



Patient at Royal Manchester Children's Hospital.

The Process of Establishing Children's Services



Young patient at Royal Manchester Children's Hospital.

As new services developed and the various hospital buildings aged, the future of the children's service became more problematic. If the special hospitals were to be replaced, should it be on one site, and if so where? To what extent should children's services be part of all district general hospitals; and how should these relate to specialist centres for the Greater Manchester area?

When the issues were reviewed in 1988, the report favoured tertiary services on a single site next to a major adult service. In 1990 the Regional Health Authority made clear its preferences: Booth Hall

would be closed, with its secondary (i.e. district) services moving to the North Manchester General; Pendlebury would also close, with its secondary services moving to Hope; and a tertiary (regional) service would be combined with a secondary service on the Central site. A later report suggested that tertiary services could be provided from more than one of the teaching hospitals: Central might develop some, with others at Pendlebury until they could be moved to Hope. All the recommendations were highly controversial and the issue remained live through to the mid 1990s.

When the Central District Health Authority pressed for a merger of Booth Hall and Pendlebury onto one site at Pendlebury, Manchester City Council objected and threatened a judicial review. Closing Booth Hall was politically sensitive as North Manchester felt their Children's Hospital to be a shining star and a safety line for their children.

In 1991, at about the same time as the Duchess of York Hospital was rebuilt at Withington Hospital (managed by the South Manchester NHS Trust), Booth Hall was organisationally merged with Pendlebury so they could be managed together by Salford Health Authority as a single paediatric service. The merger brought about a very difficult time for the staff and the hospitals as they were four miles apart. However they continued to maintain and offer a first class service for children over all three sites.

In 1995 the merged Children's Hospitals became an NHS Trust, an independent "provider" organisation, no longer controlled by Salford Health Authority and managing services on both sites, including teaching and research facilities. It was the third largest Children's Trust in the country, offering many new services, supported by various paramedical disciplines focussed on children, including Physiotherapy, Occupational Therapy, Nutrition and Dietetics, Radiology, Pharmacy and a full range of pathology services. The new Trust had a dedicated MRI scanner, a CT Scanner, a Gamma Camera and an aseptic suite. There was a comprehensive educational service, with a Hospital School on each site and Hospital Therapeutic Play Services on both sites. Social workers already had a service on the Pendlebury site and a family counsellor service was set up at Booth Hall.

During the six years as an independent stand-alone Trust many new consultants were appointed and there were now three academic chairs based at the Trust. But some valued staff were lost because of dissatisfaction with multi-site working. One notable innovation set up during this time was "job-sharing". Two women paediatricians wanted to "job share", but on attending interview Dr. Eileen Baildam and Dr. Carol Ewing found only one chair for the

interviewees and nowhere to put a pushchair! Together they were to help inaugurate an urgent referral service with continuity of care in the home environment.

These years also saw changes in nurse education. All nurse training moved to Manchester University and Salford University, but the Hospitals had big in-house programmes of continuing professional development and for National Vocational Qualifications (NVQs), as well as the continued teaching of student doctors, nurses and paramedical staff. Nurses were beginning to take a lead role in many areas, with the establishment of nurse specialist posts in many disciplines. This was also a time of increased management roles for nurses and all directorates created nurse manager posts.

Close links with the University of Manchester supported the hope that innovative research and development would underpin the changing needs of paediatric healthcare, although geographical separation still posed a challenge.



Towards a Single Site

When the health authorities were reorganised (again) in 1996, the “children” question was a priority. The issue involved several hospitals and at least two health authorities, but the new Manchester Health Authority was to lead, with the Regional Office keeping a low profile. The Health Authority was particularly interested in developing community services which would be complemented by secondary services in local hospitals, and a relatively small tertiary centre alongside a leading general hospital.

Central Manchester seemed the obvious site but an alternative proposal was for another large teaching hospital in Salford. The Children’s Trust was focussing on the new tertiary services remaining independent from adult services. Large consultation took place over many months and eventually the Health Authority put forward the proposal for the Central site.

The final decision, in favour of Central Manchester, was taken by the Secretary of State in March 1997. Frank Dobson, the Secretary of State in the new Labour Government, promised that the Children’s Hospital could retain its own Trust status as many feared that the peculiar spirit of a children’s service might be lost in a large hospital centre catering chiefly for adults.

The new Labour Government of 1997 wanted large hospital projects to be built under Private Finance Initiatives (PFI). Though the Children’s Trust had agreed to move to the Central site on condition they remained autonomous, it was soon discovered that PFI contractors would only deal with one trust on the one site so the new children’s hospital would now be taken into the Central Trust and managed by the Central Trust after 2001.

