

Impact Report 2008/09

The child first and always



Cover: Five-year-old Mark loves his trips to Victoria Ward to see play specialist Lucy. They have a secret handshake and spend a lot of their time playing thumb wars. Mark is on dialysis at home while he is waiting for a kidney transplant and comes into the hospital for regular check-ups.

Left: TJ is nearly eight weeks old and is in hospital to have tests for an unidentified skin condition.

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

Overview

- 03 A letter from our chief executive and executive director
- 05 What we raised

Objectives

- 06 **Redevelopment**
- 09 The Morgan Stanley Clinical Building, part of the Mittal Children's Medical Centre
- 10 The Reuben Foundation Children's Cancer Centre

Research

- 12 Somers Clinical Research Facility
- 14 Audrey Callaghan Research Fellowship

Equipment

- 16 Haemodialysis machine
- 18 Heart and lung bypass machine

Accommodation and welfare

- 20 Parent and family accommodation
- 23 Intensive Care Unit family liaison nurses

Summary

- 25 Looking forward
- 29 Chairman's report
- 31 Thank you
- 34 Charity directors and appeal board members



A letter from our chief executive and executive director

Any parent will tell you that there is nothing more worrying than a child being unwell. Many of the parents we meet at Great Ormond Street Hospital have an enormous amount to cope with – managing daily life, work responsibilities, caring for their other children and, of course, being at the bedside of their sick child. We want to do all we can to help them. Thanks to the generosity of donors to the charity we are able to provide support that would otherwise be unavailable.

As you'll see in this report, one of the ways donations have made a difference is by funding accommodation for families who travel from all parts of the UK so their children can be cared for at the hospital. Another way is replacing some of the very old equipment we have and by making new purchases to improve the treatment we offer. Gifts to the charity have also allowed us to fund yet more important and ground-breaking research to find new cures and ways of reducing the unpleasant side effects of some treatments.

Ever since it was founded more than 150 years ago, Great Ormond Street Hospital has relied heavily on donations to help establish it as one of the best children's hospitals in the world. Much of that fundraising has allowed us to expand or replace incredibly out-dated buildings but our biggest challenge is still to provide more space to treat more children and help support families in a better way. This is why we were delighted in May to celebrate breaking ground on the first building in the next phase of this essential redevelopment.

We are so grateful to all of you who have been so generous this year and allowed the hospital to do so much for the children it cares for. Your donations really make a huge difference in providing the best possible treatment available and in providing hope to thousands of families throughout the UK and worldwide.

Thank you.

Jane Collins
Chief executive

Tim Johnson
Executive director

Victor is 11 years old and like most boys his age enjoys playing computer games and this was how he was killing time while waiting to be discharged from the Great Ormond Street Hospital-run Rainbow Ward at North Middlesex University Hospital.



Four-year-old Aaliliah has an outpatient appointment in the hospital today but first she is tucking in to her favourite food on the planet – spaghetti. She really can't get enough of it.

What we raised

Thanks to our donors, 2008/09 was the charity's most successful fundraising year ever, raising £51.1 million.

Financial review 2008/09

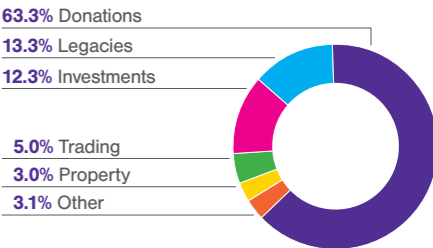
Our total income of £60.3 million (including investment and property income) rose by 14.6 per cent in comparison to the previous year, and this meant that we were able to make important progress towards funding the next stage of the hospital's redevelopment programme. This success is thanks not only to our generous

supporters but also the hard work of all our volunteers and teams across the charity, especially in such a highly challenging economic climate.

The charts on this page show where our funding came from in the last year and how we used it to the benefit of 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.

