

Impact Report
2010/11
The child first and always



Our mission

We raise money to enable Great Ormond Street Hospital to provide world-class care for its young patients and their families, and to pioneer new treatments and cures for childhood illnesses.

Contents

03	A letter from our Chief Executive and Executive Director
05	What we raised
	Objectives
06	Redevelopment
08	The Morgan Stanley Clinical Building, part of the Mittal Children's Medical Centre
	Research
12	Today's research for tomorrow's cures
14	Advancing children's palliative care
17	Healthy hearts for life
	Equipment
18	Retinal imaging system
20	Genetic analyser
22	Image intensifier
	Accommodation and welfare
25	The Volunteer Service
27	Parent and family accommodation
	Looking forward
31	Our Chairman's report
33	Our objectives for 2011/12
35	Our funding priorities for 2011/12
37	Thank you
41	Charity Trustees, Directors and Appeal Board members

Cover: One-year-old Quintin has been on Elephant Ward for over a week to undergo various tests. Today, he has been given the 'all clear' and is getting ready to go home, taking with him his many favourite blue and yellow outfits.

Left: Ten-year-old Katherine has a rare condition called juvenile dermatomyositis which affects her skin, muscles, and frequently other parts of her body. Today, she is attending an outpatient clinic, specifically for children with this illness, and has met up with her friend Jessica in the waiting room (who is on the inside back cover).



A letter from our Chief Executive and Executive Director

Great Ormond Street Hospital has relied on philanthropy since it was first founded in 1852 and this continued even after the founding of the NHS in 1948.

Today, the generosity of individuals and organisations allows us to make significant advances in how we are able to care for children and their families. While the NHS funds the day-to-day running of the hospital, the donations allow us to pioneer new research projects, buy specialist equipment and support families who rely on us. They are also allowing us to fund the biggest redevelopment in the hospital's history.

The hospital is now in the second phase of this major building programme. We are delighted to report that we are on schedule and on budget, and our clinical teams will be moving into the new Morgan Stanley Clinical Building in spring next year. The new space has been designed by the clinical teams to meet their needs and to allow us to care for children and their families in the manner we should be in the 21st century.

The Morgan Stanley Clinical Building is the first part of the Mittal Children's Medical Centre, with the second building planned to open in 2016. Together, these two buildings will allow us to care for up to 20 per cent more children who need the specialist and expert care that, in some instances, is only available at Great Ormond Street Hospital.

The hospital is proud of its history and reputation as an innovator in paediatric medicine. Many of the developments in children's specialist healthcare were pioneered at the hospital and it's important that we continue to look forward so that we can understand what the future of children's specialist care might look like. Of course, the redevelopment is an important part of that, but we are also delighted that the Special Trustees of the charity took the decision during the year

to secure some additional space very close to the hospital and our research partner, the UCL Institute of Child Health, to allow us to develop our work further.

We will share more information about this in due course, but this commitment illustrates the importance that we place on continuing to find new and better ways to help the children we care for. Research is at the centre of what we do and this year, donations to the charity allowed us to commit £18 million to fund a wide range of medical research projects at the hospital and the Institute.

We launched our new research fundraising initiative, Bringing Research to Life, which aims to raise money initially to support a new Birth Defect Research Centre at the Institute. The vital importance of research is illustrated through two examples in this report which look at children's palliative care and one of our cardiac research projects.

During the year, donations allowed us to buy £2.7 million worth of vital medical equipment, and we also spent over £2 million on providing accommodation and welfare benefits to families and staff at the hospital. All of this makes a huge difference to the care we are able to offer to children and how we can support families who are going through the most dreadful of times.

Thank you to all our donors. Your contributions to our charity allow us to make a difference.

Jane Collins
Chief Executive

Tim Johnson
Executive Director

Four-year-old Theo is waiting with his mum and dad on Dinosaur Ward for an operation on his adenoids.



What we raised

Following a difficult year in 2009/10, 2010/11 turned out to be the charity's best ever year, enabling us to make an excellent contribution in all of our key areas of support for the hospital.

Financial review 2010/11

Our total income for the year was £63.9 million (including investment and property income). Fundraising income of £58.6 million included donations of £42.6 million, an increase of 21 per cent in comparison to the previous year. This achievement is due to the generosity of everyone who made a gift to the charity last year.

All fundraising areas showed an improved year-on-year performance. We were grateful for several large one-off gifts, in particular the exceptional gift of £4.4 million which will form the Richard Wright Fund for research into infant and childhood leukaemia, the Dickensian Ball, and a significant rise in legacy income. All of these contributed to our strong performance, and will make a huge difference to the care that the hospital can provide for its young patients and their families.

The charts on this page show where our funding came from in the past year, and how we used it to benefit the patients at the hospital. The funds raised but not spent during this year are critical to our committed expenditure on the hospital's redevelopment programme.

Eight-year-old Ionatan suffers from protein-losing enteropathy, which results in an excessive loss of protein in his body. He is very popular with everybody on Bumblebee Ward, and is very happy to be posing with his sister, Geneveva, in the playroom. He can normally be found playing with his cars.