The building of the new children’s hospital did not begin until 2004 but much reorganisation and many decisions had to be taken in order for the service to begin to move together, for example some of the intensive care moved to Pendlebury and staff found themselves working across units.

Mrs. Julie Flaherty became Acting Director of Nursing, Quality & Clinical Services and oversaw the merging of the two hospitals as an NHS Trust into the larger Central Trust. They were then managed as a Children’s Service on three sites Pendlebury, Booth Hall and St. Mary’s paediatric unit until they could all come together in a purpose built hospital adjacent to the rebuilt MRI and next door to the University of Manchester Medical School. The eventual move took place in June 2009. All services are now on the same site. The wartime schemes of Manchester’s hospital planners and the dream of Professor Gaisford have come true a lifetime later.



Child in hospital playroom.

The Central Manchester and Manchester Children’s NHS Trust (now the Central Manchester Foundation NHS Trust) has become responsible for the entire management of the new tertiary service for children. The districts continue to take responsibility for their secondary paediatric services and Salford and North Manchester will have new accommodation for their secondary services.

To assist in this reorganisation a Network Supervisory Board was set up by Lord Hunt through the Strategic Health Authority in 2002 to oversee the future developments of health services for children and young people across Greater Manchester, East Cheshire and High Peak. Professor Sir Al Aynsley-Green, then the National Clinical Director for Children, and later the first Children’s Commissioner, took great interest in these developments as part of the new National Service Framework for Children Young People and Maternity Services. For the first time children also had their say: their views were sought through the Commissioner for Health Improvement’s very successful Children’s Voices Project. A related, award-winning, project was Children’s Day Case Surgery Consultation, in which Greater Manchester children and families worked alongside healthcare professionals to design day-case facilities.

The Services Together – At Last

When the move came, in June 2009, children's services included twenty-seven paediatric sub-specialities to be accommodated in the new building on the central site. In many sub-specialities, outlying clinics were held in numerous locations in the North West. This type of hub and spoke design had been much talked about but little used, except in paediatrics. Among the services that moved to the new site was the Child and Adolescent Department of Psychiatry that Professor R. Harrington had built up into a department of national importance, assisted by a team which included Dr. H. Lloyd and Professor J. Green. Their department covered District Services, interfacing with other agencies, including "at risk" referrals and emergencies. Child Protection and Social Paediatrics had been given precedence through the Mackay Gordon Centre at Pendlebury and the Jubilee Centre at Booth Hall. A counselling service was offered to all families, along with assessment and investigation of children failing to thrive.

General paediatrics included the well known paediatricians Dr. "Bob" Postlethwaite, Dr. G. Hambleton, Dr. Eileen Baildam and Dr. C. Ewing. The Department of Clinical Haematology and

Haemophilia included leukaemia and thalassaemia. During the life of the Children's Trust, Dr. Dick Stevens was a well known national figure; his department had very strong community links and home treatment is now very much encouraged. The work on cystic fibrosis begun by Dr. Watson and Dr. Mann was continued by Professor Tim David, Dr. G. Hambleton and Dr. Maurice Super (who had set up the worlds first Gene Shop, giving genetic information at Manchester International Airport). Other specialities included Dermatology, Atopic Eczema, Diabetes, Gastroenterology, an EEG Service and Rheumatology.

Emergency Medicine had been developed at Booth Hall Hospital under Dr. Barbara Phillips. At first she worked with Dr. Watson in cardiology, but realised that a more formalised approach to A&E medicine was very much needed. With Jean Robinson, she set up a group, and then courses, on Access for Paediatric Emergency Medicine; she also taught paediatric resuscitation and became a leading authority in this field. In the new hospital there is a designated Paediatric Emergency Department. There is also a large Intensive Care Unit and a High Dependency Unit, and it is most beneficial to have these particular services under one roof.



in theatre at Royal Manchester Children's Hospital.

Developmental Medicine, pioneered in the North West by Dr. Neil Gordon and Dr. Bob Mackay, has been notable for its outreach services and multidisciplinary teams were encouraged. Dr. Ian McKinley has always been keen to have paramedic services included, especially physiotherapy. The Endocrinology and Growth Disorders Department, led by Dr. A. Price and Professor Peter Clayton, was notable for its research programme and for including two community nurses in their team, long before community nursing teams became well known.

In the field of Neurology Dr. Richard Newton is a leader and not only in the North West but also nationally and in Europe. There are very close links with the David Lewis Centre and with consultant geneticist and regional orthopaedic neuromuscular services. Peripatetic clinics are based throughout the North West, for Dr. Newton insists on keeping care "closer to home." But there is also an urgent admissions and appointments clinic, which is quite rare and so important for families whose children have neurological disorders.