	2008/09 £ million	2007/08 £ million
Donations	38.2	32.2
Legacies	8.0	9.8
Trading	3.0	3.3
Other	1.9	1.4
Fundraising income	51.1	46.7
Investments	7.4	4.5
Property	1.8	1.4
Total	60.3	52.6

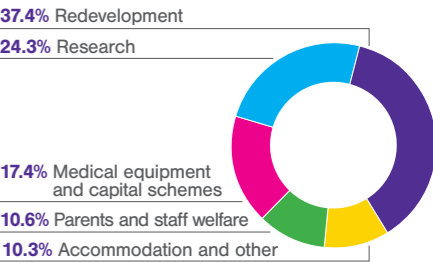
(Fig 1)
Income sources 2008/09



	2008/09 £ million	2007/08 £ million
Redevelopment	8.8	14.2
Research	5.7	3.5
Medical equipment and capital schemes	4.1	5.7
Patient and staff welfare	2.5	2.2
Accommodation and other	2.4	1.6
Total	23.5	27.2

Expenditure for the year totalled £39.5 million, with £23.5 million being spent on charitable activities.

(Fig 2)
Charitable expenditure 2008/09



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 allow more children to be treated.

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

Phase 1

Phase 1 was completed in 2006 and included:

- the building of the Octav Botnar Wing (see right), incorporating the Somers Medical Daycare Centre and the Harris International Patient Centre;
- the building of Weston House, which includes the Paul O’Gorman Patient Hotel;
- the refurbishment of four floors of the Royal London Homeopathic Hospital to create the Djanogly Outpatient Department; and
- 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 Mittal Children’s Medical Centre

The second phase of the redevelopment will see the construction of the Mittal Children’s Medical Centre, which will contain two important clinical buildings and allow the hospital to treat up to 20 per cent more children. The first of these is the Morgan Stanley Clinical Building, which is scheduled to open in 2012 and will contain new kidney, neurosciences and heart and lung centres plus a new family and staff restaurant.

The Octav Botnar Wing

The opening of the Octav Botnar Wing in 2006 has transformed the lives of patients, families and staff.

“We now have so much more space,” said Nathan Askew, ward manager on Sky Ward. “In the old ward there wasn’t space in the corridors for two wheelchairs to pass each other and there certainly wasn’t anywhere for parents to stay overnight with their child. The Octav Botnar Wing has changed all that. We have lots of natural daylight, beds for parents, a great playroom and we have a dedicated staff room. The in-built hoists in the rooms have made moving patients from their beds to the bathrooms safer for all, and the older children make good use of the adolescent room, where they can use the internet and watch DVDs. This is a great place to work and a much nicer place to be a patient.”

Nathan’s comments are backed up by an independent survey conducted by The Picker Institute, which asked a series of questions of children and parents to determine how satisfied they were with the care they received. Overall, the levels of satisfaction within the hospital are very high, with 85 per cent rating the care excellent or very good.

As part of the study, and using additional research conducted among patients, we have identified two of the key drivers of patient satisfaction that are associated with the hospital environment – first, that they are given somewhere private for examination or treatment, and second, that there are enough toys, games and things to do.

The space within the Octav Botnar Wing was successfully planned to provide greater opportunities for privacy including more clinical investigation rooms and space around the beds. Play facilities are much improved and now include adolescent rooms. In The Picker Institute study, we were pleased to see that these improvements have been reflected in the levels of satisfaction among children and young people, with 86 per cent stating that they were always given somewhere private for examinations or treatment (base score 70 per cent). In response to the question of there being enough toys, games and things to do, 66 per cent replied, “yes, plenty”, against a base score of 52 per cent.

Staff at the nurses’ station on Sky Ward in the Octav Botnar Wing.

Objective 1 – Redevelopment



The extra space provided by the Morgan Stanley Clinical Building will allow more parents like Ron to stay at their child's bedside. Five-year-old Jack had meningitis as a baby, which affected the growth of bones in his legs and which he is now having lengthened and straightened.



Far left: Charity patrons Vernon Kay and Tess Daly joined four patients on-site for the Breaking Ground ceremony in May this year.



Left: The successful room designs in the Octav Botnar Wing have provided the template for those in the Morgan Stanley Clinical Building.

The Morgan Stanley Clinical Building – part of the Mittal Children's Medical Centre

Aim

To relocate certain departments in the hospital to allow for the demolition of the old buildings and the start of construction on the Morgan Stanley Clinical Building by the summer of 2008.

Achievement

During the last financial year, we appointed the contractor (within budget) for the Morgan Stanley Clinical Building, successfully moved wards from one building to another with minimum disruption and noise and began the construction in November 2008.

