



"Many drops of water together an ocean make."

ANNUAL REPORT FY2017/18

TTSB  
Community  
Fund  
*A legacy of Giving, Caring and Serving*

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## WHO WE ARE AND WHAT WE DO

Set up in August 1995 to carry forward Mr Tan Tock Seng's legacy of giving, TTSH Community Fund is the charity arm of Tan Tock Seng Hospital (TTSH). The Fund helps needy patients get the medical care they need, improve their quality of life and enable them to integrate back to the community. We also support healthcare research, innovation and training for our staff and community to deliver better patient care.

TTSH Community Fund runs entirely on public donations to support our various programmes. Donated funds come from individuals, corporates, and foundations through fundraising events and appeal letters. The Fund is not a member of National Council of Social Service and does not receive any funding support from the Community Chest.

Our charity does not employ any staff; all manpower costs are supported by our parent company, TTSH. Donations to our charity are not used to defray operating costs like staff salaries or bad debts incurred by TTSH patients.

On 8 January 2014, we were incorporated as a Company Limited by Guarantee (CLG). TTSH Community Fund (UEN: 201400920N) is a registered charity with Institutions of a Public Character (IPCs) status.

## OF HEARTS AND RIBBONS...

TTSH Community Fund  
*A legacy of Giving, Caring and Serving*

Our charity is all about Giving, Caring and Serving the community.

The linked "M"s forming two ribbon hearts symbolise the act of giving from "heart-to-heart" as a charity. Adopting a similar corporate red of TTSH, the ribbon hearts also signify a celebration of life and health. The word "unity" after the ribbon hearts represents the unity in spirit within our community.

## OUR VISION

Adding years of healthy life.

## OUR MISSION

Building on our tradition,  
Reaching out to the community,  
Doing our best to serve, care and heal.  
Together, we aim for excellence in cost-effective healthcare, education and research.



# THE BOARD



Mdm Kay Kuok Oon Kwong  
Chairman



Ms Saw Phaik Hwa  
Director



Mr Seow Choke Meng  
Director



Mr Tan Kia Tong  
Director



Mr Deric Liang Shih Tyh  
Director



Mr Yap Wai Ming  
Director



Dr Tan Chi Chiu  
Director



## Conflict of Interest Policy

Board members are required to declare actual or potential conflict of interest to the Board through documented procedures. They do not vote or participate in decision-making on matters where there is a potential conflict of interest. All staff are also required to submit an annual declaration pertaining to conflict of interest.

# EX-OFFICIO & MANAGEMENT



Dr Eugene Fidelis Soh  
CEO, Tan Tock Seng Hospital  
Ex-Officio



A/Prof Thomas Lew  
Chairman, Medical Board  
Tan Tock Seng Hospital  
Ex-Officio



Mrs Eunice Toh  
Executive Director,  
TTSH Community Fund



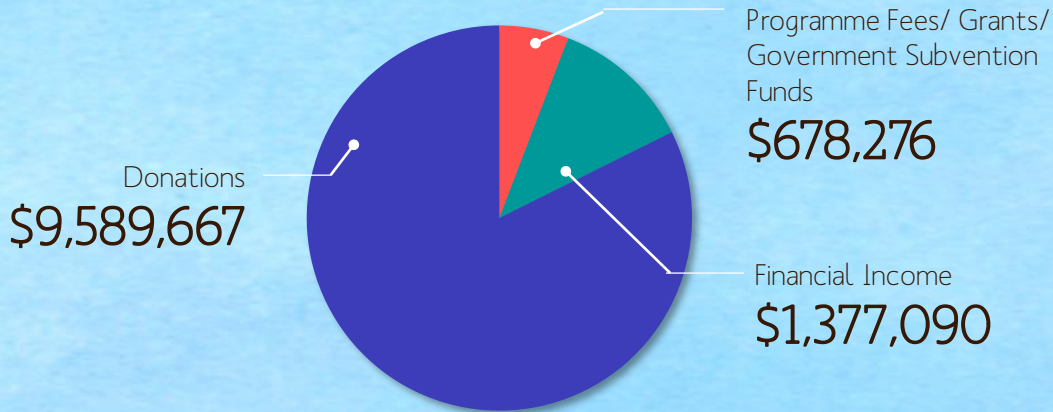
Ms Sito Hup Ying  
Company Secretary,  
TTSH Community Fund



# 2017 AT A GLANCE

IN FY2017  
WE  
RECEIVED\*

# \$11,645,033



THANKS TO  
OUR  
DONORS



**595**

Individuals



**103**

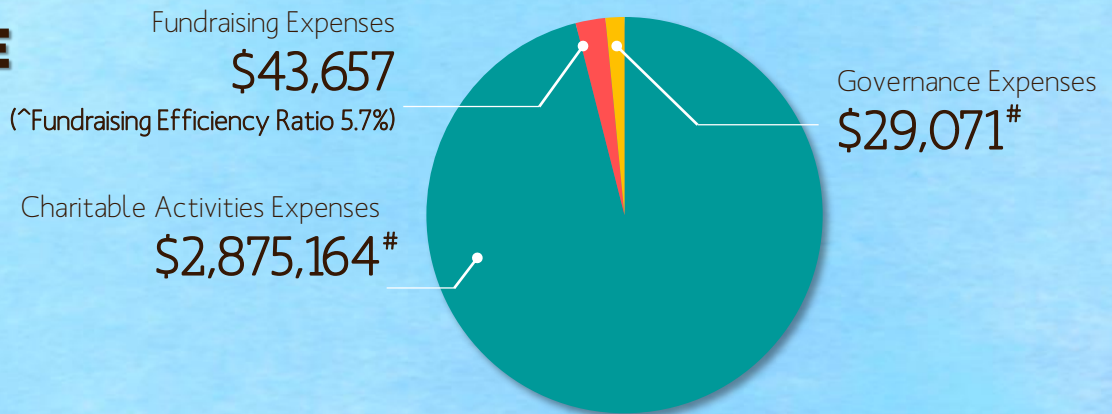
Corporates



Over **3,000**

donations were collected from 30 fundraising events

HOW WE  
USED  
OUR  
FUNDS



\*Include restricted funds from Central Health Enabling Fund (\$2 million) and Ng Teng Fong Healthcare Innovation Programme (NTF HI Programme) (\$3.3 million).

<sup>#</sup>Include charitable activities (\$1.14 million) and governance (\$600) expenses under NTF HI Programme.

<sup>^</sup>Refers to the total fundraising expenses to the total gross receipts from fundraising for FY2017.