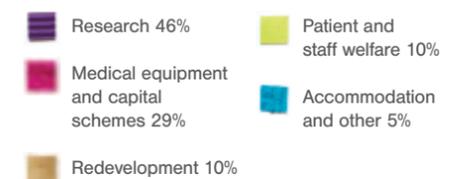
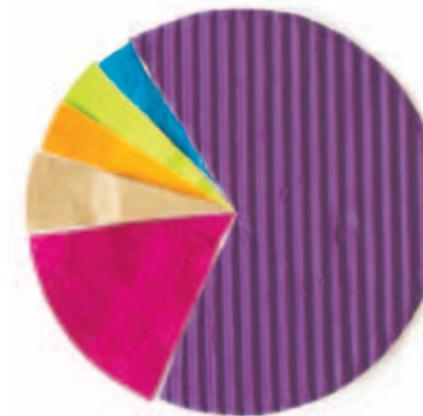
Income sources 2010/11

	2010/11 £ million	2009/10 £ million
Donations	42.6	35.2
Legacies	10.8	8.3
Trading	2.6	2.9
Other*	2.6	1.5
Fundraising income	58.6	47.9
Investments	3.7	5.7
Property	1.6	1.8
Total	63.9	55.4

*Other includes grants, auctions, tickets and sponsorship

Charitable expenditure 2010/11

	2010/11 £ million	2009/10 £ million
Redevelopment	3.8	1.1
Research	18.2	6.9
Medical equipment and capital schemes	11.2	6.8
Patient and staff welfare	3.9	2.5
Accommodation and other	1.9	1.7
Total	39	19



Objective 1 – redevelopment

In order to maintain and advance our position as a world-class centre for paediatric care and research, we desperately need to upgrade our oldest buildings and create additional space to enable more children to be treated.

Our four-phase redevelopment programme aims to rebuild two-thirds of the hospital site over a 20-year period. The first phase was completed in 2006, and we are now working on the second. This is the largest and most ambitious phase, and it will transform clinical inpatient facilities for many of the children we look after.

Donations make a difference

Last year, you helped us to fund the refurbishment of outpatient facilities for neurodisability and ophthalmology patients, to create a more child-friendly space and enable the hospital to meet the growing demand for specialist support. This facility was generously supported by Sir Harry and Lady Djanogly.

Thank you

Phase 1

Phase 1 was completed in 2006 and includes:

- the Octav Botnar Wing, incorporating the Somers Medical Daycare Centre and the Harris International Patient Centre
- Weston House, which includes the Paul O’Gorman Patient Hotel
- the refurbishment of four floors of the Royal London Hospital for Integrated Medicine to create the Djanogly Outpatient Department
- the creation of the Hugh and Catherine Stevenson Centre for Childhood Infectious Diseases and Immunology at the UCL Institute of Child Health.

Phase 2

The second phase of the redevelopment will see the construction of the Mittal Children’s Medical Centre, which will contain two important new clinical buildings and enable the hospital to treat up to 20 per cent more children.

Situated at the heart of the hospital site, it will become the pivotal clinical

centre. Our aim is to create a dynamic environment that enables us to adapt to the increasingly complex healthcare needs of children with rare disorders, and speed up on-site translational research, bringing real benefits for patients.

The Mittal Children’s Medical Centre will comprise two new interlinking buildings – the Morgan Stanley Clinical Building and a complete refurbishment of the existing Cardiac Wing. The new centre will deliver a positive experience for all who use it, while having a minimal impact on the environment.

We are currently close to completing the first of these two buildings, the Morgan Stanley Clinical Building, which is scheduled to open in 2012. The building will contain the Wolfson Cardiothoracic Centre for Children, the British Kidney Patient Association Children’s Kidney Centre, a neurosciences centre, state-of-the-art operating theatres, and a new family and staff restaurant.

With her big eyes and lovely smile, six-month-old Zoe is a great favourite with the neurology staff on Tiger Ward, and she loves being the centre of attention.

Objective 1 – redevelopment

The Morgan Stanley Clinical Building

Part of the Mittal Children's Medical Centre

Aims

To complete the construction of the Morgan Stanley Clinical Building. This includes:

- the completion of external walls, roof and windows
- the commencement of the fitting out of the building
- the start of the formal commissioning process
- writing briefs and identifying artists for the arts projects.

Achievement

The building has really taken shape over the past year, and the external cladding, roof and windows are complete. Wrapping and scaffolding have been removed, revealing the striking glass flue, a chimney-like structure that extends from ground floor to roof level, which will help regulate the temperature of the building. Construction remains on time and on budget.

Fundraising has also maintained momentum. Thanks to the generosity of many donors, the charity has now raised £171 million towards the £321 million Mittal Children's Medical Centre. The Department of Health has contributed £75 million, leaving £75 million still to raise.

This page from top to bottom: artist's impression of the Morgan Stanley Clinical Building and a progress shot of the Morgan Stanley Clinical Building in April 2010.

Opposite: the Morgan Stanley Clinical Building in April 2011.

Every part of the building has been designed with the hospital's motto in mind: *the child, first and always*. We want to provide more privacy and comfort for patients and families, and to make their stay with us as stress free as possible.

The Redevelopment team engaged the help of patients, parents and hospital staff to fine-tune the design of the single bedrooms. A mock-up room was built, allowing materials and design to be put to the test. Each single bedroom has an en suite bathroom, a parent area with a sofa bed, privacy curtain and storage cupboard. A parent will be able to stay at their child's bedside, which has been proven to aid recovery.

Contractors will hand the building over to the hospital at the end of 2011. Interior walls, door frames and glazed screens have been installed, and testing of mechanical and electrical services is underway. In early 2012, clinical teams will test new equipment and conduct training on the wards.

Arts projects and briefs have been finalised, and artists have been commissioned for almost all of the projects. Art will help create a friendly and welcoming environment for patients, families and staff. Signage will be installed and striking illustrations of animals will be applied in key areas, which will give each ward its own identity.

Finally, in spring 2012, patients and families are due to move in.



Objective 1 – redevelopment

The Morgan Stanley Clinical Building continued

Part of the Mittal Children's Medical Centre

Impact

While we are unable to report on the impact of the Morgan Stanley Clinical Building until it is complete, the success of the Octav Botnar Wing, which has served as a template, gives us every confidence that this new addition to the hospital site will enable us to treat greater numbers of patients and deliver a positive experience for all those who use it.