Professor Tim Eden.

As noted earlier, the Oncology service, in association with the Christie, is known world wide; it is now the third largest paediatric oncology unit in the country. Dr. Pat Morris Jones and Dr. Dorothy Pearson established the oncology service and Professor Tim Eden

developed the service to world class standard. His colleague Dr. Richard Campbell also contributed greatly to planning the reconfigured services for children in Manchester, helping to guide the early days of the Network Supervisory Board, putting "Children First".

The newly concentrated Surgical Services include a wide range of very specialist paediatric surgery. Mr. Adrian Bianchi is particularly noted for his commitment to reconstruction for children with congenital abnormalities and for aesthetic surgical techniques. Paediatric surgery made World News when conjoined twins from Malta, the patients of Mr. Adrian Bianchi and Mr. Alan Dickson, were successfully separated in 2004. Other well known surgeons working in the field of neonatal surgery and urology have included Mr. J. Bruce, Miss C.M. Doig, Mr. J. Bowen and Mr. David Gough.

Booth Hall had provided a regional service in the treatment of Burns injuries, supported by a specialist Plastic Surgery Service with Mr. Peter Davenport and Mr. Lendrum, and by the Frank Robinson After Burns Clinic. Staff at this highly successful Burns Unit organised annual International Burns Camps, to help rehabilitate children who had suffered serious burn and scald injuries. At their first "Burns Camp" twelve patients from Booth Hall and ninety patients from Britain, Belgium and Denmark attended at Boswick Hall in Cumbria. The children were aged between 7 and 16 and the week's activities included art, drama, swimming,



St. Mary's Hospital Neonatology Unit.



Louise, Mr. Bianchi's patient, with hi-tech equipment at the Science Festival.

walking, puppet making and ghost hunting. Now this unit has moved to the new hospital alongside all the others.



Professor Tim David.

One of the newest specialisms is “Transitional Medicine”, for patients transferring to Adult Services. Moving, usually at sixteen, from the sheltered way in which a young person is treated to the more rigid ways of adult medicine can be difficult for all concerned. The government document The National Service Framework for Children and Young People published in 2003, clearly states that the age range covered for children and young people should be 0 – 19. This age gap from 16 to 19

needed addressing. One of the first attempts to do so was the programme that Professor Tim David and Dr. Kevin Webb devised for the transfer of children suffering from cystic fibrosis – one of the spurs to wider discussion and research on adolescent services.

In 2006 Dr. Helena Gleeson was appointed to a research post in Adolescent Endocrinology to find out from young people how they wanted services to be delivered and how and when they wanted to be transferred over to adult care. It is hoped that other Trusts will follow the example, leading to carefully planned transfers for all young people with chronic conditions, in line with the National Service Framework.

There is not an area of the paediatric services that will not potentially be enhanced by moving into the new site, but there is little more that one can do in this brief account beyond mentioning some of the sub-specialities now included in the service on the Central site.

The Dental Specialities, some housed in the Dental Hospital on the University campus and thus close to the new Hospital comprise General Dentistry, Oral and Maxillo-Facial Surgery, Orthodontics. Children’s Surgery includes Ear, Nose and Throat Surgery, Neonatal Surgery (28 days and under), Nephrology including Kidney Transplantation, Neurosurgery, Ophthalmology, Orthopaedics and Trauma, Plastic Surgery, the Centre for Cleft Lip and Palate, and Urology. The new theatre suites with up-to-date equipment will be a tremendous asset in the development of these services, as will be the specialised training programmes for the various staff groups.