As a result, in May 2009 we were able to break ground on the new building. This important step towards our new world-class facilities is mainly thanks to the generosity of many donors to the charity. The total cost of the Mittal Children's Medical Centre is £321 million. Of this, £75 million has been contributed by the Department of Health, with the remainder to be raised through charitable donations. At the end of March 2009, the charity reported that it had raised £126 million towards the overall total. Whilst this leaves £120 million still to raise, the special trustees of the charity were able to give their approval to begin the construction of the first phase, the Morgan Stanley Clinical Building.

Impact

Whilst we are unable to report on the impact of the Morgan Stanley Clinical Building until it is operational, 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 a greater number of patients and will deliver a positive experience for all those who use it, while having a minimal impact on the environment.

Reducing our carbon footprint is a priority for the hospital and it has set a target of 120 per cent carbon reduction and more than 60 per cent renewable energy contribution for this next phase of the redevelopment, based on the agreed plan to use biofuels.

Heating, cooling and electricity will be provided by two tri-generation units, which have the potential to run on biofuels extracted from a sustainable source. The building will use sensor taps, efficient toilets, showers and appliances, and will achieve a reduction in carbon emissions over and above current building regulation standards.

Lighting is central to the building's design and natural daylight, presence detectors and LED lighting will all help to reduce energy consumption further. The glazed facade will maximise the amount of daylight to the building's interior while minimising the solar gain internally.

Ventilation of the building will be natural wherever possible and a glazed flue will extend the full height of the building, naturally ventilating the restaurant on the ground floor. The bedrooms will also use mixed mode natural ventilation.

Interior finishes will utilise natural paints and linoleum, and low-volatility organic compound materials have been selected for the vast majority of finishes.

All timber will be Forest Stewardship Council (FSC) certified and come from a sustainable managed source.

The roof of the building will be laid with sedum, a natural grassy matting that is a great insulator, which will reduce storm water run-off and increase the ecological value of the site.

Objective 1 – Redevelopment

Donations make a difference

Last year you helped us fund:

- genetics laboratories which allow us to diagnose inherited conditions using the latest state-of-the-art equipment.

Thank you

Case study

Lucy Gray, play specialist, Elephant Ward

“The children we see on Elephant Ward are amazing; they and their families go through so much. That’s why this work has been so important. To have a well-planned, bright and fun space that is less clinical and more child-friendly, enables the children to feel much more at home.”

The Reuben Foundation Children’s Cancer Centre

Aim

To provide, by August 2008, eight new inpatient cancer beds and to refurbish the ward to accommodate a significant rise in patients.

Achievement

Following on from the successful completion of the Safari Daycare Unit in 2008/09, Elephant Ward, which looks after cancer inpatients, was completely refurbished and operational in September 2008 thanks to generous support from the Reuben Foundation, CHILDREN with LEUKAEMIA, Scott and Suling Mead and Abbey.

We now have eight new inpatient beds and have been able to treat more patients since opening, including those who have been referred to us since the closure of the Paediatric Oncology Centre at Bart’s and the Royal London NHS Trust. We are also now responsible for the admission of all oncology referrals of children from birth to 12 years of age. This makes Great Ormond Street Hospital the third largest paediatric cancer centre in the Western world.

In 2008/09, the Oncology Team saw 2,072 patients in this age group who were being treated for a variety of cancer-related illnesses, including solid tumours, leukaemia, neuroblastoma (cancer of the nervous system) and stem cell patients.

Impact

The new ward has had a profound effect on the way the clinical unit works, and on the experience of our young patients and their families.

Staff have redesigned the ward in order to use the space more effectively and have been able to accommodate the extra patients the hospital needs to admit. They have reorganised the team to streamline workflow and increase efficiency, which has been aided by the new nurses’ workstation. The revised floor plan means that ward rounds are easier and less equipment is needed.

To see 18-month-old Nora running around Elephant Ward you would not believe that she has recently had surgery to remove a brain tumour, and wherever Nora goes, Winnie the Pooh goes too.

Objective 2 – Research

Beating childhood disease requires more than scaled-down versions of the research into adult healthcare. We’re funding a multi-million pound programme to advance pioneering paediatric research.



Somers Clinical Research Facility

Aim
To provide a dedicated modern space suitable for looking after children who are taking part in research trials as part of their treatment.