In order to create a benchmark for the impact of the new building, we have started measuring the effectiveness of the current wards. This will prove invaluable once the Morgan Stanley Clinical Building has been operational for a year, as we will be able to compare data to illustrate how the new building has helped us improve both the care and experience of our patients and their families, as well as the staff who work here.

Reducing our carbon footprint is also a priority for the hospital. By 2016, the Mittal Children's Medical Centre has the potential to generate a 120 per cent carbon reduction and a 60 per cent renewable energy contribution to the hospital as a whole.

Top: The mock-up bedroom, which was used to test materials and design.

Bottom: Finishing touches are being made to the extracorporeal membrane oxygenation (ECMO) lift, which will transport critically-ill patients from the operating theatre to the Cardiac Intensive Care Unit. It is twice the size of a normal lift to accommodate the expert clinical team and life-sustaining ECMO equipment that need to travel with the patient.

The new Wolfson Cardiothoracic Centre for Children will allow us to treat all of our patients in the facilities they deserve. The new Cardiac Intensive Care Unit, which will house some of our most critically-ill children, will finally give us the recommended space per bed. The ward will have plenty of room, not only for patients and their parents, but also vital equipment and better work space for clinicians – overall, an environment far better suited to facilitating translational research.

The new Neurosciences Centre will allow us to continue the expansion of our clinical services, while delivering scientific developments and breakthroughs to patients all over the world. As more children need our help, this new centre will have a significant and tangible benefit for patients diagnosed with disabilities, tumours and diseases affecting the central nervous system.

The renal team at Great Ormond Street Hospital is the busiest in the country, responding to the most complex, rare and advanced cases – there are around 7,000 patient visits each year. However, the unit is in urgent need of redevelopment. Based in a building that dates back to the 1930s, the current ward is cramped and outdated. The British Kidney Patient Association Children's Kidney Centre

will have space for a parent to stay by their child's bedside overnight, which is important for a child's recovery. There is currently only one bathroom per eight bed spaces, but in the new building, each bedroom will have en suite facilities to give patients the privacy they deserve.

Additionally, the centre will now incorporate the haemodialysis unit, which will maximise the skills of our nursing and medical staff across dialysis and inpatient care.

Three new state-of-the-art operating theatres will allow us to cope with the increasing demand for cardiac operations and neurosurgery. A new angiography hybrid theatre, a first for the hospital, will enable us to use it as an extra operating theatre for cardiac operations when needed.

A new restaurant will cater for the whole hospital, including a special area created by The Walt Disney Company for our younger patients and their siblings. Art will be incorporated throughout the building to enrich the environment, promote wellbeing, and provide an essential distraction in a family-focused environment.

For more information on our redevelopment project, please visit www.gosh.org/redevelopment



Objective 2 – research

The complex and specialist nature of paediatric medicine means we must constantly research new and ever-better ways of treating patients if we are to offer children the greatest chance of a healthy life.

Research to improve children's medicine has always been at the heart of Great Ormond Street Hospital's work.

Today's research for tomorrow's cures

Aim

To direct our funding to areas of urgent need as the UK's largest dedicated charitable funder of paediatric research.

Achievement

Our supporters have enabled us to guarantee a commitment of over £5 million each year to fund medical research that will advance the health of children at the hospital, and ultimately, across the UK and around the world.

Impact

In addition to funding key senior staff who are revealing new insights into childhood diseases, we are helping our clinical teams find ever-better ways to combat the complex and challenging illnesses faced by our patients.

The charity is also supporting a major new project, which will bring together research teams from across the hospital and our dedicated academic partner, the UCL Institute of Child Health, to create Europe's first Birth Defect Research Centre. This exciting initiative will allow our leading researchers to share their knowledge and expertise to help the 40 per cent of children whose illnesses are due to a genetic or inborn condition.

We announced a new fundraising programme in the year called Bringing Research to Life. Paediatric research is still significantly underfunded compared with many other areas of medical research. This initiative aims to bring together individuals and organisations who wish to redress this balance and help us raise much-needed funds to support improvements in children's medicine.

Objective 2 – research

Advancing children's palliative care

Aim

To establish the UK's first dedicated chair and clinical academic centre for children's palliative care, and lead research to improve the wellbeing of children with life-limiting and life-threatening illnesses.

Achievement

With funding from the True Colours Trust, last year we welcomed Professor Myra Bluebond-Langner as head of the country's first integrated academic department of paediatric palliative care at Great Ormond Street Hospital and the UCL Institute of Child Health (ICH).

Under Professor Bluebond-Langner's academic lead, and with significant charitable support received during the past financial year, the Louis Dundas Centre for Children's Palliative Care is now up and running.

Delivering research, teaching and practice in children's palliative care, the Louis Dundas Centre is the first of its kind in the world. Following our appointment of the UK's first consultant in palliative care in 1986, today's fundraising efforts are supporting salaries of researchers, clinicians and other specialist staff, working together to deliver an integrated approach to palliative care, available from diagnosis and delivered seamlessly along with disease-directed care.

We have made several appointments to new clinical posts to expand the hospital's existing palliative care team.

The new posts include the hospital's first dedicated palliative care clinical psychologist to provide specialist psychosocial and bereavement support for families. We have also recruited staff to join the academic unit to support the research led by Professor Bluebond-Langner.

The academic unit is undertaking research that will advance and inform palliative care practice. Through lectures and key positions on various national and international palliative care organisations, Professor Bluebond-Langner has endeavoured to raise the profile of paediatric palliative care, and inform strategic policy and practice efforts to improve the lives of children with life-limiting conditions and that of their families.

Impact

The work of the Louis Dundas Centre will ensure children's voices are heard appropriately when decisions are made about the delivery of their care. The research will help to understand the uniquely complex medical, personal and cultural realities in which children's experiences unfold. It brings together doctors, nurses, researchers and teachers from across the spheres of excellence at the hospital, ICH and beyond, to address the physical, social, spiritual and emotional needs of the child and family.

