



Impact Report 2013/14

The child first and always



Our mission

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

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Cover: Nine-year-old Libby on Badger Ward brings her favourite cuddly toys when she comes to stay at the hospital.

Left: Fatima, age three, on Peter Pan Ward.



A letter from our Chief Executive



Families from all over the country come to Great Ormond Street Hospital (GOSH) when there is nowhere else to go to get the treatment their children so desperately need. The demand for the hospital's specialist services is growing faster than its ability to see and treat the sick children that need its specialist care. For this reason, core to the charity's mission is to support the hospital's redevelopment programme. This work aims to completely rebuild two-thirds of the hospital site over a 20-year period. It will be transformative, helping the hospital treat more patients and at the same time enable patients and families to receive care in surroundings that provide dignity and privacy and improve the working environment for staff.

Two years after the opening of the Morgan Stanley Clinical Building – the first part of the Mittal Children's Medical Centre – inpatient admissions at the hospital have increased by around 15 per cent. The families we have surveyed have been resoundingly positive about the new facilities. On average 86 per cent of families tell us that the wards are more spacious and that they have greater privacy. This compares with only about 30 per cent of families who are currently experiencing the older wards.

The next goal in our redevelopment programme is to complete the Mittal Children's Medical Centre by creating the Premier Inn Clinical Building. Last year, the focus was on completing the enabling works, which prepared the site for construction to begin. As part of this work, an exciting opportunity arose to carry out a much-needed refurbishment of the hospital's main reception. This is now completed and is a much more welcoming space for children and their families. We are still seeking £20 million towards the building costs and we are hopeful that with your continued generosity, we will be able to open the centre in 2017.

The charity is the largest dedicated funder for paediatric research in the UK. Last year we

invested £5.7 million to research. Compared to adult medical research, paediatric research remains underfunded nationally, despite the fact that it is the only hope for some of the children that we see because their conditions are so rare. It is vital that we can continue to grow our support for research that has the potential to develop new diagnoses, treatments and cures for children at GOSH, but also help children nationally and internationally.

So many of the children at the hospital have a rare disease and the charity is committed to investing in rare disease research. Thanks to a transformative donation from Her Highness Sheikha Fatima bint Mubarak, the hospital's ambition to build a Centre for Research into Rare Disease in Children in partnership with the UCL Institute of Child Health is now possible. The development (Phase 3A) will also provide much-needed outpatient clinical space, completing the translational research circle from pure research to practical patient treatment.

Last year we also helped the hospital to replace or purchase novel medical equipment, as well as supporting a range of projects to help improve patient and family experience, advance clinical excellence and innovation and support staff development and wellbeing.

The charity's success in supporting the hospital and the families and children it sees is due to the incredible strength of support that we receive from our donors, fundraisers and volunteers and this year's *Impact Report* gives you an overview of just some of our achievements. I'd like to thank all of you for your support – it makes such a difference to improving the lives of some of the most vulnerable children and young people.

A handwritten signature in black ink, appearing to read 'Tim Johnson'.

Tim Johnson
Chief Executive

Our mission

We raise money so that Great Ormond Street Hospital (GOSH) can provide world-class care for its young patients and their families, and pioneer new treatments and cures for childhood illnesses.

The charity supports projects that will improve outcomes for the children treated at the hospital and which will enable the hospital to remain one of the world's leading centres for paediatric care and research. This includes funding:

- The redevelopment and refurbishment of the hospital.
- New or replacement equipment and leading-edge technologies.
- Supporting activities that help to transform the healthcare system at GOSH and the experience of patients and families.
- World-class translational research that seeks to improve care, diagnosis and treatment for GOSH patients.

This *Impact Report* provides examples of recent successes in each of these areas. Some projects are already making a difference to the children being treated at the hospital, while others have the potential to improve the lives of children we are likely to treat in the future. We hope that they illustrate the breadth of the work supported by the charity at the hospital, which would not be possible without your generosity.



Ten-year-old Hasnain loves playing on the games console when he comes to his outpatients appointments at the hospital.



Morgan Stanley Clinical Building

Morgan Stanley Clinical Building

Objective 1

Redevelopment

Our ambitious redevelopment programme aims to rebuild two-thirds of the hospital site over a 20-year period.

PHASE 2A The Morgan Stanley Clinical Building

Thanks to thousands of supporters who generously donated towards phase 2A of our redevelopment programme, we were able to open the Morgan Stanley Clinical Building, the first part of the Mittal Children's Medical Centre, in June 2012.

Two years on and patients, families and staff are experiencing vastly improved facilities.

AIM

To open a new clinical building that would allow the hospital to:

- Increase its capacity in line with growing demand.
- Provide inpatient facilities that offer more space, privacy and comfort, where a parent or carer can stay overnight by a child's bedside.
- Provide additional operating theatre capacity and improve models of care for patients by co-locating clinical teams.
- Improve the working environment for staff.

ACHIEVEMENT

The Morgan Stanley Clinical Building, the first part of the Mittal Children's Medical Centre, was officially opened by Lord Coe KBE and Baroness Grey-Thompson in June 2012. Three of the hospital's largest specialties, cardiac, renal and neurosciences, have moved into the new building, creating the Wolfson Heart and Lung Centre, the British Kidney Patient Association Children's Kidney Centre and The JN and Phyllis Somers Neurosciences Centre. They have experienced a huge difference, with larger ward space and facilities, cutting-edge equipment and new operating theatres, plus a new family and staff restaurant with a 3D cinema and Disney interactive play area. The new building has provided vastly improved facilities for patients and parents, including more space and privacy, single patient bedrooms and en suite facilities. For many families who visit us, it has become a home away from home.

IMPACT

Since opening the Morgan Stanley Clinical Building, inpatient admissions have increased by around 15 per cent to 47,000. We also surveyed patients and their families and staff using the new building and some of the highlights of what they told us are included on pages 10–11.

GOSH is extremely grateful to all of the supporters who contributed to the Morgan Stanley Clinical Building, the first part of the Mittal Children's Medical Centre, and helped make a vast difference in the lives of so many people. Without the generous support of our donors, this building would not have been possible.

“The new space in Bear Ward has made an enormous difference to our children and families. The ward is lighter, brighter and more airy. The majority of patients have their own cubicles with an en suite and a parent is able to sleep in relative comfort in the room, instead of being squeezed into a foldout bed next to the child.”

Carolyn Akyil, Ward Sister, Bear Ward

OBJECTIVE 1 **Redevelopment**





Meet Jordan

“I was first diagnosed with my heart problem in April 2012. It was a real shock, especially when I was told that my heart was too badly damaged to have a pacemaker fitted.

I was one of the first patients on Bear Ward, having been rushed here after collapsing because my heart wasn't pumping as well as it should do. The doctors told me it's called dilated cardiomyopathy.

Bear Ward was great. It's so big and bright but with lots of nice touches. During my stay I wasn't allowed to leave the ward but the playroom for teenagers meant I still had things to do and having my own bathroom provided a lot of privacy.

I had lots of company with family visiting and my Nan slept on the sofa bed next to me. It was great knowing she was there in case something happened.

In September 2012, I had a heart transplant at GOSH. At first I was fitted with a Berlin Heart, which is an artificial heart, but after two days a donor match was identified. I was on Flamingo Ward for a week to recover from such a huge operation.

While I don't remember much of the ward as I was heavily sedated, my mum has told me what a great place it was for her in terms of being a parent. She was amazed by the state-of-the-art equipment and the one-to-one care you receive on Flamingo Ward.

The transplant has completely changed my life. I've now got a lot more energy than I used to have and I've just started studying performing arts at college which I love!

I still come back to the hospital every three months to have the checks done to make sure everything is ok. I've got zero per cent rejection of the heart at the moment, which is really encouraging. I'll never forget what this hospital has done for me.”

89%

of patients in the Morgan Stanley Clinical Building feel that their ward is spacious compared with 21 per cent who are currently still experiencing the other wards.



“It’s easier to move around the bed space and the environment feels more airy and more pleasant overall.”

Staff on Flamingo Ward



“I’m extremely happy – for a long stay this is a welcoming and comfortable environment.”

Parent on Bear Ward



83%

of patients in the Morgan Stanley Clinical Building feel that there is enough privacy on their ward compared with only 38 per cent on the other wards.

“Lung function has improved so much over the years. The new space is great.”

