928	759,420
Other payables	110,313	751,937
Subtotal	739,241	1,511,357
Total trade and other payables	3,096,278	3,703,319

18. Other liabilities, current

	2016	2015
	\$	\$
Community Silver Trust – Deferred Grant (1)	7,196,860	7,922,995
Community Silver Trust – Deferred Income (2)	4,721,690	2,445,761
Medifund from Ministry of Health	54,037	138,656
Heritage Project Grant	13,420	–
Silver Volunteer Fund	9,843	–
Prepaid rentals from tenants	22,283	45,363
Deferred ward income	104,625	121,799
	12,122,758	10,674,574
Movements in above deferred grant:		
Balance at beginning of the year	7,922,995	4,521,353
Grants approved during the year	7,250,000	9,800,000
Utilised during the year	(7,989,986)	(6,410,868)
Interest income	13,851	12,510
Balance at end of the year	7,196,860	7,922,995
Movements in above deferred income:		
Balance at beginning of the year	2,445,761	1,821,311
Additions during the year	3,505,554	1,248,742
Utilised during the year	(1,229,625)	(624,292)
Balance at end of the year	4,721,690	2,445,761

(1) Community Silver Trust (“CST”) fund relates to monies received under Community Silver Trust donation matching grant programme. The objective of the CST is to encourage more donations and provide additional resources for the service providers in the Intermediate and Long Term Care (“ILTC”) Sector and to enhance capabilities and provide value-added services to achieve affordable and higher quality care. The Hospital receives a matching grant of one dollar for every donation dollar raised subject to an annual grant cap of \$15 million. The funding agreement with CST was from 1 April 2014 to 31 March 2019. Any remaining fund shall be refunded to the CST in the event CST ascertains that the Hospital has not used the grant according to the approved use of the CST or not satisfactorily utilised the grant provided.

From 2013, the Hospital was allowed to claim for another CST matching grant up to 40% of the Hospital’s donations received. Such grant is intended to fund the Hospital’s operating expenses and the grant threshold for each year is capped at \$5 million per Government’s fiscal year.

(2) Amounts under the CST fund utilised for plant and equipment additions are taken to the deferred income grant account, and are credited to the statement of financial activities over the periods necessary to match the depreciation of the corresponding plant and equipment.

19. Fund account balances

- (i) Sinking Fund was set aside for the purpose of any possible major repairs on the hospital buildings.
- (ii) Project Development Fund was set aside from General Fund to provide for the purpose of Hospital Development.
- (iii) Building Fund was set aside for the purpose of Hospital Redevelopment.
- (iv) Fair Value Reserve relates to available-for-sale financial assets reserve arising from the annual remeasurement of the available-for-sale financial assets.

20. Reserves policy

	2016 \$	2015 \$
Unrestricted Funds (excluding Project Development Fund)	99,245,729	84,775,764
Annual Operating Expenditure	21,655,534	19,210,745
Ratio of Reserves (excluding Project Development Fund) to Annual Operating Expenditure	4.6	4.4

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 future operating needs bearing in mind its major expansion that is currently undergoing. The management reviews the level of reserves regularly for the Hospital's continuing obligations.

21. Financial instruments: information on financial risks

21A. Categories of financial assets and liabilities

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

	2016 \$	2015 \$
Financial assets:		
Trade and other receivables	4,683,769	3,583,827
Available-for-sale investments	35,755,559	33,136,226
Cash and cash equivalents	81,450,626	71,961,843
At end of the year	121,889,954	108,681,896
Financial liabilities:		
Trade and other payables at amortised cost	3,096,278	3,703,319
At end of the year	3,096,278	3,703,319

Further quantitative disclosures are included throughout these financial statements.

21. Financial instruments: information on financial risks (cont'd)

21B. Financial risk management

The main purpose for holding financial instruments is to raise and manage the finances for the entity's operating, investing and financing activities. There are exposures to the financial risks on the financial instruments such as credit risk, liquidity risk and market risk comprising interest rate, currency risk and price risk exposures. 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 (if necessary). 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 acceptable market practices.
5. When appropriate consideration is given to investing in shares or similar instruments.

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.

There have been no changes to the exposure risk; the objectives, policies and processes for managing risk and the methods to measure the risk.