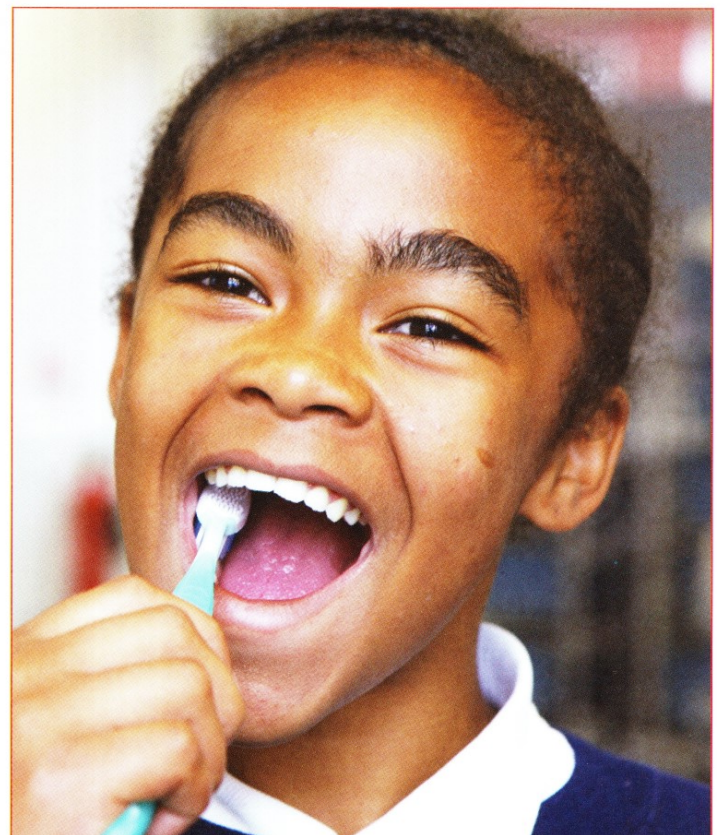
The Pathology and Radiology Directorate, with Dr. Anna Kelsey as Director, has provided a specialist paediatric laboratory and Radiology Service, working 24 hours a day, 7 days a week, and including Chemical Pathology, Haematology and Blood Transfusions, Histopathology, Microbiology and Imaging.



Dr. Anna Kelsey.



The new Royal Manchester Children's Hospital.



Good dental care at the Dental Hospital, Manchester.



Child being watched by mother undergoing anaesthesia.

Dr. Alan Shaw and Dr. George Meakin, former President, Association of Paediatric Anaesthetists, with colleagues have led this specialist and widely recognised service.

Professions Allied to Medicine, including Play Services, Education and Transport

This group of Health Care professionals is an essential part of any paediatric multi-disciplinary team. All personnel are trained in working with children and young people in their particular area.

The list is long but needs to be included to show that training in all these areas is vital for paediatric patients; Audiology, Chiropody, Medical Illustrations, Nutrition and Dietetics, Pharmaceutical Services, Occupational Therapy, Optical Services, Physiotherapy and Speech and Language Therapy all help make up the very comprehensive paediatric service at the new hospital. It is to be hoped that these services will retain a paediatric identity and not be subsumed into adult services for reasons of "economy".



Physiotherapy treatment at Royal Manchester Children's Hospital.

From the introduction of Play Services in Wythenshawe Hospital in 1971, Manchester led nationally and then internationally in establishing the role of play in hospitals and the training and validation of those who carry out this work.

Therapeutic play for sick children flourished during the 1990s and early 2000 with well-trained play specialists supporting nurses and doctors in hospitals and in community teams, and sometimes in highly specialised areas such as pain management, or enabling children to cope with being placed in the Magnetic Resonance Scanner. For fifty years, much of the momentum has come from the pressure group which is now Action for Sick Children, and for much of this time Mrs. Pamela Barnes has led the Manchester work. She has been Chair of the Academic Board, set up in 1985, and is now the national President.



Pamela Barnes, a former Director of the Children's Trust.

All the education services in hospital are administered by the Local Education Authorities, and all children in hospital for longer than three days are eligible for educational support. Pendlebury and Booth Hall hospitals had education for such children long before the Education Act of 1944, certainly at Booth Hall dating back to the 1920s. Before the recent merger, both Pendlebury and Booth Hall hospitals had designated suites of rooms or schools, whereas in the smaller units, such as Wythenshawe Hospital and Stepping Hill Hospital, there would be one room set aside, with a teacher in charge. At the new Central site, the service will be provided by the Manchester Education Authority, liaising with the schools that the patients normally attend, and with access to all modern technology. The collaboration between therapeutic play services and the education service can now be enhanced as they are situated side by side in the new building. Within these suites of rooms lies the very much state of the art adolescent recreation room.

And finally we can note the Manchester Transport for Sick Children Service which takes families for appointments. It is voluntarily funded and carries about 1,100 children per year. It is the only one of its kind in the country and was set up by Sally Carroll and Pamela Barnes in 1976 at Wythenshawe Hospital. It now covers the whole of Greater Manchester.

Education continues whilst patients recover at St. Mary's Hospital.



No picture of the children's hospitals in Greater Manchester would be complete without mentioning the contribution of the voluntary sector, which has always been central to the larger picture of sick children's services in Greater Manchester. The public have always responded generously and in a variety of ways. For the Victorian middle class woman membership of the committees of charity hospitals provided one of the few outlets into public service, and Ladies Committees were very important for the hospitals. Later, some philanthropists would develop roles in Charity work, including health visiting, so becoming the forerunners of social workers. From the end of the nineteenth century, some women worked through the city council, or bodies such as the Cooperative Women's Guild or the Women's Institutes, often focussing on maternity and child rearing.

