

Keep the magic alive

Impact Report 2009/10

The child first and always



Our mission

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

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Cover: Four-year-old Chloe has recently been diagnosed with juvenile dermatomyositis, a very rare autoimmune disease that attacks the skin and muscle. She has had a tough year, but her mum says that since coming to Great Ormond Street Hospital four weeks ago, she is back to her old self, dancing, singing and dressing up as a princess.

Left: Jamie, age 12, is a big Arsenal fan. He has tickets to a game in two weeks time and is hoping to be home by then. He is being treated for Non-Hodgkin's lymphoma, a type of blood cancer, and needs to be eating and drinking before his doctor will discharge him. At the moment he doesn't fancy anything at all, not even his favourite – a sausage sandwich.



“In the past year, we have established our supporter promise. These values form the basis of our commitment to our donors and are clearly listed under five distinct headings: respect; honesty, openness, integrity; commitment to high standards; accountability; and the child first and always.

“To find out more, visit our website at www.gosh.org/donate/supporter-promise”

Tim Johnson

Amelia-Rose is eight months old and is on Rabbit Ward following complications due to pneumonia. She is improving every day and her mum is looking forward to taking her home very soon.

A letter from our Chief Executive and Executive Director

Our Impact Report is really important to us. It gives us an opportunity to show you the significant difference that charitable gifts can make to the patients, families and staff at Great Ormond Street Hospital, and allows us to say thank you to everyone who has so generously supported us.

Last year, donations allowed the charity to invest £6.9 million in research. The hospital is a research-led organisation, working in partnership with the UCL Institute of Child Health. Together, we are the UK’s only specialist Biomedical Research Centre in paediatrics.

Research has always been one of the main purposes of the hospital, alongside clinical care and training. Our researchers and clinicians have pioneered many new treatments and cures that have had a significant impact on children’s health in the UK and across the world, and at the time of writing, there were more than 700 research projects across the organisation.

Many of these projects have only been realised due to the generosity of individuals, companies, trusts and foundations. Donations also help the hospital to attract some of the very best clinicians and researchers to work here.

It is really important that we are able to support the hospital’s research and clinical work by providing its teams with the specialist equipment they need. In the past year, donations have funded equipment worth £3.8 million, from a microarray that supports genetic research to portable ultrasound machines, which are used by the Children’s Acute Transport Service when they are called to an emergency.

If you saw any of the BBC television series *Great Ormond Street* earlier in the year, you will recognise that families and clinical

teams in the hospital are often faced with very difficult decisions. In the past 12 months, we have been able to fund an Ethics Support Service which supports staff in these difficult situations, as well as other welfare services, which make a difference to both families and staff.

The biggest challenge for funding remains the hospital’s major redevelopment programme. Last year, we were able to report that we had ‘broken ground’ on the new Morgan Stanley Clinical Building, which forms part of the Mittal Children’s Medical Centre. This year, we are delighted to confirm that we have now reached the top of the building, with the construction teams recently celebrating their own ‘topping out’ ceremony. Work now begins in earnest on the fitting-out of the interior of the building. Once both parts of Phase 2 of the redevelopment are complete in 2016, the hospital will be able to treat up to 20 per cent more children who need its specialist care.

None of this would be possible without the generosity of our supporters. We are so grateful to all of you who have donated this year. Your gifts allow Great Ormond Street Hospital to continue to provide the world-class care that our patients and their families deserve.

Thank you.

Jane Collins
Chief Executive

Tim Johnson
Executive Director



Three-year-old urology patient, Luke, has been on Sky Ward for quite a while and feels very much at home. He is often to be seen commandeering one of the manual blood pressure monitors to check his toys' blood pressure, or at the nurses' station playing games on their computer.

What we raised

The charity was set a tough fundraising target for 2009/10, particularly in the context of the very difficult economic climate. It is therefore particularly pleasing to be able to report that the charity met all the financial targets set for the year.

Financial review 2009/10

Our total income for the year was £55.4 million (including investment and property income). Fundraising income of £47.9 million included donations of £34.9 million, a fall of 8.6 per cent against the previous year. This compares well against a reduction of nearly 10 per cent across the sector.*

This success is thanks to everyone who donated to the charity during the year, making a huge difference to the care that the hospital can provide for its young patients and their families.

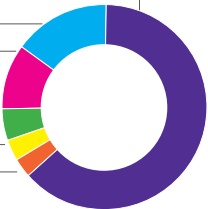
The charts on this page show where our funding came from in the past year, and how we used it to the benefit of the patients at the hospital. The funds raised but not spent during this year are critical to our committed expenditure on the hospital's redevelopment programme.

Income sources 2009/10

	2009/10 £ million	2008/09 £ million
Donations	34.9	38.2
Legacies	8.3	8.0
Trading	2.9	3.0
Other	1.8	1.9
Fundraising income	47.9	51.1
Investments	5.7	7.4
Property	1.8	1.8
Total	55.4	60.3

63.0% Donations
15.0% Legacies
10.3% Investments

5.3% Trading
3.2% Property
3.2% Other



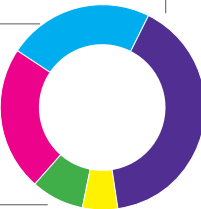
Charitable expenditure 2009/10

	2009/10 £ million	2008/09 £ million
Redevelopment	12.1	8.8
Research	6.9	5.7
Medical equipment and capital schemes	6.8	4.1
Patient, parent and staff welfare	2.5	2.5
Accommodation and other	1.7	2.4
Total	30.0	23.5

Expenditure for the year totalled £44.1 million, with £30.0 million being spent on charitable activities.