Achievement
Generously funded by Mrs Phyllis Somers, the JN Somers Charitable Will Trust and the Friends of the Children of Great Ormond Street, the Somers Clinical Research Facility opened in December 2008. More than 23 new studies of medicines are in progress and, as of June 2009, more than 180 children stand to benefit immediately from research projects that the hospital may otherwise have been unable to accommodate. Ultimately, the results of the research trials undertaken at the hospital may lead to breakthroughs that will make a difference to sick children all over the UK and internationally.

Impact
The Somers Clinical Research Facility provides a comfortable, safe and child-friendly environment appropriate for the needs of children involved in clinical research studies.

Children and parents are given the space, time and privacy they need to make an informed decision about whether or not they wish to take part in a study, with full support from dedicated nurses, a pharmacist and a full-time clinical research play specialist.

The Somers Clinical Research Facility also caters for children taking part in intensive drug trial studies, who need close monitoring at regular intervals. Without this resource, many of these studies simply couldn’t go ahead, as inpatient beds at the hospital need to be reserved for high-priority clinical cases.

All research at the Somers Clinical Research Facility is conducted to ensure maximum potential benefit for other children, both nationally and internationally. With an in-house team of laboratory assistants and research nurses to monitor and process results, researchers can ensure their findings are robust, as well as being confident that their patients have received the highest quality care Great Ormond Street Hospital has to offer.

Case study

Emma Franks (right), clinical research play specialist

“Through play, I help children talk about their illness, explain what the effects of different treatments will be – and generally try to make their whole experience of being here more fun! Once you’ve built up a rapport with kids, most of them realise this is an OK place to be.

“Keeping families informed about what’s involved in clinical research is crucial before they give consent for a child to take part in a study. This can be a daunting process for children, but by encouraging group play I have found that children can reassure each other that taking part in research isn’t scary or dangerous.

“Play forms a valuable part of clinical care. We always need to be on the lookout for any adverse effects of the treatments we’re studying, and often you can pick up signs of something being wrong through play before a child says anything out loud. It also helps us to deal with any phobias or anxiety the child may have and helps us to work through them.”

Kamal was born with a rare bone disease and hasn’t grown since he was two. Now age five, he is taking part in a research study in the Somers Clinical Research Facility and visits the hospital regularly for treatment. He always looks forward to playing with Emma and today they are painting a picture of a rocket.



Audrey Callaghan Research Fellowship

Aim
To find new ways to fight cancer at a sub-microscopic level, targeting treatment to ensure the next generation of cancer therapies cure more children, with fewer side effects.

Achievement
Our scientists have developed efficient yet low-cost methods to pinpoint the abnormal genes that trigger disease in certain cancerous cells. Carrying out advanced laboratory research guided by urgent clinical issues, the Audrey Callaghan Fellow, Dr Jasper de Boer, has applied these methods to find the faulty genes that cause a particular type of fatal drug-resistant leukaemia.

Unravelling the genetic basis of a disease can be a crucial first step to finding new and better treatments. In the case of Dr de Boer, the work on leukaemia has already led to early successes. He and his colleagues have found a drug that can block the cancer-causing faulty genes in leukaemic blood cells. This drug returns the cells to their normal healthy state – effectively reversing the effects of the leukaemia. These breakthroughs have been made possible by the generous support of the Callaghan family, Lord and Lady Owen, Abbott Laboratories, Alliance Family Foundation Limited and many other generous benefactors.

Impact
This research means clinicians on the cancer wards will be able to launch further studies to see if children with this fatal form of leukaemia can be offered a cure. The technique’s success has also kick-started work to find similar drugs for other more common, but nevertheless severe, forms of childhood leukaemia.

Case study

Dr Jasper de Boer (right), postdoctoral researcher

“My research has always been driven by a desire to understand how science affects humans. I was keen to join the UCL Institute of Child Health because of the strong ties between the research laboratories and Great Ormond Street Hospital – it’s unique to have scientists and clinicians working so closely together to combat childhood disease.

“By developing simple yet powerful research techniques to investigate clinical issues critical to the health of children at the hospital, my colleagues and I are delivering practical ways to tackle some of the most challenging childhood illnesses. The centres we collaborate with around the UK, Europe and further afield are already using the results of our research to direct future work.