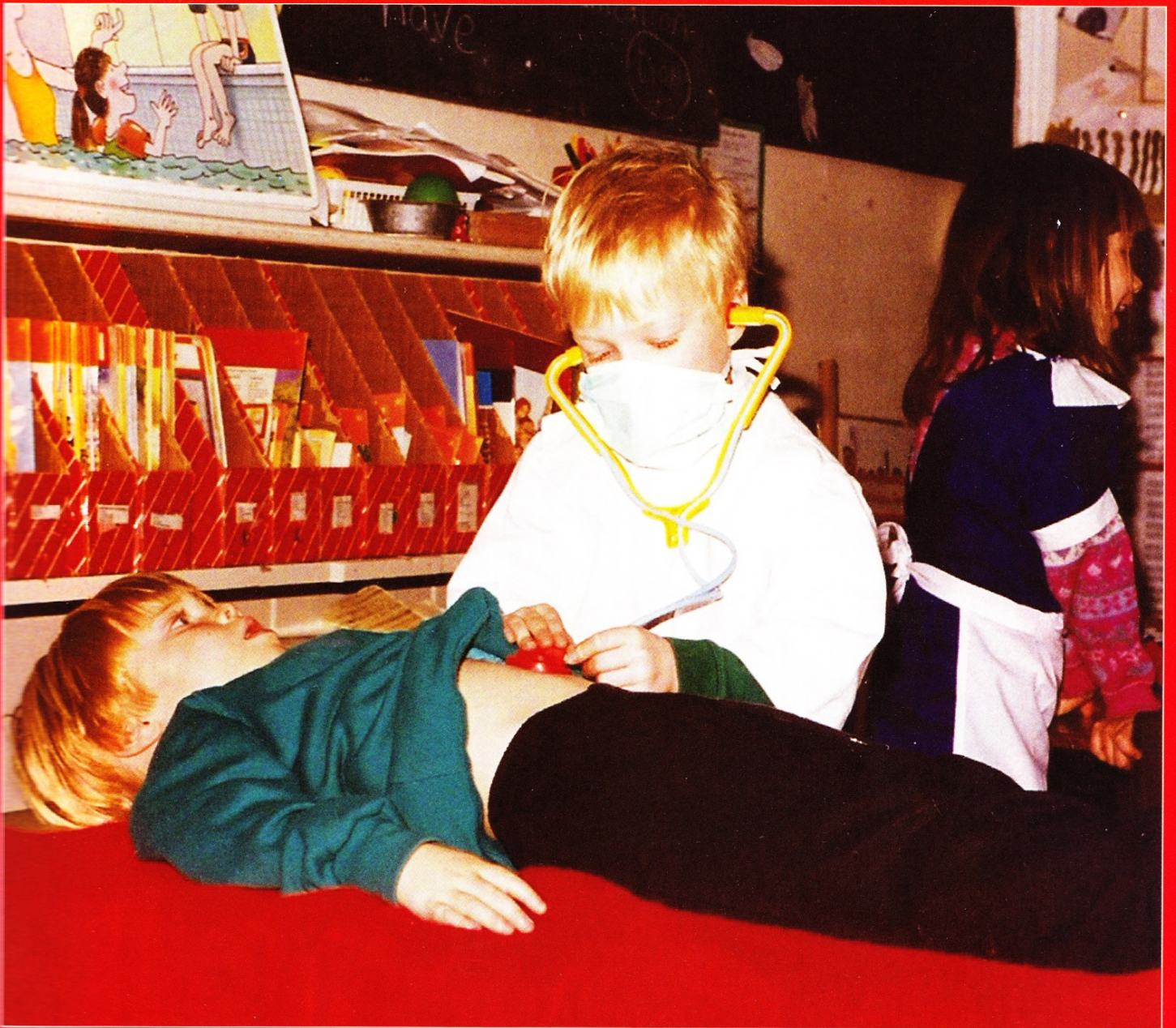
Of course, men too served, usually dominating the committees of charity hospitals and the councils; and we should not forget that most doctors in charity hospitals were unpaid. There have been many outstanding examples, but for the children's hospitals such notable names as Oliver Heywood, Sir William Agnew and Lord Colwyn come to mind, along with Drs. Merri, Borchardt, the Ashbys and Dr. Catherine Chisholm. In later years such names as Sydney Frankenburg and Colonel Willink were well known.

After the introduction of the NHS, all the hospitals were state supported, but fundraising continued to be important for providing extra services. Through organisations such as Leagues of Friends, many volunteers gave their time generously to assist patients and their families. Recently charity shops have afforded another way of helping, including the Bobby Bear Gift Shop at Booth Hall. One prolific fundraiser was Kath Smith who over 25 years raised £1m for Pendlebury.