Parent on Walrus Ward

87%

of children in the Morgan Stanley Clinical Building say that their bedside entertainment is good compared with only 50 per cent of children currently experiencing the current old wards.

90%

of families in the Morgan Stanley Clinical Building say that there is an area for them to wait as a family, compared with only 32 per cent on the other wards.

“The rooms and other facilities are so much better and you feel you’re better equipped.”

Staff on Eagle ward



Since opening in June 2012, the Morgan Stanley Clinical Building has seen inpatient admissions increase by around 15 per cent to 47,000.



“The general facilities are excellent and support children and their families.”

Parent on Koala Ward



88%

of families in the Morgan Stanley Clinical Building say that there are plenty of toys and games in the playrooms compared with only 39 per cent on the other wards.

“The staff room is nice, airy and light.”

Staff on Bear Ward

OBJECTIVE 1 **Redevelopment**

PHASE 2B The Premier Inn Clinical Building and enabling works

The next goal in our redevelopment programme is to deliver Phase 2B, the Premier Inn Clinical Building. This is the second part of the Mittal Children's Medical Centre and is due to open in 2017.

AIM

The Premier Inn Clinical Building will involve redeveloping and refurbishing the current Cardiac Wing and will house a new surgery centre alongside inpatient wards for medical specialties including rheumatology, dermatology, infectious diseases, neurosciences and cardio-respiratory. The two clinical buildings will be connected floor by floor, allowing the most effective flow of patients and staff between similar facilities. The completion of the Premier Inn Clinical Building will realise GOSH's vision to provide modern facilities for all our acute inpatients, including space for a parent or carer to stay comfortably by their child's bedside.

ACHIEVEMENT

In 2013/14, the focus was on completing the enabling works to prepare the site for construction to begin. The enabling works that have taken place over the past year remained on time and within budget. Consequently, the demolition of the top four floors of the old Cardiac Wing commenced as scheduled in summer 2014 and will be completed in Spring 2015. Enabling works are the preparations needed to make a building site ready, and include site preparation and preliminary construction to create access routes. The result is a prepared site, ready and equipped for the main body of works to begin. For GOSH, enabling also included vacating buildings and relocating wards to suitable alternative areas across the hospital site. This was often a complex process.

Other important developments as part of the enabling works included reinforcing the structure at Level 3 of the Variety Club Building to allow the new state-of-the-art Lionhearted Interventional Radiology Suite to be constructed. The paediatric angiography suite will be used for interventional radiology, which involves diagnostic and treatment procedures guided by ultrasound or X-ray images. As a result of the reinforcement works taking place on Level 3 of the hospital, an exciting opportunity arose to refurbish the main hospital reception. This greatly improved reception is helping families better navigate their way around the hospital and aims to improve their overall experience of the hospital.

IMPACT

The successful delivery of the Phase 2B enabling works meant that in 2013/14 the charity was also able to commit to begin the main works on site. Following an extensive tendering process, Skanska were selected as the main contractor for the project.

“The new entrance to GOSH is bright, inviting and fascinating for all ages, from the centrepiece of the pirate ship to the fish mural to the interactive fish pond. It says that hospitals can be fun, friendly places.”

Lizzie Penn, Play Specialist

“It's very beautiful, us kids love it. It's perfect for a children's hospital, I find the fish very calming.”

Guia, 12, Penguin Ward



OBJECTIVE 1 **Redevelopment**

PHASE 3A The Centre for Research into Rare Disease in Children

Phase 3A of the redevelopment programme will see GOSH build the Centre for Research into Rare Disease in Children.

AIM

To build a world-class multidisciplinary centre of excellence that will bring together clinicians from GOSH and researchers from UCL's Institute of Child Health and Institute of Cardiovascular Science. Using leading-edge technologies, the centre will focus on better understanding rare diseases and rapidly translating these findings into new treatments for our patients. The new purpose-built research centre will house laboratories, manufacturing facilities, research write-up areas and meeting rooms for scientists and medical teams to progress their work. The development will also provide much-needed outpatient clinical space, completing the translational research circle from pure research to practical patient treatment.

ACHIEVEMENT

Having already purchased the development site for this project, the focus of 2013/14 was on designing the new centre. Over the last year the external design team was formally appointed, which included architects Stanton Williams. The team will be responsible for creating a design that will maximise the space available and facilitate cross-team and cross-discipline working. This will create a special environment within which research scientists can share ideas and translate these into successful clinical solutions. In 2013/14, the design team produced a feasibility study and consulted with internal and external stakeholders, including the London Borough of Camden town planning team. The site and ground investigations and outline design were also successfully completed. The focus in 2014/15 will be securing detailed planning permission, completing enabling works, including demolition of the buildings, and preparing for the selection of a main contractor.

IMPACT

The total cost of the centre is expected to be £90 million, which has been partially met by £20 million of fundraising income from the charity and a £10 million grant from the Higher Education Funding Council for England's Research Partnership Investment Fund. The remaining £60 million will be generously donated by Her Highness Sheikha Fatima bint Mubarak. This incredible gift, kindly given by the wife of the late Sheikh Zayed bin Sultan Al Nahyan – the founder and first President of the United Arab Emirates – is in recognition of GOSH's unique position to advance treatments and cures for rare diseases.

Thanks to this transformative donation, the future of the centre and the hopes of the staff, patients and families are now closer to becoming a reality.

“The centre will be the first of its kind to bring clinicians, patients and scientists together to translate pioneering research techniques into hope for children across the world who have rare diseases. I have led a number of successful trials that saw gene therapy transform the outcomes of children with severe combined immunodeficiency – a rare immune disorder. My hope is that this new centre will allow us to go even further and develop gene therapy as well as cell and stem cell therapies as a standard treatment for many more conditions where children are born with rare diseases.”

Professor Bobby Gaspar, Paediatric Consultant Immunologist at GOSH and Director-Designate for the Centre for Research into Rare Disease in Children



An artist's impression of what the labs in the Centre for Research into Rare Disease in Children will look like when completed.

Objective 2

Research

Advancing pioneering research to find new treatments and cures for the rare and complex illnesses treated at GOSH is one of the hospital's main objectives.

In 2013/14, the charity committed £5.7 million towards research projects at GOSH, its academic partner the UCL Institute of Child Health (ICH) and other external research partners across the UK. The charity aims to support high-quality translational research with the potential to improve the lives of children treated at the hospital through better diagnosis, treatment, improved care or cures.

Last year, the charity also introduced a new impact-reporting tool – Researchfish – to collect data on the impact of charity-funded research. The new tool is now used by over 80 research funders, research councils and universities and some of the highlights from our Researchfish results are included here. Overleaf you will also find some examples of the research that we have funded.



NATIONAL FUNDING PROFILE



THE CHARITY'S LEVERAGE RATIO

FOR EVERY

£1

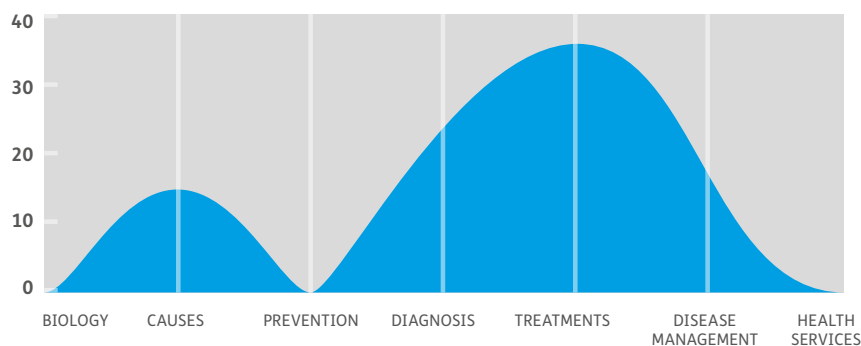
THAT WAS INVESTED
BY THE CHARITY IN
RESEARCH

A FURTHER

£2.20

WAS LEVERAGED IN
EXTERNAL INCOME

THE CHARITY'S RESEARCH PROFILE



BIOLOGY	0.72%
CAUSES	16.13%
PREVENTION	0.28%
DIAGNOSIS	25.84%
TREATMENTS	38.61%
DISEASE MANAGEMENT	18.30%
HEALTH SERVICES	0.12%

Translational research pathway to patient benefit



“For many of the children that we see at the hospital, particularly in clinical genetics, we don’t have a treatment and we certainly don’t have a cure, and the only thing that we really have to offer the families that we see is research. Research gives these families some hope for their children’s future. It’s not an add-on. It’s not a luxury. It’s the only thing we have to offer these families.”