# EXPENSES FOR CORE PATIENT PROGRAMMES\*

**\$875,820**

**COMMUNITY REHABILITATION PROGRAMME (CRP)**

**\$221,069**

**PATIENT CARE CENTRE PROGRAMME (PCC)**

**\$185,458**

**EDUCATION & TRAINING**

**\$151,431**

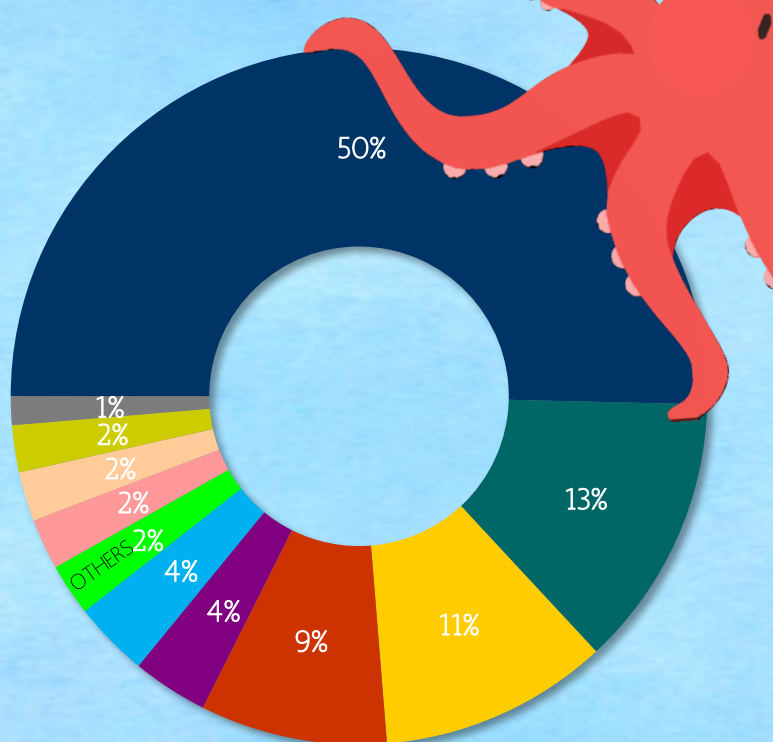
**DIABETES CARE PROGRAMME (DCP)**

**\$61,341**

**HELPING ELDERLY PATIENTS (HELP)**

**\$60,786**

**SOCIAL CARE FUND**



**\$41,054**

**MOVING WITH EASE (MOVE) PROGRAMME**

**\$40,481**

**GENERAL NEEDY PATIENTS FUND**

**\$38,374**

**MEALS & NUTRITION**

**\$22,905**

**HELP ME GO HOME**

**\$40,069**

**OTHERS**

(E.g. Hear Better, Palliative Care, Step It Up etc.)

\*Exclude expenses for charitable activities under Ng Teng Fong Healthcare Innovation Programme (NTF HI Programme) (\$1.14 million).

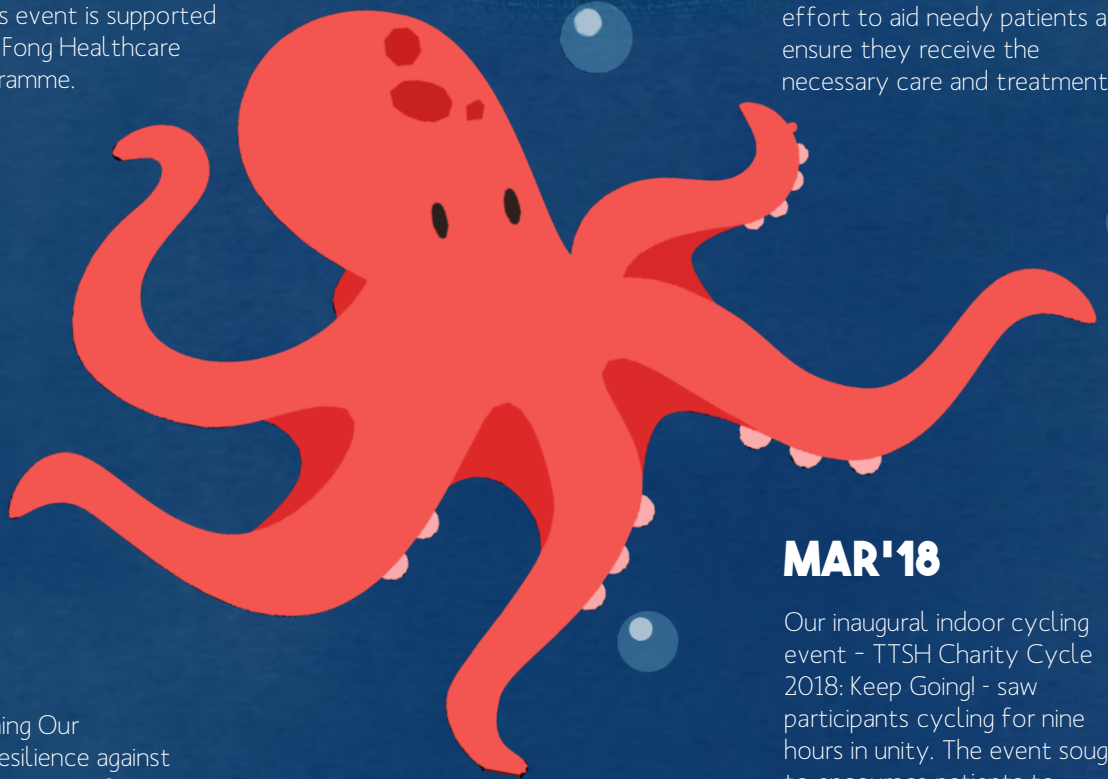
# Highlights of the Year

## OCT'17

More than 1,700 healthcare professionals, patients and the community attended the Singapore Patient Conference held over three weeks to exchange knowledge and experiences. This event is supported by the Ng Teng Fong Healthcare Innovation Programme.

## FEB'18

We worked with four primary schools on Project Hongbao and three churches on our Spare-A-Meal campaign to raise over \$50,000. These are testimonies of the community's collective effort to aid needy patients and ensure they receive the necessary care and treatment.



## NOV'17

The Strengthening Our Community's Resilience against Threats from Emerging infections (SOCRATES) Programme was set up with a generous contribution of \$2 million from the Estate of Ong Tiong Tat & Irene Ong-Tan Liang Kheng. The programme will support research and training initiatives on communicable diseases and help build capabilities in this area.

## DEC'18

The PCC Biennial Charity Dinner brought the community together and raised \$387,275\*, in support of needy patients living with Human Immunodeficiency Virus (HIV).

## MAR'18

Our inaugural indoor cycling event - TTSH Charity Cycle 2018: Keep Going! - saw participants cycling for nine hours in unity. The event sought to encourage patients to persevere in the face of adversity while raising funds for needy patients. More than \$116,000 was raised and these went towards helping patients who need our support.

\*Includes grants (\$50,000) received from Singapore Totalisator Board.





*Our Work,  
Our Impact*

# Improving Lives

## THROUGH FUNDING NECESSARY CARE

Our patients face numerous challenges daily. Besides worrying about their health problems, patients can also be deeply stressed over their post-hospitalisation medication expenses, special meal plans, transportation costs for follow-up check-ups etc.

At TTSH Community Fund, we believe that no one should be denied access to patient care simply because they cannot afford. Our Fund supports patients who are deemed to be in need of financial assistance in areas such as expensive non-subsidised medication, transport expenses, assistive equipment for their daily activities or even post-discharge care like home therapy and nutritional supplements.