21C. Fair values of financial instruments

The analyses of financial instruments that are measured subsequent to initial recognition at fair value, grouped into Levels 1 to 3 are disclosed in the relevant notes to the financial statements. These include the significant financial instruments stated at amortised cost and at fair value in the statement of financial position. The carrying values of current financial instruments approximate their fair values due to the short-term maturity of these instruments and the disclosures of fair value are not made when the carrying amount of current financial instruments is a reasonable approximation of the fair value.

21D. 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 certain other financial assets. The maximum exposure to credit risk is: the total fair value of the financial assets 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 profit or loss. 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.

21. Financial instruments: information on financial risks (cont'd)

21D. Credit risk on financial assets (cont'd)

Note 16 discloses the restriction placed on cash and cash equivalent balances.

The average credit period generally granted to trade receivable patients is about 30 days (2015: 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.

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

	2016 \$	2015 \$
Trade receivables:		
Less than 30 days	188,554	205,865
31-60 days	90,618	112,010
61-90 days	59,735	62,854
Over 90 days	296,966	392,458
At end of year	635,873	773,187

The allowance which is disclosed in the note on trade and other receivables is based on individual amounts totalling \$3,122 (2015: Nil) that are determined to be impaired at the end of the reporting year. These are not secured.

21E. Liquidity risk – financial liabilities maturity analysis

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.

21F. 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.

21G. Foreign currency risk

There is no significant exposure to foreign currency risk.

21H. Equity price risk

There are investments in equity shares or similar instruments. As a result, such investments are exposed to both currency risk and market price risk arising from uncertainties about future values of the investment securities. The fair values of these assets and sensitivity analysis are disclosed in Note 11.

22. 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:

	2016	2015
	\$	\$
Commitments:		
To build new ward building	952,431	952,431
To build temporary ward building	176,842	3,413,375
To build conserved building	14,955,709	783,750
To purchase equipment	2,368,062	163,860
	18,453,044	5,313,416

23. Operating lease payment commitments – as lessee

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

	2016	2015
	\$	\$
Not later than one year	1,884,132	1,883,815
Later than one year and not later than five years	44,190	1,877,017
Rental expense for the year	1,884,510	1,867,238

Operating lease payments are for rental payable for Kwong Wai Shiu Hospital land and building and certain office equipment. The lease of land and building is up to 31 December 2017.

24. Operating lease income commitments – as lessor

Operating lease income is for rentals receivable from investment properties. The lease to the tenant has no commitment term.

25. Changes and adoption of financial reporting standards

For the current reporting year new or revised Financial Reporting Standards in Singapore and the related Interpretations to FRS (“INT FRS”) were issued by the Singapore Accounting Standards Council. Those applicable to the reporting entity are listed below. These applicable new or revised standards did not require any modification of the measurement methods or the presentation in the financial statements.

<u>FRS NO.</u>	<u>TITLE</u>
FRS 16 & 38	Amendments to FRS 16 and FRS 38: Clarification of Acceptable Methods of Depreciation and Amortisation

26. New or amended standards in issue but not yet effective

For the future reporting years new or revised Financial Reporting Standards in Singapore and the related Interpretations to FRS ("INT FRS") were issued by the Singapore Accounting Standards Council and these will only be effective for future reporting years. Those applicable to the reporting entity for future reporting years are listed below. The transfer to the applicable 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.

<u>FRS No.</u>	<u>Title</u>	<u>Effective date for periods beginning on or after</u>
FRS 7	Amendments to FRS 7: Disclosure Initiative	1 Jan 2017
FRS 109	Financial Instruments	1 Jan 2018
FRS 115	Revenue from Contracts with Customers	1 Jan 2018
FRS 115	Amendments to FRS 115: Clarifications to FRS 115 Revenue from Contracts with Customers	1 Jan 2018
FRS 116	Leases	1 Jan 2019

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*The fragrance always stays in the hand
that gives the rose...*

贈人玫瑰 手留余香

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

我们衷心感谢所有的捐献者、义工及各界人士的爱护与关怀。

我们祈望您继续支持本院，与我们共同成长。



KWONG WAI SHIU HOSPITAL

廣惠肇留醫院

Since 1910

VISION

愿景

To be a highly regarded healthcare institution by promoting the well-being and dignity of the people we serve through compassion, charity and quality professional care.

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。

MISSION

宗旨

Kwong Wai Shiu Hospital is a charitable organisation, established to provide healthcare services to the needy in Singapore regardless of race, language or religion.

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

QUALITY POLICY

品质方针

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.

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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