Helping sick children through voluntary work has always been part of the bigger picture here in Greater Manchester, and remains so to this day. An enormous debt of gratitude is owed to all these industrious people who have contributed so much in so many different ways.



Presentation of Massspectrometer to Professor Ed Wraith, Royal Manchester Children's Hospital, 2000.



Children learn through play
about their illness and
playing helps recovery.



All Together Now

When Professor Robert Boyd arrived in Manchester, he found that there were “bits of the department on eleven sites.” Manchester and Salford have long awaited the creation of a new children’s hospital in which the tertiary children’s service could be concentrated. To quote Professor Gaisford from the first annual report in 1948: “A beginning has been made. Much remains to be done. The lack of a single teaching hospital designated as such, and recognised as part of the Teaching Group is a drawback.” After decades of hoping and waiting and of planning, fundraising and building, the new Royal Manchester Children’s Hospital is here. With the reorganisation of the paediatric units and the transfer of all tertiary services to the one site, the management of paediatrics should become more straightforward. The synergies and opportunities for easier collaboration should enhance a service which is already outstanding nationally.

In 2005 Professor Peter Clayton led a successful bid from the Central Manchester and Manchester Children’s University Hospitals NHS Trust to run a national institute for research medicines for children local research network across Manchester, Lancashire and South Cumbria. This is one of six local networks across England to focus on a nationally recognised priority research area and provides the opportunity for our children and families to get involved in research projects to improve drug treatments for children.



Professor Peter Clayton.

Coming together onto the Central site allows for greater opportunities to increase research in the field of paediatrics.



Young person at Royal Manchester Children’s Hospital with doctor.



The new Royal Manchester Children's Hospital.

The potential for much closer collaboration with the faculty of Medical and Human Sciences can only be enhanced and more effectively realised through working together.

The new building will also enhance the ongoing development of child-friendly services, increasingly involving input from the young patients. Here we can note that 2009 is the fiftieth anniversary of the report by Harry Platt which helped create the ethos of modern paediatrics. Interestingly Platt was also a major local and national advocate for hub and spoke models for hospital organisation in a region – with a strong regional centre but with all the region's hospitals involved in co-ordinated services and in education. This is a model which, for all the inherited "site" problems, has come to characterise paediatrics in and around Manchester. It is a model which the new single hub is expected to carry forward in co-operation with the secondary services in each of the surrounding districts.

The hospital provides specialist services not only for those living in Manchester and Salford but for the one million children and young people living across the North West. Clinical services are evolving all the time with new treatments, new operations and better futures for children with lifelong disabling conditions.

There is now a total of 130 consultants, one joining the team from Great Ormond St. The number of Nurses plus other healthcare

personnel and laboratory staff exceeds 1227. The sub specialities have now increased to 31 after just twelve months in the new domain.

In 2009/10 the hospital had a throughput of 33,371 inpatient and day case episodes. Over the same period there were 27,704 new attendances in Outpatients with 69,646 follow-up patients bringing the total to 97,350. The Children's new Accident and Emergency Unit had 36,176 attendances in 2009/10.

This is an exciting and privileged time to be providing care for our children and highlighted by the current TV programme.

It may have taken nearly 60 years to provide this wonderful new centre for children's services here at the new Royal Manchester Children's Hospital. Ahead there can only be a great future for the wellbeing of children's health and services. Manchester and Salford have long been at the forefront of developments in paediatric medicine, research and education alongside the provision of these services for children and young people not only locally but nationally and internationally. The services in true "Platt Style" have always endeavoured to be of the highest standards for children.

May it long continue for the sake of the children.

Timeline – Celebrating 180 Years of Child Health in Greater Manchester

1800s

1828 Discussion to set up Children's Dispensary in Manchester/Salford

1829 Dispensary for Children opened in February 1829 in 25 Back King Street.
Dr. John Alexander and Mr. W Barton Stott its first doctors.

1833 Factory Act – children under 9 could not work: Age 9–13 only 9 hours per day.

1843 All children under 14 could be recommended to the Dispensary by a subscriber, children in Manchester and Salford could be seen at home.

1843 Mr. Nadin and Mr. Hancock Medical Officers.

1850 General Dispensary for Children moved to Cross Street.

1853 Dr. Schoepf Meri opened a Children's Hospital in Stevenson Square.

1854 Dispensary moved to North Parade. Some children seen at St. Mary's.
Dr. Louis Borchardt new consulting physician at the Children's Dispensary.