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### PROVIDING A BREATH OF HOPE

#### HELP ME GO HOME PROGRAMME

Breathing is so natural, we hardly ever think about it...until something goes wrong. We have patients who rely on breathing machines just to stay alive. Patients under the Home Ventilation & Respiratory Support Service (HVRSS) scheme may have conditions such as spinal cord injuries, muscular dystrophy or stroke. Many may have difficulty breathing or speaking too.

They would love to go home to their loved ones, but cannot afford the high costs of breathing equipment. Our Help Me Go Home Programme helps subsidise the cost of the home ventilators and other related equipment so that they can be discharged to go home to their families.



Amyotrophic Lateral Sclerosis (ALS), also known as "ALS Ice Bucket Challenge Disease", is a cruel illness that causes the motor neurons inside the spinal cord to die. One of the worst symptoms of ALS is slowly losing the abilities you have spent a lifetime developing.

Nazri was only 26 years old when ALS struck him in 2016. At first, he experienced symptoms like choking episodes in his sleep, weight loss and weakness in his legs. He was still able to walk, use his phone and operate the motorised wheelchair on his own. But overtime, his muscles started to degenerate and he became a prisoner in his own body - progressively losing the ability to move, speak, swallow and eventually breathe.

To enable Nazri to continue living at home with his family, our Help Me Go Home Programme and Community Rehabilitation Programme (CRP) provided him with a home ventilator and cough assist machine.

Beyond that, the Home Ventilation & Respiratory Support Service (HVRSS) and the CRP team also provided tremendous support to the family whenever they met with difficulties managing his condition.

We are glad that our small efforts have helped to lighten the burden for Nazri and his family and made a difference to their lives.

“ I am deeply grateful for the two programmes and the funding from TTSH Community Fund. I don't think I could have survived the past 2 years without all the help. I hope donors will continue to support the charity, so that the programmes can continue to help me and my son. We don't have anywhere else to fall back on... ”

- Mdm Salimah,  
Mother of Mr Mohd Nazri



## At home – with ventilation support

Being at home with respiratory support also reduces the risk of hospital-borne infections

Linette Lal

For people who are unable to breathe on their own, Tan Tock Seng Hospital's (TTSH) home ventilation programme is a chance to live life on their own terms.

Rather than being hooked up to a machine in a sterile hospital ward, they can have all the equipment they need at home. Doctors and nurses will visit regularly to make sure they are coping well.

"The main thing is that patients can be at home and the autonomy that this affords them," said Dr Chan Yeow, director of the hospital's Home Ventilation and Respiratory Support Service.

TTSH's structured programme is believed to be the only one of its kind here. In 2012, there were 17 patients on board. Today, the team is caring for around 70.

Those under the scheme typically have conditions such as spinal cord injuries, muscular dystrophy or stroke. Many are unable to walk and may have difficulty breathing, speaking or even coughing.

Being at home helps prevent hospital-borne infections, which can have serious consequences for patients who are so ill, said Dr Chan.

"The risk of cross-infection in hospital multiplies," he said. "But if the family members and helpers are

well-trained, home may be safer."

One of his patients is 37-year-old Jason Ong, who suffered a spinal cord injury 14 years ago. He was previously under the care of another hospital and was referred to the TTSH programme only in 2015.

Mr Ong said: "Previously, I was left to fend for myself. Now, there is more support."

He uses the ventilator every night when he sleeps. He cannot walk or move his arms much, but surfs the Internet using a pointer controlled with his mouth.

Doctors visit every two to three months to check his lungs and blood pressure, and make sure he has not developed bed sores.

The programme has helped many patients avoid making visits to the emergency department or the need to be admitted to hospital.

Yet, despite being in a familiar home environment, this is not an ideal existence.

Dr Chan and his team are well aware of this. He said: "Are we prolonging life or are we prolonging suffering?"

The team asked patients and 73 per cent of them said they would choose to be on a ventilator again.

Dr Chan said: "At every point, we will ask patients what they wish for. So far, most of them are satisfied."

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Dr Chan Yeow, director of TTSH's Home Ventilation and Respiratory Support Service, and senior staff nurse Ni Bin with patient Jason Ong, who suffered a spinal cord injury 14 years ago. The portable ventilator in Mr Ong's bedroom at his home in Telok Blangah is turned on for eight hours at night. ST PHOTO: LIM YAOHUI

Source: The Straits Times © Singapore Press Holdings Limited. Permission is required for reproduction.

## HEALING CONTINUES... AT HOME

### COMMUNITY REHABILITATION PROGRAMME (CRP)

Sometimes, rehabilitation is part of a patient's recovery process. TTSH Community Fund's CRP is a home rehabilitation service for Low-income patients, particularly those with stroke and neurological conditions. Most of these patients are physically unable to access services in hospitals and day rehabilitation centres and cannot afford private home-based rehabilitation services.

CRP helps patients improve their ability to move around and integrate back into the society through home management and rehabilitation programmes tailored to their needs. These include having teams of health providers going to patients' homes with equipment to provide therapy services.

CRP also supports patients who are on Home Ventilation and Respiratory Support Service (HVRSS). HVRSS patients, who are mostly unable to walk, are thus able to receive the rehabilitation therapy they require in the convenience of their homes.

**\$875,820**

disbursed under the Community Rehabilitation Programme



**3,378**

home visits made



**300**

patients benefited

## MOVING WITH EASE IN THE COMMUNITY

### MOVING WITH EASE PROGRAMME (MOVE)

For most of us, walking, climbing a flight of stairs and getting from one place to another are simple daily activities. However, limited mobility can feel like a jail sentence for the aged sick and the physically disadvantaged - especially where mobility aids and services are available but unaffordable to them.

Our Move programme helps patients move better through the provision of transport services to and fro hospital and home, and equipment such as wheelchairs, walking aids, prostheses and home modifications.



**\$41,054**

disbursed under the Move programme

**126**

patient cases assisted

**\$21,621**

for walking aids  
(Including wheelchairs  
and prostheses)

**\$12,958**

for taxi transport assistance

**\$6,475**

for ambulance services

“

I lost my left leg when I was 19. My 13-year-old prosthesis was no longer usable but I could not afford a replacement. Every dollar raised to help me did not just give me a leg - It helped me to regain my confidence and lead and sustain a more independent life... I am now able to earn a living for myself working as a driver. You cannot imagine the change donors have made for me... How much hope they have given me...

”

- Mr. Derek, 50  
Amputee due to bone cancer



## CARING FOR THE AGED POOR SICK

### HELPING ELDERLY PATIENTS PROGRAMME (HELP)

"One can die, but cannot fall ill" is a common lament - especially from the elderly, the chronic sick and the poor. While government subsidies and 3Ms (MediSave, MediShield Life and MediFund) help ease medical and healthcare costs, financial burden can still be hefty for some.

As many of our patients are elderly with no income, little savings and limited family support, our HELP Programme provides them with medical supplies which they otherwise cannot afford. These range from expensive non-standard medication, consumables such as adult diapers and milk feeds to assistive aids like breathing equipment, wheelchairs, hearing aids and even dentures.