**Maria Bitner-Glindzicz, Professor of Clinical and Molecular Genetics
at the ICH and Honorary Consultant in Clinical Genetics at GOSH**

OBJECTIVE 2 **Research**

Studying the brain development of children born prematurely

AIM

To improve the language, memory and reasoning skills of children born prematurely.

ACHIEVEMENT

Each year around 60,000 babies are born prematurely in the UK (about eight per cent of all babies). Thanks to medical advances, more of these babies are surviving than ever before. This includes babies born more than 15 weeks early and weighing less than a bag of sugar – babies who until recently had very little chance of survival.

These advances are fantastic news, but they come at a cost. Some children born prematurely grow up with poorer memories and inferior language and reasoning skills to other children. At the moment these problems are often only picked up when the child is already a few years old, by which time it can be difficult to improve their mental abilities.

Dr Michelle de Haan is currently investigating the different ways potential memory and/or reasoning problems can be predicted in infants born preterm. She believes this will create opportunities for parents and medical professionals to intervene very early on, and help each child reach their full potential.

To turn this possibility into a reality, Dr de Haan has been given funding by Great Ormond Street Hospital Children's Charity and University College London to employ a PhD student to work on the challenge for four years. PhD student Kayleigh Day is now working hard to discover how to predict the future problems faced by premature babies.

Kayleigh Day's PhD studentship is generously supported by Henrietta St George.

IMPACT

Dr de Haan and Kayleigh Day are driven by the potential of their work to help thousands of children born prematurely in future years.

Kayleigh says: "Our study aims to test a range of different mental abilities in children born prematurely in order to try and find early indicators of possible problems they may have later on in life. We perform a series of tasks with these infants throughout their early years, with each task aimed at testing a different ability. If a child isn't performing particularly well in one area, it could suggest that this ability is impaired and may later cause them difficulties with learning or forming social relationships.

"We see the children at three, six and 12 months of age and at each visit, we perform a different set of tasks that become more advanced as the child grows. As an example, at three months, one of our tasks uses eye-tracking technology, where we can follow what the infants are looking at on a screen. From this we can get an understanding of the information that they are taking in and we use this as a predictor of early mental function. As they develop and their behaviours advance in their first year, we can target the more complex abilities with our tasks at these ages.

"Some children born prematurely can develop perfectly normally but others can need a little more help. Our study aims to be able to predict these problems and put the help in place for these children before it impacts their general school life and learning".



OBJECTIVE 2 **Research**

Regenerative medicine for oesophageal atresia

AIM

To use radical new technology to cure babies born unable to eat or drink.

ACHIEVEMENT

Around one in 3,000 babies in the UK is born unable to eat or drink. These babies have a condition known as oesophageal atresia (OA), a rare birth defect in which their food pipe (oesophagus) doesn't connect to their stomach. 'Atresia' is a word taken from ancient Greek, meaning 'no way through'.

If the gap is small, surgeons simply connect the two ends. But if the gap is wider, the surgeon is forced to use a section of the baby's intestines or stomach to bridge the gap. However, this life-saving solution leaves the child with life-long problems, such as difficulties with eating and breathing, heartburn and acid reflux.

The ideal way to cure a baby with OA would be to create a piece of oesophagus that can bridge the gap, and Professor Paolo De Coppi and his colleagues at GOSH are pioneering a way to do just that.

Professor De Coppi has an illustrious track record and was recently awarded a prestigious NIHR Research Professorship for his work. In 2010, he was part of a team that performed the world's first transplant operation in which a child was given a new trachea (windpipe) constructed using their own cells. The team's revolutionary treatment saved the life of 11-year-old Ciaran Finn-Lynch who was born with a life-threatening narrowing of his windpipe.

Meet Jay

One-year-old Jay has spent nearly all of his short life in hospital. He has had three major operations so far and he'll need many more as he grows. He was born with a very rare condition in which he has a dead end in his oesophagus, his windpipe and trachea were joined and his trachea is very narrow.

Jay's problems were picked up on scans, so when he was born by emergency C-section at 36 weeks his parents knew he would be rushed straight into intensive care. After a few months he was transferred to GOSH to be seen by the world's leading specialists in oesophagus surgery.

So far, surgeons at GOSH have managed to split his windpipe and trachea and correct the narrowed trachea. Once Jay grows a little bigger, the team will bring his stomach up to join the oesophagus. He is currently fed by a gastronomy tube straight into his stomach – it is hoped he will make a full recovery, lead a normal life and maybe even become a racing driver – this would make his F1®-mad father very happy!





IMPACT

Professor De Coppi is now developing similar technology to create oesophageal transplants for children with OA. The funding for this project was awarded through the charity's new Clinical Research Starter Grants funding stream. His current focus is to perfect the technology and test all the constituent parts. However, his ultimate goal is to create a living transplant that could be transplanted into a child and won't be attacked or rejected by a child's body.

As well as curing children born with OA, Professor De Coppi's research has the potential to one day help thousands of children who have life-threatening conditions affecting their gullet, bladder, intestine or other organs.

At the moment, surgeons are forced to perform transplants using organs and tissues from people unrelated to the recipient, but that have been selected to match the recipient as closely as possible. But well-matched donor organs are rare, and the recipient is forced to spend the rest of their life taking powerful drugs to prevent their body from rejecting the transplant. Professor De Coppi's work pioneers rejection-free organ transplants grown from a patient's own cells, which could avoid both these problems.

Professor De Coppi: "My hope is that soon we might build complex organs such as the heart, gullet, bladder or intestine; fully-functional organs that can grow as the child grows. There are many children who urgently need these alternatives if we are to offer them a healthy future."



Objective 3

Equipment

Last year, our donors helped us to fund new specialist medical equipment worth £7.9 million. This enabled us to replace old machinery as well as to invest in new technology that helps the hospital to maintain its position as one of the top paediatric hospitals in the world. Here we highlight two examples of the equipment we funded last year.

Gamma camera

AIM

Maintain a fast and accurate diagnosis service for children.

ACHIEVEMENT

The department of Radiology at GOSH is one of the hospital's linchpins. Doctors, radiographers and nurses in the department perform a huge range of scans, which help them provide children and their families with an accurate diagnosis.

Incredibly, staff in the department perform almost 60,000 scans every year, for children ranging from newborns up to 16 years old. Each piece of equipment in the department is used for a different purpose, including the department's 'single-headed gamma camera'.

Gamma cameras are sophisticated pieces of machinery that help doctors find out whether a child's internal organs are working properly. They work by detecting tiny pulses of radiation emitted by a 'tracer' – a weak, short-lived radioactive substance. The tracer is given by injection prior to the scan. As the tracer travels around the child's body it emits gamma waves. And, each time a gamma wave hits the crystal inside the camera's head, the crystal produces a flash of light. These light flashes are converted into images that show what's happening inside the child's body.

Doctors commonly use the gamma camera to see whether a child's kidneys are healthy, or whether they contain any obstructions. They also use it to look for scar tissue, to find out whether there is a blockage in a child's lungs, or whether, in premature babies, the thyroid gland is working properly.

The gamma camera was generously funded by Trevor Williamson.

IMPACT

The new camera is already having a big impact. Until the new camera arrived, the department was struggling to keep up with demand for gamma camera scans. The department only has one single-headed gamma camera, and the one they had was over 10 years old. It was starting to break down and produce error messages, both of which caused delays.

As Gemma Heath, Nuclear Medicine Superintendent, says: "Having the new camera has made a huge difference for children. There are now fewer delays, and we are consistently able to produce incredible images that help doctors give every child the best possible care.

"Having a scan can be stressful for children, and their families, so our goal is to make it as comfortable and stress-free as possible, which is why the new camera is so important."

10-month-old Kieran has come for some scans in the Nuclear Medicine Department to check his kidney function.

OBJECTIVE 3 **Equipment**

MALDI-TOF mass spectrometer

AIM

To speed up the diagnosis of dangerous infections.

ACHIEVEMENT

Every year, thousands of children at GOSH are treated for life-threatening infections. Infections can take hold within hours, and selecting the right treatment quickly is vital. Every hour that goes by without a precise diagnosis is precious time lost.