By integrating research and clinical practice in this critical area, the team is confident that in years to come, their work will provide a global resource to support children and families with life-limiting illness.

Donations make a difference

Last year, you helped us to invest over £18 million in research. This has underpinned innovation at all levels of the hospital's work, with more than 20 clinical units and many more staff benefiting from funding to support research at the forefront of paediatric medicine.

Your donations are helping us to:

- expand facilities for our world-leading gene therapy programme
- ensure chemotherapy is kept to a minimum for children with leukaemia
- increase the number of clinical trials for new cancer medicines
- define a safe blood sugar level for children with hypoglycaemia
- understand and prevent sudden infant death
- deliver better treatments for children born with immune disorders
- make inclusive education for autistic children a success
- support the cost of developing new research medicines
- personalise heart valve treatments for children with heart disease
- tackle cystic fibrosis in the crucial early years
- innovate new surgical treatments for children with feeding difficulties
- capture ground-breaking research images using a high-tech microscope
- transform the lives of children with chronic kidney disease
- pioneer gentler and more effective bone marrow transplants
- ensure that children with severe visual impairment get the best start in life
- establish a major research programme in childhood gut disorders.

Thank you

Louis' story, by his mother Ruth

This project is hugely important to my husband, Bruce, our children and me, as we witnessed first hand the unimaginable pain suffered by my son Louis.

Despite the very best care available and the skill and devotion of the remarkable team at Great Ormond Street Hospital, he experienced side effects from his illness – a brain tumour – which we believe no one, let alone a four-year-old, should have to suffer. Our friends and family were shocked to the core by the pain our little boy had to endure.

Through Louis' experience, we discovered that paediatric palliative care is a hugely under-resourced area in the UK and, in fact, the world. Research into paediatric pain management and palliative care is crucial.

A combination of research, the clinical application of that research, and the dissemination of findings will be the most powerful way to reduce the suffering of these children.

We aim to bring the attention and investment to children's palliative care that it sorely needs. It is my hope that by seizing this opportunity to establish the Louis Dundas Centre for Children's Palliative Care to support the True Colours Professorial Chair at Great Ormond Street Hospital, my little boy's suffering will bring relief to millions.





At 19 years old, Ben is one of our older patients. He has been treated at Great Ormond Street Hospital since he was a baby, due to complications with his heart. The bike test he is having is to gauge the efficiency and health of his heart and lungs, which are still monitored regularly.

Objective 2 – research

Healthy hearts for life

Aim

To draw on our unique experience in providing life-saving heart surgery to children over the past 50 years and ensure our patients remain healthy throughout adulthood.

Achievement

In the 1960s, our researchers were the first in the UK to build a heart-lung bypass machine which allowed successful surgery on children born with previously fatal heart defects. Since then, our heart and lung teams have saved the lives of many thousands of children. They have even developed ways to repair some heart defects without the need for surgery.

Thanks to the overwhelming response from the thousands of supporters who kindly donated to our 'blue baby' research appeal, Dr Kate Bull has now completed a landmark project, tracking the health of over a thousand patients treated at the hospital in the past 50 years. The research looked at our success in carrying out surgery for one of the most common causes of

blue baby syndrome – a series of defects in the heart's plumbing, called tetralogy of Fallot.

Fifty years ago, nearly a quarter of patients with this condition died within a year of their operation. By remaining at the forefront of global advances in cardiac surgery, today at Great Ormond Street Hospital, the risk has plummeted to less than two per cent.

As part of the research, the team invited groups of patients from each of the decades since the 1960s back to the hospital to investigate the health of their hearts through exercise tests and cardiac imaging. Worryingly, nearly a quarter of these patients had been completely lost to follow up as adults. Reassuringly, tests carried out by the team showed that the majority had good exercise performance and reported a good quality of life well into middle age.

Impact

Pulling together the huge amount of material needed to identify and track

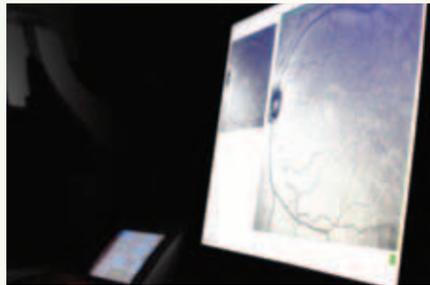
down 50 years of patients from old records and databases was a major challenge for the research team. However, their efforts have provided a source of information that is vital in helping us understand how to treat today's children.

The research has highlighted the potential dangers of our patients not receiving structured and personalised care throughout their lives. With further funding from our generous supporters, the team are now in a position to enter into a unique formal collaboration with other leading children's hospitals around the world, seeking to establish internationally-recognised guidelines for ensuring children's long-term health and wellbeing.

This novel approach aims to develop a tailored treatment plan for patients and their families based on robust and evidence-based practice. Ultimately, it means we'll be able to ensure that the patients we treat with heart conditions as children, go on to enjoy safe and healthy adult lives.

Objective 3 – equipment

Last year, our donors helped us to fund new specialist equipment worth nearly £2.7 million. This enabled us to replace old and outdated machinery as well as purchasing new state-of-the-art technology, which is essential to the hospital's work.



Retinal imaging system

Aim

To purchase a high resolution retinal imaging system to detect early signs of retinal disease and optic nerve conditions.

Achievement

The new system was installed in September 2010 and is used every day at Great Ormond Street Hospital to help diagnose and monitor retinal and optic nerve problems in patients. This equipment was generously funded by Julie Moseley, as well as many others.

Impact

The equipment enables children and young people with vision problems to be diagnosed faster and more accurately. In particular, it will help detect very early signs of retinal disease and optic nerve conditions.