1855 6 beds opened for inpatients at the Dispensary.
Dr. Meri published book Disorders of Infantile Development and Rickets.

1858 25 beds now at the Dispensary.
Dr. Meri died and his hospital ceased in Stevenson Square.

1859 Children's Dispensary moved to 16 Bridge Street.
Proposition to amalgamate with St. Mary's turned down.

1859 First Ladies Committee for Children's Dispensary.

1857-1864 First President – Robert N Phillips MP – of Children's Dispensary.

1864 Oliver Heywood became President of the Children's Dispensary and continued until 1892.

1867 Governors decided to leave Bridge St and build at Pendlebury.

1868 Bishop of Manchester laid the foundation stone for new hospital.
First Medical Officer of Health in Manchester (Dr. John Leigh).

1871 Plans for new building drawn up by Pennington Bridger – Pavillion style building of six wards – 26 beds per ward.

1873 Keys for new hospital handed over – 3 wards completed.

1875 Grand Bazaar in Free Trade Hall – raised £23,000.

1877 Grace Campbell – first Lady Superintendent.

1879 Six wards now complete. Florence Nightingale: "one of best constructed hospitals in Europe".
Dr. Borchardt semi-retired.
Dr. Henry Ashby appointed as full time physician.
4 wards named Heywood, Liebert, Borchardt, Wrigley
Grace Campbell now Neill left.
Rules of Governance set out.

1886 Greengate Dispensary and School set up for crippled children in Salford.

1888 Oliver Heywood became the first Freeman of Manchester.

1891 Census. Lady Superintendent Hannah Maria Turner. Staff came from Glasgow, Norfolk, London, Leicester, Northampton, Wales, Canada, Ireland, New Zealand and Australia.

1896 Mr. Westmacott appointed anaesthetist and oral surgeon.

1897 Convalescence Home for patients from the Children's Hospital built by Sir William Agnew at St Annes on Sea.

1900s

1902	Holden Ward (gift of £10K) named 6th ward became Victoria Ward. Nurses moved to new accommodation.	1925	Manchester Committee on Cancer set up – first private beds introduced at RMCH. New wards built at former Babies Hospital, now Duchess of York, could accommodate 80 babies.	1947	School at Booth Hall Hospital opened.
1904	Dr. Catherine Chisholm first woman to graduate in medicine from Manchester University. David Lewis Manchester Epileptic Colony opened.	1926	X-ray Department set up at Royal Manchester Children's Hospital.	1948	National Health Service inaugurated.
1906	Verandah added to Holden Ward for open air treatment.	1927	Booth Hall had 204 open air beds. Miss Annie Sommerfield appointed as pathologist.	1951	Toy electric train set up in glass case in Outpatient waiting area at Booth Hall Hospital.
1907	New Godfrey Ermen Memorial Dispensary opened in Gartside St.	1929	RMCH approved centre for Registered Sick children's Nurses Training.	1952	Student Nurse Margaret Alexander of Booth Hall won Silver Cup for speech making contest in North West.
1908	Booth Hall Poor Law Union Hospital built.	1934	Decided to build at Duchess of York theatre, X-ray department, pathology labs and a new Nurses' Home.	1953	Visiting every day for one hour at Booth Hall. School opened a swimming pool for child polio victims at Booth Hall.
1911	Infant Milk Depot opened	1935	Babies Hospital was named Duchess of York Hospital. Joint Advisory Board for hospitals in Manchester. Delayed Centenary Book for RMCH published.	1955	New theatre autoclave at Royal Manchester Children's Hospital.
1914	Babies Hospital in Chorlton founded by Dr. Catherine Chisholm.	1936	Zachary Merton Convalescent Home opened.	1956	Miss Huck, Matron Booth Hall retired.
1915	Miss Maudsley first physiotherapist appointed (masseuse). Booth Hall became a Children's Hospital.	1937	Isolation Block opened at Royal Manchester Children's Hospital.	1959	Platt Report published. First course of study in nursing at a University established at Manchester University.
1919	Babies Hospital moved to Cringle Hall in Burnage where there were 50 Beds (Duchess of York). Federation for Nursing set up. Pendlebury joined the Federation of Provincial General Hospitals for Children. Booth Hall open-air pavilions built onto the existing wards.	1938	Commencement of neurosurgery – Mr. Rowbotham appointed.	1961	New twin theatres, an admission unit and pharmacy at Royal Manchester Children's Hospital built and opened by Mary Princess Royal.
1920	Children with infectious diseases sent to Monsall.	1941	King George VI and Queen Elizabeth visited Booth Hall.	1965	Mother Child Unit built at Royal Manchester Children's Hospital. Formation of the Manchester Paediatric Club.
1921	Salford set up open air schools and one for blind children. Completion of physiotherapy department at children's Hospital.	1944	New Education Act – children to be taught in hospitals.	1966	Booth Hall opened "A Room for Mum" at the hospital.
1923	Pendlebury received its Royal Warrant as Royal Manchester Children's Hospital.	1946	Palace Theatre's Cinderella horses Jack and Jill given to Booth Hall for children's rides and outings. US Army gave Royal Manchester Children's Hospital an ambulance (Drawings on vehicle a gift from Walt Disney). League of Friends set up for RMCH.	1968	First artificial kidney unit designed for children opened at Booth Hall – Mr. Cohen/Dr. B Wolman.
1924	Colwyn House – new Nurses Home built at RMCH.			1969	Willink (biochemistry laboratory) opened at Royal Manchester Children's Hospital. First screening programme for new born in Salford.