40.3% Redevelopment
23.0% Research

22.7% Medical equipment and capital schemes
8.3% Patient, parent and staff welfare
5.7% Accommodation and other



* Source: Investec Private Bank, December 2009.

Objective 1 – Redevelopment

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

Eleven-year-old Becky is a patient on Elephant Ward, part of our oncology unit. She was well prepared for our photoshoot, having asked her mum to wash her charity-branded t-shirt especially for the occasion.

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

Phase 1

Phase 1 was completed in 2006 and includes:

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

Phase 2

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

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

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

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

Objective 1 – Redevelopment

The Morgan Stanley Clinical Building

Part of the Mittal Children’s Medical Centre

Aims

To continue the construction of the Morgan Stanley Clinical Building, with the ground level being completed by December 2009.

To agree the equipment requirements and the plan for operational commissioning. To finalise the wayfinding strategy, and agree the strategies for interior design and art.

Achievement

During the last financial year, construction work on the new building has progressed well, on time and within the agreed budget. The structure of the building was completed to ground level on plan by December 2009, and we have now completed the concrete frame, steelwork and roof of the building, enabling the builders to celebrate ‘topping out’ in July 2010.

This progress on our new world-class facilities is 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. The charity has now raised £151 million towards the overall total, leaving £95 million still to raise.

The equipment requirements for the Morgan Stanley Clinical Building have been agreed, and work with the staff in the hospital to get the building ready for occupation is on track.

Following a colours consultation with staff, children, young people and their families, the interior design of the building has now been finalised. With generous help from brand agency Landor, a new wayfinding system has been agreed. This aims to provide an engaging environment that works practically, so that patients, parents, staff and visitors can easily find their way around the building, while also offering a distraction for children and young people. Based on the natural world, each level of the new centre will have a habitat as its theme – for example, living in the sky. Ward names will be based upon creatures that one would expect to find within that habitat.

The arts strategy for the building is under way and a supplier has been chosen for the largest project. Through the use of interactive art and design, this will aim to improve children’s experience of the journey from leaving their ward, to entering the anaesthetic room and eventually the operating theatre. We hope to create a more positive, calming and distracting environment to help alleviate some of their anxieties at a very stressful time.

This page from top to bottom:
Artist’s impression of the Morgan Stanley Clinical Building and the site at the commencement of construction.

Opposite: Progress shot of the Morgan Stanley Clinical Building in April 2010.



Objective 1 – Redevelopment

Our Cardiac Intensive Care Unit will have a new home in the Morgan Stanley Clinical Building.

The Morgan Stanley Clinical Building

Part of the Mittal Children’s Medical Centre

Impact

While we are unable to report on the impact of the Morgan Stanley Clinical Building until it is complete, the success of the Octav Botnar Wing, which has served as a template, gives us every confidence that this new addition to the hospital site will enable us to treat greater numbers of patients and 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 over 60 per cent renewable energy contribution for this next phase of the redevelopment, based on the agreed plan to use biofuels.

The new Wolfson Cardiothoracic Centre for Children will allow our staff to treat all of our patients in the facilities they deserve. The new cardiac intensive care ward, which will house some of our most critically ill children, will finally give us the recommended space per bed, with plenty of room for not

only patients and their parents, but also vital equipment and the staff who care for them.

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

The renal team at Great Ormond Street Hospital is the busiest in the country, responding to the most complex, rare and advanced cases – it sees some 7,000 patient visits each year. However, our renal unit is in urgent need of redevelopment. Based in a building which dates back to the 1930s, the current ward is cramped and outdated. The British Kidney Patient Association kidney centre will have space for parents to stay by their child’s bedside overnight,

which is, we know, important for a child’s recovery. There is currently only one bathroom per eight bed spaces, but in the new building each bedroom will have en suite facilities to give patients the privacy they deserve.

Three new state-of-the-art operating theatres will allow us to cope with the increasing demand for cardiac operations and neurosurgery. A new angiography hybrid theatre, a first for the hospital, will enable us to offer a flexible and reactive service by carrying out minimally invasive angiography procedures. We will also be able to use it as an extra operating theatre for cardiac operations when needed.

A new restaurant will cater for the whole hospital, and art will be incorporated throughout the building to enrich the environment, promote wellbeing and provide an essential distraction in a family-focused environment.

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

Objective 1 – Redevelopment

The Mildred Creak Unit

Aim
To completely refurbish the Mildred Creak Unit by December 2010, providing two extra beds.

To provide a living environment which therapeutically complements the treatment of severely unwell young patients with acute mental health disorders.

Achievement
Generously funded by The Garfield Weston Foundation, The Go Play Foundation and The Friends of the Children of Great Ormond Street, the modern, fully refurbished unit, with two extra beds, opened in November 2009.

Impact
The Mildred Creak Unit at Great Ormond Street Hospital provides secure specialist medical treatment for young people aged seven to 14 who are suffering from severe and complex mental health disorders.