It is more child-friendly than the old methods; one of which required patients to have fluorescent dye injected into their blood so that the retina blood vessels could be seen

in detail. The new retinal imaging system uses coloured lights, which means that an injection is not needed. The images it produces are 10 times more powerful than the older machines, revealing layers of the eye which were previously impossible to see. It also automatically compensates for any tiny eye movements so that the pictures from children are clearer.

With this additional information, clinicians can provide the patient and their family with specific information about the disease and how it is likely to progress. Customised treatment, such as gene therapies, can begin, targeting the areas of the retina that stand the best chance of recovery. Plans can also be put in place to support the patient's development and learning. Vision develops rapidly from infancy to adolescence, so early intervention is critical.

Over time, the detailed images collected from patients will be studied to help us better understand retinal diseases.

Farzana is 17 years old and is having an ophthalmology test. When she was 14, she was inexplicably paralysed from the neck down for six months. She returns to the hospital every couple of months for tests, as doctors monitor and try to diagnose her condition.

Objective 3 – equipment

Genetic analyser

Aim

To upgrade DNA sequencing equipment, thereby helping clinicians diagnose inherited genetic disorders.

Achievement

The equipment upgrade to the DNA sequencer was put in place in April 2010. This prolongs the lifespan of the machine and provides extra capacity and backup for the laboratory. The sequencer is used to screen for a wide range of inherited genetic conditions, including immunodeficiencies, neurological and craniofacial disorders, cystic fibrosis, and inherited endocrine and metabolic diseases. In 2010/11, over 1,500 genetic test reports were generated using the genetic analyser.

Impact

Many of our patients and families come to Great Ormond Street Hospital looking for answers. Parents may have watched their child struggle with life-limiting symptoms for years, attending appointment after appointment and hoping for an explanation.

Medicine is a complicated and ever-changing field. Sometimes a disease is so rare that a doctor at a general hospital may not know which clues to look for. When a baby, child or young person is referred to Great Ormond Street Hospital, they are cared for

by the widest range of dedicated children's healthcare specialists under one roof in the UK: specialists who might have treated patients with these symptoms before, or conducted research in this area.

After assessing the patient, the clinician will request a blood test for DNA analysis to determine whether particular gene mutations are present. Using the genetic analyser, the laboratory team is able to selectively screen individual gene sequences for DNA mutations related to the patient's condition. A detailed report is produced, showing what mutations are present and their likely impact on the severity of the disease.

This report helps clinicians diagnose and manage the patient's illness and plan treatment. It also provides families with answers, helping them plan for their child's long-term care and support needs. This information is also important for the identification of related family members who may be at risk or carry specific gene mutations.

The genetic analyser upgrade has greatly reduced the time needed to produce these reports, and subsequently, the team is now able to keep up with the increasing demand for its services from clinical teams.