2000s

2000	Candle Service at St James near Booth Hall for bereaved families – annual event. Children's Trust to be dissolved and new children's hospital to be built through PFI at Central Manchester.	2005	Successful bid for a National Institute for Health Research Medicines for Children Local Research Network set up by Professor Peter Clayton. Duchess of York Unit closed at Withington and moved to Wythenshawe.	2007-2009	Mr. Ian McCrae chaired NSB.
2001	Multi Purpose Distraction Room to help with painful procedures – service offered to nearby GPs – Booth Hall. Children Trust dissolved and incorporated into the Central Trust.	2006	Joint Committee of Primary Care Trusts agreed the plan for reconfiguration of paediatric services in Manchester and Salford.	2008	Kath Smith – committed fundraiser for Pendlebury died. £1 million raised over 25 years by Kath.
2003	<i>National Service Framework and Every Child Matters published.</i> Children's Network Supervisory Board set up to oversee reorganisation of children's health services in Greater Manchester – Peter Rowe first Chairman.			2009	Professor Eileen Fairhurst became Chairman of NSB. Hospitals close – Royal Manchester Children's Hospital, Booth Hall Children's Hospital and St. Mary's Unit. All move to a new building on 3rd June 2009. Recognition as a National Academic Health Science Centre.

So 180 years of Child Health in Manchester and Salford moved to a new stage.



Hospital ambulance donation of drawings from Walt Disney.

Appendix

To all to whom this little book may come--
 Health for yourselves and those you hold most dear!
 Content abroad, and happiness at home,
 And--one grand Secret in your private ear: --
*Nations have passed away and left no traces,
 And History gives the naked cause of it--
 One single, simple reason in all cases;
 They fell because their peoples were not fit.*

Now, though your Body be mis-shapen, blind,
 Lame, feverish, lacking substance, power or skill,
 Certain it is that men can school the Mind
 To school the sickliest Body, to her will--
 As many have done, whose glory blazes still
 Like mighty flames in meanest lanterns lit:
 Wherefore, we pray the crippled, weak and ill--
 Be fit--be fit! In mind at first be fit!

And, though your Spirit seem uncouth or small,
 Stubborn as clay or shifting as the sand,
 Strengthen the Body, and the Body shall
 Strengthen the Spirit till she take command;
 As a bold rider brings his horse in hand
 At the tall fence, with voice and heel and bit,
 And leaps while all the field are at a stand.
 Be fit--be fit! In body next be fit!

*Nothing on earth--no Arts, no Gifts, no Graces--
 No Fame, no Wealth--outweighs the wont of it.
 This is the Law which every law embraces--
 Be fit--be fit! In mind and body be fit!*

The even heart that seldom slurs its beat--
 The cool head weighing what that heart desires--
 The measuring eye that guides the hands and feet--
 The Soul unbroken when the Body tires--
 These are the things our weary world requires
 Far more than superfluities of wit;
 Wherefore we pray you, sons of generous sires,
 Be fit--be fit! For Honour's sake be fit.

*There is one lesson at all Times and Places--
 One changeless Truth on all things changing writ,
 For boys and girls, men, women, nations, races--
 Be fit -- be fit! And once again, be fit!*

Rudyard Kipling, 1935

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 Professor Basil Marsden
 Dr. George Meakin
 Dr. Richard Newton
 Dr. J. Ormerod
 Dr. J. Owens
 Dr. Barbara Philips
 Dr. "Bob" Postlethwaite
 Dr. I. Sardhawalla
 Dr. B. Wolman
 Professor J.E. Wraith

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The Royal Manchester Children's Hospital is referred to as Pendlebury as it was popularly known.

Unfortunately no author is able to name every person who has contributed so much to the picture of paediatrics, but every contribution has been instrumental in making children better.

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