While praising the unit’s standard of care and treatment, a previous Quality Network for Inpatient Child and Adolescent Mental Health Services inspection from the Royal College of Psychiatrists highlighted the facilities and environment as a major obstacle to the successful treatment of these children. We are delighted that, as a result of the refurbishment, the most recent report highlights the fact that the new unit has addressed all the issues previously raised.

The new facilities have transformed the unit, and we are now able to provide a welcoming, modern space that is a home from home for up to 11 patients at a time. Separate spaces exist for clinical activities and daily living – for eating, playing, relaxing, therapy, staff meetings and group work.

Bedrooms and bathrooms have been totally refurbished and redecorated. The living and dining area is the largest space on the unit and it has been redesigned to offer a more flexible space, with rest, computer and TV areas, and separate eating areas for mealtimes – an important space for the children treated on the unit. The kitchen has been upgraded and hot food can be prepared on site, with children joining in with its preparation as part of their therapy.

A chill-out or de-escalation room offers another flexible space, which can be used for children who are upset or in need of ‘time out’, but it can also be used for personal time. Other facilities include a clinic room for meetings between patients and staff or parents, and an observation room with a camera linked to the clinic room, enabling multi-disciplinary teams to view case reviews and other interviews. These rooms are multi-functional and can also be used for teaching and supervision.

A separate treatment room has been provided away from the communal areas and bedrooms, where staff can weigh patients, take blood samples, insert feeding tubes and store medicines. Outside facilities have been radically improved so that patients can play, sit outside and grow their own vegetables, encouraging healthy eating – all part of patient treatment.

Feedback on the new unit from patients and staff has been really positive, and this year’s Patient Environment Action Team annual assessment of inpatient healthcare sites identified that all previous issues relating to the standard of the unit had been addressed by the refurbishment.



Opposite, from top to bottom: The living room, kitchen and dining area in the newly refurbished Mildred Creak Unit.

This page: The roof garden, which provides valuable outside space for patients on the unit.

What our patients said

- “I really like the new unit.”
- “There are a lot more rooms, like the soft room which everyone loves. Before, we literally had a corridor room which went straight into all the rooms, so it was quite squashy.”
- “There is a lot more space, so it feels like you can actually have proper ‘alone time’ if you need it.”
- “Good colour scheme and beautiful art.”
- “The kitchen and living areas are really good.”
- “Great outside space – a massive improvement.”

What our staff said

- “Much better facilities.”
- “Lighter, brighter and much more child-friendly.”
- “The main areas are spacious and allow staff to be in eye view of children to observe the group.”
- “The staff cloakroom is great.”
- “Thank you to all involved for producing a much-improved unit.”

Objective 2 – Research

We’ve continued to fund our multi-million pound programme in support of pioneering paediatric research across the hospital and the UCL Institute of Child Health (ICH).

Specialist dietician Baheerathi Manickavasagar with renal patient Ciaran. Ciaran has been coming to Great Ormond Street Hospital since he was a baby and is waiting for a transplant.

Renal research

Aim

To improve the long-term health of children with chronic kidney disease through patient-focused clinical research.

Achievement

The renal team recently completed a 20-year follow-up study of children with severe chronic kidney disease whose kidneys failed early in their lives – the largest study of its kind worldwide. By tracking the long-term health of these children, the team has been able to evaluate their survival, growth and wellbeing, in order to improve care and offer better counselling to their families.

The team also found that we outperform any other centre when it comes to ensuring that children on dialysis grow healthily and without contracting bone disease. Making use of intensive specialist feeding and early kidney transplantation, our specialists ensure that their treatments minimise any untoward effects on children’s development.

Impact

Researching the long-term effects of the treatments we provide means we can offer even better care to today’s patients and reassure parents that their children have the best possible chance of growing up healthy.

The results of the research suggest that many children on dialysis do not require additional growth hormone – a drug which has to be given by daily injection and is not without risks – as part of their treatment.

This information, and the charity’s ongoing support, is providing a springboard for further research to understand and help treat severe kidney disease, from finding the genetic triggers of kidney failure to identifying ways of mitigating the effects of dialysis on heart disease. These studies have real potential to transform patients’ lives in the future.

Objective 2 – Research

Bone marrow transplants

Aim

To research and develop new and better ways of delivering bone marrow transplants for children with immune diseases and leukaemia.

Achievement

Our bone marrow transplant consultants have formed unique partnerships with leading researchers, in order to share their expertise and apply the latest scientific discoveries to urgent child health issues.

Over the past 30 years, we’ve led the way in transforming paediatric bone marrow transplants – initially a treatment with very poor survival rates. We are now able to cure the majority of children with severe immune diseases and relapsed leukaemia. Great Ormond Street Hospital pioneered the use of gentler chemotherapy drugs, and has shown that this approach improves survival rates while reducing some of the devastating side effects associated with standard bone marrow transplants.

Work in this area led to a major breakthrough announced last year. Professor Persis Amrolia led a project to develop a bone marrow transplant that required virtually no chemotherapy, using targeted antibody-based treatments to cure 13 infants born without a functioning immune system.

Impact

Antibody-based therapies that minimise the use of chemotherapy mean we can now perform transplants on children who previously would have been too sick for this treatment. Furthermore, children face a reduced risk of severe organ damage and infertility, growing up healthier and with the prospect of having children of their own.