It is vital that doctors are able to discover exactly what has caused the infection as quickly as possible. This tells them what medicines to use, and whether safety measures should be implemented to protect other children.

Last year, GOSH's Microbiology department was given the go-ahead to buy a sophisticated piece of equipment known as a MALDI-TOF mass spectrometer. This machine is now helping scientists in the department to rapidly and precisely identify the cause of life-threatening infections in children at the hospital.

IMPACT

Until the new machine was purchased, identifying bacterial, yeast and fungal infections could take hours, if not days. In order to identify what had caused the infection, scientists had to isolate it, grow it, stain it, and perform tests on it. This delayed the treatment of some of the hospital's sickest and most vulnerable children.

With the MALDI-TOF machine, the process of identifying an infection is now much quicker – usually in a matter of hours or even minutes. Previously, those same tests would have

taken days. This means that the hospital's doctors can start treating children much sooner, giving them an even better chance of recovery.

Importantly, precisely identifying highly dangerous, antibiotic-resistant bacteria can now be done in minutes. This gives the hospital precious time and information, telling them whether to isolate the child and whether to instigate protection measures to ensure that other children aren't infected.

One example of where the new machine is benefiting some very ill children is in the diagnosis of a group of bacteria called group A streptococcus. When these bacteria get into a child's organs and tissue they can cause extremely dangerous illnesses like pneumonia, sepsis (blood poisoning), or meningitis. Infected children need to be diagnosed and treated extremely quickly. With the new machine, scientists can diagnose children 24 hours sooner than before the new equipment was in place.

Paediatric Microbiologist and Lead Clinician for the Microbiology department, Dr Garth Dixon, says: "The MALDI-TOF machine has had an immediate impact on our ability to quickly diagnose and treat critically ill children. For example, yeast infections, which in the past took us up to 72 hours to identify, can now be diagnosed accurately in an hour. Yeast infections are extremely dangerous for children with suppressed immune systems. Every hour we delay treatment matters, so having the MALDI-TOF machine is making all the difference."

POWER



ON/OFF



MAINS

SYSTEM



ERROR



WARM-UP



READY



AUTOMATIC

TARGET





Objective 4

Patient and family support

We believe in caring not only for the child but for the whole family. This comes in many forms, including spiritual counselling, overnight accommodation for parents and staff development. Last year, our donors helped to fund £4.9 million worth of projects and we include two examples here.

Consultant Nurse Intellectual (Learning) Disabilities

AIM

To improve the care we offer to children with learning disabilities.

ACHIEVEMENT

In September 2013, GOSH appointed Jim Blair as its first ever Consultant Nurse Intellectual (Learning) Disabilities. Jim is a national expert in learning disabilities, and he has already transformed practices in another London hospital.

It's Jim's job to make sure that GOSH provides a safe environment for children and young people with learning disabilities and that it makes every possible effort to accommodate each child's needs.

Jim's appointment was made possible by a generous donation from The Al Fayed Foundation's Camilla Nurse Programme.

IMPACT

Jim's appointment has already made a huge impact on children's lives. For example, every child who has a learning disability now has a purple sticker put on the front of their notes. This immediately signals to staff that they might need to treat the child differently. For example, children with learning disabilities often benefit from longer appointments. This allows them more time to take in information and helps them to feel calm and unhurried.

Jim says: "Recently we started teaching our staff how to be more aware of the needs of children with learning disabilities. For example, some children express pain through laughing, so it's important that our nurses are aware that a laugh isn't necessarily a positive reaction.

"We've also rolled out 'hospital passports' for children with learning disabilities. The passport is a simple document filled in by the child's family. In it, they write down important information about the child's physical and emotional needs. This includes information about what they like and don't like, how they express pain, how they communicate, and what to do if they get anxious. The passport helps doctors to treat each child sympathetically, and understand quickly which symptoms are part of their disability, and which are symptoms of a specific medical problem."

"This role is very important for children with learning disabilities. It provides someone who can liaise with nurses and doctors on the children's behalf to help them prepare for their visit. By communicating with them in a way that they understand, this means that children are included in decisions about their care. This makes the child's visit to the hospital less stressful for them and their family."

Cecilia Anim, Deputy President of Royal College of Nursing

A grateful Mum's story

"Our son is a great boy with a wicked sense of humour. He also has learning disabilities. Last January we were told that he would need major surgery in 2014. The news was daunting as he already finds hospitals challenging. How was he going to cope? We knew we needed to step outside the mainstream and access additional support. That was when we asked for a referral to GOSH and first made contact with Jim Blair.

"From the start, Jim has listened to our son's needs and worked with others to make flexible adjustments to treatment. For instance, Jim helped us access a first appointment slot for an MRI. We were able to stay in the Paul O'Gorman Patient Hotel opposite the hospital in Weston House the night before and then, in the morning, we simply walked across the road and straight in for the scan, minimising our son's

anxieties. Jim has helped us access other resources too. The hospital passport is a great idea. We have used it to flag up his allergies and to share that laughter often gets the best results!

"This is a stressful time for our whole family. However, we know Jim is there to support us and that he takes our son's needs seriously. That makes a difference."

OBJECTIVE 4 Patient and family support

Volunteer Services

AIM

To support children and their families by providing hundreds of trained, motivated, and well-supported hospital volunteers.

ACHIEVEMENT

All around GOSH there are volunteers – over 800 of them – supporting children and their families by carrying out a huge range of tasks and services. In the past year they have collectively donated over 160,000 hours of their time and provided services worth £1.2 million. Services that the hospital wouldn't otherwise have been able to afford.

Head of Volunteer Services Jamie Wilcox is incredibly proud of what the service achieves: "We provide GOSH with one of the most comprehensive and well-run volunteer programmes in the country. And we have volunteers working in almost all of our wards and departments.

"The key to our success is that each volunteer gets a huge amount of training – three months of it in all.

"We train volunteers for 46 different roles depending on their skills and interests. They might be supporting our Play staff or the Social Work team. Or they might be taking patients to the post-operative ward, or even running games and arts and craft activities at our Saturday Club.

"Some of our volunteers are registered PAT (Pets as Therapy) dog-handlers, who help to soothe and comfort sick children by bringing in beautifully trained dogs. We now have six different dogs, from a tiny terrier-poodle cross right up to a Bernese Mountain dog, and the children love them.

"Ultimately, our volunteers are there to support families and free up the medical teams to get on with what they're trained for – treating very sick children with world-class medical care."

None of this would be possible without Great Ormond Street Hospital Children's Charity. The charity's funding ensures that every volunteer is given the training, support and information they need to perform their particular role safely and effectively.

IMPACT

By training hundreds of volunteers, the Volunteer Services team has a huge impact across many departments in the hospital and GOSH now has one of the most comprehensive volunteer programmes of any NHS Trust. One of the highlights has been creating new activities that are seen as really key and incredibly important for the Trust. A great example is the Saturday Club, which previously did not exist and provides activities for children who stay at the hospital over the weekend. This was made possible with the support of our corporate partner volunteers from Morgan Stanley, Michael Page and The Walt Disney Company Ltd.

"We see over 500 families every day. With volunteers supporting the flow of patients, the service has improved dramatically."

**Chantelle Davis, Assistant Manager,
Outpatients department**

Nine-year-old Libby loves playing with volunteers Bansi and Amy during her stay on Badger Ward.



Meet Bansi and Amy, Volunteers on Badger Ward

Bansi

“Volunteering in a place as inspiring as GOSH has been such a great experience. I thought that if I had the chance to help, the children might momentarily forget they were in hospital, by either playing their favourite game, making them smile, or just spending a bit of time talking to them. It makes a big difference to their day. I really value my time with the children. It has been a fantastic opportunity and nothing less than a privilege.”

Amy

“Volunteering at GOSH is the highlight of my week. Interacting with the patients and their families is a privilege and so rewarding. I have met so many amazing and inspiring children, young people, parents and staff. Volunteering on Badger Ward is a different experience each week. It all depends on what the patient would like to do. We do things like arts and crafts activities, role-play and playing board games and games on the iPad. I spend time with children and young people at their bedside and

in the playroom. Sometimes patients and their parents or carers just like the opportunity to have a good chat! Spending time with patients and their siblings often gives their parents or carers the opportunity to pop out for a while or get things done. Volunteering at GOSH has confirmed my desire to train as a Play Specialist. I have learnt so much on Badger Ward, and know I will continue doing so during my time at this fantastic hospital.”