**\$61,341**

disbursed under the HELP programme



**88**

patient cases assisted



## STANDING UP AGAINST STIGMA

### PATIENT CARE CENTRE (PCC)

HIV and AIDS affect patients physically and emotionally. Besides having to cope with the physical impact of the virus that destroys their immune systems, many of them also face discrimination and isolation due to the social stigma and myths associated with HIV and AIDS.

PCC is a community-based hospital project, which was set up in 1997, to assist the rising number of patients with HIV and AIDS. Needy patients under the programme mostly have little education and thus limited work opportunities.

PCC runs various programmes yearly to provide emotional and medical support to needy patients. These include conducting educational programmes to counsel patients on taking care of their conditions, supplying nutritional supplies and vitamin supplements to patients, and establishing a support group to help them gain strength to deal with their conditions.

Through PCC's programmes, we hope such patients and their families will be able to find hope in their lives and better cope with their conditions.

**\$221,069**

disbursed for programmes under PCC



**298**

patients received blood test and medication assistance



**205**

families were impacted through our food ration programme



## EMPOWERING SELF-CARE

### DIABETES CARE PROGRAMME (DCP)

Diabetes care is a lifelong responsibility. However, many patients do not comply to their daily routine of monitoring their conditions due to financial constraints.

Our DCP provides needy patients with necessary medical care equipment needed such as syringes, insulin pen needles, blood glucose monitoring strips and lancets. Under this programme, these diabetic patients are regularly monitored and cared for by our dedicated team of Diabetic Nurse Educators (DNEs). Our DNEs play an important role in encouraging patients to make changes to their diets and provide emotional and psychological support when needed.

Through DCP, patients are better empowered to take charge and manage their conditions.

**\$151,431**

disbursed under the DCP

**3,525**

patient cases assisted

**61%**

reported improvement in  
their blood glucose levels

# Enhancing Capabilities

## THROUGH TRAINING, RESEARCH & DEVELOPMENT

As Singapore braces itself for the silver tsunami of 900,000 elderly by the year 2030, the healthcare industry has to undergo transformation to meet the increasingly complex and ever-changing needs of the rapidly ageing population. We recognise the importance of building and growing the capabilities of our healthcare professionals, while improving our research and development programmes to transform the future of healthcare.

### NG TENG FONG HEALTHCARE INNOVATION PROGRAMME (NTF HI PROGRAMME)

Through a generous gift from the family of the late Mr Ng Teng Fong, the NTF HI Programme was established with the objective of driving innovation in healthcare to enhance the health of our patients and the community.

In its third year running, the NTF HI Programme plays an increasingly important role in enhancing patient care to meet current and future healthcare needs through:

- Supporting training programmes that develop and build human capital;
- Enabling innovation initiatives that bring better efficiency and effectiveness in healthcare services;
- Empowering the community to take on more substantial roles in the patient care journey; and
- Supporting preventive care.



# Enabling Lives

## THROUGH EDUCATION, PATIENT CARE AND COMMUNITY OUTREACH

### FASTING SAFELY FOR A HEALTHY, HAPPY RAMADAN

#### EDUCATIONAL WORKSHOP: FASTING SAFELY DURING RAMADAN

Ramadan is a sacred month in the Islamic calendar. Besides fasting and praying, Ramadan is also a time for Muslim families to gather and celebrate.

Diabetic patients observing Ramadan and fasting over a prolonged period may experience changes in eating patterns. This increases their risk of hyperglycemia (high blood glucose level) or hypoglycemia (low blood glucose level).

To better educate Muslim diabetic patients and their caregivers on how to fast safely during Ramadan, the TTSH Department of Endocrinology conducted a talk on 13 May 2017.

During the session, participants learnt about the types of food to take at Suhoor (starting the fast at dawn) and Iftar (breaking of fast at dusk), and received advice on monitoring and managing their blood glucose levels throughout Ramadan.







Hands-on Learning at the supermarket on a Saturday morning.



## LEARNING NOT TO SUGAR-COAT

### EDUCATIONAL WORKSHOP: TYPE 1 DIABETES MELLITUS

One in nine Singaporeans is diagnosed with diabetes.

Type 1 diabetes is a chronic condition where the body produces little or no insulin because the body's immune system destroys insulin-producing cells in the pancreas.

To help our diabetic patients better manage their conditions, TTSH runs an educational workshop on Type 1 Diabetes once a month. Besides educating patients on how to cope with their conditions, the workshop also serves as an avenue for peer support and learning.

Since the programme commenced in late December 2016, 60 diabetic patients with Type 1 Diabetes and their family members have attended the workshops and gained useful knowledge from them.

## SPEAKING WITH THE EYES

### HELP ME SPEAK PROGRAMME

Patients, who are diagnosed with diseases such as Amyotrophic Lateral Schlerosis and Motor Neuron Disease, may gradually lose their ability to speak and thus feel helpless and frustrated.

The Help Me Speak Programme helps such patients to "speak" again by loaning eye-gaze communication devices to them and training their caregivers on how to use them.

Besides improving patients' ability to communicate their needs and wants to caregivers, the devices also track changes in impairment components for patients with progressive diseases.

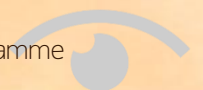
Patients, who have used the devices, were hypothesised to have shown improvements in the areas of Activity, Participation and Well-being. There are plans to widen the reach of this programme, such as loaning the devices within the intensive care unit and wards of the hospital, or to other healthcare providers.

The Help Me Speak Programme is supported by the Ng Teng Fong Healthcare Innovation Programme (NTF HI Programme).



**70**  
training sessions  
conducted

**45**  
patients benefited



# MIND & BODY



TTSH speech therapist Tan Xuet Ying shows Ms Sharon Teo how to use an eye-gaze device that allows her to communicate via a computer. Ms Teo has a progressive neurodegenerative disease known as Amyotrophic lateral sclerosis. PHOTO: GIN TAY FOR THE STRAITS TIMES

INTERACTING WITH OTHERS

Now, when I see a mosquito biting me, I can't do anything about it... But I still want to communicate with other people, rather than wake up and wonder what time the sun sets.



MS SHARON TEO, on being able to send e-mails, surf the Internet and use WhatsApp to send messages and pictures to her friends.

## Speaking with the eyes...

For patients who can move only their eyes, eye-gaze devices help make their lives more meaningful



Joyce Teo

Things fell apart when Ms Sharon Teo was diagnosed with a progressive neurodegenerative disease known as Amyotrophic lateral sclerosis (ALS) in March 2013.

She had a fall at her workplace. A couple of months later, she started losing a lot of weight. Her hands became very weak and she struggled to type or hold a pencil.

ALS is a motor neuron disease in which nerve cells gradually break down and die. Renowned physicist Stephen Hawking has the same disease, for which there is no cure.

Ms Teo, now 57, has watched the

muscles in her hands and legs gradually waste away. Her lungs are weak. As the disease has affected her swallowing ability, she has been using a feeding tube since late last year. She can only speak softly.

"Before I was diagnosed, I just concentrated on my job. Life was very meaningful," she said. "Now, when I see a mosquito biting me, I can't do anything about it."

Ms Teo, who previously held managerial roles in various firms, now depends on other people for help with daily tasks.