Thanks to the support of the Georg und Emily von Opel Foundation, The Shauna Gosling Trust, Towergate Charitable Foundation, Sascha Wrottesley and many others, this research is now moving forward to address other challenges. In the next year, we hope to launch a ground-breaking project which will use antibodies to target radiotherapy to the bone marrow of children with severe relapsed leukaemia, reducing the levels of potentially damaging radiation delivered to other organs in the body.

This support is also driving new studies in the emerging field of gene and cell therapy. We’re leading research to investigate whether genetically engineered immune cells can prevent relapse in children with high-risk leukaemia, and using immune-cell therapy to prevent viral infections following bone marrow transplants. If successful, these projects could deliver life-saving therapies to children who currently have little chance of a cure.

Donations make a difference

Last year, you helped us to invest over £6.9 million in research. This has underpinned innovation at all levels of the hospital’s work, with more than 20 clinical units and many more staff benefiting from funding to support research at the forefront of paediatric medicine.

Your donations are helping us to:

- establish the UK’s first True Colours Chair in Palliative Care for Children and Young People
- expand facilities for our world-leading gene therapy programme
- ensure chemotherapy is kept to a minimum for children with leukaemia
- increase the number of clinical trials for new cancer medicines
- improve the way we plan operations for children born with heart defects
- define a safe blood sugar level for children with hypoglycaemia
- understand and prevent sudden infant death
- deliver better treatments for children born with immune disorders
- make inclusive education for autistic children a success
- support the cost of developing new research medicines
- personalise heart valve treatments for children with heart disease
- tackle cystic fibrosis in the crucial early years
- innovate new surgical treatments for children with feeding difficulties
- capture ground-breaking research images using a high-tech microscope
- maintain a state-of-the-art cell sorting and analysis facility.

Thank you

Case study

Kasey was born with a serious immune deficiency which affected his gut. Fostered from the age of four months, little was known about his genetic history until tests provided a diagnosis at the age of four.

He had to be fed intravenously, and was in and out of hospital throughout the first five years of his life. He was too ill to receive a conventional chemotherapy-based transplant, so doctors recommended the new targeted antibody treatment.

Kasey’s foster mother, Brigitte, was told that few children with the condition live beyond their first year.

“At this stage, we had already lost him a couple of times, so I was in no doubt about whether we should go ahead with this new treatment,” she said. “But it was very soon after the transplant that we could tell it had worked beautifully.”

Kasey can now eat normally, although he is still fed once a day through a gastric tube to reduce the strain on his gut. And while he is still small for his age, he was able to start school at seven and is making good progress.

The boy who once had ‘no motor skills’ has just learned to ride a bike.





Charlie, who is 13, was diagnosed with cystic fibrosis at birth. Despite his condition, he is very active, playing football for a local team as well as excelling in running and long jump. This regular exercise has, in fact, slowed the deterioration of his condition, which is monitored at Great Ormond Street Hospital every six weeks.

Objective 2 – Research

Cystic fibrosis research

Aim

To evaluate early lung disease in newborn children with cystic fibrosis and develop targeted, evidence-based treatments.

Achievement

Having played a key role in establishing UK-wide newborn screening for cystic fibrosis in 2004, our respiratory team recognised the urgent need to evaluate these infants’ health from the very earliest stages of their lives. This is a crucial first step in ensuring that children receive the best treatment at the right time, as without specialist care, children with cystic fibrosis face progressively worsening lung disease – one of a number of life-limiting symptoms.

The team has now entered year two of a detailed study. This tackles the difficult issue of inviting parents to agree for their newborn – and seemingly healthy – baby to participate in a research project while they are still coming to terms with the diagnosis of a disease which remains incurable.

To achieve this, our researchers formed a collaborative network of six hospitals whose teams refer their patients to Great Ormond Street Hospital to receive specialist early assessments. So far, more than 40 families – nearly 80 per cent of those eligible – have enrolled their children in the study.

Once enrolled, each child has a lung function test within their first three months, followed by further functional and imaging tests to check for any structural or infection-related lung damage as they approach their first birthday. Early results show that, even by 12 weeks of age, some babies with cystic fibrosis already show a significant reduction in lung function compared to healthy babies.

Impact

By fully understanding the early evolution of cystic fibrosis, the team can begin to adapt its treatments to prevent any early damage to the lungs, and therefore hopefully maintain lung health well into adulthood.

A huge step for the team has been to overcome the widespread assumption that parents would not wish to enter into a research study at the point at which their child was diagnosed with a potentially life-limiting disease. Having been reassured that the tests are not harmful, and that the research represents a genuine commitment to ensuring their child’s long-term health, families have been willing to place their trust in our researchers and their work.

Building strong relationships with families also means that the cystic fibrosis teams can intervene early if test results show a decline in a child’s lung function. Furthermore, the study will form an invaluable baseline against which the team can evaluate the effectiveness of a new generation of early treatments. The team believes that by targeting these treatments at a point before illness takes hold, children with cystic fibrosis can enter their teenage years confident of a long and productive life.