“I want to say a huge thank you to the donors to the charity for continuing to fund a programme of work that will allow us to roll out the benefits of this research to treating other forms of cancer. This support has really made a huge difference in our search to devise targeted cancer therapies with fewer side effects.”

Donations make a difference

- Last year you helped us fund other pioneering research projects that are:**
- transforming the lives of children with chronic kidney disease;
 - ensuring chemotherapy is kept to a minimum for children with leukaemia;
 - increasing our capacity to carry out clinical trials of new cancer medicines;
 - pioneering gentler and more effective bone marrow transplants;
 - improving the way we plan operations for children born with heart defects;
 - defining a safe blood sugar level for children with hypoglycaemia;
 - helping us to understand and prevent sudden infant death;
 - delivering better treatments for children born with immune disorders;
 - making inclusive education for autistic children a success;
 - supporting the hospital’s Pharmacy Unit;
 - personalising heart valve treatments for children with heart disease;
 - tackling cystic fibrosis in the crucial early years;
 - innovating new surgical treatments for children with feeding difficulties;
 - installing a high-tech microscope to deliver ground-breaking research; and
 - establishing a state-of-the-art cell sorting and analysis facility.
- Thank you**

Objective 3 – Equipment

Last year our donors helped us fund £2.3 million of new equipment, enabling us to replace old and out-dated machinery as well as purchasing new state-of-the-art technology.

Haemodialysis machine

Aim

To urgently replace an existing haemodialysis machine, which is no longer fit for purpose, so that the Dialysis Service can continue to treat 75 patients every year. This machine takes on the role of the kidneys, cleaning and filtering the patient's blood.

Achievement

A new haemodialysis machine was installed in September 2008, and was paid for by two legacy donations from Mrs Florence Brown and Mr Jack Owen Rose. It is used six days per week and will allow us to perform up to 600 vital dialysis sessions a year, which keep our patients who are awaiting kidney transplants alive.

Impact

Children who need haemodialysis find it takes over their whole life as they visit the hospital three times per week and spend four hours each time on the machine. Some lose a whole day every time they come in due to the distances they have to travel to and from the hospital and, as children can wait up to two years for a transplant, this is very disruptive for the whole family.

The Renal Department at Great Ormond Street Hospital provides a comprehensive diagnostic and treatment service for children of all ages with kidney disease, including acute and chronic kidney failure. In 2008/09 more than 4,000 outpatient visits and more than 780 inpatient admissions were made, making Great Ormond Street Hospital the largest paediatric renal centre in the UK as well as the UK's largest centre for renal transplantation and one of the largest in the world.

Case study

Tasleem (right), age 17

“I have been a patient at Great Ormond Street Hospital since I was 18 months old, when I was diagnosed with kidney problems. Since then I have had two transplants. The first one only lasted six months before my body rejected it but the second was more successful and lasted eight years, which is about the life span for a kidney transplant.

“I am now 17 and am back on dialysis waiting for a new kidney. I come into the hospital three times a week for four hours each time. While I am here I catch up on college work – I am studying health and social care at college and would like to be a paediatric nurse or work with children.

“My youngest sister is also on dialysis here and luckily we come on the same day. We spend so much time here that the staff are like our extended family.”

Objective 3 – Equipment



Case study

Sarah Cox (above) by her parents, Jennie and Nigel

“Our daughter Sarah was born in good health although four weeks early. However, six days later she was diagnosed with viral meningitis and after a week at our local hospital, she was transferred to Great Ormond Street Hospital when the virus started affecting her heart.

“At first she seemed to get better but then began to deteriorate again as the virus destroyed parts of her heart. At three weeks old, we were told that there was no chance of recovery and that it might be 12-48 hours before she left us. After having her baptised, we started to say goodbye.

“Then came the miraculous news that a heart had become available. We could not take it in as we had believed there was no hope. We knew nothing about transplants but the nurse specialist gave us all the information we needed and the operation went ahead when Sarah was just 23 days old. Just over three weeks later, we took her home.

“Sarah was very lucky. She is the youngest surviving heart transplant patient in the UK. This was only made possible by an overseas donor as organs cannot currently be donated from children under two months of age in the UK. We are immensely grateful to the family that made the decision to donate.”

Heart and lung bypass machine

Aim

To replace three existing heart and lung bypass machines that are ten years old and reaching the end of their useful lives and are threatening our standard of care. These machines take over the function of the heart and lungs during a number of different surgical operations performed at Great Ormond Street Hospital.