She also has to cope with the social isolation of the disease. But since June, she has found new meaning in her life, thanks to an eye-gaze device made by a firm called Tobii Dynavox.

The device uses eye-tracking technology. It works by using an eye-gaze camera to track a user's eye movements, which then move the cursor on a computer screen. There are three ways to click a mouse – the user blinks, focuses on a specific area for milliseconds or controls a switch.

Using the second method, Ms Teo can now send e-mails, surf the Internet and use WhatsApp to send mes-

sages or pictures to her good friend Valery Liew, 63. "But I still want to communicate with other people, rather than wake up and wonder what time the sun sets," she said.

"I attend support group meetings every three months to share my story and inspire other MND (motor neuron disease) patients."

Ms Teo first tried out the device, offered to suitable patients under Tan Tock Seng Hospital's (TTSH) Help Me Speak initiative, when she was awarded there last December.

"Every morning after a shower, I would wait for speech therapist Tan Xuet Ying to bring the assistive device," she said.

TTSH started this initiative last year and, so far, it has reached out to 24 patients, including ALS patients.

The prevalence of MND is about seven per 100,000, said Dr Ang Kexin, a consultant at the neurology department of the National Neuroscience Institute. "The rate at which ALS or MND progresses varies from one person to another. The average lifespan from onset of symptoms is three to five years, but many people live longer than that."

Dr Ang added: "Patients rarely lose control of their eyes, hence the

eye-gaze communication device is very useful for those at advanced stages of ALS or MND, when they have difficulty communicating."

Other patients who have conditions that affect their speech function, such as a stroke or Parkinson's disease, or who are on tracheostomy or intubated, can also benefit from it, said Ms Tan.

Under the initiative, speech therapists will introduce the Tobii device to patients so they can communicate with their friends and family and feel socially connected again.

Patients can loan the device to try out at home and caregivers can be trained to set it up. Four Tobii devices are available for loan at TTSH. Ms Tan said the hospital is looking to add more.

To prepare for the initiative, Ms Tan visited augmentative and alternative communication centres in the United States and Canada last year. She found that assistive technology is embraced there by patients, who value quality of life and independence, and want to continue doing things like they used to.

"I felt that we have to do so much more to help patients in Singapore," said Ms Tan. "We had a few

patients here who died without the means to express themselves or convey their last wishes."

Cost has been a major deterrent. The Tobii device is available for \$7,000 each, now that it is being distributed locally, but it used to cost \$10,000, said Ms Tan.

Mr Ivan Tan, the senior manager for SPD's Specialised Assistive Technology Centre, said it gets referrals from hospitals and would assess the patient and introduce the Tobii or other devices. SPD supports people with disabilities.

Children with severe physical disabilities who may also benefit from the Tobii device have been referred by the KK Women's and Children's Hospital, he said.

The centre has three Tobii devices available for loan. It plans to add five more, he said.

Patients pay \$22 and a refundable deposit of \$100 to \$400 to loan it for two weeks at a time.

"We are giving them a means to communicate with others. If you can't tell people what you want and how you feel, it's very frustrating," said Mr Tan.

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# HEALING THROUGH ART

## HEALING ART (HEART) PROGRAMME

Anguish, despair, fear and sense of hopelessness are some of the feelings experienced by terminally ill patients or patients with poor prognosis. Some patients may have difficulty finding the right words or phrases to accurately explain how they think or feel.

The HEART Programme was launched in September 2017 as an alternative platform to engage palliative patients, and help them express their thoughts and emotions through art.

In creating art pieces, patients have a platform to express their feelings, or even replace their negative narratives with empowering ones.

Some of the art pieces may represent the patients' emotional states, while some may depict childhood memories or unfulfilled wishes. Each art piece is a visual story or message that the patient is trying to convey to his/her loved ones.

“ Art therapy adds to the holistic care of palliative care patients and is important in helping to address their emotional and psychological needs. ”

- Dr Mervyn Koh,  
Head & Senior Consultant,  
Department of Palliative Medicine, TTSH



Along the corridors of the palliative care ward, visitors are greeted by meaningful masterpieces created by our patients.



In creating the 'Kampung House' painting, Mr Z (name of patient is changed to protect his privacy) was able to reminisce his happy childhood days while being empowered to make choices and decisions. This helped him to regain a sense of control and self-esteem.



## SPREADING THE LOVE, NOT THE GERMS

### HANDHYGIENE CAMPAIGN 2017

Proper hand hygiene prevents the spread of infections, and should thus be an everyday habit for everyone.

In a hospital where patients may have lower immunity and are thus more prone to infections, good hand hygiene becomes a shared responsibility between healthcare professionals, visitors and the general public.

The importance of having good hand hygiene was reiterated during the eight-week hospital-wide Hand Hygiene outreach campaign held from 5 May to 30 June 2017. Staff of TTSH, patients, visitors and volunteers learnt how they could play a part in protecting patients by practising the 7 steps of hand washing and 5 moments of hand hygiene.

The Hand Hygiene Programme is supported by the Ng Teng Fong Healthcare Innovation Programme (NTF HI Programme).



Thanks to

**712** volunteers,

who contributed a total of

**1,490** hours,

our Hand Hygiene Campaign 2017 touched

**9,581** pair of hands

comprising of



**3,852**

TTSH staff



**5,729**

Public

# Making A Difference Through Fundraising Events

*Let our love be their anchor, and hope be their sail...*



*TTSB Charity Cycle 2018*



*PCC Biennial Charity Dinner 2017*

## EMBRACING LIFE WITH LOVE

HIV is more than a virus that affects a patient physically. The stigma of HIV is in itself a deadly disease that affects a patient's emotional and social well-being.

For the past 20 years, the Patient Care Centre (PCC) has been organising events to help patients living with HIV (PLHIV).

### PCC BIENNIAL CHARITY DINNER 2017

*Embrace*  
the gift of life

The PCC Biennial Charity Dinner is one such event. Organised together with the Institute of Infectious Disease & Epidemiology (IIDE) and active volunteers, the charity dinner was held at the Joyden Hall @ Bugis+ on 9 December 2017, in celebration of the 20th anniversary of PCC and 11th anniversary of the Communicable Disease Centre (CDC).

Aptly themed "Embrace the gift of life", the event helped to not only raise funds for needy HIV patients but at the same time encouraged them to embrace life with confidence and hope.

The event was graced by Senior Minister of State for Health, Dr Amy Khor, and attended by 380 guests including doctors, nurses, volunteers and donors. With the support of our kind donors, **more than \$387,000** was raised to help our patients with essential medication and nutritional care supplies and most importantly, much-needed emotional support.





Guests were treated to a line-up of performances at the PCC Biennial Charity Dinner 2017.

WE SPENT  
**\$25,305**

WE RAISED\*  
**\$387,275**

FUNDRAISING  
EFFICIENCY RATIO  
**6.53%**

\*Includes grants (\$50,000) received from Singapore Totalisator Board.





## NINE HOURS IN UNITY

### TTSH CHARITY CYCLE 2018: KEEP GOING!

Some of us cycle to keep fit, some to reduce their 'carbon footprints', and some as an alternative mode of transport.