Objective 3 – Equipment

Last year, our donors helped us to fund new specialist equipment worth nearly £3.8 million. This enabled us to replace old and outdated machinery as well as purchasing new state-of-the-art technology, which is essential to the hospital’s work.

Incubators and babytherm cots

Aim

To purchase four new incubators and 13 warming cots for the treatment of our smallest patients under two months of age. We treat between 25 and 30 newborn babies each day.

Achievement

Thirteen new warming cots were bought in February 2010 and four new incubators in April 2010. These are now in constant use across the hospital wherever we are treating newborn babies, primarily on our Neonatal Intensive Care Unit (NICU), our Cardiac Critical Care Unit and some of our surgical wards. This vital equipment was generously funded by Legal & General Group Plc, BSG Management Services Ltd, Rebekah Sutton and Venn Group, as well as many others.

Impact

Every patient on our specialist NICU is cared for in an incubator or heated cot, with more than 100 tiny patients per year requiring the use of one of these special units. The new cots and incubators allow us to provide the best possible care for these critically ill babies, who are often unable to adequately maintain their own temperature. The cots prevent cold stress, which can be detrimental and can lead to respiratory complications and unstable blood sugar levels. We can also weigh babies in the new cots, which is a huge advantage when they are so small as it avoids the stress and heat loss involved in moving them.

Over the years, our old incubators have become opaque with age and cleaning. With their transparent sides, the new incubators offer a much better care environment for babies, and they have also been designed so that parents can hold their child’s hand – contact which is vital for bonding and attachment.

When this picture was taken, Jude was 22 months old and had recently had treatment for a perforated bowel. He has since continued to do well and has been discharged, only returning to the hospital for check-ups.

Objective 3 – Equipment

Mobile ultrasound machines

Aim

To purchase two new state-of-the-art portable ultrasound machines for the Children’s Acute Transport Service (CATS). These machines make it easier to insert lines for central venous access, so that critically ill children can be transferred to the hospital.

Achievement

Two machines, bought in December 2009, have allowed the team to insert central venous lines into critically ill children quickly and with less trauma to the child. This vital equipment was generously funded by Just Learning Ltd and the *News of the World*.

Impact

Thousands of children become seriously ill in the UK each year. CATS is a specialised service designed to make intensive care rapidly available to critically ill children in the North Thames and East Anglia regions. As the largest dedicated children’s intensive care transport team in the UK, CATS stabilises and safely transfers more than 1,100 sick babies and children each year to intensive care units in London and the South East.

The new ultrasound machines are used at children’s bedsides to insert lines so that life-saving drugs can be administered. Children need to be made stable before they can be transferred in an ambulance to Great Ormond Street Hospital to receive vital treatment. The new machines are quicker and safer, and have cut down the time taken to insert lines by 75 per cent, resulting in less trauma for the patient, for the staff stabilising them, as well as the parents.

The equipment is being used for all critically ill children retrieved by CATS for intensive care at Great Ormond Street Hospital, particularly high-risk retrievals such as Extra Corporeal Membrane Oxygenation (ECMO), sepsis, cardiac and trauma patients.

Although the equipment is used on intensive care units, this is the first time we have used it in a transport setting. The new ultrasound machines are small and portable, making them easy to carry and to store.

This year, the CATS team was the focus of a BBC television series called *Children’s Emergency*.

Donations make a difference
Last year, you helped us to fund:

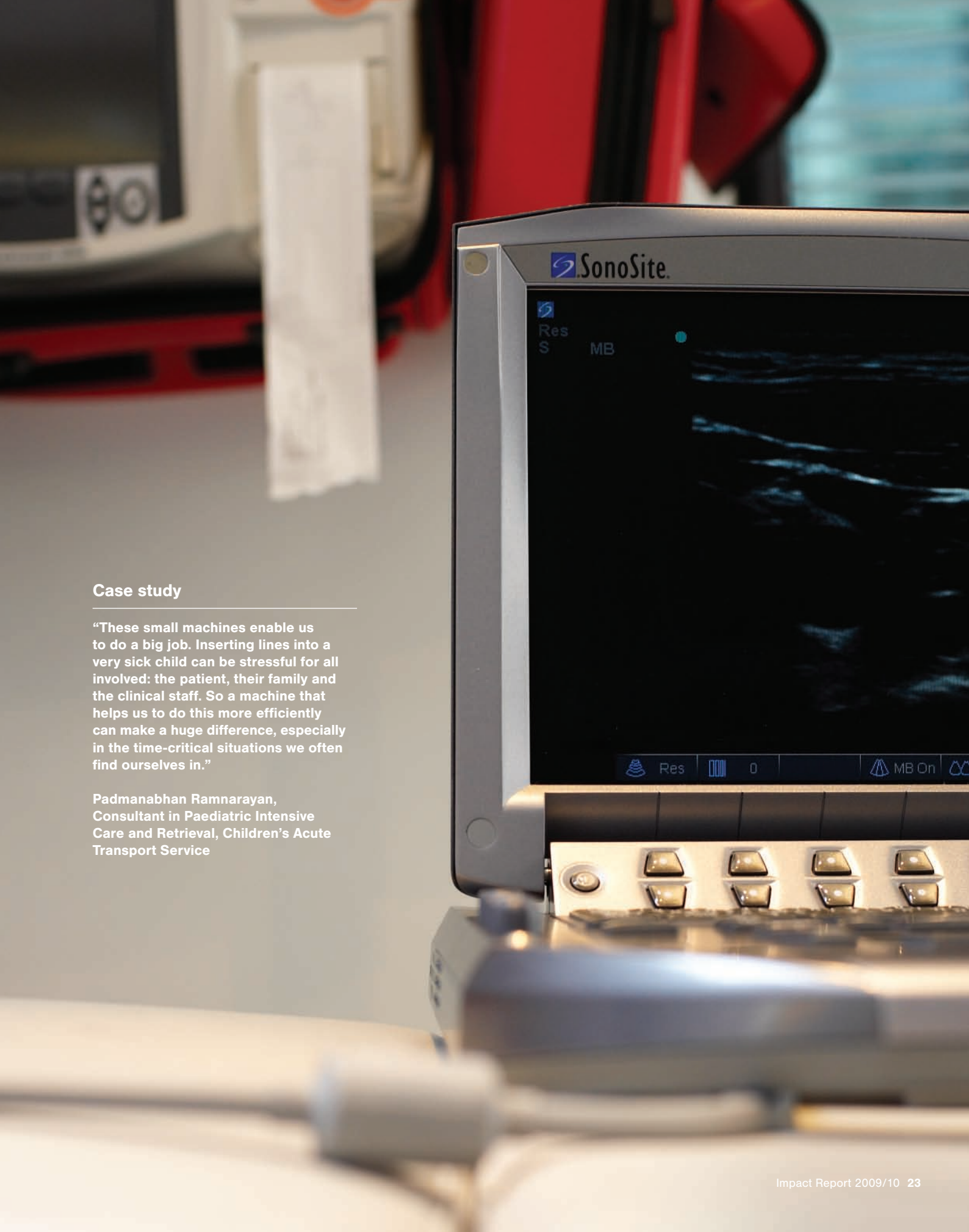
- a machine for screening newborn babies for serious conditions
- electroencephalography (EEG) machines for recording the electrical activity of the brain
- a fluoroscopy unit that takes x-rays which display motion
- endoscopes
- patient transfer trolleys
- a foetal cardiology platform for early foetal scanning
- continuous veno-venous haemofiltration machines for patients who bleed heavily during operations
- pressure-relieving mattresses
- microarray equipment that enables researchers to measure the activity of thousands of genes or proteins at a time
- a computer radiography system for x-raying patients
- workstations for taking samples for cytogenetic analysis
- cardiac surgery equipment
- tower sequencers used to determine which bacteria are causing infections
- a chemistry analyser for the diagnosis, treatment and management of patients with inherited metabolic disorders
- sleep-monitoring equipment
- audiology equipment for testing children with acute hearing problems
- visual electrophysiology equipment for diagnosing ophthalmological conditions
- an ImmunoCAP 250 for comprehensive testing and diagnosis of allergic and autoimmune conditions
- a lithoclast machine for treating children with kidney tract stones.

Thank you

Case study

“These small machines enable us to do a big job. Inserting lines into a very sick child can be stressful for all involved: the patient, their family and the clinical staff. So a machine that helps us to do this more efficiently can make a huge difference, especially in the time-critical situations we often find ourselves in.”

Padmanabhan Ramnarayan,
Consultant in Paediatric Intensive
Care and Retrieval, Children’s Acute
Transport Service



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. Last year, our donors helped us to fund care worth more than £1.1 million.

Parent and family accommodation

Aim
To fund the upkeep of 30 rooms for overnight accommodation in the Paul O’Gorman Patient Hotel, part of Weston House, for parents and patients who live a long distance away but need to attend an early outpatient appointment or have daycare treatment.

To fund the upkeep of eight self-contained flats in which families can learn to provide the specialist care their child needs before they return home or to their local hospital.

Achievement
Over the course of the year, we have been able to provide accommodation free of charge for 4,916 patients and their families across the road from the main hospital entrance. As part of our Beds for Bedz Appeal, Center Parcs, along with many others, generously helped us to fund this accommodation.

Impact
Being able to stay at the patient hotel the night before an early-morning appointment minimises the disruption to a child’s routine and reduces stress for the whole family. It has proved to be particularly beneficial for children with a long distance to travel. For some families with early-morning appointments, travelling into London before 9am can be both costly and unsettling for a child, especially if the child has to fast for 24 hours prior to blood tests and surgeries. Providing this type of accommodation has also freed up beds on wards, enabling us to admit more critically ill children who do need to stay in the hospital overnight.

In addition, the eight transitional care flats have provided a supportive home-from-home environment, enabling parents to practise how they will care for their child when they get home, while they are still close enough to the hospital to ask staff for help if they need it.

Flora is 12 and has recently undergone a kidney transplant, the organ for which was donated by her dad. Flora has daily check-ups at the hospital, and as it is too far for them to travel from home every day, they are staying in the Paul O’Gorman Patient Hotel.



Objective 4 – Accommodation and welfare

The Ethics Support Service

Aim
Clinicians have a duty to act in the best interests of their patients. This sometimes involves tensions between the potentially conflicting obligations of respecting patients’ rights to make self-determined choices and providing treatment that carries more benefit than harm. Matters are particularly complex when decisions have to be made for children who may be unable to decide for themselves, and whose parents’ views on treatment options may differ from those of clinicians. The application of ethical principles can help in understanding some of these issues, and the Ethics Support Service can provide support, along with other services, in helping to resolve them.