Achievement

In March 2009, we bought and installed three new heart and lung machines in our Cardiac Critical Care Ward. Each of these essential pieces of equipment will allow us to treat up to 624 patients per year. They were funded through proceeds from the party to launch the 2008 Formula 1 Santander British Grand Prix and through the charity’s Festival of Running event.

Impact

Great Ormond Street Hospital treats 10,000 children each year for complex heart and lung diseases. These machines will enable us to continue our ground-breaking work and treat children for procedures such as open heart surgery, tracheal reconstruction, heart transplants, heart and lung transplants and those requiring the implantation of a longer-term heart-assist device, such as the Berlin Heart.

The new machines have already allowed us to improve levels of care. They have less tubing than the older machines, which gives our surgeons better access to the patient, and reduces the patient’s exposure to donor blood, which is particularly important for tiny neonates and small children.

Heart and lung machine

Donations make a difference

Last year you helped us to fund:

- equipment to diagnose prenatal chromosomal abnormalities, eg Down’s syndrome;
- syringe pumps for giving pain relief to patients;
- vital sign bedside monitoring for intensive care;
- equipment for monitoring blood and bone marrow cells;
- ventilators;
- dental chairs;

- hand-held analysers for our Intensive Care Units;
- a neuroradiology reporting workstation;
- gastroscopes;
- anaesthetic equipment for operating theatres;
- an ultrasound machine for operating theatres;
- oesophageal monitoring equipment; and
- a gamma camera for radiology.

Thank you

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 and parent liaison nurses on the wards.

Parent and family accommodation

Aim
To provide 37 rooms and flats for the parents and siblings of patients who are undergoing long-term care so that they can stay close to the hospital.

Achievement
Over the course of the year, we had 1,600 family visits to these rooms, with an average stay of eight days.

Impact
Feedback from parents suggests that this is an invaluable service that allows them to stay nearby when their child is in hospital and helps remove some of the stress during an incredibly worrying time. Research has proven that having family nearby can aid recovery and so siblings are also welcome meaning families can be together and maintain as normal a life as possible during their stay.

The accommodation also allows for the families of patients who are going to need continued care at home to familiarise themselves with the medication and equipment that they will need. Having time to practise while still under the watchful eye of staff at the hospital can reduce anxiety about leaving hospital and gives parents the chance to ask questions.

Case study

by Danielle Keeley and Chris Heels (right), parents of patient Summer Rose

“A few hours after our beautiful daughter, Summer Rose, was born she began to have seizures and was transferred to Great Ormond Street Hospital.

“Doctors discovered that the section of Summer Rose’s brain that controls co-ordination and breathing has not developed properly and this is what causes her to fit. It has been a hard few weeks. Not only is our little girl ill but we are away from friends and family.

“Thankfully, we have been able to stay in the parent accommodation, which is just across the road from the hospital. This has been a real life-line for us. There is not enough room on the ward for us both to stay, so being close by and being together means that we are able to support each other.

“Staying here means that we don’t have to do the expensive three-hour round trip from home every day (especially as neither of us are able to work at the moment) and having some time to ourselves in the evening away from the hospital, and sleeping in a proper bed, means that we are, to some extent, less stressed, which is not only good for us but also for Summer Rose.”



Objective 4 – Accommodation and welfare



Donations make a difference

Last year you helped us to fund:

- the Ethics Service;
- medical support to clinical workforce redesign;
- the Voluntary Services Department;
- children and young people's participation in decision making;
- the arts and humanities programme;
- meals for breastfeeding mothers;
- our Children First for Health website;
- the staff nursery subsidy;
- health and welfare activities;
- the Staff Counselling Service;
- the Palliative Care Team;
- a bone marrow transplant quality manager;
- a bone marrow transplant parent liaison nurse;
- the Transforming Cleft and Craniofacial Services;
- a renal nurse counsellor;
- the chaplaincy; and
- the Adolescent Medicine Service.

Thank you

Case study

By Brenda (near left), Jude's mum

“Jude was born at only 22 weeks and doctors told me they didn't think he would make it to 30 weeks. He was taken to University College London Hospitals and was there for a week before they found he had a problem with his gut – a bowel perforation – and they needed to operate. That's when we came to Great Ormond Street Hospital.