Inspired by the saying, "When the going gets tough, the tough gets going," we rallied TTSH staff, corporate participants and members of the public to cycle for a good cause on 9 March 2018 at our inaugural indoor cycling event, TTSH Charity Cycle 2018: Keep Going! The event sought to encourage patients to never give up in the face of adversity and at the same time, fundraise for needy patients.

Over 170 participants collectively cycled for nine hours and clocked 3,311.5km, raising **more than \$116,000** in support of needy patients.

TTSH CHARITY CYCLE  
2018 **KEEP GOING!**



WE SPENT  
**\$10,598**

WE RAISED\*  
**\$116,717**

FUNDRAISING  
EFFICIENCY RATIO  
**9.1%**



**WHEN THE  
GOING  
GETS  
*tough...***



\*Includes grants (\$19,453) received from Singapore Totalisator Board and donations received after FY2017 (\$27,136).

# Financial INFORMATION

*In high tide or low tide, we'll be by their side...*



# BALANCE SHEET

## AS AT 31 MARCH 2018

	2018 \$	2017 \$
<b>Assets</b>		
Other Investments	29,696,220	28,518,750
<b>Non-current Assets</b>	<b>29,696,220</b>	<b>28,518,750</b>
Cash and Cash Equivalents	33,131,861	25,658,468
Interest Receivables	77,844	92,307
Prepayments	2,550	520
<b>Current Assets</b>	<b>33,212,255</b>	<b>25,751,295</b>
<b>Total Assets</b>	<b>62,908,475</b>	<b>54,270,045</b>
<b>Liabilities</b>		
Trade and Other Payables	624,985	700,174
Grant Received in Advance	16,478	-
<b>Current and Total Liabilities</b>	<b>641,463</b>	<b>700,174</b>
<b>Net Assets</b>	<b>62,267,012</b>	<b>53,569,871</b>
<b>Funds:</b>		
<b>Restricted Funds</b>		
Main Fund		
- Needy Patients Fund	4,478,274	3,445,197
- Medical Education Fund	1,979,202	1,912,335
- Medical Research Fund	728,260	325,343
- Patient Care Fund	2,172,877	1,551,156
- Central Health Enabling Fund	2,006,582	-
Ng Teng Fong Healthcare Innovation Programme	48,173,557	45,991,431
	<b>59,538,752</b>	<b>53,225,462</b>
<b>Unrestricted Funds</b>		
General Fund	2,728,260	344,409
<b>Total Funds</b>	<b>62,267,012</b>	<b>53,569,871</b>

See audited financial statement for full details.

# STATEMENT OF COMPREHENSIVE INCOME AND EXPENDITURE

## YEAR ENDED 31 MARCH 2018

2018

2017

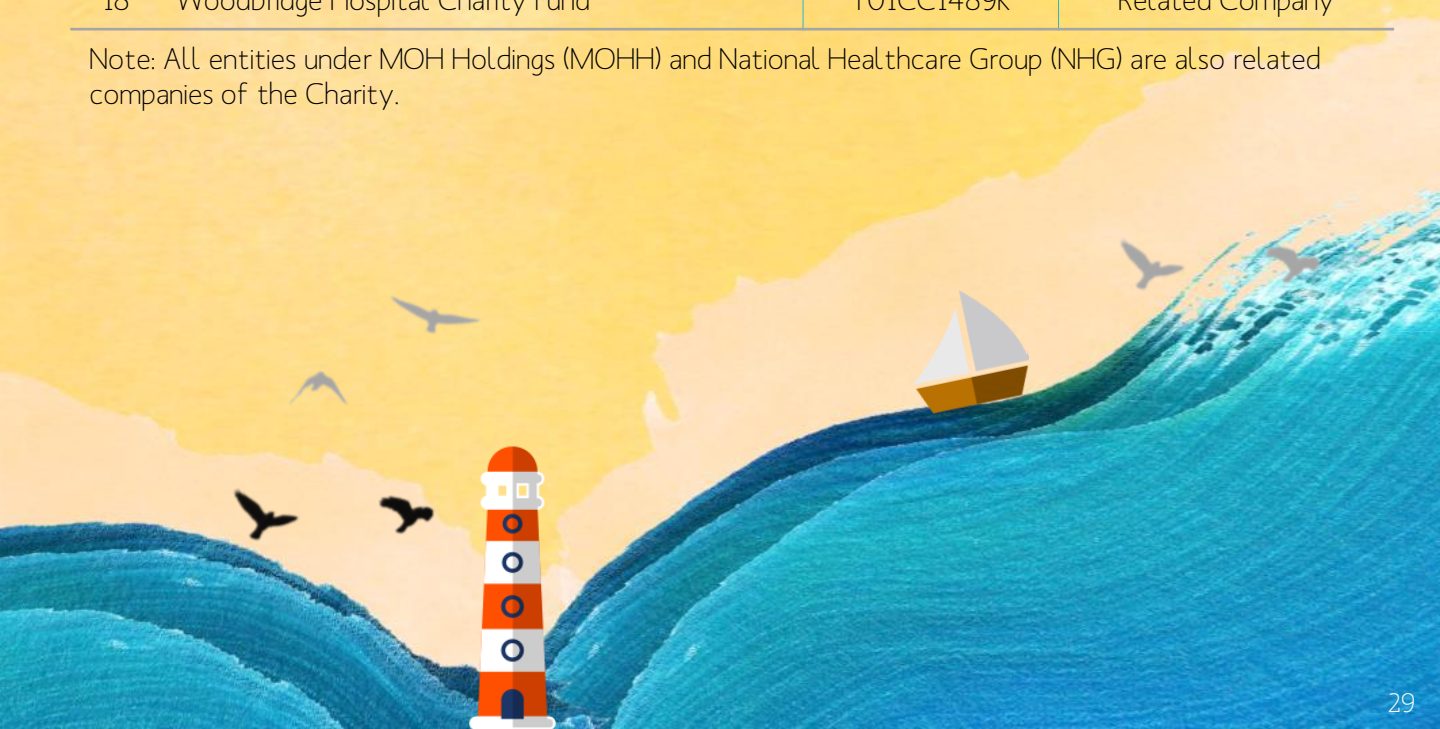
	Restricted Funds		Unrestricted Funds	Total Funds	Restricted Funds		Unrestricted Funds	Total Funds
	Ng Teng Fong Healthcare Innovation Programme	Main Fund	Main Fund (General)	\$	Ng Teng Fong Healthcare Innovation Programme	Main Fund	Main Fund (General)	\$
<b>Incoming Resources</b>								
Incoming Resources from Generated Funds:								
- Voluntary Income	2,000,000	4,558,467	2,264,869	8,823,336	-	1,235,394	-	1,235,394
- Income from Fundraising Activities	-	616,562	149,769	766,331	-	531,366	60,000	591,366
Grant Income	-	150,071	-	150,071	-	360,482	-	360,482
Government Subvention	-	216,448	-	216,448	-	115,733	-	115,733
Incoming Resources from Charitable Activities	-	308,573	3,184	311,757	-	231,028	1,374	232,402
<b>Total Incoming Resources</b>	<b>2,000,000</b>	<b>5,850,121</b>	<b>2,417,822</b>	<b>10,267,943</b>	<b>-</b>	<b>2,474,003</b>	<b>61,374</b>	<b>2,535,377</b>
<b>Resources Expended</b>								
Costs of Generating Funds:								
- Fundraising Expenses	-	(25,305)	(18,352)	(43,657)	-	2,887	(13,541)	(10,654)
Charitable Activities	(1,136,376)	(1,733,117)	(5,671)	(2,875,164)	(1,266,126)	(2,278,927)	(1,616)	(3,546,669)
Governance Costs	(600)	(8,998)	(19,473)	(29,071)	(221)	(10,608)	(22,460)	(33,289)
<b>Total Resources Expended</b>	<b>(1,136,976)</b>	<b>(1,767,420)</b>	<b>(43,496)</b>	<b>(2,947,892)</b>	<b>(1,266,347)</b>	<b>(2,286,648)</b>	<b>(37,617)</b>	<b>(3,590,612)</b>
Finance Income	1,319,102	48,463	9,525	1,377,090	1,449,349	64,226	3,173	1,516,748
<b>Net Incoming Resources</b>	<b>2,182,126</b>	<b>4,131,164</b>	<b>2,383,851</b>	<b>8,697,141</b>	<b>183,002</b>	<b>251,581</b>	<b>26,930</b>	<b>461,513</b>
Accumulated Fund Brought Forward	45,991,431	7,234,031	344,409	53,569,871	45,808,429	6,982,450	317,479	53,108,358
<b>Accumulated Fund Carried Forward</b>	<b>48,173,557</b>	<b>11,365,195</b>	<b>2,728,260</b>	<b>62,267,012</b>	<b>45,991,431</b>	<b>7,234,031</b>	<b>344,409</b>	<b>53,569,871</b>