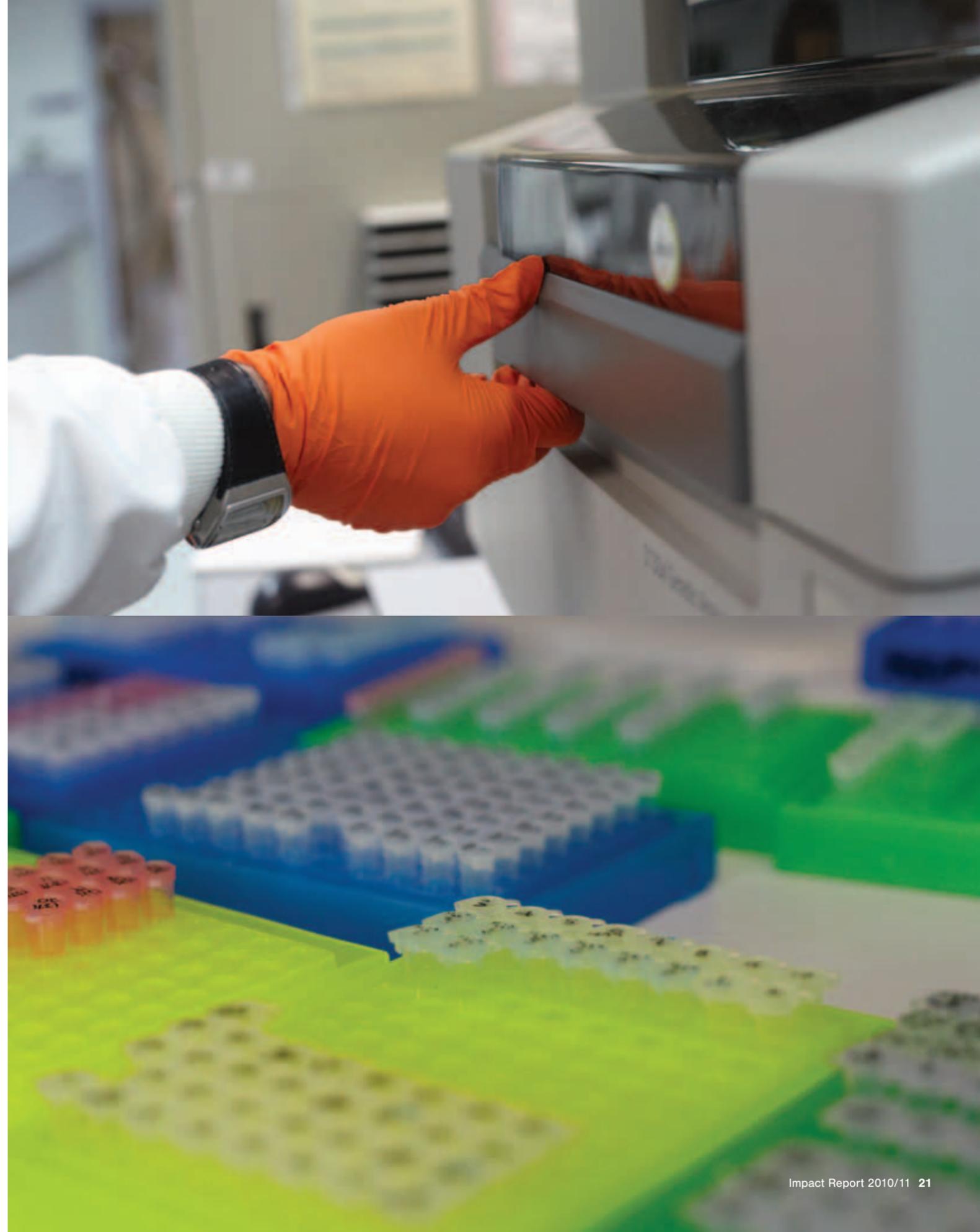
Donations make a difference

Last year, you helped us to fund:

- blanket warming/cooling units to help keep babies and children warm after surgery
- an electron microscope to diagnose and monitor children with serious medical conditions
- beds for children in the Paediatric Intensive Care Unit
- a flow cytometer to examine the health of the immune system
- a neurosurgery ultrasound scanner to provide images of the brain during surgery
- a transcutaneous CO2 monitor to monitor the blood of newborn babies who require surgery
- transport incubators to transfer tiny, critically-ill babies from the ambulance to the hospital's intensive care unit
- anaesthetic machines to monitor patients and help them breathe during surgery
- a new x-ray system to quickly provide high-quality images
- a spinal monitoring system to help surgeons protect a patient's spinal chord during surgery
- a microchip electrophoresis system to help diagnose genetic diseases
- a liquid scintillation counter to identify birth defects
- IntelliVue patient monitors to observe blood pressure, breathing and heart rate in cardiac and respiratory patients
- a polymerase chain reaction plate automation system to monitor transplant patients for viral infection
- magnetic resonance imaging (MRI) monitors to observe the pulse, blood pressure and oxygen levels of children who are undergoing an MRI scan while under anaesthetic
- an IT system to meet new national requirements for tracking and storing blood.

Thank you

The genetic analyser helps clinicians to identify a patient's illness so they can begin treatment.



Objective 3 – equipment

Image intensifier

Aim

To purchase a new image intensifier machine to guide procedures and operations more safely.

Achievement

The image intensifier was purchased and installed in an operating theatre in early 2011, and provides live images of the inside of the body. It guides intricate procedures like the reconstruction of bones, the removal of stones from the bladder, and the installation of venous lines in the chest.

Impact

Paediatric surgery is very delicate, particularly when the patient is small, as many of the hospital's patients are.

Reliable imaging equipment allows us to offer less invasive surgical techniques via keyhole or catheter, which can help children make a faster recovery. Demand for high-tech imaging equipment is increasing throughout the hospital.

The image intensifier replaces a 17-year-old machine that could not keep up with the demands of modern surgery. The images it produced were not detailed enough for some of the delicate paediatric procedures. As a result, it could only be used for a few patients. If we had not replaced the old image intensifier, it would ultimately have led to operations being cancelled.

In contrast, the new machine can be used for a wide range of procedures conducted in the operating theatre by many different specialties, allowing essential treatment to go ahead.

Images are stored indefinitely on the hospital-wide picture archiving system, allowing easy access if the patient returns for future treatment. This also offers exciting opportunities for clinical research in future years.

The new machine emits less radiation than the former model, which will improve patient and staff safety, particularly as the machine will be in greater demand as the complexity of procedures increases.

The image intensifier shows the clinical team what is happening inside the patient's body during procedures and operations.





Objective 4 – accommodation and welfare
We believe in caring not only for the child but for the whole family. This care comes in many forms, from financial advice and spiritual counselling to the provision of accommodation for parents.

Eighteen-month-old Lily has been in hospital for four months and is a patient on one of our oncology wards. She has three more weeks of chemotherapy to go and then her mum is hoping that they can go home. She enjoys being read to by hospital volunteer, Jo.

The Volunteer Service

Aim

To engage volunteers in meaningful roles that enhance services and improve the patient and family experience at Great Ormond Street Hospital.

Achievement

Dozens of new volunteer roles have been developed across the hospital in the past year to support patients, families and staff. These roles involve providing company and support to patients and parents, assisting with ward administration duties, guiding visitors around the hospital, and assisting with catering and portering.

Impact

Volunteering at Great Ormond Street Hospital is on the rise. Over the past year, there has been a 50 per cent increase in the number of people volunteering on a regular basis; with over 350 people donating more than 110,000 hours of their time.

The importance of volunteers and the support they provide to patients,

families and staff, cannot be overestimated. Being in hospital can be a very stressful and anxious time for families. More than half of the patients we treat are from outside of London. Some are in hospital for weeks or months at a time.

In December 2010, a new patient and parent support programme was launched. After extensive training, 12 volunteers were assigned to Fox and Robin wards, where patients are treated for immune problems, infections, cancers, or are awaiting a bone marrow or stem cell transplant.

Volunteers provided a listening ear and company for patients and families, and were on hand to entertain patients so that parents could take a much-needed break from the wards. They also helped families access hospital services like the Social Work Department and the Citizens Advice Bureau. The programme was warmly received by families and staff, and has since been expanded to other wards.

Donations make a difference

Last year, you helped us to fund:

- meals for breastfeeding mothers
- the Arts and Humanities programme
- the chaplaincy
- a consultant in psychiatry
- the Ethics Support Service
- a craniofacial neurosurgeon to work alongside a doctor who was retiring
- the Oncology and Late Effects Service
- a professor for young people's cancer care
- online training programmes for staff
- leadership and management training for hospital staff
- the staff nursery subsidy
- the Staff Counselling Service
- the Citizens Advice Bureau.