What we raised

Our ability to support the hospital was strengthened this year by a 6.2 per cent growth in income to £74.5 million. This was the highest level of income ever achieved by the charity and marks the third successive year of growth in income. The large majority of our income continues to be generated by fundraising activities.

FINANCIAL REVIEW

These excellent results were driven by record levels of donations, which increased to £48.3 million. This included success across a number of our fundraising streams, including regular givers, community fundraising and corporate partnerships. In addition to the ongoing support from our corporate partners, major donors, trusts and foundations, the number of people who give regular gifts to the charity increased again and, by the end of the year, stood at 141,500, an 11 per cent increase over the previous year. A significant part of our fundraising income is also generated by our many volunteers and supporters taking part in fundraising and challenge events, which helped our Community Fundraising team raise more than £10 million for the first time ever this year.

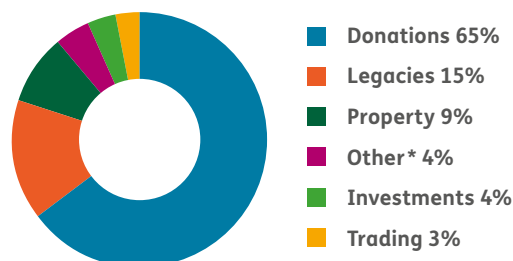
We also received £11.5 million from those who generously left the charity legacy gifts in their Wills.

The principal funding sources of the charity, with comparisons to the previous year, are shown on the right.

INCOME SOURCES 2013/14

	2013/14 £ million	2012/13 £ million
Donations	48.3	47.7
Legacies	11.5	12.1
Property	6.5	1.5
Other*	3.4	2.8
Investments	2.7	3.6
Trading	2.1	2.4
Total	74.5	70.1

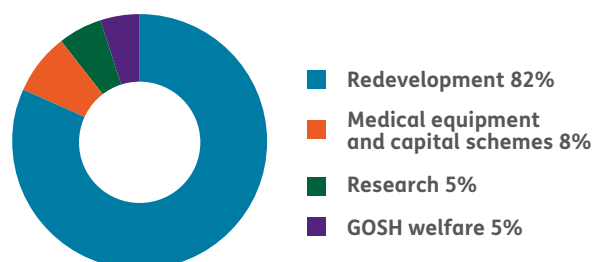
*Other includes grants, auctions, tickets and sponsorship



GRANTS AWARDED * 2013/14

	2013/14 £ million	2012/13 £ million
Redevelopment	83.7	27.5
Medical equipment and capital schemes	7.9	5.5
Research	5.7	14.1
Welfare	4.9	3.7
Total	102.2	50.8

*Grants awarded during the year before adjustments



This income, together with reserves generated in previous years, enabled us to award grants totalling £102.2 million during the year, with the most significant award being an £83.7 million grant to the hospital to fund the development of the Premier Inn Clinical Building, the second phase of the Mittal Children's Medical Centre. Other awards provided funding for welfare projects, research and medical equipment as shown on the right.

Isla, age four, enjoys colouring while waiting for her appointment with the specialist speech and language therapist.





Abigail, age nine, makes use of the new hospital main entrance waiting area. She loves having her picture taken.



Looking forward

Our Chairman's report

Our ability to support the hospital was strengthened by a record amount of charitable income in the last financial year. We owe this success to the generosity of every individual, family, trust, company and industry that has supported us. The charity Trustees are incredibly grateful for your support, which makes such a difference to the work the hospital is able to achieve for the children and young people it cares for.

The successful delivery of the Phase 2B enabling works means that in 2014/15 the focus will be on commencing the Phase 2B main works, to deliver the Premier Inn Clinical Building, the second part of the Mittal Children's Medical Centre. Following an extensive tendering process, Skanska were selected as the main contractor for the project. Skanska are currently deconstructing the old Cardiac Wing, which they expect to complete by Spring 2015.

We are still working hard to raise more money towards the hospital's redevelopment programme, which will enable us to open the centre in 2017. The end result will be transformative, with the completion of the Mittal Children's Medical Centre realising the hospital's vision to provide modern facilities for all our acute inpatients, including space for a parent or carer to stay comfortably by their child's bedside.

The charity must continue to support the hospital and its academic research partner, the UCL Institute of Child Health, to carry out ground-breaking research to find new treatments and cures for rare and complex illnesses. Working with clinicians and researchers, the charity is now preparing a new research strategy to provide even greater targeted support in the future. We look forward to telling you more about our plans as they develop in the coming year.

While we develop our new research strategy, we will continue to invest in accelerating breakthroughs in treatments through our research funding streams and I am delighted that in 2014/15, we will be partnering with Action Medical Research through our national call to make up to £2 million available for paediatric research nationally. This research will have the potential to save or improve the lives of children treated at the hospital and elsewhere, through prevention, better diagnosis and the development of new treatments for disease and disability.

Next year the hospital will also open its new Imaging Suite, which will house a new 3T MRI and CT scanner, funded by the charity. The 3T MRI has been generously supported by the Dorothy & Spiro Latsis Benevolent Trust. These scanners have the most sophisticated technology available and the Trust will be among the first hospitals anywhere in the world to have such leading-edge equipment. It is essential that we continue to invest in technology such as this, and also replace old and ageing equipment, if the hospital is to maintain its position as one of the top paediatric hospitals in the world.

I would like to thank all of you again for your generosity. We very much hope that you will continue to support the important work at Great Ormond Street Hospital, which provides world-class care for so many sick children and their families.

Alan Hodson

Chairman of Special Trustees, Great Ormond Street Hospital Children's Charity

Objectives for 2014/15

Our objectives for 2014/15 continue to focus on putting the child first and always, supporting our remarkable patients and families who need the hospital today, as well as helping children who may need the hospital in the future.

FUNDRAISING

To raise £85 million.

REDEVELOPMENT

Raising funds for the redevelopment of the hospital continues to be our biggest priority. The next goals in our redevelopment programme are to:

Complete the deconstruction of the old Cardiac Wing by Spring 2015 to deliver Phase 2B, the Premier Inn Clinical Building. This will house a new surgery centre as well as inpatient wards for clinical specialties including rheumatology, dermatology, infectious diseases, neurosciences and cardio-respiratory and complete the Mittal Children's Medical Centre.

Continue to develop plans for Phase 3A, the Centre for Research into Rare Disease in Children, in particular securing detailed planning permission, completing enabling works and preparing for the selection of the main contractor.

RESEARCH

Following a successful first year, we will be repeating our Clinical Research Starter Grants funding stream, which aims to support research that has the potential to rapidly translate findings to clinical practice so as to tangibly benefit children treated at the hospital and beyond.

In 2014/15, we are also excited to be partnering with Action Medical Research to make up to £2 million available for paediatric research grants across the UK. The call will aim to fund projects that have the potential to save or improve the lives of children through prevention, better diagnosis and the development of new treatments for disease and disability.

As the UK's leading dedicated paediatric research funding charity, we will also support around £2 million of new projects, including senior researchers and PhD students at the UCL Institute of Child Health, the hospital's dedicated research partner.

EQUIPMENT

We aim to fund around £2 million of new medical equipment at the hospital. These items are prioritised by the hospital, according to its most urgent needs, and range from humidifiers used to provide respiratory support to patients (£1,423 each) to ultrasound machines for interventional radiology (£102,039 each).

PATIENT AND FAMILY SUPPORT

We aim to support about £5 million worth of welfare and clinical development projects, which provide important additional help and support for patients, their families and hospital staff.

Funding priorities for 2014/15

The charity supports the most urgent needs of the hospital each year and below are some of our funding priorities for 2014/15.

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 experience.

Your support could help to:

- fund a four-bedded bay in the new surgery centre: £500,000
- fund a patient bedroom with en suite bathroom in the new surgery centre: £100,000
- fund a recovery bay in the new post-anaesthetic care unit: £50,000
- equip a patient bedroom in the new rheumatology, dermatology, infectious diseases and immunology ward: £8,000

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 beyond.

Your donations could help us to:

- fund projects nationally to drive advances in children's health: up to £1 million
- fund clinically-focused research projects at the hospital: up to £500,000
- fund a project to develop the UK's first genetic test for a rare respiratory condition: up to £130,000
- fund a project to provide more personalised treatment to children with asthma: up to £60,000

EQUIPMENT

It is essential that our exceptional doctors and nurses have state-of-the-art equipment to provide children with world-class care.