# LIST OF RELATED ENTITIES OF THE CHARITY



S/N	Name of Entity	UEN	Relationship
1	MOH Holdings Pte Ltd	198702955E	Intermediate Holding Company
2	National Healthcare Group Pte Ltd	200002150H	Intermediate Holding Company
3	Tan Tock Seng Hospital Pte Ltd	199003683N	Immediate Holding Company
4	National Skin Centre (Singapore) Pte Ltd	198801862W	Related Company
5	Central-North Primary Care Network Pte Ltd (Formerly CFMC)	201229016M	Related Company
6	Hougang Family Medicine Clinic Pte Ltd	201526353R	Related Company
7	Alexandra Health Fund Ltd	201427909W	Related Company
8	National Primary Care	201228999C	Related Company
9	National Healthcare Group Community Health Centres	53267565K	Related Company
10	Yishun Community Hospital Pte Ltd	201333346W	Related Company
11	Admiralty Medical Centre - Business Unit	201618776K	Related Company
12	Alexandra Health Pte Ltd	200717564H	Related Company
13	WoodlandsHealth Pte Ltd	201426682D	Related Company
14	Geriatric Education and Research Institute Ltd	201502154R	Related Company
15	John Hopkins Singapore International Medical Centre Pte Ltd	199805214Z	Related Company
16	National Healthcare Group Endowment Fund	T01CC1492K	Related Company
17	National Skin Centre Health Endowment Fund	T00CC1423K	Related Company
18	Woodbridge Hospital Charity Fund	T01CC1489K	Related Company

Note: All entities under MOH Holdings (MOHH) and National Healthcare Group (NHG) are also related companies of the Charity.



## RESERVE POLICY

	As at 31 Mar 2018 \$000	As at 31 Mar 2017 \$000	% Increase/ (Decrease)
Unrestricted Funds (Reserves)	2,728	344	693.02%
Restricted / Designated Funds Main Fund	11,365	7,234	57.11%
<b>Total Funds (Main Fund) (A)</b>	<b>14,093</b>	<b>7,578</b>	<b>85.97%</b>
Annual Operating Expenditure (Excludes fundraising expenses and expenses incurred from NTF HI Programme)	1,767	2,314	23.64%
<b>Ratio of Reserves to Annual Operating Expenditure for Main Fund</b>	<b>1.54</b>	<b>0.15</b>	<b>926.67%</b>
Ng Teng Fong Healthcare Innovation Programme (B)	48,174	45,992	4.74%
<b>Total Funds ( A + B )</b>	<b>62,267</b>	<b>53,570</b>	<b>16.23%</b>

TTSH Community Fund has a Reserve Policy to provide clarity in our management of reserves and ensure we have enough resources to continue running current programmes and support any other operational needs.

We have built up strong and healthy restricted funds at \$11.4 million to ensure continuity of our patient-centred programmes for at least 3 years.

Our current year unrestricted funds (reserves) at \$2.73 million is relatively low as most of our donations are dedicated to specific charitable programmes. Major operating expenses such as administrative, manpower and operating costs are supported by our holding company, TTSH Pte Ltd.

The Fund aims to build its reserves (ratio of unrestricted funds : annual operating expenditure) to approximately 3 years so that it has the capacity to fund any areas of needs.

The Fund may selectively invest its reserves subject to:

- (a) Approval from the Board;
- (b) TTSH's/NHG's financial policies and practices; and
- (c) MOHH's Common Investment Mandate and policy.

The Board reviews the amount of reserves on a yearly basis to ensure that there are adequate funds to support key charitable programmes and operational needs.





# Governance

*A charity without good governance is like  
a ship without a captain...*

TTSH Community Fund complies with the Code of Governance for Charities and Institutions of a Public Character (IPCs) and strives to maintain accountability and transparency within the organisation.



S/N	Code Description	Code ID	Compliance	
<b>BOARD GOVERNANCE</b>				
1	Are there Board members holding staff appointments?		No	
4	There is a maximum term limit of four consecutive years for the Treasurer position (or equivalent, e.g. Finance Committee Chairman).	1.1.6	Not Applicable	The Charity has no treasurer.
5	There are Board committees (or designated Board members) with documented terms of reference.	1.2.1	Not Applicable	The Board is very small. Roles and responsibilities where applicable are delegated to approved officers/staff of the hospital.
6	The Board meets regularly with a quorum of at least one-third or at least three members, whichever is greater (or as required by the governing instrument).	1.3.1	Complied	
<b>CONFLICT OF INTEREST</b>				
7	There are documented procedures for Board members and staff to declare actual or potential conflicts of interest to the Board.	2.1	Complied	
8	Board members do not vote or participate in decision-making on matters where they have a conflict of interest.	2.4	Complied	
<b>STRATEGIC PLANNING</b>				
9	The Board reviews and approves the vision and mission of the charity. They are documented and communicated to its members and the public.	3.1.1	Complied	
10	The Board approves and reviews a strategic plan for the charity to ensure that the activities are in line with its objectives.	3.2.2	Complied	
<b>HUMAN RESOURCE MANAGEMENT</b>				
11	The Board approves documented human resource policies for staff.	5.1	Not Applicable	The Charity has no headcount. Paid manpower are supported by the hospital.
12	There are systems for regular supervision, appraisal and professional development of staff.	5.6	Complied	As per hospital's established procedures for appraisal and professional development of staff (which is supported by the hospital).
<b>FINANCIAL MANAGEMENT AND CONTROLS</b>				
13	The Board ensures internal control systems for financial matters are in place with documented procedures.	6.1.2	Complied	
14	The Board ensures reviews on the charity's controls, processes, key programmes and events.	6.1.3	Complied	
15	The Board approves an annual budget for the charity's plans and regularly monitors its expenditure.	6.2.1	Complied	
16	The charity discloses its reserves policy in the annual report.	6.4.1	Complied	
17	Does the charity invest its reserves?		Yes	
18	The charity invests its reserves in accordance with an investment policy approved by the Board. It obtains advice from qualified professional advisors, if deemed necessary by the Board.	6.4.4	Complied	
<b>FUNDRAISING PRACTICES</b>				
19	Donations collected are properly recorded and promptly deposited by the charity.	7.2.2	Complied	
<b>DISCLOSURE AND TRANSPARENCY</b>				
20	The charity makes available to its stakeholders an annual report that includes information on its programmes, activities, audited financial statements, Board members and executive management.	8.1	Complied	
21	Are Board members remunerated for their Board services?		No	Board members are all volunteers of the Charity.
24	Does the charity employ paid staff?		No	Paid staff are supported by the hospital.
<b>PUBLIC IMAGE</b>				
27	The charity accurately portrays its image to its members, donors and the public.	9.1	Complied	