Thank you



Maia, age nine, has been in hospital for five weeks and is awaiting a heart transplant. She loves having her mum and dad close by in the Italian Building, and often challenges them to a game of Scrabble.

Objective 4 – accommodation

Parent and family accommodation

Aim

To fund the upkeep of 21 rooms in the Italian Building on Queen Square, which provides overnight accommodation for parents of patients in long-term care.

To fund the upkeep of five apartments and four flats, which house families of transplant patients who tend to need a long stay in the hospital, as well as families who are learning to care for their child's medical needs in preparation for returning home.

Achievement

Over the course of the year, we provided free accommodation in the Italian Building, which is close to the hospital, for 1,384 families, with each family, on average, staying for one week. This accommodation was generously funded by Center Parcs UK as part of our Beds for Bedz Appeal, as well as by many others.

Impact

To receive the specialised medical care they need, patients can be in hospital for weeks or months. More than half of our patients live outside of London, and many are hours away from home. Distance places enormous stress on parents who are juggling the care of other children, as well as the financial pressures of taking time off work.

The Italian Building provides a “home away from home”, with kitchens and facilities where families can eat together. There are phones in each of the bedrooms that connect directly to the hospital, so parents can be in contact with the wards.

Maia and her parents, Hannah and Daniel (left), are from North Wales, nearly six hours away from Great Ormond Street Hospital. When Maia and Hannah arrived at the hospital, they did not expect to stay overnight. However, tests revealed that Maia's heart condition needed ongoing treatment, and she has now been in hospital for five weeks awaiting a heart transplant.

Having somewhere to stay that is close to the hospital, means that Maia's mum or dad can be with her at all times. “It's the not knowing. It could be another week, or it could be another three or four months. You couldn't afford a hotel every single night,” says Hannah. “There is room for three of us, which means that Dan's mum can visit.”

Like all nine year olds, Maia loves to play games, and often challenges her mum and dad to a game of Scrabble or Monopoly. “I win at Scrabble!” she giggles.

A young boy with dark hair, wearing a blue shirt and a white jacket, is looking intently at his brother who is partially visible on the left. They are playing chess on a table. The background is a brightly lit hospital ward with a white door and a window. The text "Looking forward" is written in a purple serif font on the right side of the image.

Looking
forward

Freddie is 16 and is playing chess with his brother while waiting for an outpatient appointment on Kingfisher Ward.



Looking forward Our Chairman's report

I hope you will see from reading this report that your gifts make a significant difference to the care that Great Ormond Street Hospital is able to provide for sick children and their families. Thank you for all of your support for this work.

The Special Trustees recently visited the new Morgan Stanley Clinical Building to see first hand what the new wards and facilities will look like and, while there was still a great deal of building work to complete, we were able to see how transformational it will be for the children, families and staff who will be based there. Parents will be able to stay with their children overnight; lifts will be big enough to transfer children with their equipment; families will have privacy when they speak to doctors.

We are delighted that the building will open on time and on budget, and we are determined to make the same kind of progress with the next phase of the project, the redevelopment of the Cardiac Wing. In order to achieve this, we will continue to rely on the generosity of individuals, companies, trusts and foundations to help us. We still have £75 million to raise towards the redevelopment, and we are focused on raising as much as possible towards this target over the next year.

In the introduction to this report, we told you that we have purchased additional space close to the hospital and the UCL Institute of Child Health (ICH). Paediatric research remains a core focus for all of us and we know that the progress being made in genetic and molecular medicine, for example, is already opening up new opportunities for doctors and researchers to develop innovative new therapies to care for children with previously untreatable

conditions. The clinical teams and researchers in the hospital and the ICH are working together to propose the optimum mix of specialties and support teams to use the space most effectively.

Alongside this, we will continue to fund ongoing research in the hospital and the Institute. As a member of the Association of Medical Research Charities, we ensure that our focus is on funding research of the highest quality and which will improve the lives of the children who are treated at the hospital. Our priority is to fund projects that will translate the work undertaken in laboratories into actual clinical trials in the hospital.

The hospital relies on the charity to fund vital new equipment to help staff provide the best available treatments for children. We are also asked to support families with accommodation and other welfare benefits, as well as to provide support for hospital staff. As ever, we will be guided by the hospital as to its priorities.

It is difficult to predict what the future will look like for fundraising. Economic conditions may continue to be difficult, but we also know from our own experience that individuals, companies, trusts and foundations are still very generous. We hope that we can continue to rely on your support. Your gifts really do allow us to help children and families who depend on the hospital today and more who will do so in the future.

Thank you.

Alan Hodson
Chairman

Savvina is nine months old and lives in Cyprus. She is being treated on Bumblebee Ward for Hirschsprung's disease, which is a blockage of the large intestine. Savvina loves to sing, and can often be heard singing in to her microphone!



Eleven-month-old Jamie is waiting for his outpatient appointment on Kingfisher Ward. He is here for a quick procedure and has been nil by mouth all day. Consequently, he has been trying to eat everything he can get his hands on.

Our objectives for 2011/12

Our objectives for 2011/12 continue to focus on what matters most to us – supporting the patients and families who need the hospital today as well as helping children who may need the hospital in the future.

Fundraising

To raise at least £51 million.

Redevelopment

Our biggest challenge continues to be to raise funds for the redevelopment of the hospital. In this financial year, we aim to provide funding to allow the hospital to:

- complete the building of the Morgan Stanley Clinical Building, due to open in summer 2012
- purchase equipment to fit out the building
- install signage and artwork to help children and families find their way around the hospital easily and in an engaging way
- install interactive artwork that will help to distract and engage children who are being taken to theatres for operations.