Last year, our aim was to build on the already strong ethical foundations at the hospital: to provide advice and support in ethical decision-making, provide teaching and training in the ethics of clinical practice, contribute to the development of ethical policies and protocols, develop academic activities and research in clinical ethics, and contribute to national and international initiatives in ethics.

Achievement
Over the past year, our clinical Ethics Support Service has provided analysis and opinions of more than 40 cases, with 24 of these occupying more than 240 hours of service time. For all cases, the service has provided consultation, staff support and education in addressing ethical issues in the clinical work of Great Ormond Street Hospital. Additionally, more than 40 hours of specific teaching and training have been provided, alongside 20 hours on clinical support in the form of ethical debriefings, with a similar amount of time devoted to

producing reports and protocols. Members of the service have published six articles in the academic press and given more than 20 invited talks.

Impact
In April 2010, a series of three intimate and moving observational programmes by the BBC followed the life and death decision-making of some of the consultants at the hospital. The staff at Great Ormond Street Hospital work at the frontiers of medical knowledge and research, often developing treatments that have never been tried before. The series covered painfully honest exchanges between medical experts, doctors and children’s families as they weighed the balance between the patient’s pain, their likely quality of life if interventions succeeded, and the longer-term value of the discovery of potentially life-saving new techniques.

We are the only hospital in the UK to have ethics embedded in our service. In a highly technical specialist children’s hospital, there is a high prevalence of recurring ethical issues. The Ethics Support Service provides clinicians with vital support and advice, as well as teaching and training on the ethical issues that the teams are dealing with from day to day.

Decisions that involve judgements about values rather than facts require a rational basis and moral justification. Dilemmas arise when there are conflicts about factual beliefs or when there is conflict between moral principles and theories. Our aim is to provide a clinical ethics service that allows us to deliberate over such values and the justification for actions when the need arises.

- Donations make a difference**
Last year, you helped us to fund:
- a consultant in psychiatry
 - the expert patient programme
 - the Voluntary Services Department
 - the Arts and Humanities programme
 - meals for breastfeeding mothers
 - our Children First for Health website
 - the staff nursery subsidy
 - the Staff Counselling Service
 - Christmas parties for patients
 - a doctor’s organisational coach
 - clinical outcomes development
 - a craniofacial neurosurgeon
 - surgical site infection surveillance
 - a professor for young people’s cancer care
 - the chaplaincy
 - an Intensive Care Outreach Network in the hospital.

Thank you

Case study

In March 2010, Great Ormond Street Hospital patient Ciaran Finn-Lynch (pictured) became the first child in the world to undergo a ground-breaking trachea transplant. Professor Martin Elliott was a member of the international team that saved Ciaran’s life.

“First of all, we had to decide if it was worth doing – and I don’t mean worth doing because of life or death, but asking if you are prepared to put this child and his family through something which is really very stressful. So the first thing is to ask: ‘What is the ethical framework you have to deal with to manage that?’

“This was a partnership. We were all challenging each other and constantly argued against each other until we felt it was the right thing to do, and did not really put it to the family as a definitive option until some of that had been dealt with.

“What we really wanted to make sure, by testing it out through various committees, was that the child’s wellbeing and the family’s wellbeing were our primary interest. Overall, it required a lot of confidence and bravery from the team, but probably more confidence and bravery from the family.”

You can read more about this ground-breaking procedure at www.gosh.nhs.uk/pressoffice/pressrelease_00851



Looking forward Our Chairman's report

I want to start by thanking all of you who have been so generous this year. As chair of the special trustees of Great Ormond Street Hospital Children's Charity, I meet many of the clinicians and researchers whose work you fund, and have the opportunity to learn about the vital work they do to advance children's health. In this report, we have been able to highlight just a few of the research projects that you've helped to fund, but I hope that you are able to recognise the impact of your donations on the lives of current and future patients of the hospital and beyond.

We are now the UK's largest charitable funder of medical research exclusively dedicated to paediatrics. As a member of the Association of Medical Research Charities, we will continue to do all we can to support the highest standards of research to deliver the very best results for children.

Funding paediatric research will remain a major focus, as we want to continue the very important work undertaken at the hospital and the UCL Institute of Child Health. The hospital has more than 50 different clinical specialties, with many patients having complex and life-limiting or life-threatening conditions. Therefore, it is essential that we are able to support a broad range of research, but with a focus on translational research – where we are able to bring the work done in laboratories into hospital practice.

In the past year, we have been able to raise £25 million towards the second phase of the hospital's major redevelopment programme, the Mittal Children's Medical Centre. Upon completion, it will house new heart and lung, neurosciences and kidney centres, and provide the capacity to treat up to 20 per cent more children.

The first building in the centre, the Morgan Stanley Clinical Building, is on schedule to open in 2012, with the second building, the redeveloped Cardiac Wing, planned to open in 2016. However, we still have a further £95 million to raise, and this will remain a priority for fundraising over the next few years.

As well as the major funds needed for medical research and redevelopment, the charity will continue to fundraise to support the purchase of vital new equipment and to provide accommodation and welfare assistance for families and staff. As in previous years, we will be guided by the hospital's priority list for funding.