We need:

- to increase, replace and upgrade surgical instruments for theatres: £200,000
- to purchase a genetic analyser and PCR machine, used to provide clinical test results for patient treatment decisions: £109,989
- ventilators to help patients on our critical wards to breathe: £33,553
- patient monitors for monitoring a patient's vital signs during their stay in hospital: £6,861
- sofa beds to enable parents to sleep at their child's bedside in our new surgery centre: £1,018

PATIENT AND FAMILY SUPPORT

For many families, visiting the hospital can be a difficult and stressful time and it is vital that we can support them through this.

Play is an essential part of a child's life experience, even when they are ill. The Play team provide innovative play strategies and distraction techniques to make the child's experience of hospital as stress-free as possible.

Your support could help to fund:

- the whole Play team for a month: £112,000
- a small team of play workers to provide stimulating activities for patients and their siblings on the wards for one weekend: £250

Thank you



Our sincere thanks go to all those individuals and organisations who have so generously supported the charity in 2013/14, and those who have chosen to give anonymously.

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 the inspiring patients and the remarkable staff at the hospital, thank you.



Thank you



Friends of Adeona

Friends of Adeona recognises our most generous benefactors and was named after the Roman Goddess Adeona, who helped to guide children safely back home.

AF Foundation	GlaxoSmithKline	JN and Dame Phyllis Somers
The Al Fayed Charitable Foundation	Granaway	Sir Hugh and Lady Stevenson
ASK Italian Restaurants	Constance Green Foundation	Lord Sugar and Lady Sugar
The Barclay Foundation	Lord and Lady Harris	The Bernard Sunley Charitable Foundation
Sir JM Barrie	Martin and Zoe Harris	Sweets for Life Ltd
Heather Beckwith	Hinson	Tesco
The Botnar Family	Khoo Teck Puat UK Foundation	Towergate Charitable Foundation
British Gas	Dorothy and Spiro Latsis Benevolent Trust	The Philip Ullmann Trust
British Heart Foundation	The Bernard Lewis Family Charitable Trust	The Ulverscroft Foundation
The British Kidney Patient Association	Natalie and Ian Livingstone	United Biscuits
The Bunting Family	Allison and Harvey McGrath	The Variety Club Children's Charity
Channel 4 Television	Scott and Suling Mead	The Walt Disney Company Ltd
Children with Cancer UK	Aditya and Megha Mittal	The Garfield Weston Foundation
John and Odile Connolly	Morgan Stanley	Whitbread Hotels and Restaurants
Charles Dickens	Mike Nelson	The Charles Wolfson Charitable Trust
The Djanogly Foundation	Newlife Foundation for Disabled Children	The Wolfson Foundation
The Clore Duffield Foundation	Oak Foundation	Richard Wright
Menashi Ephraim	Philips AVENT	
Eurasian Natural Resources Corporation (ENRC) PLC	The Reuben Foundation	
Merrill, Amelia and Tatiana Fitzgibbons	Baroness Jeanne de Rothschild	

Gifts in Kind

adam&eveDDB	Instinctif	The Royal National Hotel
Barclay Foundation	Macfarlanes LLP	Roland Rudd
Sir John Beckwith	Mattel UK Ltd	Joanne Salley
Alan Bennie	The McCowen family	Small Luxury Hotels of the World™
BHS	MSL Global Ltd	Stratstone of Mayfair
Blake and Michael Daffey	Moët and Chandon	Tom Montgomery-Swan
Tamara Ecclestone	Sophie Mudie	Trailfinders
Mathieu Flamini	Sir David Murray and family	Top Right Group
Graham Coxell	Pirelli Tyre S.p.A	Ultimate Travel Company
Charles and Analida Graham and Bob Ziegert	The Rich family	The Walt Disney Company Ltd
	John and Belle Robinson	

A

Legacy of Ella Adlam
The Bryan Adams Foundation
Aecer Associates
AF Foundation
Alchemy Partners
The Al Fayed
Charitable Foundation
Legacy of Godfrey Allford
The Almanac Gallery
The Alternative Hair
Charitable Foundation
Family and friends
of Hannah Andrassy
Aon Benfield
Aon Global Risk Consulting
Arle Capital Partners Limited
Artemis Charitable Foundation
ASK Italian Restaurants
Celia and Edward Atkin
ATP World Tour
Augustea Group

B

Legacy of Jennifer Baggot
Legacy of Florence Baldwin
Bank of America Merrill Lynch
The Barclay Foundation
Legacy of Reginald Barnes
Chris Beazley, Tom Clementi
and Hugh Cocke
Sinclair Beecham
Family and friends
of Jack Bernstein
BGC Partners
Legacy of Thomas Bishop
Debby and James Brice
British Gas
Legacy of Dr Dorothy Brooks
Mr Bobrovnikov and
Mrs Chernavskaya
Sofia and Gennadiy Bogolyubov
Boodles
Legacy of Betty Bouchier
Legacy of Joan Bourne
Graeme Boy and Richard Lester
Malcolm Bredin
Jamie Brown
Bt Global Services:
Government & Health
Legacy of Agnes Buchan
Legacy of Rosemary Burr
Legacy of Kathleen Burrell

C

The Cake and Bake Show
Card Partnerships Ltd

Legacy of Molly Carpenter
Legacy of Mary Causton
The Isla Cecil Brighter
Future Fund
Center Parcs UK Limited
Legacy of Josephine Challis
Mr and Mrs Joe Chambers
Channel 4's Comedy Gala
Channel 4 Television
The Princess Charlene
of Monaco Foundation
The Sam Cheetham
Brighter Future Fund
Legacy of Monty Cherns
Children with Cancer UK
The Children's Welfare
and Research Foundation
Legacy of Beryl Clark
Clinique
Legacy of Ellen Clunn
Legacy of Elizabeth Collins
Legacy of Lawrence Collins
John and Odile Connolly
Costain Group Plc
Legacy of Rosalind Cottam
Legacy of Kathleen Cox
Create and Craft and
Ideal World TV
Credit Suisse Securities
(Europe) Limited
In memory of Addison Cresswell
CR Marine&Aviation

D

Legacy of Mary Darroch
Dr Genevieve and Mr Peter Davies
Legacy of Sir Colin Davis
Legacy of Cecil Dean
Deloitte LLP
The KX Kayakers – Woody Dewar
Deydun Markets Limited
The DG Charitable Settlement
Sir Harry Djanogly CBE
and Lady Djanogly
Legacy of Gwyneth Done
Legacy of Frederick Draper
Legacy of Marjorie Dumican
The Houghton Dunn
Charitable Trust

E

Eaton House Belgravia School
eBay for Charity
Legacy of Audrey Edwards
Legacy of Ivan Emeny
Enesco Ltd
The Entertainer

F

Legacy of William Fagence
Friends and family of the
Naomi Fardell Fund
Legacy of John Farr
FDD International
Merrill, Amelia and
Tatiana Fitzgibbons
Formula One Management Ltd
Gwyneth Forrester Trust
Legacy of Alison Fox

G

Gabrielle's Angel Foundation UK
GAM London Limited
Alys and James Garman
GDF SUEZ Energy International
Legacy of Patricia Gee
Theo Gelernter
GiffGaff
Globo Balear
Legacy of James Godbolt
Legacy of Dorothy Goggin
Legacy of Bettine Goldberg
The Stanley Goodacre
Brighter Future Fund
The Sean Paul Gooday
Brighter Future Fund
The Gosling Foundation
The Shauna Gosling Trust
Lydia and Manfred Gorvy
Gary and Catherine Grant
Alexander and Ika Green
Greenenergy
Legacy of Gillian Grigg
The Daniel Griggs
Brighter Future Fund

H

Amanda and Simon Hall
The Hall Hunter Foundation
Roger and Naomi Hambury
Chris Hancock
Legacy of Richard Harbord
Legacy of Pamela Harrison
Heating Plumbing Supplies Ltd
Legacy of Ann Herd
Heronslea Group
Anne Hess
Legacy of Klara Hirsch
Legacy of Margaret Hobbs
The Olivia Hodson Cancer Fund
Family and friends of
Alexandra Lucy Høegh
Legacy of Mary Hook
House of Fraser
The KX Kayakers – Michael Houston