“Esther (far left) the family liaison nurse, came in the very first day I was here. It was so tough – especially as my partner was working in Malaysia and most of my family are in Uganda. I used to break down almost every day but Esther's really been there for me. She would come and ask me how I was, explain again what the doctors had told me and hold my hand and tell me to hang in there. She'd also help with form-filling and walk to the operating theatre with me.

“Over the past three months we've been back a few times for operations and treatment and Esther has always been here for me. If she wasn't I would definitely have gone through this hard time on my own and I don't know how I would have coped.”

Intensive Care Unit (ICU) family liaison nurses

Aim

To fund three family liaison nurses for the Intensive Care Unit for one year, to provide both emotional and practical support to families who have critically ill children in hospital.

Achievement

Generously funded by donors including The Atkin Foundation, these nurses played a leading role in the psychosocial care of 700 ICU families they saw last year. This service was set up following feedback from parents and families on the ICU, who asked for more support during what is an extremely stressful time. Admission of their child to ICU had a profound effect on the majority of families and the shortfall in psychosocial care became acutely apparent. Since the establishment of the service parents have felt more confident in asking nurses and consultants questions about their child's condition.

Impact

The service puts the family at the centre of their work, assessing each individual family's needs in order to give them the required support, whether that comes from within the hospital itself or from external agencies. This has given parents the confidence to ask what are often daunting questions about their child's condition or treatment and has helped to ease some of their anxiety.

To help meet the goal of improving planned admission information for spinal surgery patients, the team set up a system whereby children and families are met pre-operatively, giving the opportunity for any issues and concerns to be addressed in advance. The same service is also available for families from referral hospitals whose baby will need to be transferred to Great Ormond Street Hospital immediately after birth.

The family liaison nurses have also been fundamental in the establishment of other support services such as the Parent Telephone Support Network. Staffed by parents of previous patients, to provide support to parents and families on the ICU, this service complements and works closely with the specialist psychosocial support already in place on the unit.

Feedback from parents has been actively sought with regular reviews of suggestions and actions. Bereavement care for both families and staff has been improved, with a significant increase in the uptake of bereavement follow-up appointments by families.

All of these initiatives have led to a marked decrease in the number of ICU-related complaints to our Patient Advice and Liaison Service (PALS).



Above: Artist's impression of a four-bed high dependency unit in the Morgan Stanley Clinical Building.

Below: Funding for research is fundamental if we are to help some of the sickest children of today as well as those of tomorrow.

Looking forward

Our objectives for the forthcoming year aim to build upon the successes of 2008/09, always working to ensure that the hospital has what it needs to help not only the patients of today but also the sick children of the future.

Redevelopment Morgan Stanley Clinical Building

- We aim to:
- continue construction work of the Morgan Stanley Clinical Building, as part of the Mittal Children's Medical Centre, with completion of the structure to ground level by December 2009;
 - agree the equipment requirements for the inpatient wards and theatres in the Morgan Stanley Clinical Building and to begin fundraising for them;
 - agree the plan for operational commissioning of the building – for implementation from September 2010;
 - agree the interior design;
 - finalise the way-finding strategy; and
 - agree the arts strategy, finalise the arts projects, and scope out and commission the patient journey to theatre project.

Our wish list for new facilities
We need to replace cramped, out-dated wards with new modern facilities to give a better, more flexible and comfortable service for our patients and their families.

- Your support could help to:
- fund a ward in the Morgan Stanley Clinical Building: **£2 million**
 - fund a four-bed high dependency Nephrology Unit: **£500,000**
 - fund an isolation room in our Neurosciences Unit: **£100,000**
 - pay for a parents' room in the Morgan Stanley Clinical Building: **£97,000**
 - fund a patient and family reception area: **£34,000**

- Research**
We aim to:
- continue funding our three-year multi-million pound programme in support of breakthrough paediatric research across the hospital's clinical units and the UCL Institute of Child Health;
 - establish a world-class research programme to study and treat childhood gut disorders;
 - appoint the UK's first chair to lead research into children's palliative care; and
 - improve our effectiveness in funding research, by applying for membership of the Association of Medical Research Charities.

Our wish list of research essentials
We are committed to finding treatments and cures for some of the most complex and difficult illnesses for the benefit of children at the hospital and worldwide.