In addition, we will work with the hospital to develop the fundraising strategy for the next part of the Mittal Children's Medical Centre, which is the redevelopment of the existing Cardiac Wing.

We will also work with the hospital and the UCL Institute of Child Health (ICH) to develop a strategy for the new site we have acquired on 20 Guilford Street.

Research

We will aim to fund at least £4 million worth of research projects in the hospital and the ICH.

We will also make available £1 million worth of research funding to research centres across the UK to seek new and better treatments for children with neurological diseases.

Equipment

As well as providing equipment for the new Morgan Stanley Clinical Building, we will aim to fund £3 million worth of new medical equipment for the hospital.

Patient welfare

We will aim to fund at least £1 million worth of welfare projects which provide additional help and support for patients and their families during such difficult times.



Munira is five years old and she is an oncology patient on Robin Ward, where she has beautifully decorated her room with all of her paintings and drawings.

Our funding priorities for 2011/12

New facilities

We need to replace cramped, outdated wards with new, modern facilities to give our patients and their families a better, more flexible and comfortable service.

Your support could help to:

- fund an angio hybrid theatre in the Morgan Stanley Clinical Building: **£5 million**
- fund an extracorporeal membrane oxygenation lift to transport seriously-ill heart and lung patients, and the equipment that keeps them alive, between the ward and the operating theatre or an intensive care unit: **£450,000**
- fund a patient bedroom with en suite bathroom in the kidney centre: **£100,000**
- equip a refrigerator room near the operating theatres to store blood in case a transfusion is needed: **£12,884**
- fund a patient bed for our Cardiac Ward: **£2,000**
- buy a clock for a single bedroom: **£22.**

Research essentials

We are committed to finding treatments and cures for some of the most complex and challenging illnesses for the benefit of children at the hospital and worldwide.

Your donations could help us to:

- create Europe's first Birth Defect Research Centre: **£5 million**
- expand our pioneering tracheal transplant programme: **£480,000**
- fund the salary of a lead researcher heading up our unique gene therapy work: **£140,000**
- screen patients' DNA to help discover the causes of irritable bowel syndrome: **£20,000.**

Equipment

It is essential that our exceptional doctors and nurses have leading-edge equipment to provide children with world-class care.

We need:

- new surgical instruments for our operating theatres: **£200,000**
- a new flow cytometer to monitor the immune system of patients who have undergone a bone marrow transplant: **£84,680**
- an ultrasound machine for the neuromuscular outpatients centre: **£40,000**
- equipment to monitor blood oxygen levels in intensive care patients: **£16,000**
- a defibrillator to identify when a patient undergoing a cardiac procedure goes into cardiac arrest: **£4,845.**

Family accommodation

For some families, visiting the hospital can be a traumatic experience and it is vital that we support them during this difficult time. There can be no better care and reassurance for a child than to know that they have a parent at their bedside.

Your support could help to fund:

- a bed for a parent to stay beside their child in the new building: **£600**
- the upkeep of a room for a parent or family member to stay overnight near their sick child: **£12.**



Our sincere thanks go to those individuals and organisations overleaf who have so generously supported the charity this year.

We would also like to thank the general public. Thousands of people give generously to us throughout the year, and these donations are critical to the important work we do for sick children. On behalf of our inspiring patients and remarkable staff, thank you.

Thank you

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**We are extremely grateful
to all our supporters,
including those who wish
to remain anonymous, for
their generous support.**

Jessica is 10 years old and, like her friend Katherine on the inside front cover, has a condition called juvenile dermatomyositis, a very rare autoimmune disease that affects only three children in every million in the UK. Today's outpatient appointment has gone well and the girls had fun pulling faces for our camera.



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This Impact Report is available to view at www.gosh.org

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Bengali

অনুগ্রহে করুন নিম্নলিখিত ঠিকানাতে যোগাযোগ করে আপনার
অনুগ্রহ, বড় অক্ষর, ব্রেল বা অডিও বিবরণ জানতে
সহায়তা।

English

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French

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Polish

Tłumaczenia są do uzyskania na żądanie pod podanym powyżej adresem. Dokumenty w formie dużym drukiem, brajlem lub audio są także do uzyskania na żądanie.

Punjabi

ਇਸ ਰਿਪੋਰਟ ਦੇ ਤਰਜਮੇ, ਅਤੇ ਇਹ ਰਿਪੋਰਟ ਵੱਡੇ ਅੱਖਰਾਂ
ਜਾਂ ਬ੍ਰੇਲ ਵਿਚ, ਜਾਂ ਸੁਣਨ ਵਾਲੇ ਰੂਪ ਵਿਚ ਹੋਣ ਲਿਖੇ ਪਤੇ ਤੋਂ
ਮੰਗ ਕੇ ਲਏ ਜਾ ਸਕਦੇ ਹਨ।

Somali

Turjubaan ayaa cinwaanka kor ku qoran laga heli karaa markii la soo codsado. Daabacad far waa-wayn, farta indhoolaha Braille ama hab la dhegaysto ayaa xittaa la heli karaa markii la soo codsado.

Tamil

பெரிய அச்சில், இந்த அறிக்கையின் மொழிபெயர்ப்புகள், பெரிய அல்லது ஒலி பதிப்புகள் விண்ணப்பித்தால் கீழ்க்கண்ட விலாசத்தில் கிடைக்கும்

Turkish

Talep edilirse yukarıdaki adresten çevirileri tedarik edilebilir. Talep edilirse, iri harflerle, Braille (görme engelliler için) veya sesli şekilde de tedarik edilebilir.

Urdu

گزارش کرنے پر یہ رپورٹ ترجمے، بڑے حروف کی چھپائی، بریل یا آڈیو پر درج ذیل پتے سے حاصل کی جا سکتی ہے۔