Dominic W Howard
Legacy of Trevor Howard
HSBC Bank Plc
HSBC Bank Plc
(Central London Region)
Martin and Celestina Hughes

I

International Theatre & Music Ltd
Iron Mountain (UK) Ltd

J

Family and friends of Jamie Jones
Jilly's Jolly Jaunt
Legacy of Olive Jones
Legacy of Rose Joslin
Legacy of Roy Julian

K

Kent Reliance
Khoo Teck Puat UK Foundation
Kinetic Worldwide
Kingpin
The Kirkby Foundation
Legacy of Irene Kirkham
Kit for Kids Group
Conor Kitching & family
Legacy of Eric Kitching

L

The Kirby Laing Foundation
Katie Lake
Legacy of Arthur Lambert
Dorothy & Spiro Latsis
Benevolent Trust
Legacy of Margaret Laycock
Eugène and Stephanie Léouzon
The League of
Extraordinary Mudders
Jason Leonard
The friends and family
of Mark Levinson
The Anna Lewis
Brighter Future Fund
Natalie and Ian Livingstone
Logicalis UK Ltd
Mark and Janine Long
The Love Hearts Appeal
Legacy of Oliver Lovell
The John Lyon School

M

Legacy of Robert Macey
The KX Kayakers – Edmund Magnus
The Mahboubian Family Trust
Legacy of Ralph Maidstone
Legacy of Terry Makin
Legacy of Jean Mann

The Chloe Mansfield Fund
 Marks and Spencer plc
 Juan Reig Mascarell
 Legacy of Peter Marsouin
 Legacy of Daphne May
 MBNA Europe Bank Limited
 The KX Kayakers – Tom McAlpine
 Legacy of June McCamley
 Geraldine McCaughrean
 The Stanley McLean
 Brighter Future Fund
 Jamie McDonald
 Scott and Suling Mead
 The friends and family
 of Ava Mear
 The family and friends
 of Geeta Mehta
 Legacy of Mary Mellin
 MetLife
 The Mili Foundation
 The friends and family
 of Jak Milligan
 Legacy of Lilian Millard
 Legacy of Ruby Milne
 Legacy of Frank Milner
 The Nadia Miragliotta
 Brighter Future Fund
 The Laurence Misener
 Charitable Trust
 Mission Media and
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 Aditya and Megha Mittal
 Moët and Chandon
 Legacy of Richard Monk
 Mitch and Alison Moore
 Morgan Stanley
 Legacy of John Moss
 Legacy of Rose Moss

N
 THE NET-A-PORTER GROUP
 Legacy of Patricia Nicholas
 Nominet Trust
 Norton-Freeman Charitable Trust

O
 Legacy of Iris O'Brien
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 Legacy of Janet Ottery
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P
 Pacific Investments
 Legacy of Peggy Page
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 Gilberto Pozzi
 PricewaterhouseCoopers LLP

Q
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 Theatres & Hospitality

R
 Legacy of Rupert Radford
 Alexandra Raphael and family
 Legacy of Rosa Ravina
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 John Reay and Stoneleigh Deer
 Park Golf Club
 Sarah Reed and Clair Parmenter
 The Reuben Foundation
 Legacy of Gillian Reynolds
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 Legacy of John Rumford
 Legacy of Esther Ryan

S
 Legacy of Pamela Salter
 Legacy of Halina Samotus
 Samuel French
 Legacy of Maurice Saunders
 Ian and Carol Sellars
 Osman and Claudia Semerci
 ShareGift
 Legacy of Raymond Shattell
 The Shetland Pony
 Grand National
 Shree Swaminarayan
 Temple Willesden
 The family of Rayaan Siddiqui
 Family and friends of Harry Smith
 The Beatrice Octavia Iris Smith
 Brighter Future Fund
 Jayne and Simon Smith
 The SMA Trust
 (Spinal Muscular Atrophy)
 The Sohn Foundation London
 Sony Music
 Sony Pictures
 Sparkle Children's Charity
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 Robert Stirling
 Legacy of Beatrice St John-Wilkins
 Stonehaven
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 Sunseeker London Limited
 Sweets for Life Ltd
 Syco Music

T
 Legacy of Eileen Tatam
 Cllr Jeanette Taylor and East
 Hertfordshire District Council
 The Taylor Family Foundation

Legacy of Sarah Thompson
 The Thompson Family
 Charitable Trust
 Thomsons Online Benefits
 Top Right Group
 Townergate Charitable Foundation
 Toys R Us
 Travers Smith
 Stanley Tse
 Roland and Sarah Turnill

U
 The Ulverscroft Foundation
 Uniserve (Holdings) Ltd
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V
 Amanda and Dominic Vail
 The 3VB Charitable Trust
 Valad Europe

W
 The Elliott Joseph Walker Brighter
 Future Fund
 The Walt Disney Company Ltd
 Legacy of Winifred Ward
 Daniel Waylett
 Legacy of Verona Wayman
 Legacy of Kathleen Webb
 Legacy of Patricia Webber
 The Welton Foundation
 Wentworth Tennis and
 Health Club
 Legacy of Barbara Weston
 Whitbread Hotels and
 Restaurants
 Legacy of Lois Whitchurch
 Mr & Mrs Andrew White
 The White Company
 Wilko Region 16
 Trevor E Williamson
 Legacy of Alfred Willey
 The Lord Leonard and Lady
 Estelle Wolfson Foundation
 Worldpay
 Legacy of Graham Worthington
 David Wyatt

Appeals, Fundraising Committees and Patrons 2013/14

Fundraising Patrons

Ken Costa
Andrew Taeë
Lady Wolfson of Marylebone

Ambassador

Jason Chaffer

Charity Patrons

Tess Daly
Vernon Kay

Bishopsgate School Charity Ball and Shoot

A gala dinner and clay pigeon shoot hosted by Bishopsgate School as part of their 16-year partnership with Great Ormond Street Hospital Children's Charity.

Chair

Andrew Taeë

Adventure in Wonderland

A magical Alice in Wonderland themed ball, supported by The Reuben Foundation. All funds raised went towards a new Centre for Paediatric Virology.

Co-Chairs

Jamie Reuben
Lisa Reuben

Isaac Ferry
Mathieu Flamini
Charlie Gilkes
Ben Goldsmith
Garrett Moore
and Immersive Cult
Richard Stone
Beatrice York

Committee

Amit Bhatia
Dave Clark
Ben Elliot

Carol Concert 2013

A heart-warming family event of carols and readings from special guests and patients at St Pauls Church, Knightsbridge. All funds raised went towards Look Inside, an initiative to raise money towards life-saving imaging equipment.

Chair

Stephanie Léouzon

Co-Founder

Bridgett Walters

Committee

Anita Bott
Jo Broadhead
Antonia Christie
Susi Clement-Davies
Vanessa Colomar
Kelly Curtin
Tara Falk-Mitchell
Shaun Gay
Charles Hale
Matthew Hurlock
Amanda Husson

The Hon Timothy Knatchbull
Eugène Léouzon
Alison Loehnis
Patty Madara
Eileen Mannion
Prudence McNellis
Martha Mehta
Simon Moore
Tony Murkett
Alice Page
Sharon Pinchbeck
Luciana Redi
Maritzina Slater
Abigail Swiers
Dawn Vernon
Naomi Weinberg Berk
Richard Williamson

Art Antiques London Party in the Park

An exclusive preview of one of London's most stylish arts and antiques fairs. Funds raised helped fund vital child health research and equipment.

Chair

Lady Wolfson of Marylebone

Committee

Jeffrey Archer
Dame Mary Archer DBE
Lady Ashcroft
Emma Courbage

Mary Kovalcik
Sophia Mason
Allison McGrath
Tony Murkett
Annabel Newall
Sacha Newall
Rosemary Said

The Centre for Research into Rare Disease in Children

An appeal formed to fund the world's first centre dedicated to paediatric research into rare diseases. The centre is due to open in 2018.

Chair	Tony Hayward
John Connolly	Scott Mead
Board Members	Frances Murphy
Richard Bevan	Archie Norman
Peter Dubens	Roland Rudd
Anthony Gutman	Mark Tracey
	Helen Weir

Corporate Partnerships Board

A Board which supports the charity's aim of building long term, high value, mutually beneficial corporate partnerships through facilitating high level introductions.