*Coming up next*



# GOBI MARCH FOR TTSH COMMUNITY FUND



Gobi March for TTSH Community Fund

Support **Sow Fong, Dominic and Ray** as they embark on a 7-day 250km foot race in the wilderness of Mongolia's Gobi Desert from 29 July to 4 August 2018 -- all for a good cause!

A fundraising initiative by **Gobi March Team TTSH** in support of:

TTSH  
**Community Fund**  
*A legacy of Giving, Caring and Serving*

## GOING THE DISTANCE TO HELP OUR PATIENTS IN NEED

In July 2018, three TTSH staff Dominic Tung, Lee Sow Fong and Ray Loh will be embarking on a seven-day, 250km endurance race across the Gobi Desert, to raise funds for needy patients. The team hopes to raise \$100,000 for two programmes under the TTSH Community Fund.

### HELP ME GO HOME PROGRAMME

The Help Me Go Home Programme is established to help Ventilator-Assisted Individuals - VAI (patients who require equipment to breathe) return home and provide follow-up care for these individuals.

#### - Quality of Life and Life Expectancy

The programme greatly improves the quality of life and life expectancy of our patients. Patients, who are equipped with proper treatment and family support at home, tend to have a longer life expectancy compared to patients who are left without good care.

#### - Quality of Care

Patients can administer the breathing equipment at home and thus do not require extended hospitalisation stay. This has the benefit of releasing available beds for other patients and reduces the risk of patients being exposed to airborne viruses in the hospital.

#### - Lower Financial Burden

There are currently no other long-term care facilities in the community for VAIs, apart from expensive private nursing homes which cost \$4,000 to \$10,000 per month.

### PROGRAMME OF ALL-INCLUSIVE CARE FOR THE TERMINALLY ILL (PACT)

PACT supports and cares for the terminally ill patients and their families. Your donations will help to provide the following:

- Financial assistance to facilitate care of needy patients and families in the community;
- Education, training and counselling for patients and caregivers;
- Education to the public, healthcare professionals and volunteers on how to care for those with terminal illnesses; and
- Support for audit and research to better care for terminally ill patients.



DONATE

**IF EVERY DOLLAR MOTIVATES THE TRIO TO PRESS ON FOR ANOTHER KILOMETRE, WOULD YOU KEEP THEM GOING FOR THE NEXT 250KM?**



DONATE

# MEET THE TEAM BEHIND THE GOBI MARCH FOR TTSH COMMUNITY FUND



## **RAY LOH, SENIOR PHYSIOLOGIST, OPERATIONS DIVISION, TTSH**

As a physiologist, Ray has witnessed patients benefiting from physical activities. Through the Gobi March, he hopes to instil a 'can do' mindset where individuals do not let age or other limitations prevent them from pursuing their dreams, while at the same time raise funds for needy patients.



## **SOW FONG, SENIOR MANAGER, SURGERY DIVISION, TTSH**

By participating in the Gobi March, Sow Fong is stepping out of her comfort zone and challenging her own limits. Through this, she hopes to remind herself, and also share with others, about the challenges that patients on home ventilation and cancer patients face on a daily basis.



## **DOMINIC TUNG, ASSISTANT DIRECTOR, HUMAN RESOURCE DIVISION, TTSH**

As Dominic crosses the 50-year-old mark this year, he hopes to celebrate a new milestone of his life - one that is worth living, regardless of the circumstances we face in life, by participating in the Gobi March. He also looks forward to rallying support for the less fortunate so that they too can live life to the fullest.

**THANK YOU FOR GOING THE DISTANCE WITH US!**



Gobi March for TTSH Community Fund

# TTSH CHARITY HERITAGE WALK 2019: TAN TOCK SENG'S JOURNEY



## **A STORY WORTH 175 YEARS. RETOLD IN 12KM. FOR 1 MEANINGFUL CAUSE.**

Endorsed by the Singapore Bicentennial Office (SBO), the 'TTSH Charity Heritage Walk 2019: Tan Tock Seng's Journey' marks the hospital's 175th anniversary and 200 years of Singapore's history.

Organised by TTSH Community Fund, this 12km walk brings participants to various sites associated with Tan Tock Seng Hospital, from the hospital's original site at Pearl's Hill to the present day TTSH at Novena. Participants of the heritage walk will learn about the life and contributions of Mr Tan Tock Seng.

This heritage walk will be launched on 23 June 2019 with 175 invited guests and 1,750 participants from the Central Singapore Community Development Council (CDC). After the launch, this heritage walk will be made available to the general public.

We hope this will bring greater awareness of Singapore's rich history and how early merchants who made good also made great efforts to better the life of our forefathers who were in turn able to contribute to Singapore today.

Check out our website and Facebook page for more information.

**CHARITY BEGINS AT HOME, IN OUR COMMUNITY!**



TTSH Community Fund

# How You Can Help

Some gifts are big. Others are small.  
But the ones that come from the heart are the best gifts of all.



Approximately  
**\$100**

Provides a needy patient with a walking frame to assist with his/her walking



Approximately  
**\$500**

Helps a needy patient gain independence with a basic wheelchair



Approximately  
**\$800**

Provides a needy patient with a hearing aid

## **DONATE**

Your donation, big or small, makes a lasting difference in improving the lives of the needy sick.

## **FUNDRAISE**

Start your own fundraising campaign on [giving.sg](http://giving.sg) or [give.asia](http://give.asia) or kick-start an event to raise donations for us!

For more information, please contact us at 6357 2500 or email [donate@ttsh.com.sg](mailto:donate@ttsh.com.sg).



TTSH Community Fund

TTSH  
Community  
Fund  
*A legacy of Giving, Caring and Serving*



TTSH Community Fund,  
Tan Tock Seng Hospital, 11 Jalan Tan Tock Seng,  
Singapore 308433



6357 2491



donate@ttsh.com.sg



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