It is likely that fundraising will continue to prove difficult in this economic climate. Similarly, we envisage that there will be pressures on the NHS to control spending, meaning that the hospital may ask the charity to help even further, particularly in funding research. We remain committed to doing all that we can to help so that more and more children can benefit from the world-class care provided by the hospital.

To do this, we will continue to rely on your support and generosity, which make such a difference to the lives of the young patients at the hospital and their families.

Thank you.

Alan Hodson
Chairman

Mitchell is five years old, and is a patient on Elephant Ward. He is a big fan of Ben 10, and has brought his own Ben 10 duvet into hospital with him.



Shekana is nearly five, and is an oncology patient on Lion Ward. Her mum reassured us that she is not always so serious, and showed us smiling pictures of Shekana and her twin sister to prove it.

Our objectives for 2010/11

Our objectives for 2010/11 will continue to focus on supporting the hospital in achieving its aims of helping the patients of today as well as the sick children of the future.

Redevelopment

Morgan Stanley Clinical Building

We aim to provide funding to enable the hospital to:

- complete the external walls, roof and windows of the building
- begin the fitting-out of the building
- begin the formal commissioning process
- write briefs and identify artists for the arts projects.

Research

We aim to:

- direct our funding to key strategic areas as the UK’s largest charitable organisation dedicated to paediatric research, ensuring that patients remain the focus of everything we do.
- provide funding to enable research activity to begin across the major supporter-led initiatives established last year in childhood gut disorders and palliative care.

Equipment

We aim to:

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

Accommodation and welfare

We aim to:

- fund £1.8 million of welfare activities for our patients, their families and our staff.



Research equipment like the cell sorter enables our teams of scientists to probe the nature of childhood disease.

Our funding wish list for 2010/11

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 more comfortable service.

Your support could help to:

- fund an operating theatre in the Morgan Stanley Clinical Building: **£5 million**
- fund a six-bed dialysis unit: **£500,000**
- fund a patient bedroom on our cardiac ward: **£100,000**
- equip a treatment room in our neurosciences centre: **£12,000**
- fund a patient bed in our neurosciences centre: **£2,000**

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 new laboratory in Europe’s first centre dedicated to understanding and treating the causes of birth defects: **£1 million**
- pay for research which will ensure that children with heart problems receive minimally invasive surgery at the right time in life: **£660,000**
- buy vital equipment for our unique programme of research to cure inherited disorders using gene therapy: **£21,000**
- fund a research assistant for a day, helping to improve the lives of children with autistic spectrum disorders: **£250**

Equipment

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

We need:

- a direct radiography system for our X-ray department: **£250,000**
- an ultrasound scanner for our neurosurgery department: **£102,130**
- magnetic resonance imaging (MRI) monitors: **£39,158 each**
- anaesthetic machines: **£15,140 each**
- patient vital signs monitors: **£7,220 each**
- baby scales for use around the hospital: **£800 each**

Family accommodation

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

Your support could help to:

- fund a bed for a parent to stay beside their child in our new building: **£600**
- fund the daily upkeep of a room for parents and families to stay overnight near their sick children: **£12**

The background is a solid red color. In the upper left, the word 'THANK' is spelled out using various colored sticks (red, yellow, green, blue, pink). To its right, the word 'YOU' is spelled out using orange beads. Both words are surrounded by a cloud of multi-colored confetti. In the lower left, there are several colorful, irregular shapes made of paper or fabric, also surrounded by confetti. The overall theme is one of celebration and gratitude.

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

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

Thank you

A
Karim Abdel-Motaal
Addleshaw Goddard LLP
Ahmadiyya Muslim Association
Almanac
Apax Partners
Archibald Bathgate Group Ltd
Arsenal Football Club
Asda Stores Ltd
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C
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and Gerald Ronson
The Rothschild Foundation
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Sons Limited
Philippa Rose

Two-year-old Liyarna has been a patient on Lion Ward and is going home today. Her doll, Oscar, is already in his buggy ready to go, and Liyarna is looking forward to seeing her three brothers.



Great Ormond Street Hospital Children's Charity

40 Bernard Street
London WC1N 1LE
020 7239 3000
www.gosh.org

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

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Registered charity no. 235825.



Bengali

অনুব্রূষ কলমে বিষয়বস্তু তৈরীকরণ থেকে এই লেখার অনুবাদ, বড় অক্ষর, ব্রেল বা অডিও বিবরণ পাওয়া যাবে।

English

Translations, large print, Braille or audio versions of this report are available upon request from the address below.

French

Traductions disponibles sur demande à l'adresse ci-dessus. Des versions en gros caractères, en braille ou audio sont également disponibles sur demande.

Polish

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

Punjabi

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

Somali

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

Tamil

பெரிய அச்சில், இந்த

அறிக்கையின்

மொழிபெயர்ப்புகள், பெரிய

அல்லது ஒலி பதிப்புகள்

விண்ணப்பித்தால் கீழ்க்கண்ட

விலாசத்தில் கிடைக்கும்

Turkish

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

Urdu

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

Design Manager
Great Ormond Street Hospital
Children's Charity
Fourth floor
40 Bernard Street
London WC1N 1LE
E design.work@gosh.org