Chair	Steve Ingham
Simon Smith	Chris Jansen
Board Members	Cyrus Kapadia
Marc Allera	Audrey Klein
Tim Bourne	Gary Landesberg
Matteo Canonaco	Will Lawes
Nick Clarry	Robin Marshall
Patrick Dempsey	Dominic Murphy
Mike Dobby	Matthew Ponsonby
Jenny Halpern Prince	Mike Tobin
Lorraine Heggessey	Georgina Vaughan
Jeremy Helsby	

Eaton House

A fundraising event held by Eaton House School with all funds raised going towards new imaging equipment at the hospital.

Committee

Susi Clement-Davies
Tara Falk-Mitchell
Lucy Watts

Face Value

An appeal established to develop pioneering new surgical techniques for children with complex craniofacial conditions.

Founders

The Beckwith Family

Highclere Shooting Challenge in aid of Face Value

A Charity Clay Shoot held at the Highclere Castle Estate, with all funds raised going towards the Face Value appeal.

Co-Chairs

Sir John Beckwith
Simon Hall

Charles Graham
Simon Halden
Amanda Hall
Ben Jevons
Sian Parry-Jones
Philip Pritchard
Brian Reid
Mark Wogan

Committee

Ron Bauer
Nicola Bearman
Heather Beckwith
Henry Beckwith
Tamara Beckwith Veroni
Lisa Dennis

Sparkle Ball in aid of Face Value

A Peter Pan themed ball hosted by the Sparkle Children's Charity in support of the Face Value appeal.

Chair

Rebecca Runcorn

Amanda Galloway
Rodney Gamble
Simon Jones
Richard Kleiner
Susan Leece-Roberts
Alistair Watson
Bryn Williams
Susan Wogan

Committee

Joanne Barnett
Nicola Bearman
Heather Beckwith
Kate Brewster
Soraya Chabarek
Geoff Egan
Natascha Freeman

The Greatest Show in London

A circus themed family fundraising event, which raised funds for the Paediatric and Neonatal Intensive Care Unit.

Chair

Sayoko Teitelbaum

Alys Garman

Patricia Dente Haimes

Elizabeth Hawtin

Committee

Maryam Akhavan

Samantha Bauer

Leila Moghadam

Nicole Gazal O'Neil

Saskia Winbergh



An initiative to raise funds for vital medical equipment that the hospital urgently needs to help children with serious, complex and life-threatening conditions.

Founders

Jenny Halpern Prince

Caroline Stanbury Habib



An initiative to bring the hairdressing community together and raise vital funds for the hospital. Funds raised are now going towards a new respiratory ward due to open in 2017.

Founder

John Frieda

Regis Corporation

RUSH

Sally Salon Services

Patrons

Julietta Dexter

Catherine Handcock

Jayne Lewis-Orr

Lee Stafford

Robert Shipton

Windsor Race Night

An evening at Windsor Racecourse in support of the Isla Cecil Brighter Future Fund which is raising money for the Childhood High-Risk Brain Tumour Consortium.

Co-Chairs

Michael Cecil

Anna Cecil

Aidan Cooney

Bill Esdaile

Kate Finney

Darren Hargrave

Committee

Ed Andrewes

Edward Chamberlain

Miranda Christie

Nic Lowry

Emily Marsh

Henrietta Nelson



An appeal created to unite the international shipping community to raise funds towards lifesaving medical research into childhood cancers and immune diseases.

Chair

Phil Parry

Andrew Jennings

Paul Jennings

Robin King

Board Members

Julian Bray

Laura Bugden

Guy Campbell

Crispin Eccleston

Richard J Fulford-Smith

Richard Greiner

Mark Jackson

Julie Lithgow

Nicholas P Lockyer

Mark Long

Greig MacPherson

Brain Perrott

Mark Stokes

Raffaele Zagari



A three-year giving club, set up to address the hospital's most urgent needs. The Club is now in its third appeal – raising funds for a state-of-the-art surgery centre at the heart of the hospital site due to open in 2017.

Chair

Grahame Chilton

Patron

Gary Lineker OBE

Board members

Steve Jacobs

Gilberto Pozzi

Andrew Tae

Andrew White

Members

4 Charity Foundation

Mr and Mrs Terrence Adams

Nick and Kate Austin

Mr Tony Ball

The Barclay Foundation

Mr and Mrs Peter Beckwith

The Beecham Family

Alan and Sara Bennie

Emily and Len Blavatnik

Mr Bobrovnikov and

Mrs Chernavskaya

The Bunting Family

John and Susan Burns

CB Richard Ellis

Jason and Belinda Chaffer

Mr and Mrs Joe Chambers

Sir Trevor and Lady Chinn

John Coldman

Mr and Mrs Ken Costa

The Peter Cruddas Foundation

Dr Genevieve and Mr Peter Davies

Ian and Penny Davis

The DG Charitable Settlement

Sarah and Lloyd Dorfman

Alex and Tara Easton

Tamara Eccleston

André Elshout and Mike Elms

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FDD International Ltd

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Pierre-Henri Flamand

Gary and Catherine Grant

Constance Green Foundation

Charles and Kaaren Hale

Robert Hall Foundation

Mrs R E Heale

The Higgins Family

The Hobson Charity Limited

Alan and Christiane Hodson

Brette and Gordon Holmes

Steve Jacobs

David and Elizabeth James

The Jenkins Family

Nick and Linda Johnston

Rose Marie and Erland Karlsson

Mr and Mrs Nagi R Kawkabani

Philip King Charitable Trust

The Lake House Foundation

Jude Law

Jason Leonard OBE

Eugène and Stephanie Léouzon

Keith and Muriel Lipman

The Lotus Foundation

Gavin and Luise MacDonald

Charly Malek and

Alessandra Steinherr

Charles and Sophia Mason

Matt and Emma

The Maaike McInnes

Charitable Trust

Scott and Suling Mead

George Michael and Kenny Goss

Mitch and Alison Moore

Hilton and Louise Nathanson

Fiona and Andrew Neale

Andrew and Marina Newington

Christopher and

Emily O'Donoghue

Amicia and Richard Oldfield

Mr & Mrs Harry Owen

Elizabeth and Daniel Peltz

Simon Picken QC

and Dr Sophie Picken

Paul Pindar

Gilberto Pozzi

Alexandra Raphael and family

The Reuben Foundation

Jane and Nick Robinson

Stuart and Bianca Roden

The Rothermere Foundation

The Countess of Rothes

The Dr Mortimer and

Theresa Sackler Foundation

The Basil Samuel Charitable Trust

The Sareen Foundation

Ian and Carol Sellars

Osman and Claudia Semerci

The Shanly Foundation

Dominic Shorthouse

John Sibree and family

Standard Chartered plc

Sir Hugh and Lady Stevenson

Robert Stirling

Lord Sugar and Lady Sugar

Bobbi Hernandez and Morgan Sze

Andrew and Katrina Tae

The Taylor Family Foundation

Chris and Carole Taylor

The Thompson Family

Charitable Trust

Richard and Susan Thornton

– The Thornton Foundation

Stanley and Beatrice Tollman

Laura and Barry Townsley

The Toy Trust

Amanda and Dominic Vail

CT van Hoorn Charitable Trust

Vivid Imaginations

The Garfield Weston Foundation

Michael and Rachel Weston

Mr and Mrs Andrew White

Mr and Mrs Roger Wyatt

Tick Tock Club Charity Golf Day

Co-chairs

Huw Jenkins

Paul Roy

Committee

Alan Bennie

Alan Hodson

Martin Pope

Andrew White



One-year-old Callum.



Charity Trustees, Directors and Research Assessment Panel

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(until 10 June 2013)

Professor Stephen Holgate
(from 4 February 2014)

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Dr Colin Michie

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(lay member)

Professor Rosalind Smyth

Professor Chris Verity

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CHIEF EXECUTIVE

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DIRECTOR OF MARKETING AND PUBLIC FUNDRAISING (from 6 January 2014)

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Emma Lochhead

DIRECTOR OF MARKETING COMMUNICATIONS AND COMMUNITY FUNDRAISING (resigned 23 August 2013)

Lesley Miles

DIRECTOR OF COMMUNICATIONS (from 1 September 2013)

Cymbeline Moore



Two-year-old Angel likes to spend time on the Badger Ward playroom where there are lots of toys and games to play with.



Great Ormond Street Hospital Children's Charity

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to view at www.gosh.org

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