- Your support could help to fund:
- a high-tech microscope facility to push forward the frontiers of research into childhood disease: **£616,000**
 - a professor to apply the latest scientific breakthroughs to treat children born with metabolic disorders: **£452,000**
 - a consultant to research the genetic basis of birth defects: **£10,000**
 - the daily cost of a research fellow working to prevent brain damage in children with blood sugar problems: **£120**



A patient-controlled analgesia pump (top) and a mobile ultra-sound machine (bottom right) are two of the pieces of equipment that we need to fund next year, along with essential beds for parents in the new Morgan Stanley Clinical Building.

Looking forward continued

Equipment

We aim to:

- fund £2 million of children's specialist medical equipment.

Our wish list for new equipment

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

We need:

- units for recording electrical activity in the brain: **£250,000**
- a mobile ultrasound machine: **£53,350**
- pressure-relieving mattresses: **£3,258**
- patient-controlled analgesia pumps: **£2,495**

Accommodation and welfare

We aim to:

- fund £1 million of welfare activities for our patients, their families and our staff.
- fund an Intensive Care Outreach Network at a cost of £380,000.

Our wish list for family accommodation

It is vital that we help children and families cope with what can inevitably be a traumatic experience when visiting hospital. There can be no better care and reassurance than for a child to know that their parent is right beside them.

Your support could help to:

- fund the annual upkeep of 16 rooms for parents and families to stay overnight near their sick children: **£33,000**
- fund a bed for parents to stay beside their child in our new building: **£300**



Chairman’s report

On behalf of all the special trustees of Great Ormond Street Hospital Children’s Charity, I’d like to thank all of you who have been so generous this year. As you will have read in this report, your support has allowed us to make a significant difference to the hospital and to the children and families it cares for.

As we go forward our biggest challenge remains funding the vital redevelopment of the hospital. Many patients are still being cared for in old, cramped and generally unsuitable facilities. Our vision is for one of the leading children’s research hospitals in the world to have state-of-the-art facilities. With your continued help, we aim to make this happen.

We still have to raise £120 million to allow us to complete the next phase of the redevelopment to complete the Mittal Children’s Medical Centre. Next year, we aim to raise sufficient funds to remain on schedule to open the first building, the Morgan Stanley Clinical Building, in 2012.

We remain committed to continuing to fund pioneering medical research. The special trustees of the charity regularly receive presentations from researchers and clinicians updating us on the progress of their work. They are engaged in world-leading programmes that will make a significant difference to the lives of children for many generations to come. We aim to raise over £5 million towards this vital research next year.

Additionally, we recognise the ongoing need to replace old equipment with new to help clinicians provide better treatments for children. I know the hospital has done all it can to only present the most essential pieces of equipment for funding by the charity and we hope that with the continued generosity of our supporters, we can support these requests.

Finally, we must continue to fund welfare programmes, particularly our patient and family accommodation. To have your child treated so far from home is difficult enough, without then being separated from them.

None of this will be easy, particularly in view of the difficult economic conditions. We anticipate NHS funding to be under pressure and even more demands being made on the generosity of individuals and organisations to help. We know that childhood disease does not recognise the recession and it is up to us to do more than ever to achieve our fundraising targets. This won’t be possible without the continued generosity of thousands of individuals and companies. We are extremely grateful to all of you who have helped and make no apologies for asking for your continued support.

Thank you.

Alan Hodson
Chairman

Kira is a *High School Musical* fan and has brought her favourite HSM pyjamas and pillows for her stay on Sky Ward. But she is going home today after having had surgery on her back.



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 the inspiring patients and remarkable staff, thank you.

Thank you

A

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Mrs Doreen Rosemary Agnew
Ahmadiyya Muslim Association UK
The Almanac Gallery
American Express Europe Ltd
The Annandale Charitable Trust
Ask Restaurants Ltd
Celia and Edward Atkin

B

Bankwood Group
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C

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D

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M

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N

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O

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P

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S

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Tabitha is used to hospitals. She was born early weighing only 3lb 10oz and before the age of two had already undergone two heart surgeries. She was referred to Great Ormond Street Hospital for an unidentified allergy which means that she finds it hard to put on weight. Although she is now seven years old, she only weighs two stone. But this doesn't stop her indulging in her love of ballet and all things theatrical.



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